




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-153155		E-271894			
Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only): <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).					
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.					
 First/ Sole Applicant/ Guardian / PoA Holder / Karta		 Second Applicant		 Third Applicant	

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 2)

FOLIO NO.:

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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**

If an application has more than one investor (maximum three permitted) the investors are required to specify the 'mode of holding' in the initial application form as either 'Joint' or 'Anyone or Survivor'. And in such an event, if the investors fail to specify the mode of holding, then by default, the mode of holding will be treated as 'Joint' for all future purposes by the AMC in respect of the folio.

3. UNIT HOLDER INFORMATION (Refer General Instruction 3)

NAME OF FIRST / SOLE APPLICANT (In case of Minor, there shall be no jointholders)

Mr.	Ms.	M/s.	
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[illegible]

GSTIN**														NAME and DOB/Date of incorporation for all the Applicant(s) has to be exactly as per PAN
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**Refer General Instruction 3F.

[Please (✓)] ☐ #KYC Proof Attached **(Mandatory)**

#Please attach Proof. Refer General Instruction No 14 for PAN/PEKRN and No 16 for KYC.

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.

For other than **"Investment on behalf of minor"** If date of birth is available in KRA records the same shall be updated for this folio / investment.

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Address should be as per KYC records) (Refer General Instruction 3A)

CITY		STATE		PIN CODE						
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[illegible][illegible]

*Select appropriate validation code ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO

^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)
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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 8.)

*Select appropriate validation code ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO

#Description of Email & Mobile validation codes:

SE - Self, SP - Spouse, DC - Dependent Children, DS - Dependent Siblings, DP - Dependent Parents, GD - Guardian, PM - PMS, CD - Custodian, PO - POA

Overseas Address###	
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Overseas Country###		Zip Code###	
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Mandatory for NRI/Overseas Applicants

----- ✂ ----- **TEAR HERE** ----- ✂ -----

Head Office : Unit No. 204, 2nd Floor, Amiti Building, Piramal Agastya Corporate Park, LBS Road, Kamani Junction, Kurla (W), Mumbai - 400 070.

Received from Mr./Ms./M/s. _____

an application for allotment of Units of the Plan / Option (as mentioned overleaf) of Mahindra Manulife 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.

Acknowledgment Slip (To be filled by the applicant)

Date :

D

D

M

M

Y

Y

Y

Y

ISC Stamp & Signature

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... continued overleaf

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

Mr. Ms. M/s.

Mobile No.

PAN#/ PEKRN#

KYC Identification No. (KIN):

[Please (✓)] ☐ #KYC Proof Attached (Mandatory)

Relationship with Minor **Please (✓)** ☐ Father ☐ Mother ☐ Court appointed Legal Guardian

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

@ It is mandatory to provide Proof of relationship with minor

ADDITIONAL DETAILS REQUIRED (in case of non-individual Investors)

Contact Person Name

Designation

Mobile No.

Email

4. JOINT APPLICANT DETAILS, If any (Refer General Instruction 3) (in Case of Minor, there shall be no joint holders)

I. NAME OF SECOND APPLICANT

Mr. Ms. M/s.

PAN#/ PEKRN#

KYC Identification No. (KIN):

GENDER ☐ Male ☐ Female ☐ Other
[Please (✓)] ☐ #KYC Proof Attached (Mandatory)

Mobile No.

^^Email ID

DATE OF BIRTH

D D M M Y Y Y Y

II. NAME OF THIRD APPLICANT

Mr. Ms. M/s.

PAN#/ PEKRN#

KYC Identification No. (KIN):

GENDER ☐ Male ☐ Female ☐ Other
[Please (✓)] ☐ #KYC Proof Attached (Mandatory)

Mobile No.

^^Email ID

DATE OF BIRTH

D D M M Y Y Y Y

5. APPLICANT DETAILS (Mandatory) (Refer general instruction 3)

5a. Status of Applicants (Refer General Instruction 3D) [Please (✓) one]

Sole/First Applicant

☐ Individual
☐ Non Individual

☐ Resident Individual
☐ Body Corporate
☐ Foreign National Resident in India

☐ NRI-Repatriation
☐ NRI-Non Repatriation
☐ On Behalf of Minor

☐ QFI
☐ BOI
☐ FPI

☐ Partnership
☐ OCI
☐ Sole Proprietorship

☐ Trust
☐ LLP
☐ Non Profit Organisation

☐ HUF
☐ Bank
☐ Others

☐ AOP
☐ FI
☐ Society / Club

☐ PIO
☐ Public Ltd.

Second Applicant

☐ Individual

☐ Resident Individual
☐ Foreign National Resident in India

☐ NRI-Repatriation
☐ NRI-Non Repatriation

☐ OCI
☐ PIO

Third Applicant

☐ Individual

☐ Resident Individual
☐ Foreign National Resident in India

☐ NRI-Repatriation
☐ NRI-Non Repatriation

☐ OCI
☐ PIO

***Non-Profit Organization [NPO] to provide the following declaration:** We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). ☐ Yes ☐ No

If yes, please quote the NPO Registration Number provided by DARPAN portal.

(If not registered already, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF / AMC/ RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.)

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

Sole/First Applicant

Please select any one

☐ Private Sector Service
☐ Retired

☐ Public Sector Service
☐ Agriculturist

☐ Government Service
☐ Proprietorship

☐ Student
☐ Others

☐ Professional
☐ Housewife

☐ Business

Second Applicant

Please select any one

☐ Private Sector Service
☐ Retired

☐ Public Sector Service
☐ Agriculturist

☐ Government Service
☐ Proprietorship

☐ Student
☐ Others

☐ Professional
☐ Housewife

☐ Business

Third Applicant

Please select any one

☐ Private Sector Service
☐ Retired

☐ Public Sector Service
☐ Agriculturist

☐ Government Service
☐ Proprietorship

☐ Student
☐ Others

☐ Professional
☐ Housewife

☐ Business

5c. Gross Annual Income / Net-worth (Rs.)

Sole/First Applicant

Please select any one

Gross Annual Income or Net-worth

☐ Below 1 Lakh
☐ 1 - 5 Lakhs
☐ 5 - 10 Lakhs
☐ 10 - 25 Lakhs
☐ 25 Lakhs - 1 Crore
☐ >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

☐ Below 1 Lakh
☐ 1 - 5 Lakhs
☐ 5 - 10 Lakhs
☐ 10 - 25 Lakhs
☐ 25 Lakhs - 1 Crore
☐ >1 Crore

Third Applicant

Please select any one

Gross Annual Income

☐ Below 1 Lakh
☐ 1 - 5 Lakhs
☐ 5 - 10 Lakhs
☐ 10 - 25 Lakhs
☐ 25 Lakhs - 1 Crore
☐ >1 Crore

TEAR HERE

Scheme Name	Select your plan	Select your Option / Sub-option / Facility
	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment
Cheque / DD / Payment Instrument No. & Date	Drawn on (Bank and Branch)	Amount in Figures (Rs.)

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

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 KY(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., an you assessed for Tax) in any other countrv 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
	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 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

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 3C and 18

7. BANK ACCOUNT (PAY-OUT) DETAILS OF THE FIRST / SOLE APPLICANT {Refer General Instruction 5 & 9}

Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 8 below.) Irrespective of the source of payment for subscription on behalf of minor, all redemption proceeds shall be credited only in the verified bank account of the minor,

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			
Account No.	MICR Code	(The 9 digit code appears on your cheque next to the cheque number)	
Branch Address	Branch City		

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify) _____

IFSC Code*** *** Refer General Instruction 5D (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)

Unitholders will receive redemption/ dividend (IDCW) proceeds directly into their bank account (as furnished in Section 7) via Direct credit/ RTGS/NEFT facility unless specified otherwise in writing.

8. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer Instruction 6 for Scheme details and Instruction 4 & 7 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.

NOTE: In case of, Payment through single cheque, the cheque/DD should be issued in favour of 'Mahindra Manulife Multiple Schemes' for the total investment amount mentioned below and the cheque/DD details need to be filled only once. Same cheque cannot be used for both lumpsum & SIP investments.

Payment Type:	<input type="checkbox"/> Non-Third Party Payment	<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')
Payment Through :	<input type="checkbox"/> Single Cheque	<input type="checkbox"/> Multiple Cheques (Refer instruction 4D)
	<input type="checkbox"/> One time Lumpsum Investment	<input type="checkbox"/> Systematic Investment Plan (Attach Common SIP/TOP-UP SIP registration/upgrade cum debit mandate form)

*LEI No.	<input type="text"/>	Valid upto:	<input type="text"/>
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*The Legal Entity Identifier (LEI) is a 20-digit number used to uniquely identify parties for all payment transactions of value' ₹50 crore and above undertaken by entities (non-individuals) using Reserve Bank-run Centralised Payment Systems viz. Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT). In absence of LEI, the Fund will not be able to make payments (Redemption/ Dividend) of value ₹ 50 crore and above, and shall not be held responsible for any non receipt/ receipt of funds with a delay.

Scheme/Plan/Option/ Sub-option	Investment Amount	DD Charges, if any	Net DD/ Cheque Amount	Cheque/ DD/Fund Transfer Payment Instrument/ RTGS / NEFT Refer No /OTBM Facility^	Drawn on Bank/ Branch	Bank Account Number
Mahindra Manulife_____						
Mahindra Manulife_____						
	TOTAL					

^One Time Bank Mandate

9. UNIT HOLDING OPTION ☐ **DEMAT MODE*** ☐ **PHYSICAL MODE (Default)** (Refer Instruction 11)

*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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Beneficiary Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CDSL	DP NAME _____	Beneficiary Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

10. NOMINATION (Refer Instruction 13)

Name and Address of Nominee(s) (Mandatory)	Relationship with Applicant (Mandatory)	Date of Birth (Mandatory in case the Nominee is a minor)	Name and Address of Guardian	PAN of Nominee/ Guardian (Optional)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)	Signature of Nominee / Guardian of Nominee
Nominee 1						
Nominee 2						
Nominee 3						

OR




[Please (✓)] ☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

11. DECLARATION & SIGNATURE/S (Refer Instruction 12)

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 follows:- 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 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 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 (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 hereby authorize and provide my/our consent to the AMC, its Registrar & Transfer Agent and their authorized representatives to contact me/us through various communication modes (including phone / email / SMS) to address my/our investment related queries and/or receive communications pertaining to my/our financial transactions/ non-financial transactions/ promotional/ potential investments and other communications/ materials about the mutual fund products and services offered by the Fund, irrespective of my/our blocking preferences with the Customer Preference Registration Facility. 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 United States person(s) under the laws of United States or 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 Declaration:** I hereby confirm that the information provided here in above 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 also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary 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.)

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

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) and general instruction 6. 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	Employee Unique Identification Number (EUIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent / Employee	FOR OFFICE USE ONLY (TIME STAMP)
ARN-153155		E-271894			
Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only): <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). EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1): <input type="checkbox"/> 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 not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.					
 First/ Sole Applicant/ Guardian / PoA Holder / Karta		 Second Applicant		 Third Applicant	

(✓) ☐ SIP/ Top-Up SIP ☐ Micro SIP ☐ Change in Bank Account for Auto Debit (Proceed directly to fill the NACH mandate and provide a cancelled cheque)

1. Investment and SIP Details: First / Sole Investor

Folio No. (Existing Unitholder)	KYC Identification Number

PAN / PEKRN	Enclosed (✓) #KYC Proof <input type="checkbox"/> Existing UMRN

PAYMENT THROUGH ☐ SINGLE CHEQUE ☐ MULTIPLE CHEQUES Refer Note (i) and general instruction 4 D. In case of, Payment through single cheque, for investment in more than 1 Scheme the cheque/DD should be issued in favour of 'Mahindra Manulife MF Multiple Scheme' for the total investment amount mentioned below and the cheque/DD details need to be filled only once.




<input type="checkbox"/> New SIP <input type="checkbox"/> Upgrade Existing SIP 1. Mahindra Manulife _____ Cheque No. _____ Cheque Date _____	SIP Installment Amount (₹)	Frequency	SIP Date(s)/Days for Weekly/ Monthly/ Quarterly Frequency (Refer Instruction 1(a))	Period	Top-Up for Monthly & Quarterly Frequency (Optional) (Refer instruction 1b)		
					Top-Up Details	CAP Details (Optional)	Frequency
<input type="checkbox"/> New SIP <input type="checkbox"/> Upgrade Existing SIP 2. Mahindra Manulife _____ Cheque No. _____ Cheque Date _____		<input type="checkbox"/> Weekly	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed (Default) <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Start: MM YY YY YY	Amount* (₹) Or Percentage	CAP Amount* (₹) Or CAP Month-Year	<input type="checkbox"/> Yearly (Default) <input type="checkbox"/> Half yearly
		<input type="checkbox"/> Monthly (Default)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	End: MM YY YY YY			
		<input type="checkbox"/> Quarterly		Ensure SIP Duration is not more than 30 years.			
		<input type="checkbox"/> Weekly	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed (Default) <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Start: MM YY YY YY	Amount* (₹) Or Percentage	CAP Amount* (₹) Or CAP Month-Year	<input type="checkbox"/> Yearly (Default) <input type="checkbox"/> Half yearly
		<input type="checkbox"/> Monthly (Default)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	End: MM YY YY YY			
		<input type="checkbox"/> Quarterly		Ensure SIP Duration is not more than 30 years.			

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/ IDCW proceeds in the Bank Account linked to the Demat A/c. *Refer General instruction No 14 in the KIM for PAN/PEKRN. # Please attach KYC proof if not already KYC validated

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 incorrect 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.

 First/ Sole Applicant/ Guardian / PoA Holder / Karta	 Second Applicant	 Third Applicant
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TEAR HERE

One Time Bank Mandate (NACH/Direct Debit Mandate Form)

Date: DD MM YY YY

UMRN	(Please ✓) <input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL

Sponsor Bank Code	Utility Code
	N A C H O O O O O O O O O 3 2 6 2

I/We hereby authorize: **Mahindra Manulife Mutual Fund** to debit (Please ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others

Bank A/c No.:	IFSC

with Bank	MICR

an amount of Rupees	₹
In Words	In Figures

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




Folio No.	PAN

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. IDCW: Income Distribution cum Capital Withdrawal

PERIOD	From	DD / MM / YYYY	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
	To	DD / MM / YYYY			
Phone			Name as in bank records	Name as in bank records	Name as in bank records

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) and general instruction 6. 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	Employee Unique Identification Number (EUIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent / Employee	FOR OFFICE USE ONLY (TIME STAMP)
ARN-153155		E-271894			
Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only): <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). EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1): <input type="checkbox"/> 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 not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.					
 First/ Sole Applicant/ Guardian / PoA Holder / Karta		 Second Applicant		 Third Applicant	

(✓) ☐ SIP/ Top-Up SIP ☐ Micro SIP ☐ Change in Bank Account for Auto Debit (Proceed directly to fill the NACH mandate and provide a cancelled cheque)

1. Investment and SIP Details: First / Sole Investor

Folio No. (Existing Unitholder)	KYC Identification Number

PAN / PEKRN	Enclosed (✓) #KYC Proof <input type="checkbox"/> Existing UMRN

PAYMENT THROUGH ☐ SINGLE CHEQUE ☐ MULTIPLE CHEQUES Refer Note (i) and general instruction 4 D. In case of, Payment through single cheque, for investment in more than 1 Scheme the cheque/DD should be issued in favour of 'Mahindra Manulife MF Multiple Scheme' for the total investment amount mentioned below and the cheque/DD details need to be filled only once.




<input type="checkbox"/> New SIP <input type="checkbox"/> Upgrade Existing SIP 1. Mahindra Manulife _____ _____ Cheque No. _____ Cheque Date _____	SIP Installment Amount (₹)	Frequency	SIP Date(s)/Days for Weekly/ Monthly/ Quarterly Frequency (Refer Instruction 1(a))	Period	Top-Up for Monthly & Quarterly Frequency (Optional) (Refer instruction 1b)		
					Top-Up Details	CAP Details (Optional)	Frequency
<input type="checkbox"/> New SIP <input type="checkbox"/> Upgrade Existing SIP 2. Mahindra Manulife _____ _____ Cheque No. _____ Cheque Date _____		<input type="checkbox"/> Weekly	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed (Default) <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Start: MM / YY / YY End: MM / YY / YY Ensure SIP Duration is not more than 30 years.	Amount* (₹) Or Percentage	CAP Amount* (₹) Or CAP Month-Year	<input type="checkbox"/> Yearly (Default) <input type="checkbox"/> Half yearly
		<input type="checkbox"/> Monthly (Default)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31				
		<input type="checkbox"/> Quarterly					

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/ IDCW proceeds in the Bank Account linked to the Demat A/c. *Refer General instruction No 14 in the KIM for PAN/PEKRN. # Please attach KYC proof if not already KYC validated

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 incorrect 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.

 First/ Sole Applicant/ Guardian / PoA Holder / Karta	 Second Applicant	 Third Applicant
--	---	--

TEAR HERE

One Time Bank Mandate (NACH/Direct Debit Mandate Form)

Date: DD / MM / YY / YY

UMRN	(Please ✓) <input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL

Sponsor Bank Code	Utility Code
	N A C H O O O O O O O O O 3 2 6 2

I/We hereby authorize: **Mahindra Manulife Mutual Fund** to debit (Please ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others _____

Bank A/c No.:	IFSC

with Bank	MICR

an amount of Rupees	₹
In Words	In Figures

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

Folio No.	PAN

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. IDCW: Income Distribution cum Capital Withdrawal

PERIOD	From	DD / MM / YYYY	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
	To	DD / MM / YYYY			
Phone			Name as in bank records	Name as in bank records	Name as in bank records

Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A. Fields marked with "*" are mandatory fields.
B. Tick "I" wherever applicable.
C. Please fill the form in English and BLOCK letters.
D. Please fill the date in DD-MM-YY format.
E. For particular section update, please tick (I) in the box section number and strike off the sections not required to be updated.
F. Please read section wise detailed guide
G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H. List of two character ISO 3166 country codes is available at the end.
I. KYC number of applicant is mandatory for update application.
J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only

(To be filled by financial institution)

Application Type*

☐ New ☐ Update

KYC Number

(Mandatory for KYC update request)

Account Type*

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="text"/>	<input type="checkbox"/> FORM 60 furnished		
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country <input type="text"/>		Country Code <input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport Number Passport Expiry Date - -
- ☐ B-Voter ID Card
- ☐ C-Driving Licence Driving Licence Expiry Date - -
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

PHOTO*

Signature /Thumb Impression
across photo without covering
the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>									
Line 2	<input type="text"/>									
Line 3	<input type="text"/>									
District*	<input type="text"/>	Pin/Post Code*	<input type="text"/>	State/U.T Code*	<input type="text"/>	City/Town/Village*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>	

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

- ☐ Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)
- ☐ A-Passport Number
- ☐ B-Voter ID Card
- ☐ C-Driving Licence
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- IV ☐ Deemed Proof of Address – Document Type code

Address

Line 1*	<input type="text"/>									
Line 2	<input type="text"/>									
Line 3	<input type="text"/>									
District*	<input type="text"/>	Pin/Post Code*	<input type="text"/>	State/U.T Code*	<input type="text"/>	City/Town/Village*	<input type="text"/>	ISO 3166 Country Code*	<input type="text"/>	

4. Contact Details (All communications will be sent to Mobile number/Email-ID provided including for validation purpose) (Please refer instruction **C** at the end)

Tel. (Off) [] [] [] [] - [] [] [] [] [] [] Tel. (Res) [] [] [] [] - [] [] [] [] [] [] Mobile* [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Email ID*

*mandatory and subject to validation, hence provide the valid information in legible manner

5. Remarks (If any)

6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address and to download the information from CKYCR
- I am providing the consent to MF/RTA/SEBI registered intermediary to share this KYC data / applicable Aadhaar XML data with KRA and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

Date:

D	D
---	---

 -

M	M
---	---

 -

Y	Y	Y	Y
---	---	---	---

[illegible]

Signature/Thumb Impression of Applicant

7. Attestation / For Office Use only

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process

☐ Equivalent e-document ☐ Video Based KYC

KYC documents verification carried out by

Date:

D	D
---	---

 -

M	M
---	---

 -

Y	Y	Y	Y
---	---	---	---

[illegible][illegible][illegible][illegible]

Institution details

[illegible][illegible]

[Institution Stamp]

In-Person Verification (IPV) carried out by

Date:

D	D
---	---

 -

M	M
---	---

 -


Y	Y	Y	Y
---	---	---	---

[illegible][illegible][illegible][illegible]

Institution details

[illegible]

[Institution Stamp]

		FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals <i>Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance</i>							
PAN / PEKRN*									
Name									
Address Type [for KYC address]		<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		Nationality		<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>			
Place of Birth					Country of Birth				
Gross Annual Income Details in INR		<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore		Occupation Details [Please tick any one (✓)]		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____			
Net Worth in INR. In Lacs & Date [Optional]		_____ dd-mmm-yyyy							
Politically Exposed Person [PEP]		<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		Any other information [if applicable]		[Please specify]			

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes ☐ No ☐

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type [TIN or other, please specify]	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C [as defined below]
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN 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 specify the reasons _____

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:
Place:

Signature:

Acknowledgement

We [CAMS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. _____ PAN _____ on dd-mmm-yyyy

Date:

Signature with Name, Emp. ID & Seal