

Third Party Payment Declaration Form should be completed in English and in BLOCK LETTERS only. Declaration Form No. (Please read the Third Party Payment Rules and Instructions carefully before completing this Form) $\frac{ARN-4464}{ARN-4464} = \frac{E032737}{E032737} \frac{VIKRAM}{E032737} \frac{S}{E032737} \frac$

FOR OFFICE USE ONLY												
	Date of Receipt	Folio No.				Branch Trans. No.						
1. BENEFICIAL INVI	ESTOR INFORMATION (Refer In	struction No. 2)										
Folio No. (For existing				Applicat	tion No.				Ш			
	E APPLICANT (BENEFICIAL INV	ESTOR)										
Mr. Ms. M/s.												
	FORMATION (Refer Instruction											
Mr. Ms. M/s.	RTY (PERSON MAKING THE PAYI	/IENI)										
Nationality		PAN#/ PEKRN#			[Please (√)] □	KYC** Pro	of Atta	ched (Mandatory	for any	amount	
#Mandatory for any amount. Please attach PAN Proof. Refer instruction No. 6. ** Refer instruction No. 8.												
NAME OF CONTACT PERSON & DESIGNATION (in case of Non-Individual Third Party)												
Mr. Ms.												
Designation Page 1997 Page												
MAILING ADDRESS (P.O. Box Address may not be su	fficient)										
CITY		STATE				PIN (ODE				\top	
	F FIRST / SOLE APPLICANT	Country Code	STD Code		Telephone : Off.				+		+	
Mobile No.		Res.			Fax						+	
^Email Id						-	' '					
^ On providing email-id investors s	shall receive scheme wise annual report or an abridge	d summary thereof/ account statements/	statutory and other do	cuments by email. (Refer Instru	ction 11 & 12)							
	HIRD PARTY WITH THE BENEFIC	IAL INVESTOR (Refer Ins	truction No. 3									
Status of the Beneficial Investor	☐ Minor			☐ FII ☐ Client	☐ Employe	e(s)	_ A	gent/ l	Distribu	tor/D	ealer	
Relationship of	☐ Father/Mother/Court ☐	Grand Parent	Custodia	n - SEBI Registration	ı Employei	Employer			incipal			
Third Party with the Beneficial Investor appointed Legal Guardian (Please attach proof of relationship,		Related Person (Please specify relationship)	No. of Cu	stodian	-				·			
			Registrati	ion Valid Till								
	if not already submitted) (Maximum investment - Rs.	50.000/- per transaction)	D D M	M Y Y Y								
Declaration by	I/We declare that the payment	•	is I/We decla	are that the	I/We declare that	I/We declare that the						
Third Party	in consideration of natural love		payment i	s made on behalf o and the source of		payment is made on behalf of employee(s) under Systematic Investment Plans or as lump sum / one-time subscription, through			payment is made on behalf of Agent/ Distributor / Dealer under Systematic Investment Plans or as lump sum/one - time subscription, in lieu of			
			this payme	ent is from funds	under Systematic							
			provided t	to us by FII/Client.	lump sum / one-t							
					ns or commission or incentive							
						deductions out of expenses reimbursements						
3. THIRD PARTY OT	THER DETAILS (Mandatory)		•									
3a. Status of Third Pa	arty Applicant (Please tick (🗸) on	e) 🗌 Individual 🔲 Non	- Individual									
Please select any one												
	NRI-Repatriation NRI-Non Repatriation				—	Minor th	rough gu		_			
	Society / Club Foreign National Resid		-						ase specify			
3b. Occupation Details [Please tick (√)]												
3c. Gross Annual Inc				<u> </u>	☐ 10 - 25 Lacs			ore		1 Crore		
	ndatory for Non-Individuals) Rs	ala farantharian dai anatarian / Dar	as on		<u> </u>				DED	M. c.A.	-P11	
	ed Person (PEP) Status (Also applic					am PEP					plicable	
3e. Non-Individual II	nvestors involved in/ providing	any of the mentioned se		Foreign Exchange / Money Money Lending / Pawning		ning / Gambl ne of the abo		ery / Casi	no Service	S.		
4. FATCA and CRS DETAIL	.S For Individuals (Mandatory) Non Indiv	idual investors including HUF s										
Place of Birth	. , , , , , , , , , , , , , , , , , , ,											
Country of Birth												
Nationality		☐ Indian ☐ U.S. ☐ Others, please specify										
Tax Residence Address Type [as per KYC records) Residential Registered Office Business												
Are you a tax resident (i.e., are you assessed for Tax) in any other country outside India? Yes / 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												
other country outside India	!	Holder / Tax Resident in the Re			e a kesident for tax purpos	es i.e., Wher	you are	ı cıuzen /	resident	/ ureen	cara	
Country of Tax Residency		(1)		(2)		(3)						
Tax Identiification Number (OR Functional Equivalent	(1)	(1) (2)			(3)						
Identification Type		(1)			(3)							
If TIN is not available, please	e tick the reason A,B, or C (as defined below)	(1) A B C		(2) A B C		(3) A B 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

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5. THIRD F	5. THIRD PARTY PAYMENT DETAILS (Refer Instruction No. 4)										
Mode of P	ayment [Please	e tick (√)]	Mandatory Enclosure(s)*	Mandatory Enclosure(s)*							
Cheque			In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.								
Pay Order Demand Draft Banker's Cheque			Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument or Copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the third party as an account holder are available or Copy of the passbook/bank statement evidencing the debit for issuance of the instrument.								
RTGS NEFT Fund Transfer			Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.								
Amount#	in figures (Rs.)										
Amount	in words										
Cheque/DI	D/PO/UTR No.			Cheque/DD/	PO/RTGS Dat	e D D M M Y Y	YY				
Pay- in Ban	k A/c No.										
Name of th	ie Bank										
Branch				Bank City							
	rpe (Please ✓)		NRO NRE FCNR Others								
* Mahindra		l Fund/Mahindra Manulife Invest	tment Management Private Limited (Formerl r additional documents / information from the	,		, ,	e Limited)				
6. DECLA	RATIONS & SIGN	NATURE/S (Refer Instruction 5)									
	TY DECLARATIO										
,	confirm and dec		as given below and agree to comply and be bo	und bytho ca	mo						
require from Regulations Corruption L I/We agree t Application of whatsoev Investor(s) as FATCA/CRS Annexure) a liable and re	n me/us. The amo or any statute o .aws or any othe hat if any of the Form received fr rer nature that the s detailed in the A Declaration: I/ nd hereby confir sponsible for the	ount invested in the Scheme(s) is of r legislation or any other applica r applicable laws enacted by the Geclarations furnished by me/us om the Beneficial Investor(s) and ne Fund/ AMC may suffer as a respective of the Scheme Scheme We have understood the inform that the information provided a information submitted above. It	C') is entitled to verify the same directly or indirerived through legitimate sources only and is ble laws or any Notifications, Directives of the Government of India from time to time. I/We care found to be incorrect or incomplete, the Ferefund the subscription monies accordingly. I/sult of accepting the aforesaid payment from lation requirements of this Form (read along by me / us on this Form is true, correct, and con / We also confirm that I / We have read and uncout any changes/modification to the above informed the subsection of the	not held or de e provisions o onfirm that th fund/AMC sha /We shall be so i me/us towal with the FATO mplete to the derstood the F	esigned for the fitte Income the funds invested in the all below the all below the all below the all the fitte Institute in the all th	the purpose of contravention of any a Tax Act, Anti Money Laundering ted in the Scheme, legally belongs besolute discretion to reject / not personsible for any claim, loss and/org the transaction in favour of the tructions which are part of the FA nowledge and belief and that I shaferms and Conditions and hereby.	Act, Rules, Laws, Anti s to me/us. rocess the or damage Beneficial TCA / CRS II be solely accept the				
•			dditional information as may be required at yo	•		•					
			on-Residents of Indian Nationality / Origin and firm that the details provided by me / us are tru			ed from abroad through approve	d banking				
Please (✔) [☐ Yes ☐ No										
,	Repatriation b										
L Date:	Non-repatriat				Signa	ature of the Third Party					
DENEELCIAL						,					
I/We confirm no objection	to the funds rece	understood the Third Party Paymerived from the Third Party. The Fund	ent rules and guidelines. I/We confirm that the ir dreserves the right in its sole discretion to reject, ages or losses or any claims of whatsoever natur	/not process tl	he Applicatio	n Form and refund the payment rec					
		eiving funds on behalf of Minor	-								
folio and ha	ve no objection	ne guardian of the Minor register to the funds received towards Scheme on behalf of the minor.	ed in the								
Date: D	D M M Y	YYY									
SIGNATURE/S											
SIGNA	First / Sole A	Applicant / Guardian	Second Applicant			Third Applicant					