

ARN -4464 E032737 VIKRAM S. BAGADTHEY

Enrolment / Cancellation

Date:

D	D	M	M	Y	Y	Y	Y
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(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 9)					FOR OFFICE USE ONLY (TIME STAMP)
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	
ARN-4464		E032737			

Consent for sharing Transaction Feed with RIA/PMRN (Applicable for investments through RIA/PMRN only) 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).

EUIIN Declaration (only where EUIIN box is left blank) (Refer Instruction 9) 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

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

Folio No. of 'Transferor' Scheme (for existing Unit holder)	<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>											
	Name	PAN#/PEKRN#										
First / Sole Applicant		<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>										
Guardian (in case First / Sole Applicant is a minor)		<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>										
Second Applicant		<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>										
Third Applicant		<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>										

For PAN / PEKRN requirement refer instruction 10.

Name of 'Transferor' Scheme/Plan/Option	
Name of 'Transferee' Scheme/Plan (Under Flex-STP, only growth option is available in Transferee Scheme)	[GROWTH OPTION]

Amount and Frequency of Flex-STP (Please (✓) any one)	Amount of Transfer per installment: Rs. _____ (The transfer amount shall be determined by formula in instruction 8 & 11)												
	<input type="radio"/> Daily <input type="radio"/> Weekly [Day of Transfer (Please ✓ any one)] <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	No. of Installments:* _____											
	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 Please select any one or more	No. of Installments:* _____ Enrolment Period*: From: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> OR <input type="checkbox"/> Until cancelled	M	M	Y	Y	Y	Y	M	M	Y	Y	Y
M	M	Y	Y	Y	Y								
M	M	Y	Y	Y	Y								

In case of multiple registrations, please fill up separate Enrolment Forms.

*Refer Instruction No. 7 +Default Frequency/Date/Day [Refer Instruction 7]

Declaration

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 Flex Systematic Transfer Plan (Flex-STP) Facility as on the date of this transaction. The amount invested in the Scheme(s) 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 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. 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 confirm that I/We have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment.

Sign Here _____ First/Sole Unit holder / Guardian / Karta / PoA Holder	Sign Here _____ Second Unit holder	Sign Here _____ Third Unit holder
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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** ----->

Head Office : Sadhana House, 1st Floor, 570 P.B. Marg, Worli, Mumbai -400018, Tel.: 1800 419 6244

Date:

D	D	M	M	Y	Y	Y	Y
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Enrolment / Cancellation

Folio Number: _____

ISC Stamp & Signature

Received from Mr./Ms./M/s. _____ 'Flex-STP' application for transfer of Units;

from Scheme / Plan / Option _____

to Scheme / Plan / Option _____

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