

Third Applicant <input type="checkbox"/> Individual <input type="checkbox"/> Non Individual	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> NRI-Non Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> HUF	<input type="checkbox"/> AOP	<input type="checkbox"/> PIO	<input type="checkbox"/> Company
	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FIs	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> BOI	<input type="checkbox"/> OCI	<input type="checkbox"/> LLP	<input type="checkbox"/> Bank	<input type="checkbox"/> FI	<input type="checkbox"/> Society / Club
	<input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> QFI	<input type="checkbox"/> FPI	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Non Profit Organisation	<input type="checkbox"/> Others _____	(Please specify)		

5b. Occupation Details [Please tick (✓)]

Sole/First Applicant Please select any one	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Student	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Retired
	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Others _____	(Please specify)				
Second Applicant Please select any one	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Student	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Retired
	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Others _____	(Please specify)				
Third Applicant Please select any one	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Student	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Business	<input type="checkbox"/> Retired
	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Others _____	(Please specify)				

5c. Gross Annual Income / Net-worth (Rs.)

Sole/First Applicant (Please select any one)	Gross Annual Income or Net-worth	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1 - 5 Lacs	<input type="checkbox"/> 5 - 10 Lacs	<input type="checkbox"/> 10 - 25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
	(Mandatory for Non-Individuals) Rs. _____	as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Not older than 1 year)					
Second Applicant (Please select any one)	Gross Annual Income or Net-worth	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1 - 5 Lacs	<input type="checkbox"/> 5 - 10 Lacs	<input type="checkbox"/> 10 - 25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
	(Mandatory for Non-Individuals) Rs. _____	as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Not older than 1 year)					
Third Applicant (Please select any one)	Gross Annual Income or Net-worth	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1 - 5 Lacs	<input type="checkbox"/> 5 - 10 Lacs	<input type="checkbox"/> 10 - 25 Lacs	<input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> >1 Crore
	(Mandatory for Non-Individuals) Rs. _____	as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Not older than 1 year)					

5d. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

Sole/First Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable
Second Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable
Third Applicant (Please select any one)	<input type="checkbox"/> I am a PEP	<input type="checkbox"/> I am Related to a PEP	<input type="checkbox"/> Not Applicable

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

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
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 _____	<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 <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> 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	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Country of Tax Residency	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Tax Identification Number OR Functional Equivalent	(1) (2) (3)	(1) (2) (3)	(1) (2) (3)
Identification Type (TIN of other, Please specify)	(1) (2) (3)	(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

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax identification Numbers to its residents.
Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected).
Reason C → Others; please state the reason thereof _____

Refer General Instructions 4C and 19

7. BANK ACCOUNT DETAILS OF THE FIRST / SOLE APPLICANT (For redemption purpose) (Refer General Instruction 6 & 10) (Mandatory to attach proof, in case the pay-out bank account is different from the bank account mentioned under Section 8 below.)

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 No.					MICR Code			
(The 9 digit code appears on your cheque next to the cheque number)								
Account Type (Please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others (please specify) _____		
IFSC Code***	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
*** Refer General 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 8) via Direct credit/ RTGS/ NEFT facility unless specified otherwise in writing.

✂ TEAR HERE ✂

Scheme Name	Plan	Option / Sub-option / Facility	Frequency
Mahindra _____	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-investment	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Others _____
Cheque / DD / Payment Instrument No. & Date	Drawn on (Bank and Branch)	Amount in Figures (Rs.)	

Frequency Monthly* Quarterly (*Default Frequency)

SIP/ Micro SIP Date 1st 5th 10th* 15th 20th 25th (*Default Date)

8. INVESTMENTS & PAYMENT DETAILS [Please (✓)] (Refer Instruction 7 for Scheme details and Instruction 5 & 8 for Payment and Third Party Payment Details)
The name of the first/ sole applicant must be pre-printed on the cheque for lumpsum investment/ SIP Registration.

Scheme Name	Plan	Option / Sub-option / Facility	Frequency
Mahindra _____	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-investment	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Others _____

Note: Multiple cheques not permitted with single application form. Note: For Default options, please refer KIM.

8A. For Lumpsum Investment Payment Type Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

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

8B. For investment through SIP / Micro SIP mode (Refer General Instruction 7) Payment Type Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

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	End On	M M Y Y Y Y	OR <input type="checkbox"/> Until cancelled	Cheque Amount@ (Rs.)	_____
First SIP/ Micro SIP Transaction via Cheque No.	_____	Cheque Dated	D D M M Y Y Y Y	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 M M Y Y Y Y TO M M Y Y Y Y No. of cheques attached

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

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

*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	Beneficiary Account No.			

10. NOMINATION (Refer Instruction 14) (Mandatory for new folios of Individuals where mode of holding is single) (For Units in Non-Demat Form)

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

OR
[Please (✓)] I/We do not wish to Nominate

11. DECLARATION & SIGNATURE/S (Refer Instruction 13)

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 of the Schemes 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 the 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/advance 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 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. I/We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We shall be liable for it. 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 promptly i.e. within 30 days of such change and also undertake to provide any other additional information as may be required at your end. **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.)

Sign Here _____ First / Sole Applicant/ Guardian / PoA Holder / Karta	Sign Here _____ Second Applicant	Sign Here _____ Third Applicant
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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.

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-77875			E027739	

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.

Sign Here First/ Sole Applicant/ Guardian / PoA Holder / Karta	Sign Here Second Applicant	Sign Here Third Applicant
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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: First / Sole Investor	Name	
Folio No.(Existing Unitholder)	KYC Identification Number	
PAN / PEKRN^	Enclosed <input checked="" type="checkbox"/> #KYC Proof <input type="checkbox"/> Existing UMRN	(If UMRN is registered in the folio)
Scheme Name	Select your plan	Option
	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct 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
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 End On

M	M	Y	Y	Y	Y
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 OR Until cancelled

First SIP/ Micro SIP Transaction via Cheque No. _____ **Cheque Dated**

D	D	M	M	Y	Y	Y	Y
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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 <table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	I	N									Beneficiary Account No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
I	N																																
CDSL	DP NAME _____	Beneficiary Account No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															

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.

Sign Here First/ Sole Applicant/ Guardian / PoA Holder / Karta	Sign Here Second Applicant	Sign Here Third Applicant
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^Refer General instruction No 15 in the KIM for PAN/PEKRN. # Please attach KYC proof if not already KYC validated

TEAR HERE

UMRN

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 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	0	0	0	0	0	0	0	0	0	0	0	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

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 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 <u>DD / MM / YYYY</u>	Sign Here	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
	To <u>DD / MM / YYYY</u>	Name	(1) As in bank records	(2) As in bank records	(3) As in bank records
	Or <input type="checkbox"/> Until Cancelled				