

Mahindra & Mahindra Financial Services Limited CIN: L65921MH1991PLC059642 FD PROCESSING CENTRE

4th Floor, Asv Ramana Towers At No.37 & 38, Venkat Narayana Road, T Nagar, Chennai, Tamil Nadu-600017

Toll Free No. 18002669266 • Boardline No. 022-66523500 (Monday to Friday between 10.00 am to 5.00 pm) • Email: mfinfd@mahindra.com

CRISIL RATINGS AAA/STABLE INDICATES HIGHEST SAFETY

SAMRUDDHI FIXED DEPOSITS

INDIA RATINGS IND AAA/STABLE INDICATES HIGHEST SAFETY

SAMRUDDHI DEPOSIT UP TO Rs.5 Crore

SAMRUDDHI CUMULATIVE SCHEME

SAMRUDDHI NON-CUMULATIVE SCHEME

Minimum Amount	Period (Months)	Amount Payable (Rs.)	Interest p.a.'‡\$
	12	5375	7.50%
	24	5810	7.80%
Rs 5,000†	36	6316	8:10%
	48	6815	8.05%
	60	7381	810%

Period (Months)	Interest p.a.*#/‡ (Monthly)	Interest p.a.*#/‡ (Quarterly)	Interest p.a.*#/‡ (Half-Yearly)	Interest p.a.*#/ţ (Yearty)
12	7.10%	7.20%	7.25%	7.50%
24	7.30%	7,40%	7.55%	7.80%
36	7.55%	7.65%	7.85%	810%
48	7.50%	7.60%	7.80%	8.05%
60	7.55%	7.65%	7.85%	810%
Minimum Amount	Rs. 50	1,0001	Rs. 25	5,000†

Risters will F.25° April 2024 Note: -* Senior Chizens will get an additional interest rate of 0.25% p.a for Samruddhi Deposits and 0.20% p.a. additional rate for Dhanvruddhi Deposits up to 5 Cr only

I Employees/Employees' relatives and Retired Employees/Retired Employees' relatives will get an additional rate of 0.35% p.a for deposits up to Rs. 5 Crore in Samruddhi Deposits only(All Hahinsira Group) Government approved relationship proof documents to be furnished Employee must be the second applicant. The additional rate of 0.35% is not applicable for Dhanvrudchi Deposits

The additional rate of 0.25% and 0.35% is not applicable for Samruddhi deposits above Rs. 5 Crore.

\$ Additional amount will be accepted in multiples of Rs. 1,000/- and thereafter.

The Non-Cumulative interest will be paid through NACH/NEFT. The date for interest payment will be, for Half yearly on 30th September and 31st March, for Quarterly on 30th June, 30th September, 31st December and 31st March.

If the deposit is made within a period of 1 month prior to any of the payout date, the interest of part period will be paid on the next interest payment date without any deferral interest for the broken period S Compounded Annually-In case of Cumulative Deposits, Interest is compounded before deduction of Tax.

Sammuddhi - Cumulative and Non-Cumulative Deposits: Applications can be submitted physically or through online mode.

0.3/3% additional interest rate will be applicable on Renewals of Public and Senior citizen deposits Upto 5 Crore

Interest rates/Credit rating are subject to change and the Interest rates/Credit rating applicable will be the prevailing Interest rates/Credit rating as on the date of Deposit

Please Note: - Renewals will be accepted in the Scheme prevailing on date of maturity. Principal / Principal with interest amount will be renewed in case of renewal

Forms can also be downloaded from Company's Website: www.mahindrafinance.com

Application Forms can be submitted at the designated offices of MMFSL / Collection Banks as mentioned below:

MMFSL REGIONAL OFFICES

A-REDARM RECORD, OFFICE 137, 157, 1137, FEST FLOOR CRY MALL COMPLEX S A HIGH WAY RESIDE BASKING CLUB.	EMBRUGARNI RESIDENAL OFFICE: 21d FEBT SHCC SIDE OF THE BUILDING APPOLICATION AND STORM CONTINUES HAVEN SECOLARDAYS SCHOOL DERIGIANG, ASSAM, FISCOL
ALL MADED RESIDENCIONECE: RRST HOOR, SUB-40 (ASHMAD HARE, OUTLINE ALL MADED CRIAL A-PRINT OF THE ALL MAND SET UTTING PARTIEST, \$11000.	RILLADAD FREDONAL CHRICK GOCLARD RICKE, PLOT NO DELL LANNAN DAS COMPLEXIS, DENHALI BY FRES, DER SENSIE DAS OFFINES PAZZARAD ARE PAZZARAD METTIK, PAZZARAS EXCTUTTAR RESERVOSA 27 ACCE.
ALMANDARIO ESCONALCIPIET SECUNDICICAS NATIVARAN A MUNDING CIPT NO DE ACADEMINA CIPE LE DITET. ALEMANDARIO ESCONE, ALBANICACAD ESCRIPTURA LANGACIAN DEL MANAGESTRA 401003.	GAWARD TEOCHAL OFFICE THIND FLOOR WAS HIS PLUZE OSTICAD OFFI DETUR PETROL PLUMP CANES GARL DISTUR, CAMMENT CLAWNATH PLINCIPAL CORD CLAWNATH RESAM THOODS
HANCA CHE RECENA. OFFIEE UNI ELOCULISES NEL TOMENS, INVANIGAR UNI ELECCOPERMINO REAL OFFINIANA. COLLEGE HANCAUTHE SAMBATHA SOCIOTA	HYDERASAD RECIPIED IN THE LOCK, WE TO MERC KNOWN A TRUBOLOGICAL PRODUCTION OF THE PRODUCT OF THE
BHOME PERCOLAE OFFICE ATTENCOM, SECIENCO SEE HALFE HE TESTETENCOT NO RECODESO, VIDMANDAR HEASE A SCREME BRANDEN KALAREN EL ROSHINGABAD ROND OFFI ARSHINA FALL, BEOFIA, HIZERIA FRACESIA, 462725	FIXERS RELEASED FOR THE FILE OF THE FIXER SHAWLING AREAST THIS A BROAD MASSIVE CROSS ABOVE AFRA SATET. FIXERS HICCORN (ADDRESS HICCORN FIXE ADDRESS) AND HAR STABLES (ADDRESS ADDRESS).
III-LIBANES-HWAR RESIGNAL CHTEE - FIRST FLOOR PLOT NO TIEL CUTTACK PLAS ADACLBESSE FURGINS NATION BANK, HANCHESHAN REGISTRAL ESTATE BHURANSHIMMA HII - 20 TUK KHURQUK DIST, CHEA-550020	DABLER RESONAL SPECE TRIST FLOOR FIND HISTORY HOMES, \$ 100 HOLELFORD, ABOVE AUG SANK NEAT BUS \$ 100 D MOUTHER CANTY (CIT), MISH JUST THE WASHINGTON PRODUCT - 482003
CHARLEAR RESCUAL DETECTOR STARTS IN AND SERVICES THA ATHICLDER MEAN RESCUAL PROPERTY OF THE CHARLEAR PROPERTY OF THE CHAR	SAPELE RESCHAE OFFICE FECT NO 24 ST A 26 ORD FLOOR HA WORK TOWER TOWER READ TERISA VIEWS CITIZEN, SAPER 14 CORN, PART, SIERLE 1, 6, SAPER ORTH NAJSTHAN 2000 5
CHENNA PERIONAL DETRO: 45 AT LATICOSE ASSISTANIA FONDERS, AT NO 27 & 30, VENNAT INVENIANA TEMO J HAGRE CHENNA, PORE NACESCOCIET	COLMAND REGIONAL CRITES. SHO TUDOS CRITICION ELLA Z GENERONAL CONTRERIORA GUALDINE, SI MANO CIN, NO. \$17/17/90/524-04-04-05 (45/17/17/18/55) ROCHARUS DE CORTE HARMET DE ROCHARUS DES HARMES DEL HARMES DE LA PROCEDE DE LA PROCE
TOX HIN RESCRIPT, CHEET, THE RESIDENCE MEDIT HOUSE, PREVENITOR SUBMINISTED IN THE REALIZED AND THE REALIZED AND THE REALIZED AND DE-	MEDICARA BESCHMAL DEFICE OR COMPILLAND FEBST FLOOR, FIG DESI-PRIVA HANK, FLORG & BLOCKETT & SP SECTION V SULT 1, PS. DARWAY, MICHAEL WILL TENSAL, 700003.
COMPARIOR REGIONAL OFFICE TECONO NLOGR. SHREE LAKSFAN MARASHAMAN TOWERS, ANNASH ROAD, RAFES YAS KONANA ARRY COMBAYCHE MICHAY COMPACONE MICHAY TO MICHARDE LYST TAMA, NADLES 1825	LUCKNOW REGIONAL OFFICE: SHEPLOON HILLDRICK SQUINEPLOT AG 2, 69 2 3 25 FM AT GOLF CITY. LUCKNOW NORSH. MAD AT AN AREA MOTIVE AREA DE BORNA PLIST C 50 YOU LUCKNOW ATTAR PRODESY (2000).
DEFRACIA RECONSCIPACE 3FO FLOCKE SISHE TIMBE CLASON HORD RESIDELARMENT HAVE DEFRADAR DEFRACIAL LITERACIAE, DESCRI	HYPROT RECEIVED OFFICE TELEFICION PRISAR TRACE TOWER, BC 2/G DISCRIDING YEAR TATA MOTORS, SHATAGO MAGAS HERBOT OFFICE PRACEISH 25/STOS
OBLI I RESCRIBA CETICE: SRELA -THI PLOCK LIST NO BOL GOA! HOA HOT BLOT NO ZI, ASARONE CORRECTATE TOWAR AN ENGOLA PLACE NEW CRISING OCH ALL DOCKS	MUZARTARAR A MEZERAR, OFFICE THARD SUDOK ON SHARIT COMPATIC FLASZHADOL SIGAD OFFIZE A SCHOOL ARDVE BLIANGRAD DANK MUZARARDER HICCORP BLIZA DARACH HICCORP ILK PROVINCIANDUR DIST GENERALIZADO.
RASAR RESCRIAL OFFICE S.Y TO S.T.) I FUR SUPCRETOTY CENTRE MURRANIANA MERINDAR SURFACE ADSITAL. DELL'ALDERA MARAMARICHER, STAND NASAR IN CORRESANCIO, MASAR DEL MARAMARICA ADDITALA CONTINUENTA ADDIT	NACES SECTION CONT. SECURE SECTION NO ALA GRUEN INVESTIGATION LIBERTANDACH SEADWATES STREENIGRUN IN CORP. NACES IN CORP. TEXTINGACH SETMINASSITERANDOS
PRIVATEGORIA DEFECE 1STEROGIC REDANTA SI ERERLAG SOSTA-ROSA WALD NO 21 SEX 325 PANA MICONE. PRIVATE CORE, PANA, NEASCOCKE	SHLA REGIONAL OFFICE, SECOND FLOOR OVERTON ESTATE, NH 22, THERTON HE HAR SHIPLA, HENDON HE HAR SHIPLA.
PLAN DESCRIPT CHICK DISTRICTION HERM BLADING 19/12 PLDTING 15 CFF KARDE ROMS NEAR SAGRICE CENTRE. PLAN ENGINE TO PLAN DISTRICTION HERMOST THAT \$1.100K.	SOME RESIDENCE CHECK CHECK FROM THE POSES NO LOSS ON FLAVA MARCHISANCE GROODER CHECK ROAD ABOVE VOW SALES SHOWNOOR THANK THE THANK THE THANK THE WASHINGS THE BOOKET.
HAPLE RECORD OFFICE THRO FLOOR, ALASA CORPORATES DE FORM OFFI VERDAD REAT HIGHETO HALL, NARLE MICORD HAPLE MICORD TOX ADALIE DOT CHARTEGORNHOSOCO.	COMPARTINGUAL OFFICE DISCRICTOR 25 PERSON SHOWN HAVE THE OWNER HAVE MORE ON SIGNAL WHITEIN HOUSENAMED TO SECURE WHITEIN HOUSE WHITE
NAMER RECONS. OFFICE GROUND FLOOR, FLOT NO BOX, SHREE HOHAN COMPLEX SITA COMPOUND COST. NAMEROND BOXES SHALM ROOM NAME IN ROOM WORKER TOUR VANCOUS INFROMENT ROACH.	LIPPER ROSAN RECIDEAL OFFICE FOURTH FLOOR, STARLOTY LILLIBARI, 63, ROSE HEAR HAVLINEN MARCH (EDWINN), INLITAN BACALL TALLIS, KANNELS ASSAN TRICING.
SATINA RECORDA, CAPICE HERE PLOCE, HUBB ROKE, LAVE NO 2, OFF BHANKET HOTE, RATERIORA NACIAR, SATINA MACHINA FRANCISH, RETIXOL	HARMAN HONDON, OFFICE FROST PLOCHESH DAIS FOLKENTON BULDING S 2015 THE 19 2013 FAMIL READABONE LISTEN HARMAN HICKORY TU, WARMAN LISTEN PRODESY 121:001

Collection Bank : Application forms can also be submitted at designated branches all over India as indicated on the Company's website

All communications with regards to Fixed Deposit should be addressed to the office of the Fixed Deposit Processing Centre at the address mentioned above

100411

Sub-Braker Code

Mahindra & Mahindra Financial Services Limited CIN: L65921MH3991PLC059642 APPLICATION FORM FOR FIXED DEPOSIT UPTO 5 CRORE (Please write in BLOCK LETTERS and [√] the appropriate box)

Agents are not permitted to accept cash with application form & issue receipt. Mahindra and Mahindra Financial Services Limited will in no way be responsible for such or other wrong tenders.

1 / we hereby apply for a fixed deposit with your company at the current prevailing interest rate as on today, as per the details below:

	Cun	nulative			Non-Cumulative												
12 Months	24	Months	☐ 36 Mon	ths	12	Months	24 Months	36 Months									
48 Months	60	Months			48	Months	60 Months										
Exisitng FDR/ Folio				Interest F	ayment Fre	nuency Mc	nthly Quarterly	Half Yearly Yearl									
	Auto Book				-												
	*Default op		Vo Repayment on maturit	enewal for y if no sele	the same of the sa	al amount P	incipal with Interest Amount										
R Despatch Mode (Tick	only One):	E-Receipt	Physical Receipt	Regist	ered Post	Courier Ha	nd Delivery										
ll (*) Fields are Ma	ndatory						Rates	we.f. 25 th April 202									
ST APPLICANT: (in Cap	tal Letters)	Mr N	ds Mrs	Master													
pticant Name:	E 1 A	8 1 4 4	- br (ii)	26 +	0 0 0 1	19 4 9 3	5 0 R N	4 8 8									
	tate Fee	nate Transgen	der Marital Status	er Ma	rried Un	married Other	DOB/ Age* D D H H	Y Y Y Y 4 9									
ther's Name: 14r.	T	BT N	C NO E	10 1		N A M	1 5 0 0 0	AME									
Ather's Name: Hrs.	7 7 4	5 7 7 8 8	64 2	101 1	000	1 1/2 /2 10 3	5000	0.000									
ouse Name: Po:/Hrs	1:1:1:1:1	S 1 S	141 8 1	201	10 1 E	34 X 84 2	I SOBB	a belle									
andian's Name: He /Hrs./Hiss.			Helel		0 0 0 0	3 0 0											
n No.d	L M B X	7 8 2 7	CKYC Number	Central KV	Registry												
			1														
nor Pan(If Applicable):	N 101 101 101																
domality: storial of more than one my prose memory if the	E N D A	TORK	Countr	y of Birth	M A M D	A 2 0 B	City of Birth	HO NID BY									
Check probabilities by 7 Coleanel	usiness	Professional	Self Employed	Ret	ired H	usewife 5	pudent Public Sect	or Private Sector									
	ovt. Sector	Agriculture	Proprietorship	Ott	ers	10 1 7											
dress Type:	esidential	Business	Registered Offic	æ													
rmarent Address / Tax Resident for to Clause 2 of Ferms &Con		e/First Applicant:	ППП			ПП	ПППП										
v		5	State			Country		Pin									
	esidential	Business	Registered Offic	ie.													
ailing Address of First Ap eler to Clause 2 of Terms &Con	pucant':																
Y			State	-	+++	Country		Pin									
ax Residence details as app	Mat licable: OSAMDI		APPINDE	Emult.													
ease indicate ALL the Countries			rposes and associated Ta	x ID number b	eios												
Country (ies) Tax Residency			Tax Identification I	Number%			Identification Type (TIN or Oth	er%, please Specify)									
o also include USA, where the in in case Tax identification Numb						•											
tabus: Dementic Company No								7									
Regery: Public Seeker Citie Postecialy Exposed Person (PEP)						h Employee is	Retired Employ	Please(y) any one									
neway income: Up so ts,oo,ooo								First Holder Either or Survivo									
Please recover income Tax	as applicable a	and issue me TDS Co	ertificate/s as applicable	for each fin	ancial year.]	Form 15H	/ 15G is enclosed. Therefore,	do not deduct Income Tax.									
Bank Details of th	e Sole / F	irst Applica	nt for Repaym	ent(Plea	se attach a co	py of your Bank's	Personalised cheque for ver	ification)									
me of Bank*	\prod		+++++	+	$\perp \perp \perp$	++-	widt'										
count Number	Ш				\perp	MICR											
			- X	ting on a condi	of Densel	NEFT IFSC	coor										
					of Deposi												
s				in words) _	Payment												
orana / Passanana Chandi No.																	
eque / Demant Deaft No.		100	lated: D D 10 10	Hier	ewal OF FDR		Tours.										
ne of Account Holizer	+++	++++		Bath	Account Dates:		Branch										
	1	name of water of the state of															
mura a maninura Fin	sucrar Servis	CES LELL - MERTIC	owledgement Stip	(Collectio	n Bank)	APPL No.											

APPL, No.

State Paralle Paralle		CANT: (in Cap	tal Le	rtter	s) [м	lr.		Ms		_ !	Mrs		Mas	iter				_				_	_		_				_		_		_	_		
The Statistics Actions as a periodication (Author) The Statistics (Author)	pplicant Name:	Ш	Ш	1		0 0	1		.14.	Α	101	E	┸	Ш	\perp	l/L	D	0	L	T		9	1	E	L	L	L		U	п	h,	A	U.	I		Ш		L
Bury Name March M	10	enders	H	ste		lumide	·	Trac	regar	ider		Hari	tal Str	etsas:		Marrie	ad		Umm	arrio	đ		Ot	her	*D0)B(Age	D	2	14	88	4	Υ	70	${\mathcal Y}^{\circ}$		A.	G
The Residence decide as application of Sector Application of Sector Applications as applicated Office. Sector Office and Sector Office an	ther's Name:	Mr.	П		T	T	T	T	10	Α	163,		T	П		in I	0	D		ii.	Т	1	T	E	Г	Г	Г	1	Q.	8	16	A	til	II.		П	П	Γ
reducts Storms (C-Na-27-Na- Na	ther's Name:	Mrs.	П	TT	T	3	T	T	16		ni l		T	Ħ	T	uT.				T	Ť	T	T	E	T	Ī	T	8	1	n	N	A		П		ī		F
The Residence Action of Secretary (Prof. Parameter Control No. Charge of Secretary Control No. Control					=	+	÷	÷				_	+	H	=	-	+		=	=	=	-	+	1	-	<u> </u>	-					_	=	=	=			F
A Name of Part of Applications Country (NC Registry) Country of Birch Country of Bi	ouse Name:	Mr./Mrs.	Щ		_		1	느	267		(1)	1	_	닏		M.	1 0		늬	3		П.	1	E	L	L	L		Ľ.	15.		^1	11	8.	_	Ц	_	L
wer Paus (if Augulizability)	ardian's Name:	Hr./Mrs./	7345 E E	Œ		N.			30	Α	Ш	E		Ш		SI .	i) je		Ш	0		10		E	L	L		3		R.	76	A	πí	E				
Security of Birth Securi	in Hou		M 4	-61	D)	5	P	2	+			KYC	Nun	iber (Cent	rat K	YC R	egist	(V		\Box	Ι	I															
Security of Birth Securi	nor Pan(If App	licable):	46 8	Til	b I	- 1	To	81																														
The Residence details as applicability (Residential Statemark) (Residential Residential Statemark) (Residential Statemark) (Re				-	=	+	+	+	=	H	_	_				1020	-			_	- 1		Т		_	1						_	_		-1		_	
Desires Professional Society Professional Society Professional Comments of Society Professional Comments of Society Societ	rational of more th		14 0	131	U.	AL.	10			Ш	\perp	_		ount	ry of	Birt	h	1.0	75.	115	0	13	1	L	_	-0	ity	of B	irth	ш		H	97	0	Ш	V		_
George Special Control of Specia	untries separated to		В	usines	25	Г	P	rofes	wion	ini [Self	Empt	eyed	Γ	7	tetire	d	╗	Hou	sawi	fe	Г	St	uder	nt		П	Pu	blic	Sect	tor	-		Priv	vate	Sec	cto
derives Type: Residential Business Registered Office						F	7				=				-	=	-11		=	_		Т	T	1	_	_	-	F					÷	\equiv				
The Residency Marker The Technique Andrew of Second Applicants				Wt. Se	ector	L	Aş	gricus	teure			Prop	rieto	ship	L	0	Rhen		2	-	=1	-	1	1	_	_	_	_	_	_	ш	_			_		_	-
Note of the Control Registered Office Part Control Part Control Part Control Part P	ddress Type:		R	esiden	itial		81	usine	155			Regi	stere	d offi	ice																							
Medicasion Type: Desidential Business Registered Office Desidential Business Registered Office Desidential Business Registered Office Desidential Business Registered Office Desidential Registered Office Desidential						ss of f	Seco	nd Ap	ptica	nintz		-	_			_	Т	_			_	-	Т	_	_	_	_					_						
Interest Pype: Residential Dualness Registered Office Rading Address of Second Applicable: Penal State Stat	lefer to Clause	2 of Terr	ms &Cor	idition	10	Т		_		Н	+	+	+	Н	+	+	10				+	+	+	+	+	⊢	⊢	H	Н	-	Н	\dashv	\dashv	\dashv	-	-	-	-
Address Type: Residential Dualness Registered Office Railing Address of Second Applicable: Perhaps Address of Yes Country (In a	ity	\vdash	\vdash	+	+	+	+	+	\vdash	Sta	te	+	+	H	-	+	+		~		Count	rv -	+	╁	╁	⊢	⊢	Н	-	-	\vdash	-	Din	\dashv	-	Н	-	-
Tax Residence de Securid application Tax Residence de Securid Applica			H			+	+	_	_	1	_							ш	_	_]			_	_	_	_	_	_	_			_		_	_			-
State to Clausery State Country State Country State Country State Country State State Country State State Country State State	American Control of Control	NE COL	_]Bt	usine	:SS		\Box	regi	cere	a om	ce											_												
Tax Residence details as applicable: passonsory: Country (iss) Tax Residency Tax Mentification for tax purposes and appointed Tax Director fellow)																1																						
Tax Residence details as applicable: (MANDATORY) **Some include ALL the Countries in which you are a resident for to purposes and associated Tox (D number below) **Country (Br) Yas Residency B **Tox date include URA, where the individual is a chizengreen care holder of URA. **To date include URA, where the individual is a chizengreen care holder of URA. **To care Tax determitication humber is not available, histing required for the purposes. And associated Tox (D number below) **To date include URA, where the individual is a chizengreen care holder of URA. **To care Tax determitication humber is not available, histing required for the care Tax determitication humber is not available, histing required for the care Tax determination of the c	ity			\Box						Sta	ite					1				_ (Count	rv	1	1									Pin					
Tax at letter for Country (Ref) Tax Residency B Tax at letter for the many of	4 M A M	0 8	TO		1	Mobil	•		1		6			Y		Emai	ı 📙	Ш		_	\perp		L	L	L	L	L							\Box				L
Country (Re) Tax Residency B Tax Identification Number** Identification Type (TRIN or Other**, please Specify) To also Inclosed USA, where the Individual is a chizen/green card holder of USA. In case Tax Identification Number is not unablable, Nating provide Austroant equivalent THIRD APPLICANT (In Capital Letters) Mr Mr Ms Mrs Master Publicant Number Gendert Haise Femals Transgender Mortial Status* Married Utensired Other Other Other Age of the Public Status* Married Utensired Other Other Other Other Age of the Status Status* Married Utensired Other	Tax Residence	details	ак ар	oticab	le: (I	KAND	ATOR	ev)																														
To date include USA, where the individual is a citizengreen card holder of USA. In case Tax identication humber in southable, kinding provide functional sepondents THIRD APPLICANT; (in Capital Letters) Mr Ms Mrs Master pplicant Name: Gender: Male Femals Transgender Markal Statiss: Married Unmarried Other OOR/ Age: Gender: Male Femals Transgender Markal Statiss: Married Unmarried Other OOR/ Age: Gender: Male Femals Transgender Markal Statiss: Married Unmarried Other OOR/ Age: Gender: Male Femals Transgender Markal Statiss: Married Unmarried Other OOR/ Age: Gender: Male Femals Transgender Markal Statiss: Married Unmarried Other OOR/ Age: Gender: Male Femals Transgender Markal Statiss: Married Unmarried Other OOR/ Age: Gender: Married Married Unmarried Other OOR/ Age: Gender: Married Married Works Married Unmarried Other OOR/ Age: Gender: Married Married Works Married Unmarried Other OOR/ Age: Gender: Married Married Married Other OOR/ Age: Gender: Married Married Works Married Unmarried Other OOR/ Age: Gender: Married Married Works Married Unmarried Other OOR/ Age: Gender: Married Married Works Married Unmarried Other OOR/ Age: Gender: Married Married Works Married Unmarried Other OOR/ Age: Gender: Married Married Works Married Unmarried Other OOR/ Age: Gender: Married Married Works Married Unmarried Other OOR/ Age: Gender: Married Married Works Married Unmarried Other OOR/ Age: Gender: Gender: Gender: Married Married Married Other OOR/ Age: Gender: Gen	Sease indicate Al	LL the Co	untries i	n which	t you	are a	reside	ent fo	r tax	purp	oses.	and a	socia	ted Ta	x ID m	umbe	r beto	W)						_														_
In case Tax Isomotification Number is not available, kindly provide necitoral equivalent THRIRD APPLICANT? (in Capital Letters)	Country (les)	Tax Resi	idency	•			_		_		T	ex tele	mtific	ation	Num	ber"								\perp	ldes	tific	ntio	n Ty	pe (TIIN (ır Ot	her	Nr. P	teas	e 5	pecif	A)	
THIRD APPLICANT; (In Capital Letters) Mr Ms Mrs Master pplicant Name: Gender: Name: Hale Familia Transgender Marital Status: Married Umnarried Other DOB/Age: On the State State Name: Hale Familia Transgender Marital Status: Married Umnarried Other DOB/Age: On the State State Name: Hale Familia Transgender Marital Status: Married Umnarried Other DOB/Age: On the State S										\dashv	_												_	╀			_						_					_
their's Nonest ##C.	Walled A Management			F		П	Į	1	N	Īń		Į	I	I	П	18	1	0		E		H		1	I	Ι	Ι	Is		T	Tic.	A	701		L	L	L	Į
obler's Name: No. Pink Name: No. No. Name: No. Name: No. No. Name: No.	,	sender	Ц'	taše	\vdash	Fem	ale	<u> </u>	rons	gend	er	×	arital	Stati	ASC*	Ц	Marr	led	\perp	Unn	sarrie	rd	°	Elient		06/	Age	10	10	100	10	_	L	1	1	_	-	Ť
pous Name: No./Mes. No. Mes. N	ather's Name:	Mr.		15				Ξ,	111	ñ	3/1	2.	_	\perp	Ш	M	1 3	D	1	Ξ		Ti.		1 1			\perp	1 =	1	11	14	Α	4.5	15	L	L	L	1
CKVC Number (Central KYC Registry) Care Pan (if Applicable): Care Pan (if Applicable): Care Pan (if Applicable): Country of Birth Country Country Country Country Country City of Birth Country Country Country City State Country City State Country Country Pin Country Pin Country Pin Country Pin Country City Flassidence details as applicable: ptanDaTory) Please resicute ALL the Countries in which plut are a resident for Eax purposes and associated Tax (D number below) Country (ies) Tax Residence the individual is a citizen/green card holder of USA. In case Tax Identification Number is not available, kindly provide functional equivalent	other's Name:	Mrs.	Π	E		JI.	8		11	A	34	I.	\perp	\perp	П	140		B	L	0		M	Α.	d i	T	Ι	Ι	1	U	П	17	Α	М	II		Γ		Ι
CKVC Number (Central KYC Registry) Care Pan (if Applicable): Care Pan (if Applicable): Care Pan (if Applicable): Country of Birth Country Country Country Country Country City of Birth Country Country Country City State Country City State Country Country Pin Country Pin Country Pin Country Pin Country City Flassidence details as applicable: ptanDaTory) Please resicute ALL the Countries in which plut are a resident for Eax purposes and associated Tax (D number below) Country (ies) Tax Residence the individual is a citizen/green card holder of USA. In case Tax Identification Number is not available, kindly provide functional equivalent	pouse Name:	HIL/M/S	IT	1		11	T	T	N	15	16		T	T	П	la l	T	To	1		П	11		ı	T	T	T	T	T	T	Tre	h	To I		Г	Г	Г	T
CKYC Number (Central KYC Registry) Country of Birth Country Country Country City City State Country City	uardian's Name			+	H		=	+	+	+	H		÷	÷	H			10			Η	20	1		t	÷	÷	t	t	15			-	H	H	÷	H	÷
Incompany of Applicability: Country of Birth	may tours to reasons.	Pio-Credit	/mas	+	H	-	+	+		H		7-	_	_	1	[10]	11.	100	4	H	\dashv	1	1	+	4	_	+	÷	H	+	-		100	F	H	⊨	⊨	÷
Address Type: Residential Business Registered Office Permanent Address of Third Applicant: (Itelier to Clause 2 of Terms Aconditions) Residential Business Registered Office Permanent Address of Third Applicant: (Itelier to Clause 2 of Terms Aconditions) Tax Residence details as applicable: phanDatory) Phase indicate ALL the Country in which you are a resident for tax purposes and associated Tax ID number below) To also include USA, where the individual is a citizen/green card holder of USA. In case Tax Identification Number is not available, bindly provide functional equivalent				4.1.25	10			1 62	1			CKY		miliar											-	-			L	L	ᆫ	_	L	L	L	L	L	L
Tax Residence details as applicable: (MANDATORY) Place industrial and a supplicable: (MANDATORY) Place industrial and a supplicable: (MANDATORY) Place industrial and a supplicable: (MANDATORY) Place industrial and supplication is specific to the supplication in the supplication is a supplicable: (MANDATORY) To also include USA, where the individual is a citizen/green card holder of USA. In case Tax Identification Number is not available, Kindly provide functional equivalent.	Para No.:				-	-	1	1	I	上	1		C Nu	1000	(Cen	tral	KYC	Regis	try)	ш	_	_	1	_		L	_	_										
Business Professional Self Employed Retired Housewife Student Public Sector Private Sector Govt. Sector Agriculture Proprietorship Others Address Type: Residential Business Registered Office Permanent Address 2 of Terms & Conditions) State Country Pin Residential Business Registered Office Refer to Clause 2 of Terms & Conditions) State Country Pin Residential Business Registered Office Refer to Clause 2 of Terms & Conditions) State Country Pin		dicable):	1	S N	D	A.	1	0 1	Ty	t			C Nu		(Cen	tral	KYC	Regis	try)	Ш			1	_		L												
Business Professional Self Employed Retired Housewife Student Public Sector Private Sector Govt. Sector Agriculture Proprietorship Others Address Type: Residential Business Registered Office Permanent Address / Tax Residency Address of Third Applicant: (Refer to Clause 2 of Terms & Conditions) City State Country Piln Piln Piln Piln Piln Piln Piln Piln	linor Pan(If App lationality:			K N	D	A.	1	0 0	IV IV	Ė					1835-201		_	Regis	try)	6					 	7.	I.		lette.	-	A	34	6		1	10		Т
Address Type: Residential Business Registered Office Permanent Address / Tax Residency Address of Third Applicant: (Refer to Clause 2 of Terms & Conditions) Address Type: Residential Business Registered Office Mailing Address of Third Applicant: (Refer to Clause 2 of Terms & Conditions) Fig. 1	Inor Pan(If App tationality:	on sine	St	5 N	D T	A	7 3	0 H	I v	† T					1835-201		_	t A	try)	D	Ж		0		I]-«	lity	of B	ieth	u	A	N	É	A	Ŧ	P	A	Ι
Address Type: Residential Business Registered Office Permanent Address / Tax Residency Address of Third Applicant: (Refer to Clause 2 of Terms & Conditions) Address Type: Residential Business Registered Office Mailing Address of Third Applicant: (Refer to Clause 2 of Terms & Conditions) Fig. 1	liner Pan(If App tationality: recase of morns orny place recto	on sine	br .	lusine	D 0	A		rofe	I v	I I I				Count	try of	F Ble	th [1 0	try)	Hos	ASCA	ife		s	tude		Sity	of 8	7	ublic	Sec	tor	D	A	Pr	ivat	e Se	I
Permanent Address / Tax Residency Address of Third Applicant: (Refer to Clause 2 of Terms & Conditions) City State Country Pin Address Type: Residentiat Business Registered Office Refer to Clause 2 of Terms & Conditions) City State Country Pin Pin Tax Residence details as applicable: (NANDATORY) Pinuse indicate ALL the Countries in which you are a resident for Eax purposes and associated Tax (D number below) Country (les) Tax Residency# Tax Residence the individual is a citizen/green card holder of USA. In case Tax identification Number is not available, kindly provide functional equivalent	liner Pan(If App Nationality: Frequency of more tra- certry phase receip- certry phase receip-	on sine				A	=					Self	'Emp	Count	try of	f Ble	th Rotir	ed ed	LIV)	Hos	ASCY	ife		s	tude		Sity	of 8	7	ublic	Sec	tor	0		Pr	ivat	e Se	T T
Refer to Clause 2 of Terms &Conditions) Address Type: Residential Business Registered Office Mailing Address of Third Applicant*: (Refer to Clause 2 of Terms &Conditions) City State Country Pin	tinor Pan(If App Nationalitys Yeakses of more tre- nertry place models natives assurated by ecoupations	el tree e di tiec n conveni		iovt. S	Secto	-	<u> </u>	Agrica	ultur			Self	Emp	Count	try of	f Ble	th Rotir	ed ed	[]	Hos	ASCA	ife		s	tude		City	of 8	7	ublic	Sec	tor	Ď.		Pr	ivat	e Se	I
Address Type: Residential Business Registered Office Mailing Address of Third Applicant*: (Refer to Clause 2 of Terms & Conditions) City State Country Pin	inor Pan(if App Nationality: recurse of more tru- outly please received occupation:	el tre- el al the: n consessi		iovt. S teside	iecto	. [] 	Agrica Busin	ultur	re		Self	Emp	Count	try of	f Ble	th Rotir	ed ed		Hos	ASCA	ife		s	txade		city	of 8	7	ublic	Sec	tor	0		Pr	lvat	e Se	I
Address Type: Residential Business Registered Office Mailing Address of Third Applicant*: (Refer to Clause 2 of Terms & Conditions) City State Country Pin	inor Pan(if App sationality; recuss of morning or properties of morning or properties of morning compating? Address Type:	of the of	O I	iovt. 5 Reside	iecto intial idrea	. [] 	Agrica Busin	ultur	re		Self	Emp	Count	try of	f Ble	th Rotir	ed ed		Hos	ASSEVA	ife		s	tude		Sity	of 8	7	ubtlie	Sec	tor	0		Pr	lvat	e Se	I I I
Mailing Address of Third Applicant*: (Refer to Clause 2 of Terms & Conditions) City Tax Residence details as applicable: (MANDATORY) Plause indicate ALL the Countries in which you are a resident for tax purposes and associated Tax (D number below) Country (les) Tax Residence 3 Tax Residence details as applicable: (MANDATORY) Plause indicate ALL the Countries in which you are a resident for tax purposes and associated Tax (D number below) Tax Identification Number is identification Type (TIN or Other*is, ptease Specify) To also include USA, where the individual is a citizen/green card holder of USA. In case Tax Identification Number is not available, kindly provide functional equivalent	linor Pan(if App tationality: recuse of morning professional to compational to compational Address Type:	of the of	O I	iovt. 5 Reside	iecto intial idrea	Ē] 	Agrica Busin	ultur	re		Self	Emp	Count	try of	f Ble	th Rotir	ed ed		Hot	4500	ife		s	tude		City	of 8	7	abdu	Sec	tor	Ď		Pr	Ivat	e Se	I I I
Tax Residence details as applicable: (MANDATORY) Planse indicate ALL the Country is in wich you are a resident for tax purposes and associated Tax (D number below) Country (les) Tax Residencey is not available, kindly provide functional equivalent	liner Pan(If App stationality: rectate of most monthly processed and the compatient of Address Type: Permanent Add (Refer to Clause	of the of	O I	iovt. 5 Reside	iecto intial idrea	Ē] 	Agrica Busin	ultur	re		Self	Emp	Count	try of	f Ble	th Rotir	ed ed		Hos	=	=		5	tude		Sity	of 8	7	ublic	A: Sec	tor	Pin		Pr	lvat	e Se	I
Tax Residence details as applicable: ptandatory Plant	inor Pan(if Applicationality: control of more recognition; Address Type: Permanent Add (Refer to Classe)	of tree o of the convenience ress / Tex	I I I I I I I I I I I I I I I I I I I	Reside	iecto intial idrea ins)	s of m	A Brief A	Agrica Busin Applic	sess cant:	re		Self Pro Reg	Emp	Count dayed orship ed Off	try of	f Ble	th Rotir	ed ed	1	Hou	=	=		s	tude		City	of 8	7	ublice Line	: Sec	tor	Phr		Pr	ivat	e Se	I
Tax Residence details as applicable: (MANDATORY) Playse indicate ALL the Countries in which you are a resident for tax purposes and associated Tax (D number below) Country (les) Tax Residency# Tax Identification Number% Identification Type (TIN or Other%, please Specify) To also include USA, where the individual is a citizen/green card holder of USA. In case Tax Identification Number is not available, kindly provide functional equivalent	inor Pan(if Applicationality: rection of more marked and more more marked and more more marked and more more more more more more more more	ress / Tax 2 of Yes	Residentes & Colores & Col	Reside mcy Adondition Reside	iecto intial idrea mtlal	s of m	A Brief A	Agrica Busin Applic	sess cant:	re		Self Pro Reg	Emp	Count dayed orship ed Off	try of	f Ble	th Retir	ed ed		Hos	=	=		5	tude		City	oof 8	7	ublic	A: Sec	tor	Pin		Pr	lvat	e Se	I I I
Tax Residence details as applicable: (MANDATORY) Place indicate ALL the Countries in which you are a resident for tax purposes and associated Tax (D number below) Country (les) Tax Residency# Tax Identification Number% Identification Type (TIN or Other%), please Specify) To also include USA, where the individual is a citizen/green card holder of USA. In case Tax Identification Number is not available, kindly provide functional equivalent	inor Pan(if Applationality: The second of	ress / Tax 2 of Yes	Residentes & Colores & Col	Reside mcy Adondition Reside	iecto intial idrea mtlal	s of m	A Brief A	Agrica Busin Applic	sess cant:	St	Late	Self Pro Reg	Emp	Count dayed orship ed Off	try of	f Ble	th Retir	ed ed		Hou	Cou	ntry		s	tude		Sity	of 8	7	ublic	A Sec	tor			Pr	ivat	e Se	I
Place indicate ALL the Countries in which you are a resident for tax purposes and associated Tax (D number below) Country (les) Tax Residency# Tax identification Number% Identification Type (TIN or Other%, please Specify) To also include USA, where the individual is a citizen/green card holder of USA. In case Tax identification Number is not available, kindly provide functional equivalent	iner Pan(if Applicationality: return the property of the pro	ress / Tax 2 of Yes	Residentes & Colores & Col	Reside mcy Adondition Reside	iecto intial idrea mtlal	s of m	A Service A	Agrica Busin Applic	sess cant:	St	Late	Self Pro Reg	Emp	Count dayed orship ed Off	try of	f Ole	Retir	ed ed		Hou	Cou	ntry		s	tude		City	of 8	7	ublic	: Sec	tor			Pr	ivat	e Se	I
Place indicate ALL the Countries in which you are a resident for tax purposes and associated Tax (D number below) Country (les) Tax Residency# Tax identification Number% Identification Type (TIN or Other%, please Specify) To also include USA, where the individual is a citizen/green card holder of USA. In case Tax identification Number is not available, kindly provide functional equivalent	iner Pan(if Applicationality: return the property of the pro	ress / Tax 2 of Yes	Residentes & Colores & Col	Reside mcy Adondition Reside	iecto intial idrea mtlal	s of m	A Service A	Agrica Busin Applic	sess cant:	St	Late	Self Pro Reg	Emp	Count dayed orship ed Off	try of	f Ole	Retir	ed ed		Hos	Cou	ntry		s	tude		Sity	of 8	7	Labilet Label Labe	: Sec	tor			Pr	ivat	e Se	I I I I
Country (ies) Tax Residency# Tax Identification Number% Identification Type (TIN or Other%, please Specify) To also include USA, where the individual is a citizen/green card holder of USA. In case Tax Identification Number is not available, kindly provide functional equivalent	inor Pan(if Applicationality: actual of superince of actual type: Address Type: Permanent Address Type: Address Type: Mailing Address (Refer to Clause (Refer to Clause City Tet	o of the a control of the soft Test of	Resident Applies According	teside mcy Ad andition teside caet	sectoretial (dreams)	s of m	A S S S S S S S S S S S S S S S S S S S	Agrico Busin Busin	sess cant:	St	Late	Self Pro Reg	Emp	Count dayed orship ed Off	try of	f Ole	Retir	ed ed		Hos	Cou	ntry		5	trade		Sity	of 8	7	ublic	Sec	tor			Pr	ivat	e Se	I I I I
To also include USA, where the individual is a citizen/green card holder of USA. In case Tax identification Number is not available, kindly provide functional equivalent	Address Type: Address Type: Address Type: Mailing Address (Refer to Clause (Refer to Clause City Tax Residence	o of the accommon acc	II CC CC F F F F F F F F F F F F F F F F	covt. Seside mcy Adondition to the condition to the condi	intial (dreams)	s of m	S S S S S S S S S S S S S S S S S S S	Agrico Busin Applic Busin	ess cant:	St	ate	Self Pro Reg	F Emp	Countilloyed Off	ttry of	Ema	Retir	ed		Hos	Cou	ntry		s	tude		Lity	of 8	7	ublic	Sec	tor		L	Pr	ivat	e Se	I I I I
in case Tax identification Number is not available, kindly provide functional equivalent	Nationality Nation	ress / Too 2 of Tes 2 of Tes 2 of Tes 2 of Tes 2 of Tes 2 of Tes 2 of Tes	E S Resideden S Re	Reside	intial (dreams)	s of m	S S S S S S S S S S S S S S S S S S S	Agrico Busin Applic Busin	ess cant:	St	ate	Self Pro Reg	r Emp Prieto distern	Countillary Counti	try of	Emant.	Retir Other	ed		Hos	Cou	ntry]s			<u> </u>						Pin					I
in case Tax identification Number is not available, kindly provide functional equivalent	Address Type: Permanent Address Type: Address Type: Permanent Address Type: Address Type: City Address Type: (Refer to Clause	ress / Too 2 of Tes 2 of Tes 2 of Tes 2 of Tes 2 of Tes 2 of Tes 2 of Tes	E S Resideden S Re	Reside	intial (dreams)	s of m	S S S S S S S S S S S S S S S S S S S	Agrico Busin Applic Busin	ess cant:	St	ate	Self Pro Reg	r Emp Prieto distern	Countillary Counti	try of	Emant.	Retir Other	ed		Hos	Cou	ntry		s			<u> </u>						Pin					I
	Address Type: Address Type: Permanent Address Type: City Address Type: City Address Type: Tax Residenc Planse indicate /	ress / Too 2 of Tes 2 of Tes 2 of Tes 2 of Tes 2 of Tes 2 of Tes 2 of Tes	E S Resideden S Re	Reside	intial (continue)	s of m	S S S S S S S S S S S S S S S S S S S	Agrico Busin Applic Busin	ess cant:	St	ate	Self Pro Reg	r Emp Prieto distern	Countillary Counti	try of	Emant.	Retir Other	ed		Hos	Cou	ntry		s			<u> </u>						Pin					I
	Address Type: Address Type: Permanent Add (Refer to Clause City Address Type: Mailing Address (Refer to Clause City Tax Residenc City Country (les)	o of the control of t	I I I G G G G G G G G G G G G G G G G G	covt. Seside mcy Advandation tenside tenside cant and tenside cant and tenside	sectorestial idreasion) introduction interest introduction interest introduction interest introduction interest introduction interest introduction interest introduction inte	Mobil Mobil	B B B B B B B B B B B B B B B B B B B	Agrica Applica Busin Busin DRY)	sess cant:	St St	ate	Pro Reg	F Emp prietr distant	Countilloyee	try of	Emant.	Retir Other	ed		Hos	Cou	ntry		s			<u> </u>						Pin					I

		No	mina	tion	,														
I / we above named depositor/s _ do not wish to nominate / _	wish to r	nomina	te followi	ng per	son t	to wi	nom	in th	e eve	nt of m	y / ou	ur / 1	ninor	's de	ath 1	he an	nount	of ti	nie
deposit may be returned by Mahindra & Mahindra Financial Servi	ces Limit	ed.					-	_			-			-			-		_
Name of the Nominee Mr. / Ms. / Mrs. Relation of Nominee with 1st Depositor	+++	+	++-	+	+	Н	+	+	H	+	Das	Te or	Eleth	011	100	51	17	×	-
Guardian's Name Mr. / Ms. / Mrs.	+++	+		\vdash	+	Н	+	t	H	+	+	H	H	+	+	+	+	+	=
(if Nominee is Minor)			11		-		_	÷	1 1		-	-		-	-				Ξ
Address of Nominee	++	+	++			Н	+	+	H	+	+	⊦	Н	Pi	₽	H	+	+	_
Tel M A N O A T O R N *Email	Ш	\pm	\pm	Co	suntry		\pm	t	Mot	ite	\pm	t	Н	Pi			t	1	
Depositors are strongly advised to have their accounts								74											
1st Applicant Signature - 2ndAy Witness 1 Signature - Witn							_ 3	ra Aj	ориса	nt Sigai	iture	_				-			
i/We have read and understood the nomination rules prescribed by Rese					ire te	rms	and o	ondi	tions i	aid dow	n by t	ne C	omp	uny go	verr	ing th	e nom	inati	241
facility and accept that they are binding on me/us																			
I. CH	ANGE	/CAN	NCELLA	TION	O	FN	OM	INA	TIO	N									
Depositor(s) can change / cancel the nomination at any point of time by	filling with	h the co	ompany the	presc	ribed	form	ı. The	pre	scribe	d form i	s avail	able	on th	ne Co	mpau	sy's w	obsite		
II. CHANGE /C	ANCEL	LATI	ON/ADI	DITIC	ON C	OF I	но	LDE	R(S)									
Depositor(s) are allowed to change/cancel/add the joint holder(s) only at	the time	of rene	wal. in casi	of the	dea	th of	the	holde	er(s), s	econd/t	hird (i	fan	/) the	hold	ing is	cance	elled		
automatically on submission of the certified copy of death certificate.																			
	II. TRAN	SMISS	SION PRO	CEDU	RES	5													
Deposit(s) cannot be transmitted in favour of nominee, the default option	is preclos	ure in c	ase of deat	h of th	e hole	der(s).												
For Transmission of deposit(s), the joint holder(s) should submit the following	A																		
i) Deposit Receipt(s), duly discharged by all the holders with revenue	stamp (ii)	Certifie	d copy of I	eath (Certifi	icate	of th	e de	cease	i holder	(s) (iii) An	y doc	umen	tary				
evidence that may be called for by the company at that time.					Larges														
ii) Transfer of deposti(s) in favour of holder(s) shall be a valid discharg			A Comment	-			*1	n		(character)	H	- 548.	in kilo o		to at	and Maria	T.A.		
 Deposit(s) that is/are preclosed/transmitted in favour of holder(s) no thereon will be repatriable. 	minee wh	10 IS a N	ion-Reside	nt will	be on	ny or	Non	-Kep	atriac	ie basis	.(Le.n	eithe	er the	princ	apal	nor the	e inter	est	
*FOR NRI DEPOSITORS ONLY																			
a) I/We hereby declare that the amount deposited with Mahindr	a and Ma	hindra l	Financial S	ervice	s Ltd.	rep	eser	its ar	nount	s transf	erred	fron	NRC	Aco	ount.	Furth	er this	amo	200
does not represent inward remittance from Overseas to NRC															- Cantin	4 . Sept. 144.	W4 . W110		-
b) I/We hereby declare that my stay in India during the financia	l year		does	not ex	ceed	will	not e	xcee	d 182	days &	hence	l wi	ll be	a non	-resi	dent d	uring	the s	ai
financial year.																			
Note: NRI's & PIO's Deposits will be accepted for a	maxim	um p	eriod of	3 уе	ars.														
FATCA DECLARATION:-		er ven			-200	- 20													
Certification I/We have understood the information requirements of the Form as per ti this form is true carrect and complete. VWe also confirm that VWe have read underst									1000										
details as provided / available in the records of Mahindra & Mahindra Financial Service for more details)	es Limited (The Com	pany') will be	used fo	W CBD	or nep	orting	(Plea	se refe	FATCA I	erms &	con	litions						
(/We hereby expressly consent to MMFSL to search, download, Upload/share with Cent	ral KYC regi	istry & re	eceive inform	ation th	rough	SMSA	r-mail	an tr	e abov	ė register	ed moi	bile n	umber	/e-mai	id fo	the pu	upose	of KYC	
compliance. I/We hereby provide our consent to MMFSL to obtain and/or submit my / our information.	on from/to	Credit inf	formation Co	mpany a	and/or	inform	matio	utilin	ty and/	or such i	nshtut	OVT 56	t up u	nder t	he pvo	wiskins	of tax	from	EAR
to time, as and when required. (We hereby expressly consent and authorize MMFSL to make telephone calls, send SN	ISs. WhiatsA	ρρ mussa	aging & servi	ces, Em	alls, Ut	SSD, V	toice s	ervici	es, Past	Notifica	tions, C	ell B	nadca	st, MM	S, Loc	ation-b	ased S	ervice	į,
and to enable mobile Solutions to inform/benefit me on any given options																			
Vernacular Declaration: I/We confirm that the terms and conditions are explained by		CA.	kdvisor) in _							anguage	t, I has	ne un	derst	ood a	nd ag	nee to	the te	rms (ario
conditions mentioned on AGF																			
DECLARATION: We hereby sectore that the amount being deposited herewith is	ř			_															
not out of any funds acquired by meas by borrowing or accepting from any other person, sive declare that the first name depositive is the beneficial owner of this some																			
deposit & is to treated as the payer for the purpose of deduction of Tax under section. 194A of the Income Tax, 1983. (We have read the Terms & conditions of Deposits &																			
agree to abide by them.) (I've have gone strough the financial is other declarations.																			
furnished by the Company & offer conflict consideration I am/We are making the deposit with the Company at reyour own rise & solition after further declare that, VWA am/are			4 HOURS						NA MAIN							SMMIT :			
authorized to make this Deposit in the above mentioned Scheme & that the amount kept in the Deposit is through legitimate source & does not involve directly or indirectly any		minks	of Stabus					199	worr star	N9.					10/11	STAPLE	1		
proceeds of Schedule of offence 8/or is not designed for the purpose of any contravention or excession of the provisions of the Prevention of Money Laundering Act,																			
2002 & any Bules, Regulations, Notifications, Guidelines or Directions thereumier, as amended from time to time, I/We shall provide any further information & fully co-operate																			
in any investigation as & when required by the Company in accordance with the																			
applicable Law, I/We further affers that the information/details provided by requesis/are						1													
true & correct in all respect & nothing has been concealed:																			1
take a correct in an respect a nathing has been concessed. (take a Place)						L							_						
L. D.L. Y.L.																			
Cate & Pilice																			
"Thumb impressions must be attested by Magistrate or																			
"Thumb impressions must be attested by Magistrate or							***************************************	Lond-		onsh									
"Thumb impressions must be attested by Magistrate or	1177771100		ant Signatur Case of Min				*2"/	Applic	ant Sp	grature				*3" A	pptica	unt Sig	nature		