

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 (EUIIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent / Employee	FOR OFFICE USE ONLY (TIME STAMP)
ARN-53321		E054731			
<p>Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only):</p> <p><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>EUIIN Declaration (only where EUIIN box is left blank) (Refer General Instruction 1)</p> <p><input type="checkbox"/> I/We hereby confirm that the EUIIN 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>					
<p>_____ Sign Here First/ Sole Applicant/ Guardian / PoA Holder /Karta</p>		<p>_____ Sign Here Second Applicant</p>		<p>_____ Sign Here Third Applicant</p>	

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer General Instruction 2)

(Please ☒ anyone) ☐ I am a firsttime investor in Mutual Funds ☐ I am an existing investor in Mutual Funds (Default)

In case the purchase/subscription amounts Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Transaction Charges in case of investments through SIP/Micro SIP are deductible only if the total commitment of investment (i.e. amount paid/SIP/Micro SIP installments) amounts to Rs. 10,000/- or more and shall be deducted in 3-in installments. Units will be issued against the balance amount invested. Upon confirmation, shall be paid directly by the investor to the ARN Holder (AMFI) registered Distributor based on the investors' assessment of various factors including the service rendered by the ARN Holder.

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 3)

[illegible]

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

3. UNIT HOLDER INFORMATION (Refer General Instruction 4)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no joint holders) [Name and DOB shall be as per PAN for non-individual investors]

Mr.	Ms.	M/s.																																																																																	
PAN# / PEKRN#																												KYC Identification No. (KIN):																												[Please (✓)] <input type="checkbox"/> #KYC Proof Attached(Mandatory)																											
GSTIN**																																																																																			

GENDER ☐ Male ☐ Female ☐ Other

DATE OF BIRTH [†] / INCORPORATION	D	D	M	M	Y	Y	Y	Y
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Proof of date of birth (in case of minor)[†] ☒ Attached

[†]Date of birth and Proof of Date of birth is mandatory in case of investments made on behalf of minor. If date of birth is available in KRA records the same shall be updated for this folio / investment. Application shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth. ^{**} Refer General Instruction 4E.

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Address should be as per KYC records) (Refer General Instruction 4A)

CITY										STATE										PIN CODE							
CONTACT DETAILS OF FIRST / SOLE APPLICANT										Country Code				STD Code				Telephone : Off.									
Mobile No.								Res.								Fax											
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)																											

Overseas Address (Mandatory for NRI/PIO/FPI Applications)	
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AA 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)

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

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / PoA HOLDER

[illegible]Relationship with Minor@ Please (✓) ☐ Father ☐ Mother ☐ Court appointed Legal Guardian

Proof of relationship with minor@ **Please** (✓) ☐ Attached @ Mandatory

CONTACT PERSON – DESIGNATION (in case of non-individual Investors)

[illegible]

Non-Individual Investors involved in/ providing any of the mentioned services (Please tick anyone)

☐ Foreign Exchange / Money Changer Services

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. Ms. M/s.
KYC Identification No. (KIN):	PAN# / PEKRN#	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (Please ✓) <input type="checkbox"/> #KYC Proof Attached (Mandatory)
Mobile No.	^Email Id	DATE OF BIRTH D D M M Y Y Y 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. Ms. M/s.
KYC Identification No. (KIN):	PAN# / PEKRN#	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (Please ✓) <input type="checkbox"/> #KYC Proof Attached (Mandatory)
Mobile No.	^Email Id	DATE OF BIRTH D D M M Y Y Y 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"/> On Behalf of Minor <input type="checkbox"/> QFI	<input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> BOI <input type="checkbox"/> FPI	<input type="checkbox"/> Partnership <input type="checkbox"/> OCI <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust <input type="checkbox"/> LLP <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> Others	<input type="checkbox"/> AOP <input type="checkbox"/> R	<input type="checkbox"/> PIO <input type="checkbox"/> Society / Club	<input type="checkbox"/> Company
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"/> On Behalf of Minor <input type="checkbox"/> QFI	<input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> BOI <input type="checkbox"/> FPI	<input type="checkbox"/> Partnership <input type="checkbox"/> OCI <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust <input type="checkbox"/> LLP <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> Others	<input type="checkbox"/> AOP <input type="checkbox"/> R	<input type="checkbox"/> PIO <input type="checkbox"/> Society / Club	<input type="checkbox"/> Company
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"/> On Behalf of Minor <input type="checkbox"/> QFI	<input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> BOI <input type="checkbox"/> FPI	<input type="checkbox"/> Partnership <input type="checkbox"/> OCI <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Trust <input type="checkbox"/> LLP <input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> HUF <input type="checkbox"/> Bank <input type="checkbox"/> Others	<input type="checkbox"/> AOP <input type="checkbox"/> R	<input type="checkbox"/> PIO <input type="checkbox"/> Society / Club	<input type="checkbox"/> Company

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 <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 <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 <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	<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
(Mandatory for Non-Individuals) Rs. as on D D M M Y Y Y Y (Not older than 1 year)		
Second Applicant (Please select any one)	Gross Annual Income or Net-worth	<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
(Mandatory for Non-Individuals) Rs. as on D D M M Y Y Y Y (Not older than 1 year)		
Third Applicant (Please select any one)	Gross Annual Income or Net-worth	<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
(Mandatory for Non-Individuals) Rs. as on D D M M Y Y Y 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

The first cheque & the Post dated cheques should be drawn on the same bank & account number.

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.

NSDL	DP NAME _____	DP ID	I	N							Beneficiary Account No.								
CDSL	DP NAME _____	Beneficiary Account No.																	

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 (to be furnished in case the Nominee is a minor)	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%)
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 Manulife 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 Manulife Investment Management Private Limited (Formerly known as 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 FOR THIS INVESTMENT. **FATCA/CRS Certification/Declaration:** I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instruction 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> <p>_____ First / Sole Applicant / Guardian / PoA Holder / Karta</p>	<p>Sign Here</p> <p>_____ Second Applicant</p>	<p>Sign Here</p> <p>_____ Third Applicant</p>
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