

4. JOINT APPLICANT DETAILS, If any (Refer General Instruction 4) (in Case of Minor, there shall be no joint holders)

I. NAME OF SECOND APPLICANT		Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. <input type="checkbox"/>	PAN#/ PEKRN#		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other [Please (<input checked="" type="checkbox"/>)] <input type="checkbox"/> #KYC Proof Attached(Mandatory)		
KYC Identification No. (KIN):				Mobile No. <input type="checkbox"/>		^^Email Id <input type="checkbox"/>	DATE OF BIRTH <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y

I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)

II. NAME OF THIRD APPLICANT		Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. <input type="checkbox"/>	PAN#/ PEKRN#		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other [Please (<input checked="" type="checkbox"/>)] <input type="checkbox"/> #KYC Proof Attached(Mandatory)		
KYC Identification No. (KIN):				Mobile No. <input type="checkbox"/>		^^Email Id <input type="checkbox"/>	DATE OF BIRTH <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y

I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)

#Please attach Proof. Refer General Instruction No 15 for PAN/PEKRN and No 17 for KYC.

^^ 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 9)

5. APPLICANT DETAILS (Mandatory) (Refer general instruction 4)

5a. Status of Applicants (Refer General Instruction 4D) (Please tick one)

Sole/First Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Non Individual	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Body Corporate <input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> FII <input type="checkbox"/> QFI	<input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> FPI	<input type="checkbox"/> Partnership <input type="checkbox"/> BOI <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust <input type="checkbox"/> OCI <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> HUF <input type="checkbox"/> OCI <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> AOP <input type="checkbox"/> LLP <input type="checkbox"/> Others	<input type="checkbox"/> PIO <input type="checkbox"/> Bank <input type="checkbox"/> Others	<input type="checkbox"/> Company <input type="checkbox"/> FI <input type="checkbox"/> Society / Club (Please specify)
Second Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Non Individual	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Body Corporate <input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> FII <input type="checkbox"/> QFI	<input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> FPI	<input type="checkbox"/> Partnership <input type="checkbox"/> BOI <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust <input type="checkbox"/> OCI <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> HUF <input type="checkbox"/> OCI <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> AOP <input type="checkbox"/> LLP <input type="checkbox"/> Others	<input type="checkbox"/> PIO <input type="checkbox"/> Bank <input type="checkbox"/> Others	<input type="checkbox"/> Company <input type="checkbox"/> FI <input type="checkbox"/> Society / Club (Please specify)
Third Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Non Individual	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Body Corporate <input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> FII <input type="checkbox"/> QFI	<input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> FPI	<input type="checkbox"/> Partnership <input type="checkbox"/> BOI <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust <input type="checkbox"/> OCI <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> HUF <input type="checkbox"/> OCI <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> AOP <input type="checkbox"/> LLP <input type="checkbox"/> Others	<input type="checkbox"/> PIO <input type="checkbox"/> Bank <input type="checkbox"/> Others	<input type="checkbox"/> Company <input type="checkbox"/> FI <input type="checkbox"/> Society / Club (Please specify)

5b. Occupation Details [Please tick ()]

Sole/First Applicant Please select any one	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Government Service <input type="checkbox"/> Others	<input type="checkbox"/> Student (Please specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Retired
Second Applicant Please select any one	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Government Service <input type="checkbox"/> Others	<input type="checkbox"/> Student (Please specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Retired
Third Applicant Please select any one	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Government Service <input type="checkbox"/> Others	<input type="checkbox"/> Student (Please specify)	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Retired

5c. Gross Annual Income / Net-worth (Rs.)

Sole/First Applicant (Please select any one)	Gross Annual Income or Net-worth (Mandatory for Non-Individuals) Rs.	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1 - 5 Lakhs	<input type="checkbox"/> 5 - 10 Lakhs	<input type="checkbox"/> 10 - 25 Lakhs	<input type="checkbox"/> 25 Lakhs - 1 Crore	<input type="checkbox"/> >1 Crore
				as on <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y		(Not older than 1 year)	
Second Applicant (Please select any one)	Gross Annual Income or Net-worth (Mandatory for Non-Individuals) Rs.	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1 - 5 Lakhs	<input type="checkbox"/> 5 - 10 Lakhs	<input type="checkbox"/> 10 - 25 Lakhs	<input type="checkbox"/> 25 Lakhs - 1 Crore	<input type="checkbox"/> >1 Crore
				as on <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y		(Not older than 1 year)	
Third Applicant (Please select any one)	Gross Annual Income or Net-worth (Mandatory for Non-Individuals) Rs.	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1 - 5 Lakhs	<input type="checkbox"/> 5 - 10 Lakhs	<input type="checkbox"/> 10 - 25 Lakhs	<input type="checkbox"/> 25 Lakhs - 1 Crore	<input type="checkbox"/> >1 Crore
				as on <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y		(Not older than 1 year)	

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

— — — — — **TEAR HERE** — — — — —

Scheme(s)/Plan(s)/Option(s) / Sub-option(s)					
Cheque / DD / Payment Instrument No. & Date		Drawn on (Bank and Branch)		Amount in Figures (Rs.)	

SIP / Micro SIP Date (s)

Top Up SIP Amount / Percentage

Frequency

9. UNIT HOLDING OPTION

DEMAT MODE*

PHYSICAL MODE (Default)

(Refer Instruction 12)

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that the sequence of the names as mentioned in the application form matches with that of the demat account. Investor opting to hold units in demat form, may provide a copy of the DP statement to enable us to match the demat details as stated in the application form.

10. NOMINATION (Refer Instruction 14) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)

Name and Address of Nominee(s)	Relationship with Applicant	Date of Birth	Name and Address of Guardian	Signature of Nominee (Optional)/Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
Nominee 1					
Nominee 2					
Nominee 3					

OR

[Please (✓)] I/We do not wish to Nominate

11. DECLARATION & SIGNATURE/S (Refer Instruction 13)

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any Regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/We hereby confirm and declare as under:-

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents (i.e. Scheme Information Document, Statement of Additional Information and Key Information Memorandum) and apply for allotment of Units of the Schemes of Mahindra Mutual Fund ('the Fund') indicated above. I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents/authorization(s). The amount invested in the Scheme is derived through legitimate sources only and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In the event "Know Your Customer" process is not completed by me/us to the satisfaction of the Fund, I/we hereby authorize the Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Mahindra Asset Management Company Private Limited (AMC) / the Fund and undertake to inform the AMC / the Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. That in the event, the above information and/or any part of it is/are found to be false/untrue/misleading, I/We will be liable for the consequences arising therefrom. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, AMC, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the AMC / the Fund, their appointed service providers or representatives responsible. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We do not have any existing Micro Investments which together with the current Micro Investment application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro Investment investors only). I/ We confirm that I/ We are not residents(s) of Canada as defined under the applicable laws of Canada. I/ WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FORTHS INVESTMENT. **FATCA/CRS Certification/Declaration:** I/ We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions which are part of the FATCA / CRS Annexure) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I/ We also confirm that I/ We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. I/We also undertake to keep you informed in writing about any changes/modification to the above information (including change in tax residency status) in future within 30 days of such change and also undertake to provide any other additional information as may be required at your end or by domestic or overseas regulators / tax authorities.

Applicable to NRIs only: I / We confirm that I am / we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account. I / We confirm that the details provided by me / us are true and correct.

SIGNATURE(S)

(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

<p>Sign Here</p> <hr/> <p>First / Sole Applicant / Guardian / PoA Holder / Karta</p>	<p>Sign Here</p> <hr/> <p>Second Applicant</p>	<p>Sign Here</p> <hr/> <p>Third Applicant</p>
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