

| nvestors must read the Key Informa | tion Memorandı | um and the | General Instructions | before com | pleting this | Form. | |
|--|---------------------------------|-------------------|---|------------------|------------------|---|---------------------------------|
| KEY PARTNER / AGENT INFORMATION | ON (Refer Gene | ral Instructi | on 1) | | | | T |
| ARN & ARN Name | Sub Agent's AF Bank Branch C | | Employee Unique fication Number (EUIN) | RIA/PMRN Cod | | Internal Code for Sub-Agent/Employee | FOR OFFICE USE ONLY (TIME STAMP |
| ARN-64917 | | | E434563 | | | | |
| Consent for sharing Transaction Feed with | n RIA/PMRN (Appli | icable for inve | estments through RIA/P | MRN only): | ' | | |
| I/We hereby give my/our consent to share/provide above mentioned SEBI Registered Investment Adviso | | | | ur investments u | nder Direct Plan | in the scheme(s) of Mahindra | Manulife Mutual Fund, to th |
| EUIN Declaration (only where EUIN box is | left blank) (Refer | General Instru | uction 1) | | | | |
| I/We hereby confirm that the EUIN box has been distributor/sub broker or notwithstanding the advice | | | | | | | ger/sales person of the abov |
| | | , , , , , | | | | | |
| | | <u>k</u> | | | D | | |
| First/ Sole Applicant/ Guardian / PoA Hol | der / Karta | | Second Applicant | | | Third Applican | t |
| 1. EXISTING UNIT HOLDER INFORMA | TION (If you have | evisting Enlin | nlesse fill in folio no in t | his section an | d proceed to | sections 8 and 11) (Defe | r General Instruction 2 |
| E EXISTING CIVIT HOLDEN IN CIVITA | TION (II you have | existing rotto, | picase na m rodo no. m c | ins section an | u proceeu to | sections o and 11.) (Nere | r General Instruction 2 |
| FOLIO NO.: | | The | details in our records u | nder the folio | number men | tioned alongside will ap | ply for this applicatior |
| | | ngle | Joint Anyo | one or Survi | vor | | |
| MODE OF HOLDING [Please tick (f an application has more than one investor (maximu) | " | _ | · | | | on form as either 'Joint' or 'An' | vone or Survivor'. And in su |
| n event, if the investors fail to specify the mode of l | | | | | | | yone or Sarvivor rand in Sa |
| 3. UNIT HOLDER INFORMATION (Refe | er General Instr | uction 3) | | | | | |
| NAME OF FIRST / SOLE APPLICANT | (In case of Minor | , there shall | be no jointholders) | | | | |
| Mr. Ms. M/s. | | | | | | | |
| PAN#/ PEKRN# | | | KYC Identification N | D. (KIN): | | | |
| GSTIN** | | | NAME ar | nd DOB/Date of i | ncorporation fo | or all the Applicant(s) has to | be exactly as per PAN |
| *Refer General Instruction 3F. | | | | | [Please | (✓)] #KYC Proof A | ttached (Mandator |
| or other than "Investment on behalf of "IAILING ADDRESS OF FIRST / SOLE | | | | | • | • | |
| | | | | | | | |
| CITY | STATI | E | | | | PIN CODE | |
| CONTACT DETAILS OF FIRST / SOLE APP | LICANT Country | Code | STD Code | | Telephone : | Off. | |
| Mobile No. | | Res. | | | Fax | | |
| *Select appropriate validation code | SE | SP [| DC DS | □ DP | GD | □ РМ □ СС |) |
| ^^Email Id | | | I/we wish to (Applicable only | | | ne Annual Report or Abr | ridged Summary there |
| ^ On providing email-id investors shall receive sch | neme wise annual rep | oort or an abridg | ed summary thereof/ accou | ınt statements/ | statutory and c | other documents by email. (F | Refer General Instruction |
| *Select appropriate validation code | SE | SP | DC DS | □ DP | GD | РМ СС | ро |
| Description of Email & Mobile valida SE - Self, SP - Spouse, DC - Dependent | tion codes: | | | | | | |
| Overseas Address### | | • | | <u> </u> | | <u> </u> | |
| Overseas Country## | | | | | Zip Code# | ## | |
| ##Mandatory for NRI/Overseas Applicar | nts | | | | | · | |
| mahindra Manulife | | | TEAR HERE | | Acknowled | gment Slip (To be fill | ed by the applicant |
| Head Office : Unit No. 204, 2nd Floor, Amiti B Kamani Junction, Kurla (W), Mu | | tya Corporate P | Park, LBS Road, | ı | Date: | D M M Y Y Y | Υ |
| Received from Mr./Ms./M/s. | | | | | | ISC Stamp & S | Signature |
| an application for allotment of Units of the with Cheque / Demand Draft / Payment Inst | , , , | | leaf) of Mahindra Manulif | e Mutual Fund | - along | | |
| Please Note: All Purchases are subject to r | ealisation of Chequ | ıes / Demand D | Orafts / Payment Instrum | ent. | | | |

... continued overleaf

| mahindra | |
|----------|----------------|
| Manulife | MUTUAL FUND |

| NAME OF GUARDI | AN (in case of | First / S | Sole Appl | cant is | a Minor) / | PoA H | IOLDER | | | | | | | | | | | |
|--|---|------------|--------------|------------------------|---------------------------|------------------|---------------------------|-----------|----------|--------------|--------------|-------------------|---------|-----------|---------------|----------|---------------------|-------------------------------|
| Mr. Ms. M/s. | | | | | | | | | | Mol | oile No. | | | | | | | |
| PAN#/ PEKRN# | | | KY | 'C Identifi | ication No. (KI | IN): | | | | | | | [Ple | ease (🗸)] | ☐ #K | YC Proof | Attached | (Mandatory) |
| Relationship with M | • | | | her 🗌 | Court appo | inted L | egal Guar | dian | | | @Proof | of relatio | nship | with m | inor P | lease (| √) □ A | ttached |
| @ It is mandatory to pro ADDITIONAL DETA | | | | individ | ual Investo | ors) | | | | | | | | | | | | |
| Contact Person N | ame | | | | | | | | | | | | | | | | | |
| Designation | | | | | | | | | | | | | | | | | | |
| Mobile No. | 10bile No. Email | | | | | | | | | | | | | | | | | |
| 4. JOINT APPLICA | NT DETAILS, I | f any (| Refer Ger | eral In | struction 3 | 3) (in C | Case of N | linor, tl | here s | hall be | no join | nt hold | ers) | | | | | |
| I. NAME OF SECON | ID APPLICANT | Mr. | Ms. M/s. | | | | | | | | | | | | | | | |
| PAN#/ PEKRN# | | | KY | C Identif | fication No. (I | KIN): | | | | | | | | | | | male 🔲 (| Other ed (Mandatory |
| Mobile No. | | | | | Email ID | | | | | | | DATE | | · , |) D | M | 4 Y | Y Y Y |
| II. NAME OF THIRE | APPLICANT | Mr. | Ms. M/s. | | | | | | | | | | | | | | | |
| PAN#/ PEKRN# | | | KY | C Identif | ication No. (I | KIN): | | | | | | | | | | | male 🔲 (| Other ed (Mandatory |
| Mobile No. | | | | ^^ | Email ID | | | | | | | DATE | | | D D | M | 1 Y | YYY |
| 5. APPLICANT DE | TAILS (Mandat | ory) (Re | efer gene | ral insti | ruction 3) | | | | | | | | | | | | | |
| 5a. Status of Appl | • | | | | | | | | | | | | | | | | | |
| Sole/First Applicant ☐ Individual | ☐ Resident Individ | | | -Repatria -Non Ren | tion □ (atriation □ E | • | Partnership OCI | | Trust | | |]HUF []Bank [| | P □P | | / Club | ☐ Priv | |
| ☐ Non Individual | ☐ Foreign National F | | | • | | | Sole Propriet | | | ofit Organi | | | FI | □ 3 | ociety | / Club | | ise specify) |
| Second Applicant | ☐ Resident Individ | dual | ☐ Foreig | n National | . Resident in Ind | | | I-Repatri | | | □ NRI-N | | triatio | on | Г | OCI | | □ PIO |
| ☐ Individual | Others | | | | | | | | | | | | | | | | (Plea | se specify) |
| Third Applicant | Resident Individ | dual | ☐ Foreig | n National | . Resident in Ind | ia | □NF | I-Repatri | ation | | □ NRI-N | lon Repa | triatio | on | [|] OCI | | □ PIO |
| Individual *Non-Profit Organia | Others | | lo the fol | oudea. | dodovation | . \\\\ | ro falling | under | "Non | Droft C |)rganiza | tion" [N | IDO1 | which | . hac | hoon | | se specify) |
| religious or charital under the Societies | ole purposes re | ferred to | o in clause | e (15) c | of section 2 | of th | e Income | -tax Ac | t, 196 | 51 (43 | of 1961 | 1), and | is re | egister | ed as | a tr | ust or | a society |
| Act, 2013 (18 of 20 If yes, please quote | • | • | | | , | nortal | | | | | | | | | | | | |
| (If not registered alrea | ady, please registe | er immed | iately and c | onfirm w | ith the above | - e inform | nation. In a | | of recei | ipt of the | e Darpan | portal | regist | tration | ——— detail | s, MF / | ' AMC/ I | RTA will be |
| required to register your 5b. Occupation De | • | | | ort to th | e relevant au | uthoritie | es as applio | :able.) | | | | | | | | | | |
| Sole/First Applicant | ☐ Private Secto | | | Sector S | Service | □Gov | ernment S | ervice | S | tudent | P | rofessior | nal | Hoι | usewif | e | ☐ Busii | ness |
| Please select any one | Retired | 1 Service | ☐ Agric | | JCI VICC | | prietorship | LI VICC | | Others | | | | | | | (Please | specify) |
| Second Applicant | ☐ Private Secto | r Service | ☐ Puhli | Sector S | Service | □ Gov | vernment S | ervice | | Student | | Professio | nal | □Ho | usewit | e e | ☐ Busi | ness |
| Please select any one | Retired | _3cc | ☐ Agric | | | _ | prietorship | | | Others | | | | | | | | e specify) |
| | ☐ Drivete Secte | r Consiss | | - Coctor (| Eorvico | | vornment C | onvice | | Student | | Professio | nal | Пно | usewit | - - | Busi | ness |
| Third Applicant Please select any one | ☐ Private Secto☐ Retired | i sei vice | ☐ Publi | : Sector S ulturist | DEI VICE | _ | vernment S prietorship | | | Others | | 101C33IU | ııul | ⊔⊓∪ | الالالال | _ | | e specify) |
| 5c. Gross Annual I | <u> </u> | orth (R | | | | | | | | | | | | | | | _ (c.a.s | - Specify) |
| Sole/First Applicant | Gross Annual In | | Below 1 L | akh | ☐ 1-5 La | khs | | - 10 Lal | khs | | LO - 25 La | akhs | |] 25 La | khs - 1 | L Crore | > <u></u> > <u></u> | L Crore |
| Please select any one | or Net-worth | | Mandatory fo | r Non-Ind | dividuals) Rs | | | | a | as on \Box | D | M | Υ | YY | Y (1 | Not old | er than | 1 year) |
| Second Applicant | | _ | 7.0 | | | | _ | | | | | | | 7 6 5 1 | | | | |
| Please select any one | Gross Annual In | come [| Below 1 L | akh | ☐ 1 - 5 La | akhs | | 5 - 10 La | Khs | | 10 - 25 L | .akhs | | _ 25 La | akhs - | 1 Crore | ≘ □> | 1 Crore |
| Third Applicant Please select any one | Gross Annual In | come [| ☐ Below 1 L | akh | ☐ 1-5 La | akhs | | 5 - 10 La | khs | | 10 - 25 L | akhs | | ☐ 25 La | akhs - | 1 Crore | e 🗆> | 1 Crore |
| | | | | | | | | | | | | | | | | | | |
| Scheme Name | | | | ام | ect your pla | an | | | | Select | your O | ntion / | Sub- | ontion | 1 / F2 | cility | | |
| Janenic Hullic | | | | | | | | | | | | | | | | | | |
| | | ı | | □ F | Regular Pla | an | □ Direct | Plan | | ☐ Gro | wth [|] IDCW | / Pay | yout | | OCW | Reinve | estment |
| Cheque / DD / Payment In | strument No. & Date | | | Draw | n on (Bank and | Branch) | | | | Amount i | n Figures (I | Rs.) | | | | | | |

Total

| 5d. Politically Exposed | Person (P | EP) Stat | us (Also | appli | cable for | auth | ori | sed sigr | nator | ies, | / Promo | oter | s/ Kā | arta | /Trus | stee/\ | Whol | le tim | e Dir | ectors) | | | | | |
|---|---|-----------------------------------|----------------------------------|--------------------------------|------------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------|-----------------------------|---|---|-------------------------------|-----------------------------|-------------------------------|--|--|-------------------------|---------------------------|--------------------------|-----------|-----------------|---------------|--|--|
| Sole/First Applicant (P | lease selec | t any on | e) 🔲 I ai | n a P | EP | | | □Iam | Rela | ted | to a PI | EP | | | □N | ot Ap | plica | able | | | _ | _ | | | |
| Second Applicant (Plea | se select a | any one) | □laı | □ I am a PEP | | | | □ I am Related to a PEP □ I | | | | | □N |] Not Applicable | | | | | | | | | | | |
| Third Applicant (Please select any one) | | | | | ΈP | | | □Iam | Rela | ted | to a PI | EP | | | □N |] Not Applicable | | | | | | | | | |
| 6. FATCA and CRS DETAIL | LS For Indiv | /iduals {N | 1andator | y) No | n Individu | ual in | ive | stors inc | ludir | ıg F | IUF sho | ould | man | dat | orily | fill se | para | ate F/ | TCA/ | CRS fo | rm | | | | |
| | Sole/First Applicant/Guardian | | | | | | | Seco | nd | Applica | ant | | | | Third Applicant | | | | | | | | | | |
| Place of Birth | | | | | | \perp | | | | | | | | | | | | | | | | | | | |
| Country of Birth | | | | | | _ | | | | | | | | | | | | | | | | | | | |
| Nationality | ☐ Indian ☐ | | | | , | _ | | lian 🗌 U.S | | | | | | | | ☐ Indian ☐ U.S. ☐ Others, please specify | | | | | | | | | |
| Tax Residence Address Type (as per KY(records) | Resident | ial ∐Regi | istered Off | ıce L | Business | ╝ | Re | sidential | ∐Re | gıst | ered Offi | ce L | _ Bu | sine | SS | ∐Re | Residential Registered Office Business | | | | | | | | |
| Are you a tax resident (i.e., an you assessed for Tax) in any other country outside | ☐ Yes/ ☐ N | | ow for ALI | _ coun | ntries (othe | | | s/ □ No dia) in wh | nich y | ou a | are a Res | sider | t for | tax | purpo | Yes | | | ou are | a Citizei | n/ Re | | nt/ Greer | | |
| India? | Card Holde | | | | | untrie | 2S. | | | | | | | | | | | | | | | | | | |
| Country of Tax Residency | (1) (2) | | | | | (1 | | | | | | | | | | (1) (2) | | | | | | | | | |
| | (3) | | | | | (3 | | | | | | | | | | (3) | | | | | | | | | |
| Tax Identiification Number OR Functional Equivalent | (1) | | | | | (1 | | | | | | | | | | (1) | | | | | | | | | |
| or transform Equivalent | (2) (3) | | | | | (2 | | | | | | | | | | (2) (3) | | | | | | | | | |
| Identification Type | (1) | | | | | (1 | .) | | | | | | | | | (1) | | | | | | | | | |
| (TIN of other, Please specify) | (2) (3) | | | | | (2 | | | | | | | | | | (2) (3) | | | | | | | | | |
| If TIN is not available, | 1 | 2 | | 3 | | 1 | | | 2 | | | 3 | | | | 1 | | | 2 | | 3 | 3 | | | |
| please tick the reason A,B, or C (as defined below) | □а□в□ | C 🗆 A | □в□с | | а□в□с | |] A [| ⊒в□с | | 4 <u></u> | В□с | | Α□ | в□ | ıc | | ∃в□ |]c | □ A [| ⊒в□с | Г | JAE | В□с | | |
| 7. BANK ACCOUNT (PAY Mandatory information from the bank account proceeds shall be credit For unit holders opting to hold | - If left bla mentioned ted only in | nk the a l under s the ver | pplicati Section ified bar | on is 8 bel ık acı | liable to ow.) Irrescount of | be respect | eje tiv mir | cted. (Me e of the nor, | 1and sou | ato rce | ry to a of pay | ttac me | :h pr nt fo | roof or s | f, in c ubsc | ase t | | | | | | | | | |
| Bank Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account No. | | | | | | | | MICR C | ode | | | | | | | | | (Th | ne 9 dig xt to th | git code ap ne cheque | pears | s on yo ber) | our chequ | | |
| Branch Address | | | | | | | | | | | | | | | В | ranch | City | , | | | | | | | |
| Account Type (Please ✓) [IFSC Code*** Unitholders will receive redempt 8. INVESTMENTS & PA | • | (IDCW) prod | ceeds direc | tly into | *** Re leaf. If o their bank | fer Ge you d accou | ener do n ınt (| al Instruct ot find thi | tion 50 s on yo ed in S |) (M our d Sect | landatory cheque le ion 7) via | for (af, pl Dired | t cre | dit/ I | RTGS/I | NEFT f | acility | unless | speci | fied other | wise | in wri | iting. | | |
| Payment Details) The na PLEASE REFER KIM. NOTE: In case of, Payment t below and the cheque/DD de | hrough single tails need to | first/ sole e cheque, be filled o | the chequently once. | n t mu ue/DD Same | should be cheque ca | issue innot | ted ed in be Pa | n favour used for rty Payr | cheq of 'Ma both I | ue i Ihin Ium (Ple | for lum dra Man psum & ase attac | psur ulife SIP i th 'Th | m Inv Mult nvest | /est iple tmei | ment Scheints. | t / SIP mes' f | Reg or th | istrat e tota | i on. F l inves | OR DEI | FAUI | LT OI | PTIONS | | |
| | ∐ Single CI | • | | | | | | Cheques | • | | | , | | | | | | | | | | | | | |
| | ☐ One time | e Lumpsui | m Investn | nent | | Syste | ma | tic Invest | tment | : Pl | an (Attac | :h Co | mmor | 1 SIP | /TOP-I | JP SIP | regist | tration | /upgra | de cum d | ebit n | nanda | ite form) | | |
| *LEI No. | | | | | | | | | | | | | | | | upto | | | | | \perp | | | | |
| *The Legal Entity Identifier (LEI) Bank-run Centralised Payment S Dividend) of value ₹ 50 crore an | Systems viz. Re | eal Time Gro | oss Settlen | nent (R | RTGS) and Na | ational | l Ele | ctronic Fu | ınds Tr | ans | fer (NEFT | | | | | | | | | | | | | | |
| Scheme/Plan/Option/ Sc | ıb-option | Investm | ent Amo | unt | DD Charges, any | if | Ne | et DD/ C Amou | | 2 | RTG | ,mei S / N | nt İn: IEFT | stru Re | Tran ment fer N & Da | t/ o / | | Drawn nk/ B | | | | Acco | ount er | | |
| Mahindra Manulife | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mahindra Manulife | | | | | | | | | | | | | | | | | | | | | | | | | |

| iii Mani | ulite fund | | | | | | | | |
|---|----------------|-------------|-------------------------|----------------------|----------------------------|--|--|--|--|
| 9. UNIT I | 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. | | | | | | | | | |
| NSDL | DP NAME | | DP ID I N | | Beneficiary Account No. | | | | |
| CDSL | DP NAME | | | eficiary ount No. | | | | | |
| 40 11014 | | | | | | | | | |

10. NOMINATION (Refer Instruction 13)

| Name and Address of Nominee(s) (Mandatory) | Relationship with Applicant (Mandatory) | Name and Address of Guardian case the Nominee is a minor) | PAN of Nominee/ Guardian (Optional) | Proportion (%) in which the units will be shared by each Nominee (should aggregate to 100%) | Signature of Nominee / Guardian of Nominee |
|---|--|---|--|---|---|
| Nominee 1 | | | | | |
| Nominee 2 | | | | | |
| Nominee 3 | | | | | |

OR

[Please (/)] I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in nonappointment 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 issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

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 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.

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