




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>Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only): <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>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 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	

(✓) ☐ SIP/ Top-Up SIP ☐ Micro SIP ☐ Change in Bank Account for Auto Debit (Proceed directly to fill the NACH mandate and provide a cancelled cheque)

Name	
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Folio No.(Existing Unitholder)										KYC Identification Number	
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PAYMENT THROUGH <input type="checkbox"/> SINGLE CHEQUE <input type="checkbox"/> MULTIPLE CHEQUES Refer Note (i) and general instruction 4 D.		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.
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<input type="checkbox"/> New SIP <input type="checkbox"/> Upgrade Existing SIP	SIP Installment Amount (₹)	Frequency	SIP Date(s)/Days for Weekly/ Monthly/ Quarterly Frequency (Refer instruction 1(a))	Period	Top-Up for Monthly & Quarterly Frequency (Optional) (Refer instruction 1b)		
1. Mahindra Manulife					Top-Up Details	CAP Details (Optional)	Frequency
 		<input type="checkbox"/> Weekly	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed (Default) <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Start: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Amount*(₹) <input type="text"/>	CAP Amount* (₹) <input type="text"/>	<input type="checkbox"/> Yearly (Default)
Cheque No.		<input type="checkbox"/> Monthly (Default)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	End: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Or Percentage <input type="text"/>	Or CAP Month-Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Half yearly
Cheque Date		<input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Ensure SIP Duration is not more than 40 years.			
<input type="checkbox"/> New SIP <input type="checkbox"/> Upgrade Existing SIP		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed (Default) <input type="checkbox"/> Thu <input type="checkbox"/> Fri	Start: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Ensure SIP Duration is not more than 40 years.	Amount*(₹) <input type="text"/> Or Percentage <input type="text"/>	CAP Amount* (₹) <input type="text"/> Or CAP Month-Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yearly (Default) <input type="checkbox"/> Half yearly
2. Mahindra Manulife							
Cheque No.							
Cheque Date							

2. Demat Account Details (Optional)

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The investors shall receive payments of Redemption/ IDCW proceeds in the Bank Account linked to the Demat A/c. ^ARefer General instruction No 14 in the KIM for PAN/PEKRN. # Please attach KYC proof if not already KYC validated

Declaration: I/We have read and understood the content 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.

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

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

Date:

D	D	M	M	Y	Y	Y	Y
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[illegible][illegible]

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	
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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

Folio No. PAN

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.