

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	Internal Code for Sub-Agent / Employee	Employee Unique Identification Number (EUN)	FOR OFFICE USE ONLY (TIME STAMP)
ARN-167174			E326136	
EUIIN Declaration (only where EUIIN box is left blank) (Refer General Instruction 1) <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.				
_____ 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.

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)

FOLIO NO.: 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 jointholders) [Name and DOB shall be as per Aadhaar Card for individual investors and as per PAN for non-individual investors]

Mr. Ms. M/s.	PAN# / PEKRN# <input type="text" value=""/> KYC Identification No. (KIN): <input type="text" value=""/> [Please (✓)] <input type="checkbox"/> #KYC Proof Attached(Mandatory)		
Aadhaar No. ^{ss} <input type="text" value=""/>	OR <input type="checkbox"/> Applied for Aadhaar [^] <input type="checkbox"/> ^ Proof attached (Refer general instruction 4f) GSTIN** <input type="text" value=""/>		

GENDER Male Female Other **DATE OF BIRTH[†] / INCORPORATION** **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. 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. ^{ss} Mandatory for resident individuals. Non-individuals must fill Form for Aadhaar Details (Non-Individuals). ^{**} Refer General Instruction 4G.

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 <input type="text" value=""/> STD Code <input type="text" value=""/> Telephone : Off. <input type="text" value=""/> Mobile No. <input type="text" value=""/> Res. <input type="text" value=""/> Fax <input type="text" value=""/> ^^Email Id <input type="text" value=""/> <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/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/PEKRN and No 17 for KYC.

NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / PoA HOLDER [Name and DOB shall be as per Aadhaar card]

Mr. Ms. M/s.	Mobile No.
PAN# / PEKRN# <input type="text" value=""/> KYC Identification No. (KIN): <input type="text" value=""/> [Please (✓)] <input type="checkbox"/> #KYC Proof Attached(Mandatory)	
Aadhaar No. ^{ss} <input type="text" value=""/> OR <input type="checkbox"/> Applied for Aadhaar [^] <input type="checkbox"/> ^ Proof attached (Refer general instruction 4f) \$\$ Mandatory for resident individual.	
Relationship with Minor@ Please (✓) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Legal Guardian Proof of relationship with minor@ Please (✓) <input type="checkbox"/> Attached @ Mandatory	

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

Designation	Mobile No.
-------------	------------

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

-x- TEAR HERE -x-

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.

Date :

ISC Stamp & Signature

... continued overleaf

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

I. NAME OF SECOND APPLICANT Mr. Ms. M/s. _____

KYC Identification No. (KIN): _____ PAN# / PEKRN# _____

Aadhaar No. ^{SS} _____ OR Applied for Aadhaar* ^ Proof attached (Refer general instruction 4F) SS Mandatory for resident individuals

Mobile No. _____ ^^Email Id _____ DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

I/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# _____

Aadhaar No. ^{SS} _____ OR Applied for Aadhaar* ^ Proof attached (Refer general instruction 4F) SS Mandatory for resident individuals

Mobile No. _____ ^^Email Id _____ DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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

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

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

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

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

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

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

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 <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)						D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y								

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 <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)						D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y								

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 <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)						D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y								

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 _____

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

	Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Place of Birth									
Country of Birth									
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____		
Tax Residence Address Type (as per KYC records)	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business			<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business			<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		
Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?	<input type="checkbox"/> Yes / <input type="checkbox"/> No			<input type="checkbox"/> Yes / <input type="checkbox"/> No			<input type="checkbox"/> Yes / <input type="checkbox"/> No		
Country of Tax Residency	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.								
	(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 of 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 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Refer General Instructions 4C and 19

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 _____

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 _____ (The 9 digit code appears on your cheque next to the cheque number)

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.

8. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer Instruction 7 for Scheme details and Instruction 5 & 8 for Payment and Third Party Payment Details) The name of the first/sole applicant must be pre-printed on the cheque for lumpsum Investment/ SIP Registration. FOR DEFAULT OPTIONS, PLEASE REFER KIM.

8A. For Lumpsum Investment

Payment Type Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Scheme/Plan/Option/Sub-option	Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any	Net Cheque/DD Amount	Cheque/ DD/ Payment Instrument/ UTR No. & Date	Drawn on Bank / Branch	Bank Account Number
Mahindra						
Mahindra						

8B. For investment through SIP / Micro SIP mode (Refer General Instruction 7)

Payment Type Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)*	SIP Dates(s) (Refer instruction 7.1)	Frequency	Period	Top-Up (Optional) (Refer instruction 7.6)	
					Amount (₹) or Percentage (%)	Frequency
1st Cheque No. _____			<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start: [M][M][Y][Y][Y][Y] End: [M][M][Y][Y][Y][Y] or <input type="checkbox"/> Until cancelled*	₹ _____ Or _____ %	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
1st Cheque No. _____			<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	Start: [M][M][Y][Y][Y][Y] End: [M][M][Y][Y][Y][Y] or <input type="checkbox"/> Until cancelled*	₹ _____ Or _____ %	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly

* Default Option @ First SIP cheque should be same as SIP amount. Note: Top-Up SIP facility is available only through NACH debit mandate. In case of mismatch, the application might be rejected. For Quarterly SIP, only Yearly Top-up frequency is available. For Percentage based Top-up only Yearly frequency is available. Percentage based Top-up feature is not available for Mahindra Mutual Fund Kar Bachat Yojana. If SIP/Top-Up installment amount exceeds the maximum amount mentioned in the debit mandate, the SIP will continue with the last SIP installment amount

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

For SIP through Auto Debit / NACH please also fill & attach SIP Registration cum Debit mandate form.

SIP through Post Dated Cheques (Use CTS (Cheque Truncation System) Cheques only)

Period [M][M][Y][Y][Y][Y] TO [M][M][Y][Y][Y][Y] No. of cheques attached [][][]

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	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 FOR THIS INVESTMENT. I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. **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.)

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