

Enrolment /  Cancellation

Date:

(Please refer Product labeling available on cover page of the KIM and terms and conditions overleaf)

The Application Form should be completed in **ENGLISH** and in **BLOCK LETTERS** only. Please tick in the appropriate box wherever applicable and strike off the section(s) not in use.

KEY PARTNER / AGENT INFORMATION (Refer Instruction 11)				FOR OFFICE USE ONLY (TIME STAMP)
ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Internal Code for Sub-Agent / Employee	Employee Unique Identification Number (EUIN)	

**EUIN Declaration (only where EUIN box is left blank)**

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.

Sign Here First/ Sole Unit holder/ Guardian/ PoA holder/ Karta	Sign Here Second Unit holder	Sign Here Third Unit holder
---	---------------------------------	--------------------------------

Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors' assessment of various factors, including the service rendered by the distributor.

**1. Applicant Details**

Folio No. for existing Unit holder	<input type="text"/>
Name of First / Sole Applicant	<input type="text"/>
Name of Guardian (in case First / Sole Applicant is a minor)	<input type="text"/>
Name of Second Applicant	<input type="text"/>
Name of Third Applicant	<input type="text"/>

**2. Systematic Withdrawal Plan (SWP) Mandate**

Scheme	<input type="text" value="Mahindra"/> Scheme Name	<input type="text"/> Plan	<input type="text"/> Option
Frequency (✓)	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	SWP Date (✓)	<input type="checkbox"/> 10th (Default) <input type="checkbox"/> 25th
Period of Enrollment	From (1st Installment) <input type="text" value="MM/YYYY"/>	To (Last Installment)	<input type="text" value="MM/YYYY"/>
Withdrawal Amount (Per Installment)	<input type="text"/> ₹ in Words	<input type="text"/> ₹ in Figures	
No. of Installments	<input type="text"/>	Total Withdrawal (Rs.)	<input type="text"/>

**3. SWP Form Declaration(s) and Signature(s)**

I/We have read and understood the contents of the scheme related documents (i.e. Scheme Information Document / Key Information Memorandum & Statement of Additional Information) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) including the terms and conditions/instructions pertaining to the Systematic Withdrawal Plan Facility as on the date of this transaction. 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.

Sign Here First/ Sole Unit holder/ Guardian/ PoA holder/ Karta	Sign Here Second Unit holder	Sign Here Third Unit holder
---	---------------------------------	--------------------------------

Please note : Signature(s) should be as it appears on the Application Form for new investors and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.

✂----- TEAR HERE -----✂