

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

KEY PARTNER / AGENT INFORMATION (Refer 0	General Instruction 1)					
ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Employee Unique Identification Number (EUIN)	RIA/PMRN Name 8	& Code	Internal Code for Sub-Agent / Employee	FOR OFFICE USE ONLY (TIME STAMP)
ARN-53321		E054731				
Consent for sharing Transaction Feed with RIJ "I/We hereby give my/our consent to share/provide the transac Advisor (RIA) or SEBI Regis tered Portfolio Manager (PMRN).				Mahindra Manulife	Mutual Fund, to the above mention	nedSEBI Registered Investment
EUIN Declaration (only where EUIN box is left I/We hereby confirm that the EUIN box has been intentionally advice of in-appropriateness, if any, provided by the employee/lef	left blank byme/us as this transaction	is executed without any interaction or ad	vice by the employee/relations	ship manager/sales	person of the above distributor/su	bbroker or notwith standing the
Sign Here		Sign Here			Sign Here	
First/ Sole Applicant/ Guardian / PoA Holder / Kar	rta		Third Applicant	_		
TRANSACTION CHARGES FOR APPLICATION:	S THROUGH DISTRIBUTOR	S ONLY (Refer General Instruc	tion 2)			
Please (/) any one) lam a first time investor in Mutual Fincase the purchase/subscription amount is Rs. 10,000 or more and your In/PMicro SIP are deductible only if the total commitment of investment (in hall bepaid directly by the investor to the ARN Holder (AMF) registered Distances the Commitment of the Commitme	Distributor has opted in to receive Transact Le. amoun tper SIP/Micro SIP installmentx stributor) based on the investors' assessme	ion Charges, the same are deductible as appl No. of installments) amounts to Rs. 10,000/- ent of various factors including the service rer	orm ore and shall be deducted in ndered by the ARN Holder.	3-4installments. Un	its will be issued against the balance	am ountinvested. Upfront commission
FOLIO NO.:		The details	in our records under th	e folio number	rmentioned alongside wil	l apply for this application.
2. MODE OF HOLDING [Please tick (✓)	Single Joint A	Anyone or Survivor				
3. UNIT HOLDER INFORMATION (Refer General	,					
Mr. Ms. M/s.	linor, there shall be no jointh	oolders)[Name and DOB shall be as	s per PAN for non-individua	al investors]		
AN#/ PEKRN#	10/5 1411511	N - (//N)			Internal Co. F	7 #/VC Doord Street Available on Antonia
STIN**	KYC Identification	NO (NIN)			[Flease (V)]	# YC Proof Attached(M an dat ory)
SENDER Male Female Other Date of birth and Proof of Date of birth is mandatory in case of inventioned in the application form or not available in KRA records or in MAILING ADDRESS OF FIRST / SOLE APPLICAN	n case o fmismatch of date of birth. ** F	date of birth is available in KRA records t Refer General Instruction 4F.		this folio / investme		minor) [†] (✓) ☐ Attached rrejection if the date of birth is not
ONTACT DETAILS OF FIRST / SOLE APPLICANT Mobile No.		ATE STD Co		Telephone : O	Fax	
^^Email Id Overseas Address (Mandatory for NRI/PIO/FPI	Applications)	□ I/w	e wish to receive physical copy of	f the Annual Report	or Abridged Summary thereof (Appl	icable only if email id is not available)
	,					
^ On providing email-id investors shall receive scheme wise annual report or an a AME OF GUARDIAN (in case of First / Sole Appli			General Instruction 9)	#Ple	asse attach Proof. Refer General instructio	n No 15 for PAN/PEKRN and No 17 for KYC
Mr. Ms. M/s.				Mobile No.		
AN#/PEKRN#	KYC Identification	No. (KIN):			[Please (🗸)]	#KYC Proof Attached(Mandatory)
Relationship with Minor@ Please (✓) ☐ Father	☐Mother ☐ Court appoin	ted Legal Guardian	Proof of	relationship w	ith minor@ Please (✓) Γ	Attached @ Mandatory
ONTACT PERSON – DESIGNATION (in case of no		•				
Designation				Mobile No.		
on-Individual Investors involved in/ providing any of thement	i oned services (Please tick a nyone)	Foreign Exchange / Money Chan	ger Services Gaming / Gam	nbling / Lottery / Ga	sino Services Money Lending	Pawning None of the above
Nahindra	×-	TEAR HERE	×			
Manulife MUTUAL ARN-53321 and Office: Sadhara House, 1st Floor, 570 P B Marg, Worli, M	E05473 lumbai – 400018.		M M Y Y	Acknow		e filled by the applicant)
eceived from Mrt/Ms/Ws	ned overleas) of Mahindra Manufife Ma	Date : Litual Fund. along with Chegue / Deman	Draft /Payment Instrument	s detailed	ISC Stamp	& Signature
napplication for allotment of Units of the Plan / Option (as mention verleaf.	neu ovenear) or maninora manulile Mu	awarranu- aiving with Cheque/ Demand	a viart / r ayinent i ristrument a	o uctaned		continued overleaf



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4. JOINT APPLICANT I	DETAILS,	If any (Refer General Instru	ction 4)(in Case of Minor, t	her e shall be no jo	int holders)					
I. NA ME OF SECON	ID APP	LICANT Mr. Ms. M/s	's.							
KYC Identification No.	.(KIN):				PAN#/PEKRN#				☐ Male ☐ Female ☐ /)] ☐ #KYC Proof At	
Mobile No.			^^Ema	il ld			DAT	E OF BIRTH	D M M Y	Y Y Y
☐ I/we wish to recei	ve phys	ical copy of the Annual Re	eport or Abridged Sumn	nary the reof (App	licable only if emai	l id is not availa	ble)			
II. NAME OF THIRD	APPL	ICANT Mr. Ms. M/s	Ś.							
KYC Identification No.	(KIN):				PAN#/ PEKRN#				Male Female [
Mobile No.			^^Ema	il ld			DAT	[Please (D M M Y	tached(Mandatory)
☐ I/we wish to recei	ve phys	ical copy of the Annual Re	eport or Abridged Sumn	narythereof (App	licable only if emai	l id is not availa	ble)			
		eral Instruction No 15 for PAN/		d summary thereof/	account statements/	statutory and other	er documents by e mail. (Refer C	ieneral Instruction 9)	
		(Mandatory) (Refer genera		, , , , , , , , , , , , , , , , , , , ,		,			<u></u>	
		Refer General Instruction								
Sole/First	Reci	dent Individual	■ NRI-Repatriation ■ NRI	Non Renatriation	☐ Partnership	☐ Trust	□HUF	☐ AOP	□ PIO	☐ Company
Applicant ☐ Individual			On Behalf of Minor BO		□ 00	LLP	☐ Bank	□R	Society/Club	_ сыпрапу
☐ Non Individual	☐ Fore	ign National Resident in India	□ QFI □ FPI		Sole Proprietorship	Non Profit	t Organisation			(Please specify)
Second	Resi	dent Individual	■ NRI-Repatriation ■ NRI	-Non Repatriation	Partnership	☐ Trust	HUF	☐ AOP	□PI0	☐ Company
Applicant ☐ Individual			On Behalf of Minor BO		□ 0Cl	LLP	☐ Bank	□A	Society/Club	
☐ Non Individual	☐ Fore	ign National Resident in India	□ QFI □ FPI		Sole Proprietorship	Non Profit	t Organisation 0thers			(Pleases pecify)
Third	Resi	dent Individual	☐ NRI-Repatriation ☐ NRI	-Non Repatriation	☐ Partnership	☐ Trust	☐ HUF	☐ AOP	□PI0	☐ Company
Applicant ☐ Individual	☐ Bod		On Behalf of Minor BO		□ 0Cl	LLP	☐ Bank	□R	Society/Club	_ , ,
☐ Non Individual	☐ Fore	ign National Resident in India	□ QFI □ FPI		Sole Proprietorship	Non Profit	t Organisation			(Please specify)
5b. Occupation De	tails [F	Please tick (√)]								
Sole/First Applicant Please select any one		Private Sector Service	Public Sector Service	Govern	ment Service	Student	Professional	☐ Housewife	Business	Retired
		☐ Agriculturist	Proprietorship				(Please specify)			
Second Applicant Please selectany one		Private Sector Service	Public Sector Service	_	ment Service	Student	Professional	☐ Housewife	Business	Retired
		☐ Agriculturist	☐ Proprietorship	□ Others			(Please specify)			
Third Applicant Please select any one		Private Sector Service	Public Sector Service	_	ment Service	Student	☐ Professional	☐ Housewife	Business	Retired
rease selectary one		Agriculturist	Proprietorship	□ Others			(Please specify)			
5c. Gross Annual I	ncome	/Notworth (Pc)								
Sole/First Applicant	ncome	Gross Annual Income	Below 1 Lakh	☐ 1 - 5 Lakt	, F] 5 - 10 Lakhs	☐ 10 - 25 Lakhs	25 Lakhs - 1 (rore 🗆 >	1 Crore
(Please select any one)		or Net-worth	(Mandatory for Non-Indiv			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	as on D D	M M Y		older than 1 year)
Second Applicant	$\overline{}$	Gross Annual Income	e ☐ Below 1 Lakh	☐ 1 - 5Lakt	is [] 5 - 10 Lakhs	☐ 10 - 25 Lakhs	25 Lakhs - 1 (rore 🗆 >	1 Crore
(Please select any one)		or Net-worth	(Mandatory for Non-Indiv				as on D D	M M Y		older than 1 year)
Third Applicant	寸	Gross Annual Income	Below 1 Lakh	☐ 1 - 5Lakh	is [] 5 - 10 Lakhs	☐ 10 - 25 Lakhs	25 Lakhs - 1 (rore 🗆>	1 Crore
(Please select any one)		or Net-worth	(Mandatory for Non-Indiv	_			as on D D	M M Y		older than 1 year)
5d. Politically Expo	osed P	erson (PEP) Status (Also	applicable for authorised sign	atories/ Promoters/ K	arta/ Trustee/Whole tim	e Directors)				_
Sole/First Applicant (Please sel	lect any one)	☐ lam aPEP	☐ I am Rela	ted to a PEP	Not Applicable				
Second Applicant (Ple	ase selec	t any one)	☐ lam aPEP	☐ I am Rela	ted to a PEP	Not Applicable				
Third Applicant (Pleas	se select a	ny o ne)	☐ lam aPEP	☐ I am Rela	ted to a PEP	Not Applicable				
				<	TEAR HERE		×			
Scheme(s)/Plant	s)/Ont	ion(s)/ Sub-option(s)								
Siteme(3)/Fidit(3,, Opt	on(s); sub-option(s)								
G								(0.)		
Cheque / DD / Payment	ins trume	nt No. & Daté	Drawn on	(Bankand Branch)			Amount in R	gurës (Rs.)		
									-	



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please also fill & attach SIP

Registration cum Debit mandate form.

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Manulite FU	JTUAL ND		TIME .	-33321			L03473	,1							
6. FATCA and CRS DETAILS For			al investo	rs including HUF		•	separate FATCA/CR	8S form		Thirds					
Place of Birth	Sole/FirstApplica	nt/Guardian			Second Applic	ant				InirdA	pplicant				
Country of Birth															
lationality	□ Indian □U.S. □	Others, please spec	ifv		□Indian □U	S. 🗀	Others, please specify	1		□ Indi	an □US. □	Others, please s	pecify		
ax Residence Address Type		legistered Office					gistered Office Bu					egistered Office [_
as per KYC records)															
re you a tax resident (i.e., are ou ass essed for Tax) in any	☐ Yes / ☐ No				☐ Yes / ☐ No						/ No				
ther country outside India?	If 'YES', please fill belo	w for ALL countries (o	other than	India) in which you	are a Resident for ta	ix purpo	oses i.e., where you ar	re a Gtizen /	Resident / Gree	n Card Hold	der / Tax Resid	ent in the Respect	tive countri	es.	
ountry of Tax Residency	(1)				(1)					(1)					
	(2)				(2)					(2)					
and dentilify entire Name and D	(3)				(3)					(3)					
axl dentiification Nu mberOR unction al Equivalent	(1)				(1)					(1) (2)					
arctional Equivalent	(3)				(B)					(B)					
dentification Type	(1)				(1)					(1)					
(IN o fother, Please specify)	(2)				(2)					(2)					
	(3)				(3)					(3)					
TTIN is not available, lease tick the reason A,B, r C (as defined below)	he reason A,B,					В 🗆 С	1 A_	_B	2 AB0	3	A 🗆 B 🗀 C				
son A → The country where th	a Assaurt Halder is liable	to now toy door not in	reus Tay id	antification Numbe	r to its residents							R	efer Gene	ral Instruct	ions 4C a
son B → No 11 N required. (Sele	ct this reason Only if the					TIN to b	be collected).								
sson C → Others; please state ti BANK ACCOUNT DETAILS OF Manda tory to attach proof, in	F THE FIRST / SOLE AP	PLICANT (For reder	nption pu	irpose) (Refer Ger	eral Instruction 6	& 10)	helmw.)								
unit holders opting to hold un															
k Name															
nch Address											Branch City				
ount No.							N.	MICR Code					(The 9 d	igit code appe the cheque nu	ars on your o
ount Type (Please ✓) ☐ Si	avings Current	□ NRO □ NR	E 🗆 F	CNR Others	(please specify)								_		
C Code***				*** Refe If you do	r General Instruction not find this on you	n 6C (N urcheq	fandatory for Credity ue leaf, please check	via RTGS / N for the sam	EFT) (11 Charac e with your bar	ter code ap k)	pearing on yo	our cheque leaf.			
3. INVESTMENTS & PA The name of the first/so IOTE: In case of, Payme heque/DD details need BA. For Lumpsum Inve	ole applicant must nt through single to be filled only o	t be pre-printed cheque, the che nce.Same cheq	on the eque/DI ue cann	cheque for lur O should be iss ot be used for	npsum Investr ued in favour o both lumpsum	of 'Ma & SIP	SIP Registration hindra Manulife	n. FOR D e Multipl	EFAULT OP e Schemes'	TIONS, for the to	PLEASE R	REFER KIM.	ntmenti	oned belo	owand t
•		ment Through:] Single Ch			nstru	ction 5 D)		Cha	-ue/DI	N .				
Scheme/Plan/Opt Sub-option	ion/	Investment Amount			DD Charges, if any Net DD / Cheque Amount				Paymen	que/DI t Instru No. & Da	ment/	Drawn or Bank / Bran		Bank Accoun	
Mahindra Manulife															
Mahindra Manulife															
		TOTAL													
BB. For investment the Refer General Instruction 7			-				hird Party Payment eques (Refer instr			ayment Dec	daration Form	r)			
Scheme/Plan/Option/ (Mention Cheque det				SIP Installme Amount (₹			Frequency		Period	,	Top-Up Det		Details (Op	tional)	n 7.6) Frequer
1. Mahindra Manulife							☐ Monthly*	Start: M	M Y Y Y	∀ Or	Amount	0,-	Amoun		Yearly*
Cheque No.		D D M M Y	YYY				Quarterly		ntil cancelle	d*	Percenta	age CAI	P Month-	rear Y Y]Half-ye
2. Mahindra Manulife							☐ Monthly*	Start: 1/	M Y Y Y	Y	Amount	*(₹) CAF	Amoun	t*(₹)	Yearly*
Cheque No.		D D M M Y	y y y	TOTAL			Quarterly	End:	M Y Y Y	d*	Percenta	or CAI	P Month	Year [Half-ye
efault Option. Note: Top-UpS hat Yojana. CAP Amount: M		nly through NACH deb	it mandate												
P Month-Year: Month-Year fro r existing investors if	m which SIP Top-Up will	be discontinued.							Copy of		wite, tile 3F	om containe w	uie id	a ar ribidi	when dill
East CID there with a second	to Dobit /NAC	SI	P throu	gh Post Date	d Cheques (U	se CT	S (Cheque Tru	ncation	System) Ch	neques (only)				
For SIP through Au	to Debit / NACH	1 SI	P 1 : Pe	riod M M	YYY	Υ	TO M M	YY	YY	No.	of chequ	es attached			

No. of cheques attached



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	ccount details are mandatory i nat account. Investor opting to			in Demat Mode. P	Nonco		thatt	he se	eaue	ncor	ftho	nan	nesa		ntic	ner	dint	the	app	li en	elon.			o tek			
NSDL		noid units in demat	form, may provide	ea copy of the DP:				le us																ld (CI	ies	with	th
	DP NAME			Di	P ID	1 1	N				Ι	Ι		Ben	efic oun	iary t No	<u>/</u> . [Ι					Ι		_
CDSL	DP NAME			Be Ac	enefic	iary t No.					Ι	Ι	Ι		Ι			I					Ι				
10. NO	MINATION (Refer Instruction 14)	(Mandatory for new folio	os of Individuals whe	re mode of holding i	s sinale	e) (For Ur	its in N	lon-D	emat	Form)																
	and Address of Nominee(s)	Relationship	Date of Birth	Name and A	_				T	Sigr	ature	of N	Nomi	inee	(Op	tior	nal)/	<u>'</u>	Г		ropo e uni						_
		Applicant	(to be furnis	hed in case the N	lomin	ee is a	minor)	1						,		,	_	(ach	No	min	ee		
	Nominee 1																										
	Nominee 3																										
R	On Charles do not wish to M																										
	/)] □I/We do not wish to NLARATION & SIGNATURE/S(I																										
	re not prohibited from accessi		nder any order/ru	ling/judgment et	c., of a	nyReg	ulation	n, inc	cludi	ngSl	BL I/	Ve c	onfi	rm tl	hatn	nya	ppli	cati	oni	sin	com	plia	ance	e wit	hap	plica	ab
heme re ourcesor	lated documents and am/are by and is not held or designed			Schemes of Mahi	ndra N	Manulit	e Mut		Fund	('the	Fun		forn ndic		abo	VP.	I/We	e an	n/arı	PP				stori		per	
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