

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

II. NAME OF THIRD APPLICANT Mr. Ms. M/s. _____

KYC Identification No. (KIN): _____ PAN#/ PEKRN# _____ **GENDER** Male Female Other
[Please (✓)] #KYC Proof Attached(Mandatory)

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

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

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

Sole/First Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Non Individual	<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"/> Body Corporate	<input type="checkbox"/> FIs	<input type="checkbox"/> Minor through guardian	<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"/> 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"/> Individual <input type="checkbox"/> Non Individual	<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"/> Body Corporate	<input type="checkbox"/> FIs	<input type="checkbox"/> Minor through guardian	<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"/> 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"/> Individual <input type="checkbox"/> Non Individual	<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"/> Body Corporate	<input type="checkbox"/> FIs	<input type="checkbox"/> Minor through guardian	<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"/> 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 (Mandatory for Non-Individuals) Rs. _____ as on	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1 - 5 Lacs	<input type="checkbox"/> 5 - 10 Lacs	<input type="checkbox"/> 10 - 25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
		_____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year)					
Second Applicant (Please select any one)	Gross Annual Income or Net-worth (Mandatory for Non-Individuals) Rs. _____ as on	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1 - 5 Lacs	<input type="checkbox"/> 5 - 10 Lacs	<input type="checkbox"/> 10 - 25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
		_____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year)					
Third Applicant (Please select any one)	Gross Annual Income or Net-worth (Mandatory for Non-Individuals) Rs. _____ as on	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1 - 5 Lacs	<input type="checkbox"/> 5 - 10 Lacs	<input type="checkbox"/> 10 - 25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
		_____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year)					

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

Frequency Monthly* Quarterly (*Default Frequency)

SIP/ Micro SIP Date _____

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		
	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	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

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.

Scheme Name	Plan	Option / Sub-option / Facility	Frequency
Mahindra _____	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-investment	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Others _____

Note: Multiple cheques not permitted with single application form.

Note: 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')

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

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')

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

SIP/ Micro SIP Dates: Through Post Dated Cheques (PDC) Through NACH/ Direct Debit Mandate form

1st 5th 10th* 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th* 11th 12th 13th 14th 15th 16th
 15th 20th 25th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st

(*Default Date) (You may select more than one SIP transaction dates)

SIP/ Micro SIP Period Start From End On OR Until cancelled Cheque Amount@ (Rs.)

First SIP/ Micro SIP Transaction via Cheque No. Cheque Dated Bank

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

Note: For SIP through Auto Debit / NACH please also fill & attach SIP Registration cum Debit mandate form. @The first SIP cheque amount should be same as each SIP Amount.

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

Period TO 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. **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. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. 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 promptly i.e. within 30 days of such change and also undertake to provide any other additional information as may be required at your end. **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
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First time investors subscribing to the Scheme through SIP-NACH / Auto Debit to complete this form compulsorily along with the Main Application Form. (Please read 'Terms & Conditions for SIP through NACH / Auto Debit' overleaf). The Application Form should be completed in English and in **BLOCK LETTERS** only.

KEY PARTNER / AGENT INFORMATION (Refer General Instruction 1)

ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Internal Code for Sub-Agent / Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY (TIME STAMP)

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

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here First/ Sole Applicant/ Guardian / PoA Holder / Karta	Sign Here Second Applicant	Sign Here Third Applicant
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer General Instruction 2)

(Please any one) I am a first time investor in Mutual Funds I am an existing investor in Mutual Funds (Default)

In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Transaction Charges in case of investments through SIP/Micro SIP are deductible only if the total commitment of investment (i.e. amount per SIP/Micro SIP installment x No. of installments) amounts to Rs. 10,000/- or more and shall be deducted in 3-4 installments. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

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

1. Investment and SIP Details: First / Sole Investor		Name			
Folio No.(Existing Unitholder)			KYC Identification Number		
PAN / PEKRN[^]		Enclosed <input checked="" type="checkbox"/> #KYC Proof <input type="checkbox"/>	Existing UMRN (If UMRN is registered in the folio)		
Scheme Name		Select your plan		Option	
		<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan			

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

SIP/ Micro SIP Through Post Dated Cheques (PDC) Through NACH/Direct Debit Mandate Form

Dates: 1st 5th 10th* 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th* 11th 12th 13th 14th 15th 16th 15th 20th 25th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st

SIP/ Micro SIP Period Start From M M Y Y Y Y End On M M Y Y Y Y OR Until cancelled (*Default Date) (You may select more than one SIP transaction dates)

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

Bank Name _____ Branch City _____

Mandatory Enclosure (for existing investors if 1st SIP Installment is not by cheque) Blank cancelled cheque Copy of cheque @The first SIP cheque amount should be same as each SIP Amount.

2. Demat Account Details (Optional)

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

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

Declaration: I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information and the terms & conditions of SIP enrolment through Auto Debit/NACH and agree to abide by the same. I/We hereby apply for enrolment under the SIP of above mentioned Scheme - Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred through participation in NACH/Auto Debit. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that the AMC/Mutual Fund (including its affiliates), and any of its officers, directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the Auto Debit instruction of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or 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.

Sign Here First/ Sole Applicant / Guardian / PoA Holder / Karta	Sign Here Second Applicant	Sign Here Third Applicant
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[^]Refer General instruction No 15 in the KIM for PAN/PEKRN. # Please attach KYC proof if not already KYC validated

TEAR HERE

UMRN _____ Date: D D M M Y Y Y Y

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

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

CREATE Bank Account Number _____ IFSC _____

MODIFY with Bank _____ Or MICR _____

CANCEL an amount of Rupees _____ ₹ In Figures

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

Folio No. _____ Phone _____

PAN _____ E-mail _____

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

PERIOD	From DD / MM / YYYY	Sign Here	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder	
	To DD / MM / YYYY		Name	(1) As in bank records	(2) As in bank records	(3) As in bank records
	Or <input type="checkbox"/> Until Cancelled					

Terms & Conditions for SIP through NACH / Auto Debit

1. SIP facility is offered by the Scheme subject to following terms and conditions:

Particulars	Frequency available	
	Monthly	Quarterly
SIP Transaction Dates	Any date* For SIPs being registered through Post Dated Cheque ('PDC') mode, available SIP dates will be 1st, 5th, 10th, 15th, 20th or 25th of the month under the monthly/quarterly frequency.	
Minimum no. of installments and Minimum amount per installment	6 installments of Rs. 500/- each and in multiples of Re 1 thereafter (except MMFKBY); in multiples of Rs 500 thereafter (for MMF KBY)	4 installments of Rs. 1,500/- each and in multiples of Re 1 thereafter (except MMFKBY); in multiples of Rs 500 thereafter (for MMF KBY)
Mode of Payment	a. Direct Debit mandate through select banks with whom AMC may have an arrangement, from time to time. b. Post-Dated Cheques (PDCs). c. NACH Facility	

MMFKBY: Mahindra Mutual Fund Kar Bachat Yojana **NACH:** National Automated Clearing House **PDC:** Post Dated Cheques

* If any SIP installment due date falls on a non-Business day, then the respective transactions will be processed on the next Business day. However, in case the chosen date is not available in a particular month, the SIP will be processed on the last day of that month. E.g., if selected date is 31st, SIP installment for the month of September will be processed on 30th September. However, if 30th September happens to be a Non-Business Day, the SIP will be processed on the immediate next Business Day.

Note: Anyone or more SIP transaction dates from the available dates can be selected by the Unit Holders under the Monthly and Quarterly frequencies.

Default Options:

Default Frequency – Monthly

Default Date – 10th

2. New Investors should mandatorily give a cheque for the first transaction.
 - a. First SIP Cheque should be dated current day. All subsequent installments through NACH / Auto Debit to be as per the date(s) selected.
 - b. First SIP Cheque and subsequent SIP Installments should be of the same amount.
3. If the SIP period is not specified by the investor then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
4. The first installment will be processed at Applicable NAV based on time stamping. In case of SIP for an amount of Rs. 2 lakh and above, the Applicable NAV of the Scheme will be based on funds available for utilizations, as stated in KIMs/SIDs. There should be a gap of at least 30 calendar days between the first SIP installment and the second SIP installment / SIP Auto Debit "Start" date mentioned in the debit mandate form. The SIP Auto Debit shall start from the selected "Start" date mentioned by the investor, subject to completion of successful SIP Auto Debit mandate verification and registration formalities at least 10 calendar days prior to the "Start" date specified in the debit mandate form.
5. Each such SIP installment will be subject to a Lock In period of three years from the date of allotment of Units proposed to be redeemed as prescribed in the ELSS Guidelines, for MMF KBY.
6. In case any cheque submitted by the investor for any SIP installment is dishonoured by the Bankers for the reason of account of investor is closed, the AMC would discontinue the SIP immediately.
7. The SIP enrollment will be discontinued if:
 - a. 3 consecutive SIP installments in case of Monthly & Quarterly frequency are not honoured.
 - b. the Bank Account (for Standing Instruction) is closed and request for change in bank account (for Standing Instruction) is not submitted at least 30 calendar days before the next SIP Auto Debit installment due date.
8. SIP registered for more than one date or all dates of the month under the Monthly / Quarterly frequency, will be considered as separate SIP instruction for the purpose of fulfilling the "Minimum no. of installments" criteria.
9. SIP in a folio of a minor will be registered only upto the date of minor attaining the majority even though the instruction may be for the period beyond that date.
10. The Load structure prevailing at the time of submission of the SIP application (whether fresh or extension) will apply for all the Installments indicated in such application.
11. The SIP mandate may be discontinued by a Unit holder by giving a written notice of 30 calendar days to any of the Official Point(s) of Acceptance.
12. The facility will be automatically terminated upon receipt of intimation of death of the Unit holder.
13. The investors can also subscribe Units through SIP in Demat (electronic) mode for the Scheme. However the Units will be allotted based on applicable NAV of the Scheme and will be credited to investor's Demat (Beneficiary) Account on weekly basis on realization of funds, e.g. Units will be credited to investor's Demat (Beneficiary) account every Monday (or next business day, if Monday is a non-business day) for realization status received in last week from Monday to Friday.
14. Existing investors can avail SIP facility by submitting only SIP Registration cum Debit Mandate form for NACH / Auto Debit.
15. Investors will not hold Mahindra Mutual Fund / Mahindra Asset Management Company Private Limited, its Registrar and other service providers responsible, if the transaction is delayed or not affected or the investor's bank account is debited in advance or after the specific SIP date.
16. The first cheque should be drawn on the same bank account which is to be registered for Debit. Alternatively, the cheque may be drawn on any bank, but provide a photocopy of the cheque of the bank / branch for which Debit is registered.
17. Mahindra Mutual Fund / Mahindra Asset Management Company Private Limited, its Registrar and other service providers shall not be responsible and liable for any damages/ compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.

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Terms & Conditions - NACH / Auto Debit

1. NACH debit facility is offered at various banks. For a detailed list of banks please refer the website www.npci.org.in.
2. This facility is offered only to the investors having bank accounts with above mentioned Banks. Above list is subject to modification/update at any time in future at the sole discretion of Mahindra Asset Management Company Private Limited, without assigning any reason or prior notice. If any bank is removed, SIP instructions of investors for such banks via NACH will be discontinued without any prior notice.
3. By signing the NACH mandate form the investor agrees to abide by the terms and conditions of NACH facility through NPCI (www.npci.org.in).
4.
 - a. New/Existing investors who wish to enroll for SIP through NACH should fill the SIP Application Form and the Registration cum Mandate Form for NACH.
 - b. The Registration cum Mandate Form for NACH should be submitted at least 30 calendar days prior to next SIP cycle date.
 - c. Unique Mandate Registration Number (UMRN) is auto generated by NPCI during the mandate creation for the first time. Investors, who do not have the UMRN, please leave it blank. UMRN would be linked to the folio and maximum length is 20 characters comprising of Alpha Numeric Character allotted by NPCI.
 - d. Investors who already have UMRN registered under the folio can fill up the SIP Registration cum Mandate Form for NACH and should be submitted at least 10 working days before the date of the first debit through NACH.
5. Please provide the cancelled cheque leaf of the Bank A/c no. for which NACH facility is registered.
6. Investors need to mandatorily fill the SIP Registration Cum Mandate form for NACH for any amendment and cancellation quoting their UMRN by giving 30 calendar days prior notice to any of the investor service centre.
7. Investor can choose to discontinue the SIP facility under folio without cancelling the UMRN by giving 30 calendar days prior notice to any of the Investor Service Centre.
8. IFSC is a 11 digit number given by some of the banks on the cheques. MICR is the 9-digit code that appears on your cheque next to the cheque number.
9. In case of existing investor, if application is received without existing UMRN then the last UMRN registered in the folio would be considered.

Terms & Conditions - Auto Debit

Auto Debit: The Auto Debit Facility will be made available only with the banks with which Mahindra AMC or its service provider may have tie up for Auto Debit from time to time. Please contact Mahindra Mutual Fund Investor Service Centre for updated list of banks/ branches eligible for Auto Debit Facility.