



**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
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M	M
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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 PEP ☐ I am Related to 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 

D	D
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M	M
---	---

Y	Y	Y	Y
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 (Not older than 1 year)

**c. Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to 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** Rs. \_\_\_\_\_ as on 

D	D
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M	M
---	---

Y	Y	Y	Y
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 (Not older than 1 year)

**c. Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to 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 details form**

	Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Place of Birth									
Country of Birth									
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others, please specify _____		
Tax Residence Address Type (as per KYC records)	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business			<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business			<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		
Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India?	<input type="checkbox"/> Yes / <input type="checkbox"/> No			<input type="checkbox"/> Yes / <input type="checkbox"/> No			<input type="checkbox"/> Yes / <input type="checkbox"/> No		
	If 'YES', please fill below for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the Respective countries.								
Country of Tax Residency	(1) (2) (3)			(1) (2) (3)			(1) (2) (3)		
Tax Identification Number OR Functional Equivalent	(1) (2) (3)			(1) (2) (3)			(1) (2) (3)		
Identification Type (TIN of other, Please specify)	(1) (2) (3)			(1) (2) (3)			(1) (2) (3)		
If TIN is not available, please tick the reason A, B, or C (as defined below)	1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	1 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

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

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 \_\_\_\_\_

**Refer General Instructions 4C and 20**

**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\*\*\* 

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 \*\*\* 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 7) via Direct credit/ RTGS/ NEFT facility unless specified otherwise in writing.

✂ **TEAR HERE** ✂

Scheme Name	Select your plan	Select your option		
<b>Mahindra Liquid Fund</b>	<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth	<input type="checkbox"/> Daily Dividend (Reinvestment)	<input type="checkbox"/> Weekly Dividend (Reinvestment)
Cheque / DD / Payment Instrument No.		Cheque / DD / Payment Instrument Date		Amount in Figures (Rs.)
Drawn on (Name of Bank and Branch)				

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

... continued overleaf

Scheme Name	Select your plan		Select your option		
<b>Mahindra Liquid Fund</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)

<b>Payment Type</b> <input type="checkbox"/> <b>Non-Third Party Payment</b> <input type="checkbox"/> <b>Third Party Payment</b> (Please attach 'Third Party Payment Declaration Form')			
Cheque/ DD/ Payment Instrument/ UTR No.		Cheque/ DD/ Payment Instrument/ UTR Date	
Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)		DD Charges, if any	
Net Cheque/ DD Amount		Drawer Bank Account No. (For Cheque Only)	
Drawn on Bank / Branch			

[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					

<a href="#">Sign Here</a>	<a href="#">Sign Here</a>	<a href="#">Sign Here</a>
<b>First / Sole Applicant/ Guardian</b>	<b>Second Applicant</b>	<b>Third Applicant</b>

SIGNATURE(S)		
(Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)		
<div>Sign Here</div> <div>First / Sole Applicant/ Guardian / PoA Holder / Karta</div>	<div>Sign Here</div> <div>Second Applicant</div>	<div>Sign Here</div> <div>Third Applicant</div>