mahindra Manulife MUTUAL FUND

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 (EUIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent/Employee	FOR OFFICE USE ONLY (TIME STAMP)
ARN-95070		E-101834			

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 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.

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.: | | | | | | | | | | |

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.	

DATE OF BIRTH/INCORPORATION$ (MANDATORY) D D M M Y Y Y Y **(Proof of date of birth is Mandatory in case of minor)** **GENDER** ☐ Male ☐ Female ☐ Other

$NAME and DOB/Date of incorporation for all the Applicant(s) should be exactly as per PAN

PAN#/ PEKRN# | | | | | | | | | | | KYC Identification No. (KIN): | | | | | | | | | | | | | | | |

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

GSTIN* | | | | | | | | | | | | | | | | *Refer General Instruction 3F.

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

CITY		STATE		PIN CODE	

CONTACT DETAILS OF FIRST / SOLE APPLICANT Country Code | | | | STD Code | | | | | Telephone : Off. | | | | | | | | | | |

Mobile No. | | | | | | | | | | | Res. | | | | | | | | | | Fax | | | | | | | | | | |

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

^^Email Id | | ☐ I/we wish to receive physical copy of the Annual Report or Abridged Summary thereof (Applicable only if email id is not available)

^^ 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###			
Overseas Country###		Zip Code###	

###**Mandatory for NRI/Overseas Applicants**

TEAR HERE

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Acknowledgment Slip (To be filled by the applicant)

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

Date : D D M M Y Y Y Y

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.

ISC Stamp & Signature

... continued overleaf

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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 attach PAN Card copy and KYC Proof (Mandatory)

Relationship with Minor **Please (✓)** ☐ Father ☐ Mother ☐ Court appointed Legal Guardian | **DATE OF BIRTH OF GUARDIAN** D D M M Y Y Y Y

It is mandatory to provide DOB of Guardian and 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 attach PAN Card copy and KYC Proof (Mandatory)

Mobile No. | ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO | §**DATE OF BIRTH** D D M M Y Y Y Y

^^Email ID | ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO

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

PAN#/ PEKRN# | KYC Identification No. (KIN): | **GENDER** ☐ Male ☐ Female ☐ Other | Please attach PAN Card copy and KYC Proof (Mandatory)

Mobile No. | ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO | §**DATE OF BIRTH** D D M M Y Y Y Y

^^Email ID | ☐ SE ☐ SP ☐ DC ☐ DS ☐ DP ☐ GD ☐ PM ☐ CD ☐ PO

§**Mandatory**

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	☐ NRI-Repatriation	☐ QFI	☐ Partnership	☐ Trust	☐ HUF	☐ AOP	☐ PIO	☐ Private Ltd.	
	☐ Body Corporate	☐ NRI-Non Repatriation	☐ BOI	☐ OCI	☐ LLP	☐ Bank	☐ FI	☐ Society / Club	☐ Public Ltd.	
	☐ Foreign National Resident in India	☐ On Behalf of Minor	☐ FPI	☐ Sole Proprietorship	☐ Non Profit Organisation*	☐ Others _____ (Please specify)				
Second Applicant ☐ Individual	☐ Resident Individual	☐ Foreign National Resident in India	☐ NRI-Repatriation	☐ NRI-Non Repatriation	☐ OCI	☐ PIO				
	☐ Others_____ (Please specify)									
Third Applicant ☐ Individual	☐ Resident Individual	☐ Foreign National Resident in India	☐ NRI-Repatriation	☐ NRI-Non Repatriation	☐ OCI	☐ PIO				
	☐ Others_____ (Please specify)									

***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** (Attach documentary evidence)

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

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**	
		☐ **Regular Plan** ☐ **Direct Plan**		☐ **Growth** ☐ **IDCW Payout** ☐ **IDCW Reinvestment**	
Cheque / DD / Payment Instrument No. & Date		Drawn on (Bank and Branch)		Amount in Figures (Rs.)	

Note: In case of above IDCW option/sub-option(s)/facilities, the amounts can be distributed out of investors' capital (Equalization Reserve), which is part of sale price that represents realized gains.

IDCW: Income Distribution cum Capital Withdrawal

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5d. 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

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	☐ 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 ☐ Business	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business
Are you a tax resident (i.e., an you assessed for Tax) in any other countrv outside India?	☐ Yes/ ☐ No	☐ Yes/ ☐ No	☐ Yes/ ☐ 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 Identiification 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** ☐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

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 3C and 18*
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 (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 or a joint account of the minor with the parent/legal guardian.

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: ☐ **Non-Third Party Payment** ☐ **Third Party Payment** (Please attach 'Third Party Payment Declaration Form')

Payment Through : ☐ Single Cheque ☐ Multiple Cheques (Refer instruction 4D)

☐ One time Lumpsum Investment ☐ 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^ & Date	Drawn on Bank/ Branch	Bank Account Number
Mahindra Manulife_____ _____						
Mahindra Manulife_____ _____						
Total						

^One Time Bank Mandate

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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** I N	**Beneficiary Account No.**
CDSL	**DP NAME** _____		**Beneficiary Account No.**

10. I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our folio in the event of my / our death. This nomination shall supersede any prior nomination made by us/me if any. (Refer Instruction 13)

☐ **REGISTRATION** ☐ **CHANGE** ☐ ***CANCELLATION** ***In case of cancellation of Nomination, it is mandatory to provide opt-out declaration provided below.**

Nomination Details

	Mandatory Details				Non-Mandatory Details			
	Name of Nominee(s) (Recommended else read and tick (✓) the opt-out declaration below)	Guardian Name (applicable if the Nominee is minor)	Relationship with Applicant	D.o.B. of Nominee (Mandatory if nominee is minor)	% Share of nominee** (equal share if % is not specified)	Mobile No. of nominee(s) / Guardian in case of Minor Nominee*** (Please note that the MF / RTA will be able to reach out to your nominee if you provide the contact details).	Email ID of nominee(s) /Guardian in case of Minor Nominee*** (Please note that the MF / RTA will be able to reach out to your nominee if you provide the contact details).	Identity Number of Nominee/ Guardian (in case of Minor Nominee)***# **PAN or Driving Licence or Aadhaar (last 4 Digits) or Passport (for NRIs/OCIs/PIOs)**
Nominee 1								
Nominee 2								
Nominee 3								

** if % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division shall be transferred to the first nominee mentioned in the form

*** The aforesaid details shall be optionally provided for the Guardian, in case of nominee is a minor.

#Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). Copy of the document is not required. However, in case of NRIs/OCIs/PIOs, Passport number is acceptable.

OR

Declaration for opting out of Nomination (To be provided only where nomination is not provided)

[Please (✓)] ☐ I hereby confirm that I do not wish to appoint any nominee(s) to my mutual fund folio at this point of time.

I understand that -

(i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.

(ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).

(iii) if no claim is made on the folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets, and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.-

I want the following nomination details to be printed in the statement of account / holding statements (tick one of the boxes below):

☐ **Name of the Nominee(s)** ☐ **Whether nomination given: Yes / No (not name of the nominee)**

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Note:

1. In case of varied requests viz. registration/change/cancellation, please fill-in separate Nomination form
2. The signature of all the joint holders (including Anyone or Survivor) shall be obtained for providing / changing nomination.
3. Investors can provide, changes or cancel nominations any number of times.
4. Investors have the right to receive acknowledgment of the nomination form for each instance of nomination / subsequent change.

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 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 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.

UNITHOLDER(S) SIGNATURE(S) (Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)

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

Name(s) of Witness(s)	Address of Witness(s)	Witness Signature^

^Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

Alterations in the form, if any should be countersigned.