

## **COMMON TRANSACTION FORM**

| (for Single Transaction I | by Existing I | nvestor Only |
|---------------------------|---------------|--------------|
|---------------------------|---------------|--------------|

| (PLEASE F                                     | READ THE INSTRUCTION  | ONS BEF                          | ORE FIL      | LING U      | P THE F    | ORM)         |            |                               |  |        |         |           |        |          | DAT      | E      | D     |                                   | D       | Μ     | Μ               | Y        | Y        | Y | Y |
|---|---|----------------------------------|--------------|-------------|------------|--------------|------------|-------------------------------|--|--------|---------|-----------|--------|----------|----------|--------|-------|-----------------------------------|---------|-------|-----------------|----------|----------|---|---|
| ARN-109217 Sub Agent's ARN / Bank Branch Code |   |                                  |              |             |            |              |            |                               | Internal Code for Sub-Agent / Employee |        |         |           |        |          |          |        |       | Employe E-150257 In Number (EUIN) |         |       |                 |          |          |   |   |
| I/We here<br>notwithstand                     | ion - Upfront commission sha<br>eby confirm that the EUIN box<br>ding the advice of in-appropria<br>nts, if mode of holding is joint] | x has been in<br>iateness, if ar | ntentionally | / left blar | k by me/us | as this is a | an "execut | ion-only                      | "trans                                 | action | ı witho | it any in | teract | ion or a | dvice by | the er | mploy | ee/rela                           | tionshi | p man | ager/sal        | es perso | n of the |   |   |
| First/ S                                      | Sign H  |                                  | A Holder     | / Karta     | i          |              |            |                               | Sign                                   |        | cant    |           |        | _        |          |        |       |                                   |         |       | gn He<br>d Appl |          |          |   | _ |
| Joint Hol                                     | e Account Holder:<br>der 1 / Guardian:  |                                  |              |             |            |              |            |                               |  |        |         |           |        |          |          |        |       |                                   |         |       |                 |          |          |   |   |
| Joint Hol                                     | <b>der 2:</b><br>desiring to get allotm   | nent of ur                       | nits in de   | emater      | alized m   | node ins     | stead o    | f physi                       | ical n                                 | node   | shou    | ld pro    | ovide  | the c    | letails  | in th  | neir  | dema                              | t acco  | ount  | below           | :        |          |   |   |
| NSDL  | DP NAME   |                                  |              |             |            |              | _ DP       | DID                           | L                                      | Ν      |         |           |        |          |          |        |       | ficiar<br>Int N                   |         |       |                 |          |          |   |   |
| <b>CDSL</b><br>Please atta                    | <b>DP NAME</b>  | atement/                         | <br>Client N | /aster F    | orm to e   | nable u      | Ac         | <b>nefici</b><br><b>count</b> | No.                                    | atac   | coun    | detai     | ils.   |          |          |        |       |                                   |         |       |                 |          |          |   |   |
| Importan                                      | It: Names, mode of ho   | olding, PA                       | AN detail    | ls, etc. (  | of the Inv | estor w      | /ill be v  | erified                       | lagai                                  | inst t | he De   | posite    | ory d  |          |          |        |       |                                   |         |       |                 |          |          |   |   |

### Scheme Name/Plan/Option\*:

|   | Amount ₹: Pay Mode: ☐ Funds Trfr ☐ RTGS/NEFT ☐ Cheque/DD No. |           |                 |                           |  |  |  |  |  |
|---|--|-----------|-----------------|---------------------------|--|--|--|--|--|
| Additional Purchase   | Bank Name:   | Date:     | A/c type: 🗌 Sav | ring □Current □NRE □Other |  |  |  |  |  |
|   | Pay in A/c No.:  | Branch:   |                 |                           |  |  |  |  |  |
| Switch To   | Amount ₹:  | Or Units: |                 | Or 🗌 All Units            |  |  |  |  |  |
| Switch Io   | Scheme/Plan/Option/Sub Option:                               |           |                 |                           |  |  |  |  |  |
| Redemption  | Amount ₹:  | Or Units: |                 | Or 🗌 All Units            |  |  |  |  |  |
| Redemption  | Credit redemption proceeds to registered** Bank Name:        | A/c No    |                 |                           |  |  |  |  |  |
| * Mandatory, else transaction may be rejected, ** Mention your bank account for redemption proceeds, if multiple bank accounts are registered, else Default account will be considered. |  |           |                 |                           |  |  |  |  |  |

# COMMON TRANSACTION FORM DECLARATION((S) AND SIGNATURE(S)

relization of payment. In case the verification fails, units will be credited in physical mode.

#### The Trustee, Mahindra Mutual Fund

I/We have read and understood the contents of the scheme related documents (i.e. Scheme Information Document / Key Information Memorandum & Statement of Additional Information) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. 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. The amount invested in the Scheme(s) 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

| First Unitholder / Authorised Signatory | Second Unitholder | Third Unitholder |  |
|---|-------------------|------------------|--|

#### . Common Instructions:

- 1. Please read the Scheme related documents, Addenda, KIM carefully before submitting the form.
- 2. KYC: According to guidelines issued by SEBI under 'The Prevention of Money Laundering Act, 2002, it is made compulsory for all unitholders to be KRA-KYC compliant while making an application for subscription of units. For more information on KRA-KYC, please log on to www.mahindramutualfund.com before investing. Applications are liable to be rejected without any intimation to the applicants, if required KRA-KYC compliance is not complied by all the unit holders. In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request form' and submit the same at Point of Service of any KYC Registration Agency.
- 3. If the broker details are changed / re-written, please countersign near the broker box for confirmation.
- 4. Employee Unique Identification Number (EUIN): For applications routed through distributors, in addition to the ARN of the distributor, Unitholders are requested to also provide the EUIN of the individual ARN holder or of employee/relationship manager/sale person of the Distributor interacting with the investor. Providing appropriate EUIN would assist in tackling the problem of mis-selling even if the Sales personnel on whose advice the transaction was executed by investor reveaues the employee/relationship manager/sale person of the Distributor risk/nersub broker. If the distributor has not given any advice pertaining to the investment (i.e. transaction is 'execution only'), then the EUIN box may be left blank, but it would be mandatory for the investor to provide signed confirmation as mentioned in the form. EUIN is not required to be provided for redemption transactions.
- 5. In case ARN No/ Broker Code is mentioned in the form, but 'Direct Plan' is indicated, the ARN No/ Broker Code will be ignored and the application will be processed under Direct Plan under respective scheme, subject to it being complete in all other aspects. Further, where application is received for 'Regular Plan' without Distributor code or 'Direct' mentioned in the ARN Column, the application will be processed under 'Direct Plan' of the scheme.

#### B. Specific Instructions For Additional Purchases:

- To make an additional purchase, the first unit holder should be one of the bank account holders in the pay-in bank account i.e. the bank account used for issuing the payments to the Mutual Fund. Unitholder should attach necessary supporting documents as required by the Mutual Fund, if this is not evidenced on the payment cheque/funds transfer/RTGS/NEFT request, or demand drafts.
- 2. Additional Purchase request should necessarily mention the pay-in bank account details i.e. account number and bank, branch name used for issuing the payments to the Mutual Fund.
- 3. Payment through Stock invest, outstation cheques, and third party payments will not be accepted. D.D. charges, if any, would be borne by the AMC only for the investors residing at places which are not covered by our offices / authorised centres. The maximum charges so borne by the AMC would be restricted to limits as prescribed by State Bank of India.
- C. Specific Instructions For Redemption/Switch: Redemption may not be processed if folio number and full scheme name including plan and option is not mentioned. Redemptions/Switches will be processed only if amount/ units is clearly mentioned. If there is no sufficient amount/ units, the balance available free units in the respective account/folio will be redeemed/ shifted /switched. Proceeds of any redemption request will be sent only to a bank account that is already registered in the folio at the time of redemption transaction processing.

|                           | *   | - — — — TEAR HERE - — — -                               | - *                    |                       |
|---------------------------|---|---|------------------------|-----------------------|
| Mahing<br>MUTUAL F        |   | ledgement Slip (To be filled by the app                 | licant) Application    | No.:                  |
| Head Office : Sadhana H   | House, 1st Floor, 570 P B Marg, Worli, Mumbai – 400 | 0018. Phone: +91-22-66327900, Toll Free No.: 1800 419 6 | 244.<br>Date :         | D D M M Y Y Y Y       |
| Received from Mr./Ms./M/  | ′s.   |   | Date .                 |                       |
| transaction form for Addi | itional Purchase/Switch/Redemption of/from Scheme   | e to Scheme   |                        | ISC Stamp & Signature |
| ofRs                      | OR  | units.  |                        |                       |
| Contact Us                | www.mahindramutualfund.com                          | 📞 1800 419 6244 🖂 ml                                    | investors@mahindra.com |                       |