



Mr.	Ms.	M/s.		Mobile No.																					
PAN#/ PEKRN#																									
			KYC Identification No. (KIN):																						
Relationship with Minor <b>Please (✓)</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Legal Guardian																		<b>DATE OF BIRTH OF GUARDIAN</b> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> </div>							

**ADDITIONAL DETAILS REQUIRED (in case of non-individual Investors)**

Contact Person Name													Designation												
Mobile No.													Email												

[illegible]

<b>II. NAME OF THIRD APPLICANT</b>																				Mr.	Ms.	M/s.																					
PAN#/ PEKRN#																				KYC Identification No. (KIN):													GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<b>Please attach PAN Card copy and KYC Proof (Mandatory)</b>						
Mobile No.																				<input type="checkbox"/> SE	<input type="checkbox"/> SP	<input type="checkbox"/> DC	<input type="checkbox"/> DS	<input type="checkbox"/> DP	<input type="checkbox"/> GD	<input type="checkbox"/> PM	<input type="checkbox"/> CD	<input type="checkbox"/> PO	<b>DATE OF BIRTH</b>	D	D	M	M	Y	Y	Y	Y						
^^Email ID																				<input type="checkbox"/> SE	<input type="checkbox"/> SP	<input type="checkbox"/> DC	<input type="checkbox"/> DS	<input type="checkbox"/> DP	<input type="checkbox"/> GD	<input type="checkbox"/> PM	<input type="checkbox"/> CD	<input type="checkbox"/> PO															

### 5. APPLICANT DETAILS (Mandatory) (Refer general instruction 3)

<b>Sole/First Applicant</b> <input type="checkbox"/> Individual <input type="checkbox"/> Non Individual	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> QFI	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> PIO	<input type="checkbox"/> Private Ltd.
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> BOI	<input type="checkbox"/> OCI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> FI	<input type="checkbox"/> Society / Club	<input type="checkbox"/> Public Ltd.
	<input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> On Behalf of Minor	<input type="checkbox"/> FPI	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Non Profit Organisation*	<input type="checkbox"/> Others _____ (Please specify)			
<b>Second Applicant</b> <input type="checkbox"/> Individual	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> OCI	<input type="checkbox"/> PIO			
	<input type="checkbox"/> Others _____ (Please specify)								
<b>Third Applicant</b> <input type="checkbox"/> Individual	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> OCI	<input type="checkbox"/> PIO			
	<input type="checkbox"/> Others _____ (Please specify)								

**If yes, please quote the NPO Registration Number provided by DARPAN portal.**

**5b. Occupation Details [Please tick (✓)]**

<b>Sole/First Applicant</b> Please select any one	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Government Service <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Student <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business (Please specify)
<b>Second Applicant</b> Please select any one	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Government Service <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Student <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business (Please specify)
<b>Third Applicant</b> Please select any one	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Government Service <input type="checkbox"/> Proprietorship	<input type="checkbox"/> Student <input type="checkbox"/> Others _____	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business (Please specify)

<b>Sole/First Applicant</b> Please select any one	<b>Gross Annual Income or Net-worth</b> <input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1 - 5 Lakhs <input type="checkbox"/> 5 - 10 Lakhs <input type="checkbox"/> 10 - 25 Lakhs <input type="checkbox"/> 25 Lakhs - 1 Crore <input type="checkbox"/> >1 Crore (Mandatory for Non-Individuals) Rs. _____ as on <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> (Not older than 1 year)
<b>Second Applicant</b> Please select any one	<b>Gross Annual Income</b> <input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1 - 5 Lakhs <input type="checkbox"/> 5 - 10 Lakhs <input type="checkbox"/> 10 - 25 Lakhs <input type="checkbox"/> 25 Lakhs - 1 Crore <input type="checkbox"/> >1 Crore
<b>Third Applicant</b> Please select any one	<b>Gross Annual Income</b> <input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1 - 5 Lakhs <input type="checkbox"/> 5 - 10 Lakhs <input type="checkbox"/> 10 - 25 Lakhs <input type="checkbox"/> 25 Lakhs - 1 Crore <input type="checkbox"/> >1 Crore

✂----- **TEAR HERE** -----✂

Scheme Name		Select your plan		Select your Option / Sub-option / Facility	
<b>Mahindra Manulife Banking &amp; Financial Services Fund</b>		<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan		<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment	
Cheque / DD / Payment Instrument No. & Date		Drawn on (Bank and Branch)		Amount in Figures (Rs.)	

IDCW: Income Distribution cum Capital Withdrawal

<b>Sole/First Applicant</b> (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable
<b>Second Applicant</b> (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable
<b>Third Applicant</b> (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable

	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., an 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)	<b>1</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>2</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>3</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>1</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>2</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>3</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>1</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>2</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<b>3</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Refer General Instructions 3C and 18

*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														
Account No.					MICR Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(The 9 digit code appears on your cheque next to the cheque number)
Branch Address									Branch City					

**NOTE:** Same cheque cannot be used for both lumpsum & SIP investments.

[illegible]

\*The Legal Entity Identifier (LEI) is a 20-digit number used to uniquely identify parties for all payment transactions of value\* ₹50 crore and above undertaken by entities (non-individuals) using Reserve Bank-run Centralised Payment Systems viz. Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT). In absence of LEI, the Fund will not be able to make payments (Redemption/Dividend) of value ₹ 50 crore and above, and shall not be held responsible for any non receipt/ receipt of funds with a delay.

Scheme Name	Select your plan	Select your Option / Sub-option / Facility
<b>Mahindra Manulife Banking &amp; Financial Services Fund</b>	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment

IDCW: Income Distribution cum Capital Withdrawal

Investment Amount	DD Charges, if any	Net DD/ Cheque Amount	Cheque/ DD/Fund Transfer Payment Instrument/ RTGS / NEFT Refer No /OTBM Facility^ & Date	Drawn on Bank/ Branch	Bank Account Number

**9. UNIT HOLDING OPTION** ☐ **DEMAT MODE\*** ☐ **PHYSICAL MODE (Default)** (Refer Instruction 11)

\*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.

<b>NSDL</b>	<b>DP NAME</b> _____	<b>DP ID</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Beneficiary Account No.</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>CDSL</b>	<b>DP NAME</b> _____	<b>Beneficiary Account No.</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**10. I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)\*\* subject to nature of event as specified in the table below. This nomination shall supersede any prior nomination made by me / us, if any. Applicable for Individual Unitholders only (Refer Instruction 13)**

☐ **REGISTRATION** ☐ **CHANGE** ☐ **\*CANCELLATION** \*In case of cancellation of Nomination, it is mandatory to provide opt-out declaration provided below.

Nomination Details								
	Mandatory Details						Additional Details ****	
	Name of Nominee(s) (Recommended else read and tick (✓) the opt-out declaration below)	Proportion (%) in which the assets will be shared by each Nominee***	Relationship with Applicant (If any)	Address of Nominee(s)/ Guardian in case of Minor Nominee	Mobile No. / Telephone No. & Email ID of nominee(s) / Guardian in case of Minor Nominee	Identity Number of Nominee/ Guardian (in case of Minor Nominee)**** <b>PAN or Driving Licence or Aadhaar (last 4 Digits) or Passport (for NRIs/ OCIs/PIOs)</b>	D.o.B. of Nominee (Mandatory if nominee is minor)	Guardian Name (Mandatory if nominee is minor)
Nominee 1								
Nominee 2								
Nominee 3								

\*\*Joint Accounts:

Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners
Demise of all joint holders simultaneously - having nominee	Nominee / In case of multiple nominees in proportion % as defined
Demise of all joint holders simultaneously - not having any nominee	Legal heir(s) of the youngest joint holder as determined by D.o.B. captured in our records

\*\*\* if % is not specified, then the assets shall be distributed equally amongst all the nominees. **Any odd lot after division shall be transferred to the first nominee mentioned in the form**

\*\*\*\* **Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). Copy of the document is not required. However, in case of NRIs/OCIs/PIOs, Passport number is acceptable.**

\*\*\*\*\* to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is mandatory for you to provide, if the nominee is minor.

OR

**Declaration for opting out of Nomination (To be provided only where nomination is not provided)**

[Please (✓)] ☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / demat account.

I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows;

(please tick, as appropriate)

☐

Name of nominee(s) with %

☐

Nomination: Yes / No (Default)




**Note:**

1. In case of varied requests viz. registration/change/cancellation, please fill-in separate Nomination form
2. All joint holders should sign, even in case of Anyone or Survivor' mode of operation.
3. The allocation/share should be in whole numbers without any decimals making a total of 100 percent. If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

**11. DECLARATION & SIGNATURE/S (Refer Instruction 12)**

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 follows:- 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 Schemes of Mahindra Manulife Banking & Financial Services Fund (the Schemes) of Mahindra Manulife 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 Manulife Investment Management 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 hereby authorize and provide my/our consent to the AMC, its Registrar & Transfer Agent and their authorized representatives to contact me/us through various communication modes (including phone / email / SMS) to address my/our investment related queries and/or receive communications pertaining to my/our financial transactions/ non-financial transactions/ promotional/ potential investments and other communications/ materials about the mutual fund products and services offered by the Fund, irrespective of my/our blocking preferences with the Customer Preference Registration Facility. 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. I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. **FATCA Declaration:** I hereby confirm that the information provided here in above 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 also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary 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.

**UNITHOLDER(S) SIGNATURE(S) (Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft / Payment Instrument.)**

		
First/ Sole Applicant/ Guardian / PoA Holder / Karta	Second Applicant	Third Applicant

Name(s) of Witness(s)	Address of Witness(s)	Witness Signature <sup>A</sup>

<sup>A</sup>Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

Alterations in the form, if any should be countersigned.

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**MAHINDRA MANULIFE BANKING &  
FINANCIAL SERVICES FUND**

(An open-ended equity scheme investing in banking & financial services sector)

**New Fund Offer Opens on: June 27, 2025; New Fund Offer Closes on: July 11, 2025**  
**Scheme reopens for continuous sale and repurchase from: July 21, 2025**

**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 the New Fund Offer and Continuous offer for Units at NAV based prices.**

<b>This product is suitable for investors who are seeking*</b>						<p>The risk of the scheme is Very High</p>
<ul style="list-style-type: none"> <li>Long term capital appreciation;</li> <li>Investment predominantly in a portfolio of equity and equity related securities of companies engaged in banking and financial services activities.</li> </ul> <p><small>*Investors should consult their financial advisers if in doubt about whether the product is suitable for them. The product labelling /risk level assigned for the Scheme during the New Fund Offer is based on internal assessment of the Scheme's characteristics or model portfolio and the same may vary post New Fund Offer when the actual investments are made.</small></p>						
ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Internal Sub-Broker/ Employee Code	Employee Unique Identification No. (EUIIN)	RIA/PMRN Name & Code	SCSB Branch Stamp & Code	For Office Use Only
<p><b>Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only):</b> <input type="checkbox"/> I/We hereby give my/our consent to share/ provide the transaction feed / portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan in the scheme(s) of Mahindra Manulife Mutual Fund, to the above mentioned SEBI Registered Investment Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN).</p> <p><b>EUIIN Declaration (only where EUIIN box is left blank) (Refer General Instruction 1)</b> <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-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.</p>						
Sign Here Sole/First Applicant/Guardian/Karta		Sign Here Second Applicant		Sign Here Third Applicant		

**1. Applicant's Personal Details (in BLOCK LETTERS)**

First / Sole Applicant	Second Applicant / Guardian / PoA Holder	Third Applicant
Name <input type="text"/>	<input type="text"/>	<input type="text"/>
PAN <input type="text"/>	<input type="text"/>	<input type="text"/>

Applicants must ensure that the sequence of the names as mentioned in the application form matches with that of beneficiary account held with the Depository Participant.

**2. Details of Bank Account for Blocking of Funds**

Bank Account Number	Bank Name
Bank Address	
Amount to be blocked (Rs. in figures)	Amount to be blocked (Rs. in words)

Sub-Plan(s) / Option(s)	Amount (in Rs.)	ISIN
Regular Plan - Growth		
Regular Plan - IDCW Reinvestment		
Regular Plan - IDCW Payout		
Direct Plan - Growth		
Direct Plan - IDCW Reinvestment		
Direct Plan - IDCW Payout		

**4. Demat Account Details (Mandatory) Please (✓)**

NSDL	DP NAME <input type="text"/>	DP ID <input type="text"/>	Beneficiary Account No. <input type="text"/>
CDSL	DP NAME <input type="text"/>	Beneficiary Account No. <input type="text"/>	

The investors shall receive payments of Redemption/IDCW proceeds in the Bank Account linked to the above mentioned Demat A/c.

TEAR HERE

**Mahindra Manulife Banking & Financial Services Fund**

(An open-ended equity scheme investing in banking & financial services sector)

**Acknowledgment Slip (To be filled by the Applicant)**

Received from	<input type="text"/>
ASBA Form Dated	<input type="text"/> Amount to be Blocked (Rs.) <input type="text"/>
SCSB (Bank & Branch)	Bank Account No. <input type="text"/> Submission Date <input type="text"/>

IDCW: Income Distribution cum Capital Withdrawal



## 5. Declarations & Signatures

### General Declaration:

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:-

- (1) 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 Manulife Banking & Financial Services Fund ('the Scheme') of Mahindra Manulife Mutual Fund ('the Fund') indicated above.
- (2) 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.
- (3) I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment.
- (4) 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 Manulife Investment Management Private Limited / 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.
- (5) 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.
- (6) 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.
- (7) 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.

- (8) 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.
- (9) 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).
- (10) I / We confirm that I / We are not residents(s) of Canada as defined under the applicable laws of Canada.
- (11) 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.

### 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.

### ASBA Authorizations:

1) I/We hereby undertake that I/We am/are an ASBA applicant(s) as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements) (Amendment) Regulations, 2011. 2) In accordance with ASBA process provided in the SEBI (Issue of Capital and Disclosure Requirements) (Amendment) Regulations, 2011, I/We authorize (a) the SCSB to do all acts as are necessary to make an application in the NFO of the Mahindra Manulife Banking & Financial Services Fund, including uploading of application details, blocking the amount to the extent mentioned above in the "Details of Bank Account for Blocking of Funds" or unblocking of funds in the bank account maintained with the SCSB specified in the form, transfer of funds to the nominated Mahindra Manulife Mutual Fund Bank Account on receipt of instruction from the Registrar to the New Fund Offer after finalisation of allotment entitling me/us to receive Units on such transfer of funds. (b) Registrar to the Mahindra Manulife Mutual Fund to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the ASBA Form, upon allotment and to transfer the requisite money to Mahindra Manulife Mutual Fund's nominated Bank account. 3) In case the amount available in the bank account specified in the ASBA Form is insufficient for blocking the amount equivalent to the application money, the SCSB shall reject the application. 4) If the DP ID, Beneficiary ID or PAN furnished by me/us in the ASBA Form is incorrect or incomplete, the application shall be rejected and Mahindra Manulife Investment Management Private Limited (Investment Manager to Mahindra Manulife Mutual Fund), their appointed service providers and the SCSBs representatives shall not be liable for losses, if any.

Date           Place

Sign Here

Sign Here

Sign Here

First / Sole Applicant/ Guardian / PoA Holder / Karta

Second Applicant




Third Applicant

**Note:** To be signed as per mode of operation of the Bank Account

### ASBA Instructions

- A. Self Certified Syndicate Bank (SCSB): SCSB is a bank which offers the facility of applying through the ASBA process. For the complete list of SCSBs with details of controlling/designated branches please refer to websites : <http://www.sebi.gov.in> , <http://www.nseindia.com> and <http://www.bseindia.com>.
- B. Investors Demat Account details:
  - It is mandatory to provide Demat Account details in ASBA Application Form as the units will be credited in the Demat Account specified in ASBA Application Form.
  - Applicant should ensure that the Demat Accounts specified in the ASBA Application Form are active i.e. not frozen or suspended.
  - Applicant to note that in case the DP-ID, beneficiary account no. or PAN provided in the ASBA Application Form are incorrect or do not match with the records of Depositories (NSDL or CDSL), the applications will be rejected.
- C. Bank Account details:
  - Applicants should provide Bank Account details from which the application amount is to be blocked along with Bank & Branch name and application amount.
  - Applicant should maintain sufficient balance in the Bank Account in which application amount is to be blocked. In case of insufficient funds in the specified Bank Account the application is liable to be rejected.
  - Applicant can make application for maximum upto 5 ASBA Applications from a single Bank Account with a Bank.
  - It may be noted that no application will be accepted for subscription to units of schemes of Mahindra Manulife Mutual Fund where such application is accompanied by Third Party Payment other than the exceptions allowed. 'Third-Party Payment' means a payment made through instruments issued from a bank account other than that of bank account of first named applicant/investor. Please refer to point no. 7 of the General Instructions for details.
- D. Please refer to point no. 19 of General Instructions.






ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Employee Unique Identification Number (EUIIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent / Employee	FOR OFFICE USE ONLY (TIME STAMP)
<p>ARN Declaration - 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.</p> <p><b>Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only):</b> <input type="checkbox"/> I/we hereby give my/our consent to share/provide the transaction feed / portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan in the scheme(s) of Mahindra Manulife Mutual Fund, to the above mentioned SEBI Registered Investment Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN).</p> <p><b>EUIIN Declaration (only where EUIIN box is left blank) (Refer General Instruction 1):</b> <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 not with standing the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.</p>					
 First/ Sole Applicant/ Guardian / PoA Holder / Karta		 Second Applicant		 Third Applicant	

In case of, Payment through single cheque, for investment in more than 1 Scheme the cheque/DD should be issued in favour of 'Mahindra Manulife MF Multiple Scheme' for the total investment amount mentioned below and the cheque/DD details need to be filled only once.

[illegible]

# Please attach KYC proof if not already KYC validated

		
<b>First/ Sole Applicant/ Guardian / PoA Holder / Karta</b>	<b>Second Applicant</b>	<b>Third Applicant</b>



### One Time Bank Mandate (NACH/Direct Debit Mandate Form)

Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(Please ✓) ☒ CREATE ☐ MODIFY ☐ CANCEL

Utility Code	N	A	C	H	0	0	0	0	0	0	0	0	0	3	2	6	2
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I/We hereby authorize: **Mahindra Manulife Mutual Fund** to debit (Please ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others \_\_\_\_\_

[illegible]

with Bank  Bank Name & Branch MICR

an amount of Rupees	In Words	₹	In Figures
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Frequency: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ As & when presented

Debit Type: ☐ Fixed Amount ☒ Maximum Amount

Frequency: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ As & when presented

Debit Type: ☐ Fixed Amount ☒ Maximum Amount

Folio No. [illegible]

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	DD	/	MM	/	YYYY
	To	DD	/	MM	/	YYYY

Signature of Primary Bank Account Holder

Signature of Bank Account Holder

Signature of Bank Account Holder

Phone 

Name as in bank records

Name as in bank records

Name as in bank records

**Maximum period of validity of this mandate is 40 years only.**

### Terms & Conditions for SIP/ Top-Up SIP

1 (a). SIP facility is offered by the Scheme subject to following terms and conditions:

Particulars	Frequency available (Default day for weekly frequency: Wednesday), (Default Frequency: Monthly)		
	Weekly	Monthly	Quarterly
SIP Transaction Dates	Any day of the Week (except Saturday & Sunday)	Any date*	
Minimum no. of installments and Minimum amount per installment	<b>For MMETSF</b> - 6 installments of Rs. 500/- each and in multiples of Rs. 500/- thereafter; <b>For MMAPRF</b> - 6 installments of Rs. 1,000/- each and in multiples of Re. 1/- thereafter; <b>For schemes other than MMAPRF &amp; MMETSF</b> - 6 installments of Rs. 500/- each and in multiples of Re. 1/- thereafter.		<b>For MMETSF</b> - 4 installments of Rs. 1500/- each and in multiples of Rs. 500/- thereafter; <b>For schemes other than MMETSF</b> - 4 installments of Rs. 1500/- each and in multiples of Re. 1/- thereafter.
Mode of Payment	National Automated Clearing House (NACH) Facility, and Direct Debit mandate through select banks with whom AMC may have an arrangement from time to time.		

\* If any SIP installment due date falls on a non-Business day, then the respective transactions will be processed on the next Business day. However, in case the chosen date is not available in a particular month, the SIP will be processed on the last day of that month. Eg, if selected date is 31st, SIP installment for the month of September will be processed on 30th September. However, if 30th September happens to be a Non-Business Day, the SIP will be processed on the immediate next Business Day.

**Note:** Anyone or more SIP transaction dates from the available dates can be selected by the Unit Holders under the Monthly and Quarterly frequencies. SIP amount (including Top Up) will be restricted to amount mentioned in Direct Debit / NACH Mandate Form. Any day of the week or more day(s) can be selected by the Unit Holders under the Weekly frequency.

**MMETSF:** Mahindra Manulife ELSS Tax Saver Fund; **MMAPRF:** Mahindra Manulife Asia Pacific REITs FOF;

1 (b). Top-Up SIP Specifications facility available for monthly and quarterly frequencies only

Particulars	Minimum Top-up installment		Top Up Frequency	
	For schemes other than MMETSF	For MMETSF	For Monthly SIP	For Quarterly SIP
Top up by Amount	Rs. 100 and in multiples of Rs 100 thereafter	Rs. 500 and in multiples of Rs 500 thereafter	• Yearly • Half Yearly	• Yearly
Top up by Percentage	10% and in multiples of 1% thereafter. Rounded off to nearest next multiple of Rs. 10	Not available	• Yearly	

**Note:** Existing investors will be required to submit a request for upgrade from SIP to Top-up SIP at least 10 calendar days prior to the next SIP date. In case of Monthly SIP, if the investor has chosen half-yearly Top-Up frequency, the SIP amount will increase after every 6 SIP monthly cycle dates by the amount indicated and if the investor has chosen Yearly Top-Up frequency, the SIP amount will increase after every 12 SIP monthly cycle dates by the amount/percentage indicated. For Quarterly SIPs, only Yearly frequency is available for Top-up and the SIP amount will increase after every 4 SIP quarterly cycle dates by the indicated amount / percentage. If the investor does not specify either the Top-up amount/percentage or specifies both, the SIP application will be processed by default with the Minimum Top -up installment amount as per above table. The Top-up details cannot be modified once enrolled. In order to make any changes, the Investor must cancel the existing SIP and enroll for a fresh SIP with revised Top up details.

Investors/Unitholders are also requested to note that, in case of cancellation/discontinuation of SIP enrolment, any SIP Top-Up enrolment linked with the underlying SIP (whether existing OR future Top-Ups) shall also stand cancelled.

Default options : Default day for weekly frequency - Wednesday    Default Frequency - Monthly    Default Date (for both monthly and quarterly frequency) - 10th    Default Mode - Top-up by amount    Default Top-up frequency - Yearly

2. For New / Existing investors if 1st SIP Installment is through NACH mandate kindly attach Blank cancelled cheque or Copy of cheque

2. For New / Existing investors II: SIP Installment is through NACH mandate kindly attach bank card.
3. Ensure the duration in the SIP Registration as well as Debit Mandate form is not more than 40 years.

4. a. **SIP Cap Amount:** Investor shall have an option to freeze the SIP installments amount (including Top-ups applied at periodic intervals) by specifying a SIP Cap amount. The SIP Cap amount shall be less than or equal to the amount mentioned by the Investor in the NACH Debit Mandate. In case the SIP Cap amount specified by the Investor is higher than the NACH Debit Mandate amount, then the amount mentioned in the NACH Debit Mandate shall be considered for applying Top-ups and processing of SIP installments until the end of SIP tenure.

b. **SIP Cap Month-Year:** Investor shall have an option to freeze the SIP installment amount (including Top-ups applied at periodic intervals) from a prespecified month and year. From this prespecified month and year onwards, the SIP Top-ups will be discontinued and the last topped up SIP installment will remain constant until the end of SIP tenure.

Note: Investor shall have a flexibility to choose either SIP Cap Amount or SIP Cap Month-Year. In case of multiple selections, SIP Cap amount will be considered as default selection.

5. The first installment will be processed at Applicable NAV based on the timing of credit receipt of funds to the bank account of the Scheme before the cut-off time (i.e. available for utilization before the cut-off time as stated in KIMs/SIDs. There should be a gap of at least 30 calendar days between the first SIP installment and the second SIP installment / SIP Auto Debit "Start" date mentioned in the debit mandate form. The SIP Auto Debit shall start from the selected "Start" date mentioned by the investor subject to completion of successful SIP Auto Debit mandate verification and registration formalities at least 10 calendar days prior to the "Start" date specified in the debit mandate form.

6. In case of MMETSE each SIP installment will be subject to a Lock In period of three years from the date of allotment of Units.

7. In case of auto cancellation, the below given uniform timeline for treating a SIP as closed/cancelled will be adopted by the AMC

S No.	SIP Frequency	No. of failed debit attempts prior to cancellation of SIP
1	Weekly, Monthly	3
2	Quarterly	2

8. SIP registered for more than one day or all days of the week under the **Weekly** frequency OR one date or all dates of the month under the **Monthly / Quarterly** frequency, will be considered as separate SIP instruction for the purpose of fulfilling the "Minimum no. of installments" criteria.

9. SIP in a folio of a minor will be registered only upto the date of minor attaining the majority even though the instruction may be for the period beyond that date.

10. The Load structure prevailing at the time of submission of the SIP application (whether fresh or extension) will apply for all the Installments indicated in such application.

11 AMC will ensure cancellation of auto-debit/SIP within 2 working days of such request submitted by the investor.

12. The facility will be automatically terminated upon receipt of intimation of death of the Unit holder.

13. The investors can also subscribe Units through SIP in Demat (electronic) mode for the Scheme. However the Units will be allotted based on applicable NAV of the Scheme and will be credited to investor's Demat (Beneficiary) Account on weekly basis on realization of funds, e.g. Units will be credited to investor's Demat (Beneficiary) account every Monday (or next business day, if Monday is a non-business day) for realization status received in last week from Monday to Friday.

14. Investors will not hold Mahindra Manulife Mutual Fund / Mahindra Manulife Investment Management Private Limited (MMIMPL), its Registrar and other service providers responsible, if the transaction is delayed or not affected or the investor's bank account is debited in advance or after the specific SIP date.

16. Mahindra Manulife Mutual Fund / MIMPL, its Registrar and other service providers shall not be responsible and liable for any damages/ compensation for any loss, damage etc., incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.

17. Top-Up SIP facility is available only through NACH debit mandate. For Upgrading fill complete information for active SIP. In case of Quarterly SIP and Percentage based Top up, only Yearly Top-up frequency is available. Percentage based Top-up feature is not available for Mahindra Manulife ELSS Tax Saver Fund.

18. **CAP Amount:** Max SIP installment amount (including Top-up). In case, the SIP installment amount exceeds the maximum amount mentioned in the debit mandate, the SIP will continue with the last SIP installment amount. CAP Month-Year: Month-Year from which SIP Top-Up will be discontinued.

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TEAR HERE



**Terms & Conditions - NACH / Auto Debit**

1. NACH debit facility is offered at various banks. For a detailed list of banks please refer the website [www.npci.org.in](http://www.npci.org.in).

2. This facility is offered only to the investors having bank accounts with above mentioned Banks. Above list is subject to modification/update at any time in future at the sole discretion of MMIMPL without assigning any reason or prior notice. If any bank is removed, SIP instructions of investors for such banks via NACH will be discontinued without any prior notice.

3. By signing the NACH mandate form the investor agrees to abide by the terms and conditions of NACH facility through NPCI ([www.npci.org.in](http://www.npci.org.in)).

4. a. New/Existing investors who wish to enroll for SIP through NACH should fill the SIP Application Form and the Registration cum Mandate Form for NACH.

b. The Registration cum Mandate Form for NACH should be submitted at least 30 calendar days prior to next SIP cycle date.

c. Unique Mandate Registration Number (UMRN) is auto generated by NPCI during the mandate creation for the first time. Investors, who do not have the UMRN, please leave it blank. UMRN would be linked to the folio and maximum length is 20 characters comprising of Alpha Numeric Character allotted by NPCI.

d. Investors who already have UMRN registered under the folio can fill up the SIP Registration cum Mandate Form for NACH and should be submitted at least 10 working days before the date of the first debit through NACH.

5. Please provide the cancelled cheque leaf of the Bank A/c no. for which NACH facility is registered.

6. Investors need to mandatorily fill the SIP Registration Cum Mandate form for NACH for any amendment and cancellation quoting their UMRN by giving 30 calendar days prior notice to any of the investor service centre.

7. Investor can choose to discontinue the SIP facility under folio without cancelling the UMRN.

8. IFSC is a 11 digit number given by some of the banks on the cheques. MICR is the 9-digit code that appears on your cheque next to the cheque number.

9. In case of existing investor if application is received without existing UMRN then the last UMRN registered in the folio would be considered.

10. As per NPCI Circular, with effect from 1<sup>st</sup> April 2024, the duration of the NACH mandate can be for a maximum period of 40 years i.e. the gap between the "From" date and "To" date mentioned in the NACH Mandate form cannot exceed 40 years.

### Terms & Conditions - Auto Debit

**Auto Debit:** The Auto Debit Facility will be made available only with the banks with which MMIMPL or its service provider may have tie up for Auto Debit from time to time. Please contact Mahindra Manulife Mutual Fund Investor Service Centre for updated list of banks/ branches eligible for Auto Debit Facility.