

To:

The Trustees,

Mahindra Manulife Mutual Fund

Mr./Ms	ant (unitholder who i First Name		Middle Na				ast Nam	9		
Date of Birth		/		PAN						
Tax Status: Resi	ident Individual □NI	RI 🗆 PIO	Others (ple	ase specify)						
□KYC Acknowled	gment attached K	YC form attac	hed C-KY	C Identific	ation No.					
Please tick√which	ever is applicable									
Name of the Guardi	an Mr./Ms									
Relationship with th	ne applicant: 🛚 Fath	ner 🗆 Mo	other \square	Court App	ointed Gua	ırdian				
he Guardian's nan	nt, hereby request your therein as I have si	_	-		_		_			dele
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Contact details of th	ie Applicant									
Mobile No.+91		ŗ	Tel. No. ST) -						
Email Address										
Address of the Appl	licant									
Address Line 1										
Address Line 2										
City:		Stat	te				PIN	[
Please note that addr	ess will be updated as	per applicant'	's address on I	YC form / I	KYC Registr	ation 2	Agency re	ecords)		
Sank Account Detail	ils of the Applicant									
Bank Name										
Account No.				11-d	ligit IFSC					\Box
√c. Type □ SB	□Current □NRO □	INRE □FCN	IR.		9-digit MIC	R No.				Ť
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		Tr.	Р.		FF	**				
Additional KYC inf	Cormation (Please tic	k√ whichever	is applicable)						
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□Agriculturist □R	Retired □Home Mak	er 🗆 Student	□Forex De	aler 🛮 Oth	ers			(Plea	ase spe	cify)
The applicant is \Box	a Politically Exposed	d Person 🔲	Related to a F	olitically E	xposed Per	son [l Neithe	r (Not	applio	abl
Gross Annual Inco	ome (₹) □Below 1 L	ac □1-5 La	acs	Lacs □10)-25 Lacs	□ 25	Lacs-1c	rore 🗖	>1 c	rore

Mahindra	
 Manulife	MUTUAL FUND

Country of Birth		Place of Birth	
Nationality			
Are you a tax resident of any country of	ther than India?	□Yes □No	
If Yes, please mention all the countries Identification Number and its identifica	in which you are res	sident for tax purpos	ses and the associated Taxpayer
Country	Tax-Payer Identifica	tion Number	Identification Type
	•		
omination (Please tick (\checkmark) one of the opt	tions below)		
	ereby nominate the p		ularly described in the Nomination Form th. {Recommended}
☐ I DO NOT wish to make a nomination	ion (Please tick √if yo	ou do not wish to nom	inate anyone)
Declaration and Signature of the Appl			
have attached herewith all the relevant	/ required document	s as indicated below	V.
confirm that the information provided a	above is true and cor	rect to the best of m	y knowledge and belief.
			ned about any changes/modification to the a
nformation in future and also undertake	to provide any other	additional informa	ation as may be required by the AMC / RTA
			e/disclose any of the information provided by
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