

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 |
|---|---|---|---|---|---|---|---|

 (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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 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

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) | (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*** _____ *** 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 |
|---|--|---|
| 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 <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)

8. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer Instruction 7 for Scheme details and Instruction 5 & 8 for Payment and Third Party Payment Details)
The name of the first/ sole applicant must be pre-printed on the cheque for lumpsum Investment/ SIP Registration.

| | | |
|--|--|---|
| 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 <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 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

| | | |
|--|--|--|
| | | |
|--|--|--|

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.

| | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|----------------------|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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></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></tr></table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

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 belongs 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 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. 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. 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.)

| | | |
|---|--|---------------------------------------|
| Sign Here _____ First / Sole Applicant/ Guardian / PoA Holder / Karta | Sign Here _____ Second Applicant | Sign Here _____ Third Applicant |
|---|--|---------------------------------------|