Mahindra MUTUAL FUND

COMMON SIP REGISTRATION CUM DEBIT MANDATE FORM

First time investors subscribing to the Scheme through SIP-NACH / Auto Debit to complete this form compulsorily along with the Main Application Form. (Please read 'Terms & Conditions for SIP through NACH / Auto Debit' overleaf). The Application Form should be completed in English and in **BLOCK LETTERS** only.

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 (EUIN)	FOR OFFICE USE ONLY (TIME STAMP)
127182			E206630	

EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1)

☐ 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.

Sign Here First/ Sole Applicant/ Guardian / PoA Holder / Karta	Sign Here Second Applicant	Sign Here Third Applicant

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

(Please (✓) any one) ☐ 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, 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 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 (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

(✓) ☐ **New SIP** ☐ **Micro SIP** ☐ **Change in Bank Account** (Please provide a cancelled cheque)

1. Investment and SIP Details: First / Sole Investor **Name**

Folio No. (Existing Unitholder) **KYC Identification Number**

PAN / PEKRN^ Enclosed (✓) #KYC Proof ☐ **Existing UMRN** (If UMRN is registered in the folio)

Scheme Name	Select your plan	Option
	☐ Regular Plan ☐ Direct Plan	

Each SIP/ Micro SIP Amount (Rs.) _____ Frequency ☐ Monthly* ☐ Quarterly (*Default Frequency)

SIP/ Micro SIP Date ☐ 1st ☐ 5th ☐ 10th* ☐ 15th ☐ 20th ☐ 25th (*Default Date) (You may select more than one SIP transaction dates)

SIP/ Micro SIP Period Start From M M Y Y Y Y End On M M Y Y Y Y OR ☐ Until cancelled

First SIP/ Micro SIP Transaction via Cheque No. **Cheque Dated** D D M M Y Y Y Y **Cheque Amount@ (Rs.)**

Bank Name Branch City

Mandatory Enclosure (for existing investors if 1st SIP Installment is not by cheque) ☐ Blank cancelled cheque ☐ Copy of cheque

@The first SIP cheque amount should be same as each SIP Amount.

2. Demat Account Details (Optional)

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

The investors shall receive payments of Redemption/Dividend proceeds in the Bank Account linked to the Demat A/c.

Declaration : I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information and the terms & conditions of SIP enrolment through Auto Debit/NACH and agree to abide by the same. I/We hereby apply for enrolment under the SIP of above mentioned Scheme - Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred through participation in NACH/Auto Debit. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that the AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the Auto Debit instruction of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or inconnect information, I/We would not hold the user institution of this mandate form responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder 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.

Sign Here First/ Sole Applicant / Guardian / PoA Holder / Karta	Sign Here Second Applicant	Sign Here Third Applicant

^Refer General instruction No 15 in the KIM for PAN/PEKRN. # Please attach KYC proof if not already KYC validated

TEAR HERE

Mahindra MUTUAL FUND

One Time Bank Mandate

(NACH/Direct Debit Mandate Form)

UMRN Date : D D M M Y Y Y Y

Sponsor Bank Code K K B K 0 R T G S M I Utility Code N A C H 0 0 0 0 0 0 0 0 0 3 2 6 2

(Please ✓)	I/We hereby authorize	Mahindra Mutual Fund	to debit (Please ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others_____
☐ CREATE	Bank Account Number		IFSC
☐ MODIFY	with Bank		Or MICR
☐ CANCEL	an amount of Rupees		₹ In Figures

Frequency : ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☑ As & when presented **Debit Type :** ☒ Fixed Amount ☑ Maximum Amount

Folio No. Phone

PAN E-mail

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the banks.
2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel /amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.

PERIOD				
From DD / MM / YYYY				
To DD / MM / YYYY				
Or ☐ Until Cancelled				
Sign Here	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder	
Name	(1) As in bank records	(2) As in bank records	(3) As in bank records	