




Investors must read the Key Information Memorandum and the General Instructions before completing this Form.

KEY PARTNER / AGENT INFORMATION (Refer General Instruction 1)					
ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Employee Unique Identification Number (EUIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent/Employee	FOR OFFICE USE ONLY (TIME STAMP)
<p>ARN Declaration - Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors assessment of various factors including the service rendered by the distributor.</p> <p>Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only): <input type="checkbox"/> I/We hereby give my/our consent to share/provide the transaction feed / portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan in the scheme(s) of Mahindra Manulife Mutual Fund, to the above mentioned SEBI Registered Investment Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN).</p> <p>EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1) <input type="checkbox"/> I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.</p>					
 First/ Sole Applicant/ Guardian / PoA Holder / Karta		 Second Applicant		 Third Applicant	

1. EXISTING UNIT HOLDER INFORMATION (If you have existing Folio, please fill in folio no. in this section and proceed to sections 8 and 11.) (Refer General Instruction 2)

FOLIO NO.:

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The details in our records under the folio number mentioned alongside will apply for this application.

2. MODE OF HOLDING [Please tick (✓)] ☐ Single ☐ Joint ☐ Anyone or Survivor

If an application has more than one investor (maximum three permitted) the investors are required to specify the 'mode of holding' in the initial application form as either 'Joint' or 'Anyone or Survivor'. And in such an event, if the investors fail to specify the mode of holding, then by default, the mode of holding will be treated as 'Joint' for all future purposes by the AMC in respect of the folio.

3. UNIT HOLDER INFORMATION (Refer General Instruction 3)

NAME OF FIRST / SOLE APPLICANT^s (In case of Minor, there shall be no jointholders)

Mr.	Ms.	M/s.	
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DATE OF BIRTH/INCORPORATION^s (MANDATORY)

D	D	M	M	Y	Y	Y	Y
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 (Proof of date of birth is Mandatory in case of minor) **GENDER** ☐ Male ☐ Female ☐ Other

^sNAME and DOB/Date of incorporation for all the Applicant(s) should be exactly as per PAN

PAN# / PEKRN#		KYC Identification No. (KIN):	
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Please attach PAN Card copy and KYC Proof and #Refer General Instruction No 14 for PAN/PEKRN and No 16 for KYC.

GSTIN*		*Refer General Instruction 3F.
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MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Address should be as per KYC records) (Refer General Instruction 3A)

CITY				STATE				PIN CODE			
CONTACT DETAILS OF FIRST / SOLE APPLICANT											
Country Code		STD Code		Telephone : Off.							
Mobile No.				Res.				Fax			
#Select appropriate validation code				<input type="checkbox"/> SE <input type="checkbox"/> SP <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD <input type="checkbox"/> PM <input type="checkbox"/> CD <input type="checkbox"/> PO							
^^Email Id				<input type="checkbox"/> I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)							
#Select appropriate validation code				<input type="checkbox"/> SE <input type="checkbox"/> SP <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD <input type="checkbox"/> PM <input type="checkbox"/> CD <input type="checkbox"/> PO							

Overseas Address###											
Overseas Country###				Zip Code###							

###Mandatory for NRI/Overseas Applicants

^^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/statutory and other documents by email. (Refer General Instruction 8.)

#Select appropriate validation code				<input type="checkbox"/> SE <input type="checkbox"/> SP <input type="checkbox"/> DC <input type="checkbox"/> DS <input type="checkbox"/> DP <input type="checkbox"/> GD <input type="checkbox"/> PM <input type="checkbox"/> CD <input type="checkbox"/> PO					
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#Description of Email & Mobile validation codes: SE - Self, SP - Spouse, DC - Dependent Children, DS - Dependent Siblings, DP - Dependent Parents, GD - Guardian, PM - PMS, CD - Custodian, PO - POA

Overseas Address###											
Overseas Country###				Zip Code###							

###Mandatory for NRI/Overseas Applicants

✂----- TEAR HERE -----✂

Acknowledgment Slip (To be filled by the applicant)

Date :

D	D	M	M	Y	Y	Y	Y
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ISC Stamp & Signature

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... continued overleaf

5d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/Trustee/Whole time Directors)

Sole/First Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable
Second Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable
Third Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable

6. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS form

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Place of Birth			
Country of Birth			
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify_____	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify_____	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify_____
Tax Residence Address Type (as per KYC records)	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Are you a tax resident (i.e., an you assessed for Tax) in any other countrv outside India?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
	If 'YES', please fill below for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen/ Resident/ Green Card Holder /Tax Resident in the Respective countries.		
Country of Tax Residency	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Tax Identification Number OR Functional Equivalent	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Identification Type (TIN of other, Please specify)	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
If TIN is not available, please tick the reason A,B, or C (as defined below)	1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A→The country where the Account Holder is liable to pay tax does not issue Tax identification Numbers to its residents.
Reason B→No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected).
Reason C→Others; please state the reason thereof _____

Refer General Instructions 3C and 18

7. BANK ACCOUNT (PAY-OUT) DETAILS OF THE FIRST / SOLE APPLICANT (Refer General Instruction 5 & 9)
Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 8 below.) Irrespective of the source of payment for subscription on behalf of minor, all redemption proceeds shall be credited only in the verified bank account of the minor or a joint account of the minor with the parent/legal guardian.

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name			
Account No.	MICR Code	(The 9 digit code appears on your cheque next to the cheque number)	
Branch Address			Branch City

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify) _____

IFSC Code*** *** Refer General Instruction 5D (Mandatory for Credit via RTGS / NEFT) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

Unitholders will receive redemption/ dividend (IDCW) proceeds directly into their bank account (as furnished in Section 7) via Direct credit/ RTGS/NEFT facility unless specified otherwise in writing.

8. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer Instruction 6 for Scheme details and Instruction 4 & 7 for Payment and Third Party Payment Details) The name of the first/ sole applicant must be pre-printed on the cheque for lumpsum Investment/ SIP Registration. FOR DEFAULT OPTIONS, PLEASE REFER KIM.

NOTE: In case of, Payment through single cheque, the cheque/DD should be issued in favour of 'Mahindra Manulife Multiple Schemes' for the total investment amount mentioned below and the cheque/DD details need to be filled only once. Same cheque cannot be used for both lumpsum & SIP investments.

Payment Type:	<input type="checkbox"/> Non-Third Party Payment	<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')
Payment Through :	<input type="checkbox"/> Single Cheque	<input type="checkbox"/> Multiple Cheques (Refer instruction 4D)
	<input type="checkbox"/> One time Lumpsum Investment	<input type="checkbox"/> Systematic Investment Plan (Attach Common SIP/TOP-UP SIP registration/upgrade cum debit mandate form)

*LEI No.	<input type="text"/>	Valid upto:	<input type="text"/>
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The Legal Entity Identifier (LEI) is a 20-digit number used to uniquely identify parties for all payment transactions of value ₹50 crore and above undertaken by entities (non-individuals) using Reserve Bank-run Centralised Payment Systems viz. Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT). In absence of LEI, the Fund will not be able to make payments (Redemption/ Dividend) of value ₹ 50 crore and above, and shall not be held responsible for any non receipt/ receipt of funds with a delay.

Scheme/Plan/Option/ Sub-option	Investment Amount	DD Charges, if any	Net DD/ Cheque Amount	Cheque/ DD/Fund Transfer Payment Instrument/ RTGS / NEFT Refer No / OTBM Facility^ & Date	Drawn on Bank/ Branch	Bank Account Number
Mahindra Manulife_____						
Mahindra Manulife_____						
Total						

^One Time Bank Mandate

*Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.