

Mahindra Mutual Fund
Bal Vikas Yojana
(An Open ended Balanced Scheme)

New Fund Offer Opens on: April 20, 2017
New Fund Offer Closes on: May 4, 2017
Scheme reopens for continuous sale and repurchase from: May 18, 2017

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 New Fund Offer (NFO) and Continuous Offer of Units at NAV based prices

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*

- Capital appreciation and income generation over medium to long term;
- Investment in equity and equity related instruments as well as debt and money market instruments.

* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

RISKMETER

Investors understand that their principal will be at moderately high risk

KEY PARTNER / AGENT INFORMATION (Refer General Instruction 1)

ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Internal Code for Sub-Agent / Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY (TIME STAMP)
ARN-34907			E078777	

EUIN Declaration (only where EUIN box is left blank) (Refer General Instruction 1)
 I/We hereby confirm that the EUIN 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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer General Instruction 2)

(Please any one) I am a first time investor in Mutual Funds I am an existing investor in Mutual Funds (Default)
 In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Transaction Charges in case of investments through SIP/Micro SIP are deductible only if the total commitment of investment (i.e. amount per SIP/Micro SIP installment x No. of installments) amounts to Rs. 10,000/- or more and shall be deducted in 3-4 installments. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Sign Here
 Guardian/ Legal Guardian/ PoA Holder appointed by Guardian

Sign Here
 Donor (if applicable)

1. UNIT HOLDER / BENEFICIARY CHILD INFORMATION (If you have existing Folio in the name of Beneficiary Child, please fill in folio no. in this section and proceed to sections 4 (if applicable), 5, 6, 7, 8 and 10. (Refer General Instruction 3 & 4)

BENEFICIARY CHILD'S EXISTING FOLIO NO.:

The details in our records under the folio number mentioned alongside will apply for this application.

NAME OF BENEFICIARY CHILD

DATE OF BIRTH[†]

PAN / PEKRN (if available)

KYC Identification No. (KIN) (if available): **GENDER** Male Female Other **STATUS** Resident Non-Resident

Proof of date of birth[†] Attached PAN Card Passport Birth certificate School leaving certificate/ Matriculation or SSC certificate Others

[†] Date of birth & Proof of birth are mandatory for subscribing to the units of the Scheme. If date of birth is available in KRA records the same shall be updated for this folio / investment. Applications shall be liable for rejection if the date of birth is not mentioned in the application form or not available in KRA records or in case of mismatch of date of birth.

2. DETAILS OF GUARDIAN / LEGAL GUARDIAN

Note: If Father's details are filled in here and payment is made from Mother's bank account, then Mother will be a Donor & vice-versa. Donor details should be filled in Section 4

NAME OF GUARDIAN

Nationality **PAN# / PEKRN#** [Please] KYC Proof Attached^f

Mobile No. **KYC Identification No. (KIN):**

Relationship with Minor (Mandatory) Please Father Mother Court appointed Legal Guardian. Proof of relationship with minor Please Attached (Mandatory).

MAILING ADDRESS OF GUARDIAN (Mandatory) (Address should be as per KYC records) (Refer General Instruction 4A)

CITY **STATE** **PIN CODE**

NAME OF CONTACT PERSON & DESIGNATION (In case of Non-Individual Legal Guardian)

Mr.	Ms.	Designation
<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTACT DETAILS

Country Code	STD Code	Telephone : Off.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile No.	Res.	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>
^Email Id <input type="text"/>		

Overseas Address (Mandatory for NRI/PIO Applications)

^f On providing email-id unitholders shall receive scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. (Refer General Instruction 9) #Mandatory. Refer General instruction No 15 for PAN/PEKRN and No 17 for KYC.

ISC Stamp & Signature

2a. Status of Guardian/Legal Guardian (Please tick one) Individual Non – Individual
 Please select any one Resident Individual NRI–Repatriation NRI–Non Repatriation Partnership Trust HUF AOP PIO Company Body Corporate Minor through guardian
 BOI OCI LLP Society / Club Sole Proprietorship Non Profit Organisation Others _____

2b. Occupation Details (Please tick (✓)) Private Sector Service Public Sector Service Government Service Student Professional Housewife Business Retired
 Agriculturist Proprietorship Others _____ (Please specify)

2c. Gross Annual Income (Rs.) (Please tick (✓)) Below 1 Lac 1 – 5 Lacs 5 – 10 Lacs 10 – 25 Lacs 25 Lacs – 1 Crore >1 Crore

OR 2c. Net–worth (Mandatory for Non–Individuals) Rs. _____ as on

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

2d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am a PEP I am a Related to PEP Not Applicable

2e. Non–Individuals involved in/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above

3. POWER OF ATTORNEY (PoA) HOLDER (In case of PoA appointed by Guardian)

Name of PoA Holder	Mr.	Ms.	M/s.																
PAN# / PEKRN#											KYC Identification No. (KIN):								

Mandatory. Refer instruction No. 15 for PAN/PEKRN and No. 17 for KYC (Please (✓)) KYC Proof Attached*

MAILING ADDRESS (Address should be as per KYC records) (Refer General Instruction 4A)

Email Id	Mobile No.
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4. DONOR (INVESTOR) INFORMATION (Refer General Instruction 4) (To be filled only if investment is being made by a person other than the Guardian)

NAME OF DONOR	Mr.	Ms.	M/s.																				
Nationality											GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		PAN# / PEKRN#				(Please (✓)) <input type="checkbox"/> KYC Proof Attached*						
KYC Identification No. (KIN):										#Mandatory. Refer General instruction No 15 for PAN/PEKRN and No 17 for KYC													

MAILING ADDRESS OF GUARDIAN (Mandatory) (Address should be as per KYC records) (Refer General Instruction 4A)

CITY	STATE	PIN CODE
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NAME OF CONTACT PERSON & DESIGNATION (In case of Non–individual Donor)

Mr.	Ms.											Designation										
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CONTACT DETAILS

Mobile No.	Country Code	Res.	STD Code	Telephone : Off.	Fax										
Email Id															

Overseas Address (Mandatory for NRI/PIO Applications)

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4a. Status of Donor (Please tick one) Individual Non – Individual
 Please select any one Resident Individual NRI–Repatriation NRI–Non Repatriation Partnership Trust HUF AOP PIO Company Body Corporate Minor through guardian
 BOI OCI LLP Society / Club Sole Proprietorship Non Profit Organisation Others _____

4b. Occupation Details (Please tick (✓)) Private Sector Service Public Sector Service Government Service Student Professional Housewife Business Retired
 Agriculturist Proprietorship Others _____ (Please specify)

4c. Gross Annual Income (Rs.) (Please tick (✓)) Below 1 Lac 1 – 5 Lacs 5 – 10 Lacs 10 – 25 Lacs 25 Lacs – 1 Crore >1 Crore

OR 4c. Net–worth (Mandatory for Non–Individuals) Rs. _____ as on

D	D	M	M	Y	Y	Y	Y
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 (Not older than 1 year)

4d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am a PEP I am a Related to PEP Not Applicable

4e. Non–Individuals Donor (Investor) involved in/ providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above

Note: Gift has certain tax implications. Please consult your tax advisor before investing.

5. ALTERNATE CHILD INFORMATION (Refer General Instruction 14)

Relationship with Beneficiary Child Brother Sister Other _____ STATUS Resident Non–Resident

Name											Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Nationality	Date of Birth [†]										† Mandatory	

Proof of date of birth[†] Attached (✓) PAN Card Passport Birth certificate School leaving certificate/ Matriculation or SSC certificate Others _____ (Refer General Instruction 14)

Guardian Details: Same as Beneficiary Child Guardian. Tick if applicable else please fill below details

Name of Guardian	Mr.	Ms.	M/s.											Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Address											PIN					
Email Id											Mobile No.					



TEAR HERE

Scheme Name	Select your Plan <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	Select your Option <input type="checkbox"/> Dividend <input type="checkbox"/> Growth
Mahindra Mutual Fund Bal Vikas Yojana (For Default Plan / Sub–Plan / Option / Facility refer KIM.)	Select your Sub–Plan <input type="checkbox"/> Compulsory Lock–in <input type="checkbox"/> No Lock–in	Select your Facility <input type="checkbox"/> Reinvestment* <input type="checkbox"/> Payout *Reinvestment facility not available under Compulsory Lock–in Sub Plan.
Cheque / DD / Payment Instrument No.	Cheque/DD/Payment Instrument Date	Amount in Figures (Rs.)
Drawn on (Name of Bank and Branch)		

6. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS form

	Guardian/ PoA Holder appointed by Guardian	Donor
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
Tax Residence Address Type (as per KYC records)	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office c Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office c Business
Are you a tax resident (i.e., are 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
	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)
Tax Identification Number OR Functional Equivalent	(1) (2) (3)	(1) (2) (3)
Identification Type (TIN of other, Please specify)	(1) (2) (3)	(1) (2) (3)
If TIN is not available, please tick the reason A,B or C (as defined below)	1. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	2. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
	3. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	1. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
	2. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	3. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax identification Numbers to its residents. Refer General Instructions 4C and 20
 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 _____

7. INVESTMENT DETAILS (Refer General Instructions 7 & 8) (The name of Guardian / Donor must be pre printed on the cheque.)

Lumpsum Investment Payment Type Non-Third Party Payment Third Party Payment (Payment by person other than Guardian)

To avail ASBA facility, download the ASBA form available at www.mahindramutualfund.com under Other Forms section.

Scheme Name	Select your Plan <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	Select your Option <input type="checkbox"/> Dividend <input type="checkbox"/> Growth
Mahindra Mutual Fund Bal Vikas Yojana	Select your Sub-Plan <input type="checkbox"/> Compulsory Lock-in <input type="checkbox"/> No Lock-in	Select your Facility <input type="checkbox"/> Reinvestment* <input type="checkbox"/> Payout <small>*Reinvestment facility not available under Compulsory Lock-in Sub Plan.</small>

Note 1: Multiple cheques not permitted with single application form. Note 2: For Default Plan / Sub-Plan / Option / Facility refer KIM.

Amount of Cheque / DD / Payment Instrument / RTGS/ NEFT in figures (Rs.)	DD Charges, if any	Net Cheque/ DD Amount	Cheque/ DD/ Payment Instrument/ UTR No. & Date	Drawn on Bank / Branch	Bank Account Number

Account Type (Please ✓) Savings Current NRO NRE FCNR Others _____ Please specify

Investment through SIP / Micro SIP mode Payment Type Non-Third Party Payment Third Party Payment (Payment by person other than Guardian)

Each SIP/ Micro SIP Amount (Rs.) _____ Frequency Monthly* Quarterly (*Default Frequency)

SIP/ Micro SIP Date 1st 5th 10th* 15th 20th 25th (*Default Date) (You may select more than one SIP transaction dates)

SIP/ Micro SIP Period Start From End On OR Until cancelled **Cheque Amount@ (Rs.)**

First SIP/ Micro SIP Transaction via Cheque No. Cheque Dated Bank

Mandatory Enclosure (for existing investors if 1st SIP Installment is not by cheque) Blank cancelled cheque Copy of cheque

Note: For SIP through Auto Debit / NACH please also fill & attach SIP Registration cum Debit mandate form. @The first SIP cheque amount should be same as each SIP Amount.

SIP through Post Dated Cheques (Use CTS (Cheque Truncation System) Cheques only)

Period TO No. of cheques attached

The first cheque & the Post dated cheques should be drawn on the same bank & account number.

8. UNIT HOLDING OPTION DEMAT MODE* PHYSICAL MODE (Default) (Refer Instruction 12)

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

*Demat Account details are mandatory if the investor wishes to hold the units in Demat Mode. Please ensure that name of the beneficiary child along with guardian 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.

9. BANK ACCOUNT DETAILS (For redemption & dividend payout purpose) OF THE BENEFICIARY CHILD* / GUARDIAN (Refer General Instruction 6 & 10)**

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

Branch Address Branch City

Account Number MICR Code (The 9 digit code appears on your cheque next to the cheque number)

Account Type (Please ✓) Savings Current NRO NRE FCNR Others _____ Please specify

IFSC Code*** *** Refer Instruction 6C (Mandatory for Credit via RTGS / NEFT) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

*Unit holders will receive redemption/ dividend proceeds directly into their bank account (as furnished in Section 9) via Direct credit / RTGS / NEFT facility unless specified otherwise in writing.

** If Guardian's bank account details are provided, an undertaking (Annexure 1) duly signed by the Guardian to be submitted along with the application form.

10. DECLARATION & SIGNATURE/S (Refer Instruction 13) applicable to Guardian / Legal Guardian / Donor (if any)

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:-

- 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 / Gifting of Units of the Mahindra Mutual Fund Bal Vikas Yojana ('the Scheme') of Mahindra 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 Asset Management Company 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.
- I/We agree that if any of the declarations furnished by me/us are found to be incorrect or incomplete, the Fund/AMC shall have the absolute discretion to reject / not process the Application Form received from the Beneficiary Child(s) and refund the subscription monies accordingly.
- 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 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.

FATCA/CRS Certification/Declaration: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions which are part of the FATCA / CRS Annexure) and hereby confirm that the information provided by me / us on this Form 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 / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. I/We also undertake to keep you informed in writing about any changes/modification to the above information (including change in tax residency status) in future within 30 days of such change and also undertake to provide any other additional information as may be required at your end 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.

Third Party Payment Declarations applicable to Donor:

I/We have read and understood the Third Party Payment rules and agree to comply and be bound by the same. I/We shall be solely liable/responsible for any claim, loss and/ or damage of whatsoever nature that the Fund/ AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing the transaction in favour of the Beneficial Investor (Beneficiary Child) as detailed in the Application Form.

Third Party Payment Declarations applicable to Guardian / Legal Guardian:

I/We confirm that I/We are the guardian of the Minor registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme(s) on behalf of the minor.

<p>Sign Here</p> <hr style="width: 80%; margin: auto;"/> <p>Guardian/ Legal Guardian/ PoA Holder appointed by Guardian</p>	<p>Sign Here</p> <hr style="width: 80%; margin: auto;"/> <p>Donor (if applicable)</p>
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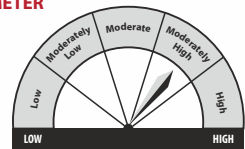
First time investors subscribing to the Scheme through SIP-NACH / Auto Debit to complete this form compulsorily along with the Main Application Form. (Please read 'Terms & Conditions for SIP through NACH / Auto Debit' overleaf). The Application Form should be completed in English and in **BLOCK LETTERS** only.

THIS PRODUCT IS SUITABLE FOR INVESTORS WHO ARE SEEKING*

- Capital appreciation and income generation over medium to long term;
- Investment in equity and equity related instruments as well as debt and money market instruments.

* Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

RISKOMETER



Investors understand that their principal will be at moderately high risk

KEY PARTNER / AGENT INFORMATION (Refer General Instruction 1)

ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Internal Code for Sub-Agent / Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY (TIME STAMP)
ARN-34907			E078777	
EUIIN Declaration (only where EUIIN box is left blank) (Refer General Instruction 1)			Sign Here	FOR OFFICE USE ONLY (TIME STAMP)
<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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.				
			Guardian/ Legal Guardian/ PoA Holder appointed by Guardian	Donor (if applicable)

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer General Instruction 2)

(Please any one) I am a first time investor in Mutual Funds I am an existing investor in Mutual Funds (Default)

In case the purchase/subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase/subscription amount and payable to the Distributor. Transaction Charges in case of investments through SIP/Micro SIP are deductible only if the total commitment of investment (i.e. amount per SIP/Micro SIP installment x No. of installments) amounts to Rs. 10,000/- or more and shall be deducted in 3-4 installments. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

New SIP Micro SIP Change in Bank Account (Please provide a cancelled cheque)

1. Investment and SIP Details:	Existing Unitholder Folio No.	Existing UMRN	(if UMRN is registered in the folio)
Name	Beneficiary Child	Guardian/Legal Guardian/PoA Holder appointed by Guardian	Donor (if any)
PAN / PEKRN #	If available	mandatory	mandatory
KYC Identification No. (KIN)	If available	If available	If available
Scheme Name	Select your Plan	Select your Option	Select your Facility
Mahindra Mutual Fund Bal Vikas Yojana (For Default Plan / Sub-Plan / Option / Facility refer KIM.)	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	<input type="checkbox"/> Dividend <input type="checkbox"/> Growth	<input type="checkbox"/> Reinvestment* <input type="checkbox"/> Payout
	<input type="checkbox"/> Compulsory Lock-in <input type="checkbox"/> No Lock-in	*Reinvestment facility not available under Compulsory Lock-in Sub Plan.	

Each SIP/ Micro SIP Amount (Rs.) _____ **Frequency** Monthly* Quarterly (*Default Frequency)

SIP/ Micro SIP Date 1st 5th 10th* 15th 20th 25th (*Default Date) (You may select more than one SIP transaction dates)

SIP/ Micro SIP Period Start From M M Y Y Y Y Y Y **End On** M M Y Y Y Y Y **OR** Until cancelled

First SIP/ Micro SIP Transaction via Cheque No. _____ **Cheque Dated** D D M M Y Y Y Y **Cheque Amount@ (Rs.)** _____

Bank Name _____ **Branch City** _____

Mandatory Enclosure (for existing investors if 1st SIP Installment is not by cheque) Blank cancelled cheque Copy of cheque @The first SIP cheque amount should be same as each SIP Amount.

2. Demat Account Details (Optional)

NSDL	DP NAME _____	DP ID <input type="checkbox"/> I <input type="checkbox"/> N _____	Beneficiary Account No. _____
CDSL	DP NAME _____	Beneficiary Account No. _____	

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

Declaration : I/We have read and understood the contents 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.
Please attach KYC proof. Refer General instruction No 15 for PAN/PEKRN.

Sign Here	Guardian/ Legal Guardian/ PoA Holder appointed by Guardian
Sign Here	Donor (if applicable)

TEAR HERE

UMRN _____ **Date :** D D M M Y Y Y Y

Sponsor Bank Code K K B K O R T G S M I **Utility Code** N A C H O O O O O O O O O O 3 2 6 2

(Please) I/We hereby authorize Mahindra Mutual Fund to debit (Please) SB CA CC SB-NRE SB-NRO Others _____

CREATE Bank Account Number _____ **IFSC** _____

MODIFY with Bank _____ **Or MICR** _____

CANCEL an amount of Rupees _____ **₹ In Figures**

Frequency : Monthly Quarterly Half Yearly Yearly As & when presented **Debit Type :** Fixed Amount Maximum Amount

Folio No. _____ **Phone** _____

PAN _____ **E-mail** _____

- 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.
- 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

Or Until Cancelled

Sign Here	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
Name	(1) As in bank records	(2) As in bank records	(3) As in bank records

Terms & Conditions for SIP through NACH / Auto Debit

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

Particulars	Frequency available	
	Monthly	Quarterly
SIP Transaction Dates	1st, 5th, 10th, 15th, 20th or 25th of every month	1st, 5th, 10th, 15th, 20th or 25th of every calendar quarter beginning i.e. Jan/Apr/July/Oct
Minimum no. of installments and Minimum amount per installment	6 installments of Rs. 500/- each and in multiples of Re 1 thereafter	4 installments of Rs.1,500/- each and in multiples of Re 1 thereafter
Mode of Payment	a. Direct Debit mandate through select banks with whom AMC may have an arrangement, from time to time. b. Post-Dated Cheques (PDCs). c. National Automated Clearing House (NACH) Facility	

Note: Anyone or more SIP transaction dates from the available dates can be selected by the Unit Holders under the Monthly and Quarterly frequencies.

Default Options:

Default Frequency – Monthly

Default Date – 10th of every Month / Quarter

2. New Investors should mandatorily give a cheque for the first transaction.
 - a. First SIP Cheque should be dated current day. All subsequent Installments through NACH / Auto Debit to be either 1st, 5th, 10th, 15th, 20th, 25th of the month / quarter.
 - b. First SIP Cheque and subsequent SIP Installments should be of the same amount.
3. Please draw cheque in the name of the Scheme e.g. "Name of the Scheme - A/c PAN" or "Name of the Scheme - A/c Investor Name" and crossed "A/c Payee only". Also write SIP registration Form no. or folio number on the reverse of cheque accompanying SIP registration cum Debit Mandate form.
4. If the SIP period is not specified by the investor then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
5. If any SIP installment due date falls on a non-Business day, then the respective transactions will be processed on the next Business day.
6. The first installment will be processed at Applicable NAV based on time stamping. In case of SIP for an amount of Rs. 2 lakh and above, the Applicable NAV of the Scheme will be based on funds available for utilizations, as stated in KIMs/SIDs. The second installment will be processed latest for the available SIP date (currently 1st, 5th, 10th, 15th, 20th, 25th of the month / quarter) indicated by the investor, but only after the expiry of 30 (Thirty) Calendar Days from the date of allotment of NFO units/first installment, as applicable.
7. In case any cheque submitted by the investor for any SIP installment is dishonoured by the Bankers for the reason of account of investor is closed, the AMC would discontinue the SIP immediately.
8. The SIP enrollment will be discontinued if:
 - a. 3 consecutive SIP installments in case of Monthly & Quarterly frequency are not honoured.
 - b. the Bank Account (for Standing Instruction) is closed and request for change in bank account (for Standing Instruction) is not submitted at least 30 calendar days before the next SIP Auto Debit installment due date.
9. SIP registered for more than one date or all dates of 1st, 5th, 10th, 15th, 20th, 25th of the month / calendar quarter will be considered as separate SIP instruction for the purpose of fulfilling the criteria under "Minimum no. of installments" section above.
10. 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.
11. 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.
12. The SIP mandate may be discontinued by a Unit holder by giving a written notice of 30 calendar days to any of the Official Point(s) of Acceptance.
13. The facility will be automatically terminated upon receipt of intimation of death of the Unit holder.
14. 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.
15. Existing investors can avail SIP facility by submitting only SIP Registration cum Debit Mandate form for NACH / Auto Debit.
16. Investors will not hold Mahindra Mutual Fund / Mahindra Asset Management Company Private Limited, 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.
17. The first cheque should be drawn on the same bank account which is to be registered for Debit. Alternatively, the cheque may be drawn on any bank, but provide a photocopy of the cheque of the bank / branch for which Debit is registered.
18. Mahindra Mutual Fund / Mahindra Asset Management Company Private Limited, 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.

✂ ————— 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.
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 Mahindra Asset Management Company Private Limited, 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).
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 by giving 30 calendar days prior notice to any of the Investor Service Centre.
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.

Terms & Conditions - Auto Debit

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

Annexure-1

UNDERTAKING BY GUARDIAN / LEGAL GUARDIAN OF MINOR INVESTOR

(To be submitted along with the Application Form)

To,
Mahindra Mutual Fund / Mahindra Asset Management Company Private Limited
Mumbai

_____ (Name of guardian/legal guardian),
is the father/mother/legal guardian, holding PAN _____ (Guardian's/Legal Guardian's PAN),
of the minor investor Master/Miss _____ (Name of
minor investor) and has applied for subscription of the units of _____
(mention scheme name) on behalf of the minor investor.

I, _____ (Name of guardian/legal guardian)
am aware that the bank account details of the minor investor have not been provided in the above cited application form since
the same are not currently available. In the interim, my bank account details are provided in the bank account (payout) details
section of the application form and documentary proof validating the same is enclosed with the application.

I am further aware that the bank account details of the minor investor/unit holder are required for the purpose of receiving
redemption proceeds/dividend payouts and in its absence the payment of redemption/dividend proceeds will be made in the
name of the minor Unitholder but with my bank account details as provided in the Application Form.

In connection with the above application for investment, I hereby agree, confirm and undertake:

- i) To open a bank account in the name of Master/Miss _____ (Name
of minor investor) and provide the bank account details and such other information/documents as may be required at the
earliest to Mahindra Mutual Fund ('the Fund')/ Mahindra Asset Management Company Private Limited ('AMC') to receive
redemption/dividend proceeds into the bank account held on behalf of the minor Unit holder;
- ii) **Neither the Fund, AMC nor any person connected with it will be liable and/or responsible for any liability that may
arise to the minor Unit holder on account of any rejection/ non-acceptance/ delay in realization of such redemption
proceeds/ dividend payouts as hereinabove mentioned.**

Name & Address of the Guardian / Legal Guardian	Signature of the Guardian / Legal Guardian

Date:

Place:

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