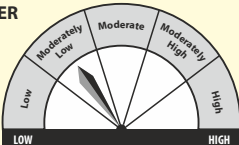




**(An Open ended Debt Scheme)**

**Investors must read the Key Information Memorandum and the instructions before completing this Form.**

The Application Form should be completed in English and in **BLOCK LETTERS** only.

|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                               |                                                                                                      |                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*</b>                                                                                                                                                                                                                                                                                                                                                            |                                           |                                               | <b>RISKMETER</b>  |                                            |
| <ul style="list-style-type: none"> <li>Regular income over short term</li> <li>Investment in debt and money market instruments</li> </ul>                                                                                                                                                                                                                                                                                 |                                           |                                               |                                                                                                      |                                            |
| <p>* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.</p>                                                                                                                                                                                                                                                                                                    |                                           |                                               | <p>Investors understand that their principal will be at moderately low risk</p>                      |                                            |
| <b>KEY PARTNER / AGENT INFORMATION</b> (Refer General Instruction 1)                                                                                                                                                                                                                                                                                                                                                      |                                           |                                               |                                                                                                      | <b>FOR OFFICE USE ONLY</b><br>(TIME STAMP) |
| <b>ARN &amp; ARN Name</b>                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Sub Agent's ARN / Bank Branch Code</b> | <b>Internal Code for Sub-Agent / Employee</b> | <b>Employee Unique Identification Number (EUIIN)</b>                                                 |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                               |                                                                                                      |                                            |
| <b>EUIIN Declaration (only where EUIIN box is left blank) (Refer General Instruction 1)</b>                                                                                                                                                                                                                                                                                                                               |                                           |                                               |                                                                                                      |                                            |
| <input type="checkbox"/> I/We hereby confirm that the EUIIN 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<br><br>First/ Sole Applicant/ Guardian / PoA Holder / Karta                                                                                                                                                                                                                                                                                                                                                     | Sign Here<br><br>Second Applicant         | Sign Here<br><br>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/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.

**1. EXISTING UNIT HOLDER INFORMATION** (If you have existing Folio, please fill in folio no. in this section and proceed to sections 4, 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

### 3. UNIT HOLDER INFORMATION (Refer General Instruction 4)

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

[illegible]

**GENDER** ☐ Male ☐ Female ☐ Other

DATE OF BIRTH<sup>†</sup> / INCORPORATION

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

**Proof of date of birth (In case of minor)<sup>†</sup>** (✓) ☐ 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.

## NAME OF GUARDIAN (in case of First / Sole Applicant is a Minor) / PoA HOLDER / CONTACT PERSON – DESIGNATION (in case of non-individual Investors)

[illegible]Relationship with Minor@ **Please** (✓) ☐ Father ☐ Mother ☐ Court appointed Legal Guardian

Proof of relationship with minor@ **Please** (✓) ☐ Attached @ Mandatory

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

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

## CONTACT DETAILS OF FIRST / SOLE APPLICANT

[illegible]

|                                                                      |  |
|----------------------------------------------------------------------|--|
| <b>Overseas Address (Mandatory for NRI/PIO/FII/FPI Applications)</b> |  |
|----------------------------------------------------------------------|--|

[illegible]

<sup>^</sup> 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)

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

#### 4. FIRST/ SOLE APPLICANT OTHER DETAILS (Mandatory) (Refer General Instruction 4)

**4a. Status of First/ Sole Applicant (Refer General Instruction 4D) (Please tick one)** ☐ Individual ☐ Non - Individual

Please select any one

☐ Resident Individual  
 ☐ NRI-Repatriation  
 ☐ NRI-Non Repatriation  
 ☐ Partnership  
 ☐ Trust  
 ☐ HUF  
 ☐ AOP  
 ☐ PIO  
 ☐ Company  
 ☐ Body Corporate  
 ☐ FIs  
 ☐ Minor through guardian  
 ☐ BOI  
 ☐ OCI  
 ☐ LLP  
 ☐ Bank  
 ☐ FI

☐ Society / Club  
 ☐ Foreign National Resident in India  
 ☐ QFI  
 ☐ FPI  
 ☐ Sole Proprietorship  
 ☐ Non Profit Organisation  
 ☐ Others

(Please specify)

#### 4b. Occupation Details [Please tick (✓)]

☐ Private Sector Service   
 ☐ Public Sector Service   
 ☐ Government Service   
 ☐ Student   
 ☐ Professional   
 ☐ Housewife   
 ☐ Business   
 ☐ Retired  
☐ Agriculturist   
☐ Proprietorship   
☐ Others   
 (Please specify)

✂ — — — — **TEAR HERE** — — — — ✂

**Acknowledgement Slip (To be filled by the applicant)**

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

Date :

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

ISC Stamp &amp; Signature

Received from Mr./Ms./M/s. \_\_\_\_\_  
an application for allotment of Units of the Plan / Option (as mentioned overleaf) of Mahindra Mutual Fund Alp-Samay Bachat Yojana - 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

**4c. Gross Annual Income (Rs.) [Please tick (✓)]** ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ 25 Lacs - 1 Crore ☐ >1 Crore **OR**

**4c. Net-worth** (Mandatory for Non-Individuals) Rs. \_\_\_\_\_ as on 

|   |   |
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|   |   |
|---|---|
| M | M |
|---|---|

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

 (Not older than 1 year)

**4d. Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am a PEP ☐ I am Related to a PEP ☐ Not Applicable

**4e. Non-Individual Investors involved in/ providing any of the mentioned services** ☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services  
☐ Money Lending / Pawning ☐ None of the above

**5. 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. |
|-----|-----|------|

 \_\_\_\_\_  
Nationality \_\_\_\_\_ KYC Identification No. (KIN): \_\_\_\_\_ **GENDER** ☐ Male ☐ Female ☐ Other  
PAN# / PEKRN# \_\_\_\_\_ **[Please (✓)]** ☐ #KYC Proof Attached **(Mandatory)**  
**a. Occupation Details [Please tick (✓)]** ☐ Private Sector Service ☐ Public Service / Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired  
☐ Agriculturist ☐ Proprietorship ☐ Others \_\_\_\_\_ (Please specify)

**b. Gross Annual Income (Rs.) [Please tick (✓)]** ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ 25 Lacs - 1 Crore ☐ >1 Crore **OR**

**b. Net-worth** (Mandatory for Non-Individuals) Rs. \_\_\_\_\_ as on 

|   |   |
|---|---|
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| Y | Y | Y | Y |
|---|---|---|---|

 (Not older than 1 year)

**c. Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am a PEP ☐ I am Related to a PEP ☐ Not Applicable

**II. NAME OF THIRD APPLICANT**

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

 \_\_\_\_\_  
Nationality \_\_\_\_\_ KYC Identification No. (KIN): \_\_\_\_\_ **GENDER** ☐ Male ☐ Female ☐ Other  
PAN# / PEKRN# \_\_\_\_\_ **[Please (✓)]** ☐ #KYC Proof Attached **(Mandatory)**  
**a. Occupation Details [Please tick (✓)]** ☐ Private Sector Service ☐ Public Service / Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired  
☐ Agriculturist ☐ Proprietorship ☐ Others \_\_\_\_\_ (Please specify)

**b. Gross Annual Income (Rs.) [Please tick (✓)]** ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ 25 Lacs - 1 Crore ☐ >1 Crore **OR**

**b. Net-worth** (Mandatory for Non-Individuals) Rs. \_\_\_\_\_ as on 

|   |   |
|---|---|
| D | D |
|---|---|

|   |   |
|---|---|
| M | M |
|---|---|

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

 (Not older than 1 year)

**c. Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am a PEP ☐ I am Related to a PEP ☐ Not Applicable

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

**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)<br>(2)<br>(3)                                                                                                                                                                                                      | (1)<br>(2)<br>(3)                                                                                                   | (1)<br>(2)<br>(3)                                                                                                   |
| Tax Identification Number OR Functional Equivalent                                          | (1)<br>(2)<br>(3)                                                                                                                                                                                                      | (1)<br>(2)<br>(3)                                                                                                   | (1)<br>(2)<br>(3)                                                                                                   |
| Identification Type (TIN of other, Please specify)                                          | (1)<br>(2)<br>(3)                                                                                                                                                                                                      | (1)<br>(2)<br>(3)                                                                                                   | (1)<br>(2)<br>(3)                                                                                                   |
| If TIN is not available, please tick the reason A, B, or C (as defined below)               | 1<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C                                                                                                                                  | 2<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C                               | 3<br><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 20**

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 ✓) ☐ 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)

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

**TEAR HERE**

| Scheme Name                                         | Select your plan                                                           | Select your option                                                                                                                                                                                                                                    |
|-----------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mahindra Mutual Fund Alp-Samay Bachat Yojana</b> | <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan | <input type="checkbox"/> Growth <input type="checkbox"/> Daily Dividend Reinvestment <input type="checkbox"/> Weekly Dividend Reinvestment<br><input type="checkbox"/> Monthly Dividend Reinvestment <input type="checkbox"/> Monthly Dividend Payout |
| Cheque / DD / Payment Instrument No. & Date         | Drawn on (Bank and Branch)                                                 | Amount in Figures (Rs.)                                                                                                                                                                                                                               |

Frequency ☐ Monthly\* ☐ Quarterly ( \*Default Frequency)

SIP/ Micro SIP Date ☐ 1st ☐ 5th ☐ 10th\* ☐ 15th ☐ 20th ☐ 25th (\*Default Date)

| Scheme Name                                  | Select your plan                                                           | Select your option                                                                                                                                                                                                                                    |
|----------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mahindra Mutual Fund Alp-Samay Bachat Yojana | <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan | <input type="checkbox"/> Growth <input type="checkbox"/> Daily Dividend Reinvestment <input type="checkbox"/> Weekly Dividend Reinvestment<br><input type="checkbox"/> Monthly Dividend Reinvestment <input type="checkbox"/> Monthly Dividend Payout |

**Note:** Multiple cheques not permitted with single application form.

**Note:** For Default options, please refer KIM.

| For Lumpsum Investment                                                    |                    |                       | Payment Type <input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> 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 |
|                                                                           |                    |                       |                                                                                                                                                                   |                        |                     |
| For investment through SIP / Micro SIP mode (Refer General Instruction 7) |                    |                       | Payment Type <input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form') |                        |                     |

Each SIP/ Micro SIP Amount (Rs.) \_\_\_\_\_ Frequency ☐ Monthly\* ☐ Quarterly ( \*Default Frequency)

SIP/ Micro SIP Date ☐ 1st ☐ 5th ☐ 10th\* ☐ 15th ☐ 20th ☐ 25th (\*Default Date) (You may select more than one SIP transaction dates)

|                                                  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  |              |  |        |  |   |  |   |  |   |  |   |  |   |  |   |  |                                             |  |                      |  |   |  |   |  |   |  |      |  |  |  |
|--------------------------------------------------|--|--|--|--|--|--|--|--|--|---|--|---|--|---|--|---|--|---|--|--------------|--|--------|--|---|--|---|--|---|--|---|--|---|--|---|--|---------------------------------------------|--|----------------------|--|---|--|---|--|---|--|------|--|--|--|
| SIP / Micro SIP Period Start From                |  |  |  |  |  |  |  |  |  | M |  | M |  | Y |  | Y |  | Y |  | Y            |  | End On |  | M |  | M |  | Y |  | Y |  | Y |  | Y |  | OR <input type="checkbox"/> Until cancelled |  | Cheque Amount@ (Rs.) |  |   |  |   |  |   |  |      |  |  |  |
| First SIP / Micro SIP Transaction via Cheque No. |  |  |  |  |  |  |  |  |  |   |  |   |  |   |  |   |  |   |  | Cheque Dated |  |        |  |   |  |   |  |   |  | D |  | D |  | M |  | M                                           |  | Y                    |  | Y |  | Y |  | Y |  | 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)**

|               |   |   |   |   |   |   |           |   |   |   |   |   |   |                                |  |  |  |
|---------------|---|---|---|---|---|---|-----------|---|---|---|---|---|---|--------------------------------|--|--|--|
| <b>Period</b> | M | M | Y | Y | Y | Y | <b>TO</b> | M | M | Y | Y | Y | Y | <b>No. of cheques attached</b> |  |  |  |
|---------------|---|---|---|---|---|---|-----------|---|---|---|---|---|---|--------------------------------|--|--|--|

**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.

[illegible]

**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 Mahindra Mutual Fund Alp-Samay Bachat Yojana ('the Scheme') 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 belong 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 update/ 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 United States person(s) under the laws of United States or resident(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.)

|                                                                               |                                          |                                         |
|-------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|
| <p>Sign Here</p> <p>First / Sole Applicant/ Guardian / PoA Holder / Karta</p> | <p>Sign Here</p> <p>Second Applicant</p> | <p>Sign Here</p> <p>Third Applicant</p> |
|-------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------|