

COMMON APPLICATION FORM

ARN & ARN Name	Sub Agent Bank Bran	's ARN / ch Code		loyee Unique ion Number (EUIN)	RIA/PMRN I	lame & Code		nal Code for ent / Employee		OFFIC (TIME	STAM	
YAGYAJEET SHARMA 99860			E:	119669			542 119					
Consent for sharing Transaction Feed with I/We hereby give my/our consent to share/provide th Registered Investment Advisor (RIA) or SEBI Registered Po EUIN Declaration (only where EUIN box is le I/We hereby confirm that the EUIN box has been inten notwith standing the advice of in-appropriateness, if any,	etransaction feed/p rtfolio Manager(PM eft blank) (Refer tionally left blank by	ortfolio holdi RN). r General Ir me/us asthis	ngs/NAVetc.in nstruction 1) transaction is ex	respect of my/our investment of the control of the	ents under Direct F							
Sign Here	=	Sign H	ere			Sign I	lere					
First/ Sole Applicant/ Guardian / PoA Hol	der / Karta		1	Second Applicant				Third Applica	int			
Please (/) any one)	more and your Distri oSIP are deductible of nount invested. Upfro	butor has opt only if the tota ont commission	ed in to receive I commitment of on shall be paid of	finvestment (i.e. amount p lirectly by the investor to t	erSIP/MicroSIPin he ARN Holder (AV	stallment x No. of in FI registered Distril	stallments) an outor) based or	nounts to Rs. 10,000/ in the investors' assess	-ormo sment	re and st	nall be d	educt
OLIO NO.:				The details in ou	r records unde	the folio numb	er mention e	ed alongside will	apply	for thi	appli	catio
2. MODE OF HOLDING [Please tick	(√) ☐ Sir	ngle [Joint	Anyone or S	Survivor							
the event, the investors fail to specify the m	ode of holding,	then by de	fault, the mo	de of holding will be	treated as 'jo	nt'for all future	purposes l	by the AMC in re	spect	of the	folio.	
3. UNIT HOLDER INFORMATION (Re	efer General	Instruct	ion 4)									
AME OF FIRST / SOLE APPLICANT (In	n case of Mino	r, there s	hall be no j	ointholders)								
Ar. Ms. M/s.												
PAN#/ PEKRN#				KYC Identificati	on No. (KIN):							
ENDER Male Female Other Date of birth and Proof of Date of birth is ma vestment. Applications shall be liable for rejected eneral Instruction 4F. IAILING ADDRESS OF FIRST / SOLE AP	ction if the date	of investm of birth is r	nents made o not mentione	on behalf of minor. If d in the application f	om or not ava	is available in R iilable in KRA re	(RA records ecords or in	case of mismatc	mine be up	or) [†] (✓	or the	ttach
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SIP/ Micro SIP Date (s)_

Mr. Ms. M/s.	DIAN (i	in case	of First	/ Sole	App	olicar	nt is a	Minor)	/ PoA	HOLD	DER						Τ	Мо	bile l	No.	I	Τ	ľ	Τ				Т	
PAN#/ PEKRN#		TT	T		T	T	Ikyo	Identifica	tion No.	(KIN):			П	Т	Т	Ĩ	Ť	Т	Т	T	Ť	T	[PI	ease (/)I [#KYC	Proof Att	ached(I	Mandatory)
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ADDITIONAL DET		-																											
Contact Person N									•																				
Designation																													\neg
Mobile No.									En	nail																			
4. JOINT APPL	ICANT	DETAI	LS, If	any (F	Refe	r Gei	neral	Instruc	tion 4) (in	Case of	Minor,	the	ere s	hal	l be i	no j	join	t ho	lde	rs)								
I. NAME OF SECON	ID APP	LICANT	Mr.	Ms.	M/s.																								
KYC Identification No	o. (KIN):										PAN#/ I	PEKRN#				\Box											ile 🔲 (of Attac		andatory)
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II. NAME OF THIR	D APP	LICANT	Mr.	Ms.	M/s.			-0418			400	200-200			961														$\overline{}$
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I/we wish to re #PleaseattachProof	f. Refer	Generall	nstructi	on No 1	5 for l	PAN/P	EKRN	and No 17	for KYC.													umer	nts by	ema	il. (Ref	er Ge	neral	Instru	ction 9)
5. APPLICANT I	DETAI	LS (Ma	ndato	y) (Re	fer	gene	ral iı	nstructi	on 4)																				
5a. Status of Ap	plican	ts (Ref	er Gen	eral I	nstr	uctio	n4D) (Please	e tick	one)																			
Sole/First Applicant Individual	Во	sident I ody Corp	orate		Ē	NRI-I	Non F	triation Repatriation		301	Partn OCI	1001000010 *		Tru)	. 0				ank	□ A0		□ PI □ Sc	ociet	y / Cl		P	rivate ublic	e Ltd. : Ltd.
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5b. Occupation	Detail	s [Plea:	se tick	(√)]																									
Sole/First Applic Please select any			ivate Se etired	ector S	ervi			ic Sector culturist	Servic		Governr Propriet		vic			tuder thers				Pro	ofessio	onal] Ho	usev	vife			usiness specify)
Second Applican Please select any o			ivate Se etired	ector S	ervi			ic Sector	Servic	-	Governr Propriet		vice		- C	tuder			Γ	Pro	ofessio	onal] Ho	usev	vife	a d		usiness specify)
Third Applicant Please select any o	one		ivate Se etired	ector S	ervio			ic Sector	Servic	~ —	Governr Propriet		vic			tuder				Pro	ofessio	onal		Ho	usev	vife			usiness specify)
5c. Gross Annua	Inco	me / Ne	et-wor	th (Rs	.)						10 300	****																	
Sole/First Applie (Please select any		Gross or Net-w	Annua orth	l Inco	02500 E			Lakh y for Non			Lakhs	<u> </u>	10	Lakł	ns			- 25 on	Lakl		2	25 La	khs -	- 1 C	rore	Y		>1 Cr	rore an 1 year)
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Scheme(s)/Plan(s)/Opt	ion(s)/S	ub-opt	ion(s)																									
Cheque / DD / Payment	Instrume	nt No. & Da	te				1	Orawn on (Ba	nk and B	ranch)										Amou	nt in Figi	ures (R	Rs.)						

Top Up SIP Amount / Percentage

_____ Frequency _



Sole/First Applicant	(Please select a	ny one)	I am a PEP	□la	m Relate	ed to a PEP	☐ Not App	licable									
Second Applicant (Pl	ease select any	one)	lam a PEP	□la	m Relate	ed to a PEP	☐ Not App	pplicable									
Third Applicant (Plea	ise select any oi	ne)	I am a PEP	Піа	m Relate	ed to a PEP	☐ Not App	licable									
6. FATCA and CRS DE	TAILS For Indi	viduals (Mar	ndatory) Non	Individuali	nvesto	rs including H	UF should mar	ndatorily fill	separate FATO	A/CRS form							
	Sole/First Appli	cant/Guardiar	1	Secon	d Applic	ant		ThirdAppl	licant								
Place of Birth			3.	- Constitution	580703 * 11 * 100700	97203			SCOTESCOS								
Country of Birth																	
Nationality	Indian U.S.	Others, plea	se specify	India	an U.S	5. Others, pleas	se specify	_ Indian	U.S. Others	s, please specify							
Tax Residence Address Type (as per KYC records)	Residential	Registered Office	Business	Resi	dential [Registered Office	Business	Resident	ial Registered	Office Business							
Are you a tax resident (i.e., are	Yes / No			Yes	/ <u>No</u>			Yes /] No								
you assessed for Tax) in any		nw for ALL countrie	s (other than India) in		D01=1 020	ir tax nurnoses i e w	rhere vou are a Citizen	49 - 50 - 100 - 1	1	dent in the Respective countries.							
other country outside India? Country of Tax Residency	(1)	JW TOT FILE COUNTING	y (outer than mala) n	(1)	nesident ic	n tax purposes i.e., v	nicie you are a crazen	(1)	ara noraci / rax nesi	uent in the respective countries.							
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	(3)			(3)				(3)									
Tax Identiification Number OR				(1)				(1)									
Functional Equivalent	(2)			(2)				(2)									
ldentification Type	(3)			(3)				(3)									
(TIN of other, Please specify)	(2)			(2)				(2)									
IPMONTS OF THE	(3)	인E		(3)		Trace	Tre	(3)		Total							
If TIN is not available, please tick the reason A,B,		2 □ A □ B □ C	3 □ A □ B □ C	1	_ВС	2 □ A □ B □ C	3 □ A □ B □ C	1 □ A □ B	C	C							
or C (as defined below) leason A → The country where	the Account Holder in	liable to pay tay o	loos not issue Tay ide	entification Numb	arc to itc r	ocidants	1		Refer Ge	eneral Instructions 4C and 19							
Reason B → No TIN required. (S							collected).										
Reason C → Others; please stat	Total Control of the				454.50.00.4750		2050200000										
7. BANK ACCOUNT D																	
(Mandatory to attac	h proof, in case	e the pay-ou	t bank accoun	t is differen	t from	the bank acco	ount mentione	d under Sect	ion 8 below.)								
or unit holders opting to hold	units in demat form,	, please ensure th	at the bank accoun	linked with the	demat ac	count is mentioned	l here.										
lank Name																	
Branch Address								Branch C	ity								
Account No.						MICR Co	de			(The 9 digit code appears or your cheque next to the							
account Type (Please ✓) Savings	Current	t NRO	NRE [FCNF	Others	(please specify)	2		cheque number)							
FSC Code***				*** Refer	General eaf. If vo	Instruction 6C (f	Mandatory for Cre s on your cheque	dit via RTGS / N leaf, please che	EFT) (11 Charact	er code appearing on you with your bank)							
nitholders will receive redemp	tion/ dividend (IDCW) proceeds directly	into theirbankacco							, , ,							
8. INVESTMENTS & P	AYMENT DETA	ILS [Please (/)] (Refer Inst	ruction 7 fo	r Scher	ne details and	d Instruction 5	& 8 for Paym	ent and Third	Party Payment							
Details) The name of t																	
NOTE: In case of, Paymen and the cheque/DD detail								nes' for the tota	l investment am	ount mentioned below							
Payment Type :	Non-Third Pa	rty Payment	Thir	d Party Pay	ment (Please attach 'Third	Party Payment Decla	ration Form')									
Payment Through:	Single Cheq					er instruction Plan (Attach C		-UP SIP registra	ition/upgrade c	um debit mandate form)							
							7										
*LEI No.					Ш			l upto:									
The Legal Entity Identifier (LEI) is Real Time Gross Settlement (RTGS) eceipt/receipt of funds witha dela	and National Electron	ed to uniquely ident ic Funds Transfer (N	ify parties for all payn EFT). In absence of LE	nent transactions I, the Fund will no	of value₹! ot be able to	50 crore and above ur make payments (Re	ndertaken by entities (n demption/Dividend) o	on-individuals) usii fvalue ₹50 crore an	ng Reserve Bank-run d above, and shall no	Centralised Payment Systems viz t be held responsible for any non							
Scheme/Plan/ Sub-opti			estment nount	DD Charges, if any	Net	t DD / Cheque Amount	Payment Instrum	Fund Transfer nent/ RTGS/NEFT IBM Facility^	Drawn on Bank / Branch	Bank Account Numbe							
Mahindra Manulife																	
Mahindra Manulife																	

TOTAL



NSDL			form, may provide	a copy of the DP					nce of			mat	deta	sils a	sstat	edi	n the	apr					es v
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DSL	DP NAME		- 10 - 22 - 24 - 24 - 24 - 24 - 24 - 24 - 2	Beneficia Account N	y [T				Ī	I	Ι	T	I							
0. NOI	WINATION (Refer Instruction 14) (Mandat	ory for new folios of	Individuals where mo	de of holding is sing	le) (For U	nits in N	Non-D	emat	Form)														
Name	and Address of Nominee(s)	Relationship with	Date of Birth	Name and A	ddress c	f Guar	rdian		Signa	ntur dian	e of	Nor	nine inee	e (O (Ma	ption indat	nal)/ ory)	th	Pro ne u	porti inits	will	be s	hare	ich d b
		Applicant	(to be furnish	ed in case the N	ominee	is a m	inor)										(sł	nou	eac ld ag		omir gate		009
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