overleaf.

... continued overleaf

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

KEY PARTNER / AGENT INFORMATION (Refer		P	p11 /0110-111	<i>c</i> .1	-		6			0.00			
ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Employee Unique Identification Number (EUIN)	RIA/PMRN Name &	Code		nternal Code o-Agent / Emp			FICE USE				
114376	249872	E464434											
Consent for sharing Transaction Feed with RI UVWe hereby give my/our consent to share/provide the transa Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN). EUIN Declaration (only where EUIN box is left UVWe hereby confirm that the EUIN box has been intentionall advice of in-appropriateness, if any, provided by the employee/re	action feed / portfolio holdings/ NAV etc t blank) (Refer General Instru y left blank by me/us as this transaction	: in respect of my/our investments unde uction 1) is executed without any interaction or a	r Direct Plan in the scheme(s) of l					2					
Sign Here Sign Here Sign Here First/Sole Applicant/Guardian / PoA Holder / Karta Second Applicant Third Applicant													
First/Sole Applicant/ Guardian / PoA Holder / Karta Second Applicant Third Applicant													
TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer General Instruction 2) Please (/) any one) am a first time investor in Mutual Funds lam an existing investor in Mutual Funds (Default) r.case the purchase/subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Finasaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Transaction Charges in case of investments through IP/Micro SIP installment x No. of installments No. 000/- or more and shall be deducted in 3-4 installments. Units will be issued against the balance amount invested. Upfront commission hall be paid directly by the investor to 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 detai	s in our records under th	e folio numb	er ment	tioned alon	gside will a	pply for t	this app	lication.			
2. MODE OF HOLDING [Please tick ()	Single Joint A	Anyone or Survivor											
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 N	Ainor, there shall be no jointh	nolders) [Name and DOB shall be a	as per PAN for non-individua	l investors]									
Mr. Ms. M/s.													
PAN#/ PEKRN#	KYC Identification	NO. (KIN):				[Plea	ase (✔)] 🗌 ‡	#KYC Proof A	ttached (landatory			
GENDER Male Female Other +Date of birth and Proof of Date of birth is mandatory in case of in mentioned in the application form or not available in KRA records or MAILING ADDRESS OF FIRST / SOLE APPLICAN	in case of mismatch of date of birth. ** F	date of birth is available in KRA records Refer General Instruction 4F.	·	this folio / invest			n case of m						
CITY		ATE				PIN	I CODE						
CONTACT DETAILS OF FIRST / SOLE APPLICAN	T Cou	intry Code STD 0	Code	Telephone :					$\left \right $				
^^Email Id		Res.	we wish to receive physical copy of	f the Annual Repo		=ax ged Summary t	thereof (Applicat	ble only if en	nail id is n	ot 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	5/ statutory and other documents by email. (Refe	r General Instruction 9)	4	#Please attac	th Proof. Refer Ger	neral instruction N	lo 15 for PAN/	PEKRN and	No 17 for KYC			
NAME OF GUARDIAN (in case of First / Sole Appl	icant is a Minor) / PoA HOLD	DER											
Mr. Ms. M/s.				Mobile No	o.								
PAN#/ PEKRN#	KYC Identification	No. (KIN):				[Plea	ase (✔)] 🔲 ‡	#KYC Proof A	.ttached (/	landatory			
Relationship with Minor@ Please () Father	☐ Mother ☐ Court appoin	ted Legal Guardian	Proof of r	relationship	with mi	inor@ Plea	ise (√) □ A	Attached	@ Mai	ndatory			
CONTACT PERSON – DESIGNATION (in case of n	on-individual Investors)			MabilaN					T T				
Designation	()			Mobile No									
Non-Individual Investors involved in/ providing any of the men	tioned services (Please tick anyone)	Foreign Exchange / Money Cha	nger Services ∐Gaming / Gam	1011ng / Lottery /	Lasino Ser	rvices [] Mon	ey Lending / Pa	awning [None (of the above 			
Mahindra /// Manulife	•		• •	Ackno	wledg	ement Sl	l ip (To be f	filled by	the ap	plicant			
Head Office : Sadhana House, 1st Floor, 570 P B Marg, Worli, N	/umbai – 400018.	Date : DD	M M Y Y Y	Y Y		ISC	Stamp & Stamp	Signatu	re				
Received from Mr./Ms./M/s an application for allotment of Units of the Plan / Option (as mentic	uned overleaf) of Mahindra Manulife Me	utual Fund - along with Choque / Dema	nd Draft / Payment Instrument a	s detailed									
an application for anotherit of onits of the Plan / option (as menuo	nea ovenear) of Mannula Manulle Mi	action rund - along with cheque / Dema	a biait / i ayment instrument a	succalleu									

MUTUAL FUND

4. JOINT APPLICANT	DETAILS, If any (Refer General Instr	ruction 4) (in Case of	Minor, there shall be no joi	nt holders)								
I. NAME OF SECON	ID APPLICANT Mr. Ms. N	1/s.										
KYC Identification No.	(KIN):			PAN#/ PEKRN#				\square Male \square Female	Other Attached (Mandatory)			
Mobile No.			^^Email Id				DATE OF BIRTH	D M M Y	Y Y Y			
I/we wish to recei	ve physical copy of the Annual I	Report or Abridged	d Summary thereof (App	licable only if email id	is not available)							
II. NAME OF THIRD	APPLICANT Mr. Ms. N	N/s.										
KYC Identification No.	(KIN):			PAN#/ PEKRN#				Male Female Female ✓)] #KYC Proof /	Other Attached (Mandatory)			
Mobile No.			^^Email Id				DATE OF BIRTH	D M M Y	Y Y Y Y			
I/we 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 Appli	cants (Refer General Instruction	n4D) (Please tick or	ne)									
Sole/First Applicant	Resident Individual	NRI-Repatriation	NRI-Non Repatriation	Partnership	🗌 Trust	🗌 HUF	AOP	DIO	Company			
Individual	Body Corporate		On Behalf of Minor				🗌 Bank	🗌 FI	Society / Club			
🗆 Non Individual	Foreign National Resident in India	□ QFI	🗌 FPI	Sole Proprietorship	Non Profit Organisation	Others			(Please specify)			
Second	Resident Individual	NRI-Repatriation	NRI-Non Repatriation	Partnership	🗌 Trust	□ HUF	AOP	D PIO	Company			
Applicant	Body Corporate	🗌 FIIs	🗌 On Behalf of Minor	🗌 BOI			🗌 Bank	🗌 FI	🗌 Society / Club			
Non Individual	Foreign National Resident in India	QFI	☐ FPI	Sole Proprietorship	Non Profit Organisation	Others			(Please specify)			
Third	Resident Individual	NRI-Repatriation	NRI-Non Repatriation	Partnership	Trust	□ HUF	□ AOP	D PIO	Company			
Applicant	Body Corporate	FIIs	On Behalf of Minor	BOI			🗌 Bank	FI FI	Society / Club			
Non Individual	Foreign National Resident in India	QFI	🗌 FPI	Sole Proprietorship	Non Profit Organisation	□ Others _			(Please specify)			

5b. Occupation Details [Please tick (\checkmark)]

Sole/First Applicant Please select any one	Private Sector Service Agriculturist	Public Sector Service Proprietorship	Government Service Others	Student Professional (Please specify)		☐ Housewife	Business	Retired
Second Applicant Please select any one	Private Sector Service Agriculturist	Public Sector Service Proprietorship	Government Service Others	Student	Professional (Please specify)	☐ Housewife	Business	☐ Retired
Third Applicant Please select any one	Private Sector Service Agriculturist	Public Sector Service Proprietorship	Government Service	Student	Professional (Please specify)	☐ Housewife	Business 🗌	☐ Retired

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

Sole/First Applicant	Gross Annual Income or	Below 1 Lakh	🗌 1 - 5 Lakhs	🗌 5 - 10 Lakhs	🗌 10 - 25 Lakhs	25 Lakhs - 1 Crore	□ >1 Crore		
(Please select any one)	Net-worth	(Mandatory for Non-Individu	uals) Rs		as on D D M M Y Y Y Y (Not older than 1 year)				
Second Applicant	Gross Annual Income or Net-worth	🔲 Below 1 Lakh	🗌 1 - 5 Lakhs	🗌 5 - 10 Lakhs	🗌 10 - 25 Lakhs	25 Lakhs - 1 Crore	□ >1 Crore		
(Please select any one)		(Mandatory for Non-Individu	uals) Rs		as on DD	M M Y Y Y	Y (Not older than 1 year)		
Third Applicant	Gross Annual Income or	Below 1 Lakh	🗌 1 - 5 Lakhs	🗌 5 - 10 Lakhs	🔲 10 - 25 Lakhs	25 Lakhs - 1 Crore	□ >1 Crore		
(Please select any one)	or Net-worth	(Mandatory for Non-Individu	uals) Rs		as on DD	M M Y Y Y	Y (Not older than 1 year)		

d. 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
		>	« — — — — TEAR HERE	*

Scheme(s)/Plan(s)/Option(s)/ Sub-o	option(s)		
Cheque / DD / Payment Instrument No. & Date	Drawn on (Bank and Branch)	Amount in Figures (Rs.)	

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	Sole/First Applica	nt/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 🔲 B	usiness	Residential Registered Office Business			Residential Registered Office Business				
Are you a tax resident (i.e., are	🗌 Yes / 🗌 No			🗌 Yes / 🗌 No			□ Yes / □ No				
you assessed for Tax) in any other country outside India?	If 'YES', please fill belo	ow for ALL countries (ot	her than India) in which you a	are a Resident for tax pur	rposes i.e., where you ar	e a Citizen / Resident / Gree	een Card Holder / Tax Resident in the Respective countries.				
Country of Tax Residency	(1)			(1)			(1)				
	(2)			(2)			(2)				
	(3)			(3)			(3)				
Tax Identiification Number OR	(1)			(1)			(1)				
Functional Equivalent	(2)			(2)			(2)				
	(3)			(3)			(3)				
Identification Type	(1)			(1)			(1)				
(TIN of other, Please specify)	(2)			(2)			(2)				
	(3)			(3)			(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	1 □ A □ B □ C	2 □ A □ B □ C	3 □ A □ B □ C	1 □ A □ B □ C	2 □ A □ B □ C	3 □ A □ B □ C		
								Refer	General Instructions 4C and 19		

Reason A \rightarrow The country where the Account Holder is liable to pay tax does not issue Tax identification Numbers to its residents.

Reason B \rightarrow 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 de	emat form, plea	ase ensure th	nat the bank	account link	ed with the demat account is mentioned here.								
Bank Name														
Branch Address										Bra	nch 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 (Mandator If you do not find this on your cheque leaf, p	ry for Credit via RTGS / N please check for the sam	EFT) (11 Cl e with you	iaracter co r bank)	de appear	ing on y	our che	ue leaf.	

Unitholders 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 (\checkmark)] (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.

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 : Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form') 8A. For Lumpsum Investment Payment Through : D Single Cheque Multiple Cheques (Refer instruction 5 D)

Scheme/Plan/Option/ Sub-option	Investment Amount	DD Charges, if any	Net DD / Cheque Amount	Cheque/ DD/ Payment Instrument/ UTR No. & Date	Drawn on Bank / Branch	Bank Account Number
Mahindra Manulife						
Mahindra Manulife	TOTAL					

8B. For investment through SIP / Micro SIP mode Payment Type : Non-Third Party Payment [Please attach 'Third Party Payment Declaration Form'] (Refer General Instruction 7) Payment Through : D Single Cheque D Multiple Cheques (Refer instruction 5 D)

Scheme/Plan/Option/Sub-option	SIP Installment	SIP Date(s)	F	Period	Top-Up	Top-Up (Optional) (Refer instruction		
(Mention Cheque details, if attached)	Amount (₹)	(Refer instruction 7.1)	Frequency		Top-Up Details	CAP Details (Optional)	Frequency	
1. Mahindra Manulife			Monthly*	Start: M M Y Y Y Y	Amount*(₹)	CAP Amount*(₹)	☐ Yearly*	
Cheque No	Y		Quarterly	End: M M Y Y Y Y or Until cancelled*	Or Percentage	Or CAP Month-Year	Half-yearly	
2. Mahindra Manulife			Monthly*		Amount*(₹)	CAP Amount*(₹)	☐ Yearly*	
Cheaue No.	TOTAL	-	Quarterly	End : M M Y Y Y Y or O Until cancelled*	Or Percentage	Or CAP Month-Year	☐ Half-yearly	

* Default Option. Note: Top-Up SIP facility is available only through NACH debit mandate. In case of Quarterly SIP and Percentage based Top up, only Yearly Top-up frequency is available. Percentage based Top-up feature is not available for Mahindra Manulife ELSS Kar Bachat Yojana. CAP Amount: Max SIP installment amount (including Top-up). In case, the SIP installment amount exceeds the maximum amount mentioned in the debit mandate, the SIP will continue with the last SIP installment amount. CAP Month-Year: Month-Year from which SIP Top-Up will be discontinued.

	For existing investors if 1st SIP Installment is through NACH mandate attach 🛛 Blank cancelled cheque 🛛 OR 📄 Copy of cheque				
SIP through Post Dated Cheques (Use CTS (Cheque Truncation System) Cheques only)					
For SIP through Auto Debit / NACH SIP 1: Period M Y Y Y TO M Y Y Y No. of cheques attached					
please also fill & attach SIP					
Registration cum Debit mandate form. SIP 2 : Period M Y Y Y TO M M Y					

Mahindra 111 Manulife

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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 (to be furnished in case the Nominee is a minor) Image: Comparison of Compar		Signature of Nominee (Optional)/ Guardian of Nominee (Mandatory)	Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%)
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 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 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 Manulife Investment Management Private Limited (Formerly known as 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. 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. 1 / 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	