

COMMON APPLICATION FORM

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)
YAGYAJEET SHARMA 99860		E119669			

Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only):

☐ 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)

☐ I/We hereby confirm that the EUN 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/subbroker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

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

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer General Instruction 2)

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

In case the purchase/subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Transaction Charges in case of investments through SIP/MicroSIP are deductible only if the total commitment of investment (i.e. amount per SIP/MicroSIP instalment 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 in deciding the service rendered by the ARN Holder.

1. EXISTING UNIT HOLDER INFORMATION

(If you have existing Folio, please fill in folio no. in this section and proceed to sections 8 and 11.) (Refer General Instruction 3)

FOLIO NO.:

--	--	--	--	--	--	--	--	--	--

 The details in our records under the folio number mentioned alongside will apply for this application.

2. MODE OF HOLDING (Please tick (✓)) ☐ Single ☐ Joint ☐ Anyone or Survivor

In the event, 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 4)

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

Mr.	Ms.	M/s.	
-----	-----	------	--

[illegible][illegible]

GENDER ☐ Male ☐ Female ☐ Other **DATE OF BIRTH[†] / INCORPORATION**

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

Proof of date of birth (in case of minor)[†] ☒ ☐ Attached

*Date of birth and Proof of Date of birth is mandatory in case of investments made on behalf of minor. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth. ** Refer General instruction 4F.

MAILING ADDRESS OF FIRST / SOLE APPLICANT (Mandatory) (Address should be as per KYC records) (Refer General Instruction 4A)

[illegible][illegible]

CITY		STATE		PIN CODE					
------	--	-------	--	----------	--	--	--	--	--

CONTACT DETAILS OF FIRST / SOLE APPLICANT[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 Abridge Summary thereof (Applicable only if email id is not available)
------------	--

*Select appropriate validation code	<input type="checkbox"/> SE	<input type="checkbox"/> SP	<input type="checkbox"/> DC	<input type="checkbox"/> DS	<input type="checkbox"/> DP	<input type="checkbox"/> GD	<input type="checkbox"/> PM	<input type="checkbox"/> CD	<input type="checkbox"/> PO
-------------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Overseas Address (Mandatory for NRI/PIO/FPI Applications)

^^ On providing email-id investors shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email & for description of Mobile & Email validation codes Refer General Instruction 9.

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

Head Office : Sadhana House, 1st Floor, 570 P B Marg, Worli, Mumbai - 400018

Date:

D	D
---	---

M	M
---	---

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

ISC Stamp & Signature

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.

— 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 (✓)] <input type="checkbox"/> #KYC Proof Attached(Mandatory)					
Relationship with Minor@ Please (✓) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Legal Guardian										Proof of relationship with minor@ Please (✓) <input type="checkbox"/> Attached @ Mandatory	

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 4) (in Case of Minor, there shall be no joint holders)

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

KYC Identification No. (KIN):																PAN# / PEKRN#													GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other [Please (✓)] <input type="checkbox"/> #KYC Proof Attached(Mandatory)						
Mobile No.																^^Email Id											DATE OF BIRTH	D	D	M	M	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)

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

KYC Identification No. (KIN):																PAN# / PEKRN#													GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other [Please (✓)] <input type="checkbox"/> #KYC Proof Attached(Mandatory)						
Mobile No.																^^Email Id											DATE OF BIRTH	D	D	M	M	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 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"/> QFI	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> PIO	<input type="checkbox"/> Private Ltd.
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> NRI-Non Repatriation	<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"/> Public Ltd.
	<input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> On Behalf of Minor	<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"/> QFI	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> PIO	<input type="checkbox"/> Private Ltd.
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> NRI-Non Repatriation	<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"/> Public Ltd.
	<input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> On Behalf of Minor	<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"/> QFI	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> PIO	<input type="checkbox"/> Private Ltd.
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> NRI-Non Repatriation	<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"/> Public Ltd.
	<input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> On Behalf of Minor	<input type="checkbox"/> FPI	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> Others _____ (Please specify)			

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

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

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

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

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

Sole/First Applicant (Please select any one)	Gross Annual Income or Net-worth	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1 - 5 Lakhs	<input type="checkbox"/> 5 - 10 Lakhs	<input type="checkbox"/> 10 - 25 Lakhs	<input type="checkbox"/> 25 Lakhs - 1 Crore	<input type="checkbox"/> >1 Crore
	(Mandatory for Non-Individuals) Rs. _____ as on	D D M M Y Y Y Y		(Not older than 1 year)			

Second Applicant (Please select any one)	Gross Annual Income or Net-worth	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1 - 5 Lakhs	<input type="checkbox"/> 5 - 10 Lakhs	<input type="checkbox"/> 10 - 25 Lakhs	<input type="checkbox"/> 25 Lakhs - 1 Crore	<input type="checkbox"/> >1 Crore
	(Mandatory for Non-Individuals) Rs. _____ as on	D D M M Y Y Y Y		(Not older than 1 year)			

Third Applicant (Please select any one)	Gross Annual Income or Net-worth	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> 1 - 5 Lakhs	<input type="checkbox"/> 5 - 10 Lakhs	<input type="checkbox"/> 10 - 25 Lakhs	<input type="checkbox"/> 25 Lakhs - 1 Crore	<input type="checkbox"/> >1 Crore
	(Mandatory for Non-Individuals) Rs. _____ as on	D D M M Y Y Y Y		(Not older than 1 year)			

✂----- TEAR HERE -----✂

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

SIP / Micro SIP Date (s) _____ Top Up SIP Amount / Percentage _____ Frequency _____

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 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

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

Refer General Instructions 4C and 19

Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected).

Reason C → Others; please state the reason thereof _____

7. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption purpose) (Refer General Instruction 6 & 10)
(Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 8 below.)

For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Bank Name			
Branch Address		Branch City	
Account No.		MICR Code	(The 9 digit code appears on your cheque next to the cheque number)
Account Type (Please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> 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)	

Unitholders will receive redemption/ dividend (IDCW) proceeds directly into their bank account (as furnished in Section 8) via Direct credit / RTGS / NEFT facility unless specified otherwise in writing.

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

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 5 D)
	<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.		Valid upto:	
----------	--	-------------	--

*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

