

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 (EUIIN)	FOR OFFICE USE ONLY (TIME STAMP)
EUIIN Declaration (only where EUIIN box is left blank) (Refer General Instruction 1) <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-inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.				
Sign Here First/ Sole Applicant/ Guardian / PoA Holder / Karta	Sign Here Second Applicant	Sign Here Third Applicant		

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

(✓) ☐ New SIP ☐ Micro SIP ☐ Change in Bank Account (Please provide a cancelled cheque)

1. Investment and SIP Details: First / Sole Investor															Name																																		
Application No. (New Investor)																				Folio No.(Existing Unitholder)																													
PAN / PEKRN^																				Enclosed (✓) #KYC Proof <input type="checkbox"/>										Existing UMRN										(if UMRN is registered in the folio)									
Scheme Name										Select your plan										Option																													
										<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan																																							

SIP/ Micro SIP Period Start From

M	M	Y	Y	Y	Y
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 End On

M	M	Y	Y	Y	Y
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 OR ☐ Until cancelled

First SIP/ Micro SIP Transaction via Cheque No.										Cheque Dated				D	D	M	M	Y	Y	Y	Y	Cheque Amount@ (Rs.)			
Bank Name										Branch City															

2. Demat Account Details (Optional)

[illegible]

Declaration: I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information and the terms & conditions of SIP enrolment through Auto Debit/NACH and agree to abide by the same. I/We hereby apply for enrolment under the SIP of above mentioned Scheme - Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred through participation in NACH/Auto Debit. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that the AMC/Mutual Fund (including its affiliates), and any of its officers, directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the Auto Debit instruction of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution of this mandate form responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder 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.

<p>Sign Here First/ Sole Applicant / Guardian / PoA Holder / Karta</p>	<p>Sign Here Second Applicant</p>	<p>Sign Here Third Applicant</p>
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^Refer General instruction No 15 in the KIM for PAN/PEKRN. # Please attach KYC proof if not already KYC validated

TEAR HERE

UMRN															Date :														
Sponsor Bank Code															Utility Code														
K K B K 0 R T G S M I															N A C H 0 0 0 0 0 0 0 0 0 0 3 2 6 2														
(Please ✓) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL		I/We hereby authorize Mahindra Mutual Fund to debit (Please ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others																											
		Bank Account Number IFSC 																											
		with Bank Or MICR 																											
		an amount of Rupees ₹ In Figures																											
Frequency : <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented		Debit Type : <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount																											
Folio No. 		Phone 																											
PAN 		E-mail 																											

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the banks.
2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.

PERIOD	From <u>DD / MM / YYYY</u>	Sign Here			
	To <u>DD / MM / YYYY</u>		Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
	Or <input type="checkbox"/> Until Cancelled		Name	(1) As in bank records	(2) As in bank records