



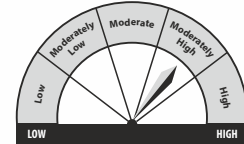
New Fund Offer Opens on: April 20, 2017
New Fund Offer Closes on: May 4, 2017
Scheme reopens for continuous sale and repurchase from: May 18, 2017

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.
Offer of Units of Rs. 10/- each during New Fund Offer (NFO) and Continuous Offer of Units at NAV based prices

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*

- Capital appreciation and income generation over medium to long term;
- Investment in equity and equity related instruments as well as debt and money market instruments.

* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

RISKMETER


Investors understand that their principal will be at moderately high risk

KEY PARTNER / AGENT INFORMATION (Refer General Instruction 1)

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

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

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

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.

Sign Here
Guardian/ Legal Guardian/ PoA Holder appointed by Guardian

Sign Here
Donor (if applicable)

1. UNIT HOLDER / BENEFICIARY CHILD INFORMATION (If you have existing Folio in the name of Beneficiary Child, please fill in folio no. in this section and proceed to sections 4 (if applicable), 5, 6, 7, 8 and 10. (Refer General Instruction 3 & 4))

BENEFICIARY CHILD'S EXISTING FOLIO NO.:

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

NAME OF BENEFICIARY CHILD

DATE OF BIRTH[†]

PAN / PEKRN (if available)

KYC Identification No. (KIN) (if available):

GENDER ☐ Male ☐ Female ☐ Other **STATUS** ☐ Resident ☐ Non-Resident

Proof of date of birth[†] Attached (✓) ☐ PAN Card ☐ Passport ☐ Birth certificate ☐ School leaving certificate/ Matriculation or SSC certificate ☐ Others (Refer General Instruction 4A)

[†] Date of birth & Proof of birth are mandatory for subscribing to the units of the Scheme. 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.

2. DETAILS OF GUARDIAN / LEGAL GUARDIAN

Note : If Father's details are filled in here and payment is made from Mother's bank account, then Mother will be a Donor & vice-versa. Donor details should be filled in Section 4

NAME OF GUARDIAN

Nationality **PAN# / PEKRN#** (Please (✓)) ☐ KYC Proof Attached*

Mobile No. **KYC Identification No. (KIN):**

Relationship with Minor (Mandatory) Please (✓) ☐ Father ☐ Mother ☐ Court appointed Legal Guardian. Proof of relationship with minor Please (✓) ☐ Attached (Mandatory).

MAILING ADDRESS OF GUARDIAN (Mandatory) (Address should be as per KYC records) (Refer General Instruction 4A)

CITY **STATE** **PIN CODE**

NAME OF CONTACT PERSON & DESIGNATION (In case of Non-Individual Legal Guardian)

Mr. **Ms.** **Designation**

CONTACT DETAILS **Country Code** **STD Code** **Telephone : Off.**

Mobile No. **Res.** **Fax**

^Email Id

Overseas Address (Mandatory for NRI/PIO Applications)

^ On providing email-id unitholders shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer General Instruction 9) #Mandatory. Refer General Instruction No 15 for PAN/PEKRN and No 17 for KYC.

TEAR HERE

Please select any one ☐ Resident Individual ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Partnership ☐ Trust ☐ HUF ☐ AOP ☐ PIO ☐ Company ☐ Body Corporate ☐ Minor through guardian
☐ BOI ☐ OCI ☐ LLP ☐ Society / Club ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others _____

2c. 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 2c. Net-worth (Mandatory for Non-Individuals) Rs. _____ as on

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

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

2e. Non-Individuals involved in/ providing any of the mentioned services ☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services
☐ Money Lending / Pawnshop ☐ None of the above

3. POWER OF ATTORNEY (PoA) HOLDER (In case of PoA appointed by Guardian)

[illegible]

Mandatory. Refer instruction No. 15 for PAN/PEKRN and No. 17 for KYC

(Please ✓) ☐ KYC Proof Attached*

MAILING ADDRESS (Address should be as per KYC records) (Refer General Instruction 4A)

[illegible]

4. DONOR (INVESTOR) INFORMATION (Refer General Instruction 4) (To be filled only if investment is being made by a person other than the Guardian)

NAME OF DONOR	Mr.	Ms.	M/s.																				
Nationality							GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	PAN# / PEKRN#											(Please ✓) <input type="checkbox"/> KYC Proof Attached	
KYC Identification No. (KIN):																#Mandatory. Refer General instruction No 15 for PAN/PEKRN and No 17 for KYC.							

#Mandatory. Refer General instruction No 15 for PAN/PEKRN and No 17 for KYC

MAILING ADDRESS OF GUARDIAN (Mandatory) (Address should be as per KYC records) (Refer General Instruction 4A)

CITY		STATE		PIN CODE								

NAME OF CONTACT PERSON & DESIGNATION (In case of Non-individual Donor)

Mr.	Ms.																	Designation																				
CONTACT DETAILS										Country Code							STD Code								Telephone : Off.													
Mobile No.										Res.												Fax																
Email Id																																						

Overseas Address (Mandatory for NRI/PIO Applications)

[illegible]

4a. Status of Donor (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 ☐ Minor through guardian
☐ BOI ☐ OCI ☐ LLP ☐ Society / Club ☐ Sole Proprietorship ☐ Non Profit Organisation ☐ Others _____

4b. Occupation Details (Please tick (✓))

<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)					

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

D	D	M	M	Y	Y	Y	Y
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 (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 a Related to PEP ☐ Not Applicable

4e. Non-Individuals Donor (Investor) involved in/ providing any of the mentioned services ☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services
☐ Money Lending / Pawnshop ☐ None of the above

Note: Gift has certain tax implications. Please consult your tax advisor before investing.

5. ALTERNATE CHILD INFORMATION (Refer General Instruction 14)

Relationship with Beneficiary Child ☐ Brother ☐ Sister ☐ Other _____ STATUS ☐ Resident ☐ Non-Resident

Name												Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	
Nationality			Date of Birth [†]		D	D	M	M	Y	Y	Y	Y	† Mandatory			

Proof of date of birth[†] Attached (✓) ☐ PAN Card ☐ Passport ☐ Birth certificate ☐ School leaving certificate/ Matriculation or SSC certificate ☐ Others _____ (Refer General Instruction 14)

Guardian Details: ☐ Same as Beneficiary Child Guardian. Tick if applicable else please fill below details

Name of Guardian	Mr.	Ms.	M/s.											Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	
Address											PIN							
Email Id											Mobile No.							

Scheme Name		Select your Plan <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan		Select your Option <input type="checkbox"/> Dividend <input type="checkbox"/> Growth	
Mahindra Mutual Fund Bal Vikas Yojana (For Default Plan / Sub-Plan / Option / Facility refer KIM.)		Select your Sub-Plan <input type="checkbox"/> Compulsory Lock-in <input type="checkbox"/> No Lock-in		Select your Facility <input type="checkbox"/> Reinvestment* <input type="checkbox"/> Payout <small>*Reinvestment facility not available under Compulsory Lock-in Sub Plan.</small>	
Cheque / DD / Payment Instrument No.		Cheque/DD/Payment Instrument Date		Amount in Figures (Rs.)	
Drawn on (Name of Bank and Branch)					

6. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS form

	Guardian/ PoA Holder appointed by Guardian	Donor
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
Tax Residence Address Type (as per KYC records)	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office c Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office c 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
	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)
Tax Identification Number OR Functional Equivalent	(1) (2) (3)	(1) (2) (3)
Identification Type (TIN of other, Please specify)	(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	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	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	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 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. INVESTMENT DETAILS (Refer General Instructions 7 & 8) (The name of Guardian / Donor must be pre printed on the cheque.)

<input type="checkbox"/> Lumpsum Investment	Payment Type <input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> Third Party Payment (Payment by person other than Guardian)
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To avail ASBA facility, download the ASBA form available at www.mahindramutualfund.com under Other Forms section.

Scheme Name Mahindra Mutual Fund Bal Vikas Yojana	Select your Plan <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	Select your Option <input type="checkbox"/> Dividend <input type="checkbox"/> Growth
	Select your Sub-Plan <input type="checkbox"/> Compulsory Lock-in <input type="checkbox"/> No Lock-in	Select your Facility <input type="checkbox"/> Reinvestment* <input type="checkbox"/> Payout <small>*Reinvestment facility not available under Compulsory Lock-in Sub Plan.</small>

Note 1: Multiple cheques not permitted with single application form. **Note 2:** For Default Plan / Sub-Plan / Option / Facility refer KIM.

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

Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others _____ Please specify

<input type="checkbox"/> Investment through SIP / Micro SIP mode	Payment Type <input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> Third Party Payment (Payment by person other than Guardian)
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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 ☐ 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)

Period

M	M	Y	Y	Y	Y
---	---	---	---	---	---

 TO

M	M	Y	Y	Y	Y
---	---	---	---	---	---

 No. of cheques attached

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The first cheque & the Post dated cheques should be drawn on the same bank & account number.

8. UNIT HOLDING OPTION ☐ DEMAT MODE* ☒ PHYSICAL MODE (Default) (Refer Instruction 12)

NSDL	DP NAME _____	DP ID <table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	I	N									Beneficiary Account No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																
I	N																												
CDSL	DP NAME _____	Beneficiary Account No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																											

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that name of the beneficiary child along with guardian 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.

9. BANK ACCOUNT DETAILS (For redemption & dividend payout purpose) OF THE ☒ BENEFICIARY CHILD* / ☒ GUARDIAN (Refer General Instruction 6 & 10)**

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																																																					
Account Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	MICR Code	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	Branch City	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																

(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**

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*** Refer Instruction 6C (Mandatory for Credit via RTGS/ NEFT) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

*Unit holders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 9) via Direct credit / RTGS/ NEFT facility unless specified otherwise in writing.

** If Guardian's bank account details are provided, an undertaking (Annexure I) duly signed by the Guardian to be submitted along with the application form.

10. DECLARATION & SIGNATURE/S (Refer Instruction 13) applicable to Guardian / Legal Guardian / Donor (if any)

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 / Gifting of Units of the Mahindra Mutual Fund Bal Vikas 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 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 Asset Management Company Private Limited (AMC) / the Fund and undertake to inform the AMC / the Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom.
- I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, AMC, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the AMC / the Fund, their appointed service providers or representatives responsible. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- I/We agree that if any of the declarations furnished by me/us are found to be incorrect or incomplete, the Fund/AMC shall have the absolute discretion to reject / not process the Application Form received from the Beneficiary Child(s) and refund the subscription monies accordingly.
- 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 residents(s) of Canada as defined under the applicable laws of Canada.

I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.

FATCA/CRS Certification/Declaration: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions which are part of the FATCA / CRS Annexure) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. 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 within 30 days of such change and also undertake to provide any other additional information as may be required at your end 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.

Third Party Payment Declarations applicable to Donor:

I/We have read and understood the Third Party Payment rules and agree to comply and be bound by the same. I/We shall be solely liable/responsible for any claim, loss and/ or damage of whatsoever nature that the Fund/ AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing the transaction in favour of the Beneficial Investor (Beneficiary Child) as detailed in the Application Form.

Third Party Payment Declarations applicable to Guardian / Legal Guardian:

I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme(s) on behalf of the minor.

<p>Sign Here</p> <p>_____ Guardian/ Legal Guardian/ PoA Holder appointed by Guardian</p>	<p>Sign Here</p> <p>_____ Donor (if applicable)</p>
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