

KEY PARTNER / AGENT INFORMATION (Refer General Instruction 1)				
ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Internal Code for Sub-Agent / Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY (TIME STAMP)
127182			E206630	
EUIIN Declaration (only where EUIIN box is left blank) (Refer General Instruction 1) ☐ 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.				
Sign Here _____ First/ Sole Applicant/ Guardian / PoA Holder / Karta		Sign Here _____ Second Applicant		Sign Here _____ Third Applicant

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

In case the purchase/subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, these 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 per SIP/Micro SIP installment x No. of installments) amounts to Rs. 10,000/- or more and shall be deducted in 3-4 installments. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AME registered distributor) based on the investor's assessment of various factors including the service rendered by the ARN Holder.

3. UNIT HOLDER INFORMATION (Refer General Instruction 4)

†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. Applications 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.

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

CITY						STATE				PIN CODE						

[illegible]**Overseas Address (Mandatory for NRI/PIO/FII/FPI Applications)**

☐ 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/PBKRN and No 17 for KYC.
Non-Individual Investors involved in/ providing any of the mentioned services(Please tick anyone)
☐ Foreign Exchange / Money Changer Services
 ☐ Gaming / Gambling / Lottery / Casino Services
 ☐ Money Lending / Pawning
 ☐ None of the above

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

I. NAME OF SECOND APPLICANT															Mr.	Ms.	M/S.															
KYC Identification No (KIN):																PAN# / PEKRN#															GENDER ☐ Male ☐ Female ☐ Other [Please (/)] ☐ #KYC Proof Attached/Mandatory	

II. NAME OF THIRD APPLICANT

II. NAME OF THIRD APPLICANT															Mr.	Ms.	M/s.															
KYC Identification No (KIN):															PAN# / PEKRN#															GENDER ☐ Male ☐ Female ☐ Other [Please (/)] ☐ #KYC Proof Attached [Mandatory]		

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

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

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

Sole/First Applicant ☐ Individual ☐ Non Individual	☐ Resident Individual	☐ NRI-Repatriation	☐ NRI- Non Repatriation	☐ Partnership	☐ Trust	☐ HUF	☐ AOP	☐ PIO	☐ Company
	☐ Body Corporate	☐ FII	☐ Minor through guardian	☐ BOI	☐ OCI	☐ LLP	☐ Bank	☐ FI	☐ Society / Club
	☐ Foreign National Resident in India	☐ QFI	☐ FPI	☐ Sole Proprietorship	☐ Non Profit Organisation	☐ Others _____ (Please specify)			
Second Applicant ☐ Individual ☐ Non Individual	☐ Resident Individual	☐ NRI-Repatriation	☐ NRI- Non Repatriation	☐ Partnership	☐ Trust	☐ HUF	☐ AOP	☐ PIO	☐ Company
	☐ Body Corporate	☐ FII	☐ Minor through guardian	☐ BOI	☐ OCI	☐ LLP	☐ Bank	☐ FI	☐ Society / Club
	☐ Foreign National Resident in India	☐ QFI	☐ FPI	☐ Sole Proprietorship	☐ Non Profit Organisation	☐ Others _____ (Please specify)			

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Head Office : Sadhana House, 1st Floor, 570 P B Marg, Worli, Mumbai - 400018.

Date:

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

Received from Mr./Ms./M/s _____
an application for allotment of Units of the Plan/Option (as mentioned overleaf) of Mahindra Mutual Fund - along with Cheque/Demand Draft / Payment Instrument as detailed overleaf.

Please Note: All Purchases are subject to realisation of Cheques / Demand Drafts / Payment Instrument.

... continued overleaf

Third Applicant ☐ Individual ☐ Non Individual	☐ Resident Individual	☐ NRI-Repatriation	☐ NRI-Non Repatriation	☐ Partnership	☐ Trust	☐ HUF	☐ AOP	☐ PIO	☐ Company
	☐ Body Corporate	☐ FII	☐ Minor through guardian	☐ BOI	☐ OCI	☐ LLP	☐ Bank	☐ FI	☐ Society / Club
	☐ Foreign National Resident in India	☐ QFI	☐ FPI	☐ Sole Proprietorship	☐ Non Profit Organisation	☐ Others _____	(Please specify)		

5b. Occupation Details [Please tick (✓)]

Sole/First Applicant Please select any one	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Student	☐ Professional _____ (Please specify)	☐ Housewife	☐ Business	☐ Retired
Second Applicant Please select any one	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Student	☐ Professional _____ (Please specify)	☐ Housewife	☐ Business	☐ Retired
Third Applicant Please select any one	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Student	☐ Professional _____ (Please specify)	☐ Housewife	☐ Business	☐ 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.	☐ Below 1 Lac	☐ 1 - 5 Lacs	☐ 5 - 10 Lacs	☐ 10 - 25 Lacs	☐ 25 Lacs - 1 Crore	☐ >1 Crore
Second Applicant (Please select any one)	Gross Annual Income or Net-worth (Mandatory for Non-Individuals) Rs.	☐ Below 1 Lac	☐ 1 - 5 Lacs	☐ 5 - 10 Lacs	☐ 10 - 25 Lacs	☐ 25 Lacs - 1 Crore	☐ >1 Crore
Third Applicant (Please select any one)	Gross Annual Income or Net-worth (Mandatory for Non-Individuals) Rs.	☐ Below 1 Lac	☐ 1 - 5 Lacs	☐ 5 - 10 Lacs	☐ 10 - 25 Lacs	☐ 25 Lacs - 1 Crore	☐ >1 Crore

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

Sole/First Applicant (Please select any one)	☐ I am a PEP	☐ I am Related to a PEP	☐ Not Applicable
Second Applicant (Please select any one)	☐ I am a PEP	☐ I am Related to a PEP	☐ Not Applicable
Third Applicant (Please select any one)	☐ I am a PEP	☐ I am Related to a PEP	☐ Not Applicable

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

	Sole/FirstApplicant/Guardian	Second Applicant	Third Applicant
Place of Birth			
Country of Birth			
Nationality	☐ Indian ☐ U.S. ☐ Others, please specify _____	☐ Indian ☐ U.S. ☐ Others, please specify _____	☐ Indian ☐ U.S. ☐ Others, please specify _____
Tax Residence Address Type (as per KYC records)	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business
Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?	☐ Yes / ☐ No	☐ Yes / ☐ No	☐ Yes / ☐ 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 or 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 ☐ A ☐ B ☐ C	2 ☐ A ☐ B ☐ C	3 ☐ A ☐ B ☐ 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 4C and 19

7. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption purpose) (Refer General Instruction 6 & 10)
(Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 8 below.)

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											
Branch Address									Branch City		
Account No.							MICR Code				
Account Type (Please ✓)	☐ Savings	☐ Current	☐ NRO	☐ NRE	☐ FCNR	☐ Others (please specify) _____					
IFSC Code ***							*** Refer General Instruction 6C (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)				

Unit holders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 8) via Direct credit/ RTGS/ NEFT facility unless specified otherwise in writing.

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Scheme Name	Plan	Option / Sub-option / Facility	Frequency
Mahindra _____	☐ Regular ☐ Direct	☐ Growth ☐ Dividend Payout ☐ Dividend Re-investment	☐ Daily ☐ Weekly ☐ Monthly ☐ Others _____
Cheque / DD / Payment Instrument No. & Date	Drawn on (Bank and Branch)	Amount in Figures (Rs.)	

Frequency ☐ Monthly* ☐ Quarterly (*Default Frequency)

SIP/ Micro SIP Date ☐ 1st ☐ 5th ☐ 10th* ☐ 15th ☐ 20th ☐ 25th (*Default Date)

