

Broker Code	Mahindra & Mahindra Financial Services Limited CIN: L65921MH1991PLC059642 APPLICATION FORM FOR FIXED DEPOSIT UPTO 5 CRORE (Please write in BLOCK LETTERS and [v] the appropriate box)	APPL. No.
Sub-Broker Code		

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.

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

Cumulative			Non-Cumulative		
<input type="checkbox"/> 12 Months	<input type="checkbox"/> 24 Months	<input type="checkbox"/> 36 Months	<input type="checkbox"/> 12 Months	<input type="checkbox"/> 24 Months	<input type="checkbox"/> 36 Months
<input type="checkbox"/> 48 Months	<input type="checkbox"/> 60 Months		<input type="checkbox"/> 48 Months	<input type="checkbox"/> 60 Months	

Existing FDR/ Folio		Interest Payment Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly
Auto Renewal: Yes <input type="checkbox"/> No <input type="checkbox"/> Renewal for: <input type="checkbox"/> Principal amount <input type="checkbox"/> Principal with Interest Amount						
*Default option will be autorepayment on maturity if no selection is made.						

FDR Despatch Mode (Tick only One): ☐ E-Receipt ☐ Physical Receipt ☐ Registered Post ☐ Courier

All (*) Fields are Mandatory Rates w.e.f. 19th September 2023.

FIRST APPLICANT: (in Capital Letters) <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Master	
Applicant Name: <input type="text"/>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Other
DOB/ Age: <input type="text"/>	
Father's Name: <input type="text"/>	
Mother's Name: <input type="text"/>	
Spouse Name: <input type="text"/>	
Guardian's Name: <input type="text"/>	
Pan No.:	MANDATORY KYC Number (Central KYC Registry)
Minor Pan(If Applicable):	MANDATORY
Nationality:	MANDATORY Country of Birth: MANDATORY City of Birth: MANDATORY
(If national of more than one country, please mention all the countries separated by a comma)	
Occupation: <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector	
<input type="checkbox"/> Govt. Sector <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others <input type="text"/>	
Address Type: <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	
Permanent Address / Tax Residency Address of Sole/First Applicant: (Refer to Clause 2 of Terms & Conditions)	
City	State Country Pin
Address Type: <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	
Mailing Address of First Applicant: (Refer to Clause 2 of Terms & Conditions)	
City	State Country Pin
Tel	MANDATORY Mobile: MANDATORY Email:

Tax Residence details as applicable: (MANDATORY)

(Please indicate ALL the Countries in which you are a resident for tax purposes and associated Tax ID number below)

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

Status: <input type="checkbox"/> Domestic Company <input type="checkbox"/> Resident Individual <input type="checkbox"/> HUF <input type="checkbox"/> Trust <input type="checkbox"/> NRI <input type="checkbox"/> Others	*DEPOSIT PAYABLE TO Please(v) any one <input type="checkbox"/> First Holder <input type="checkbox"/> Either or Survivor
Category: <input type="checkbox"/> Public <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Director/Relatives of a Director <input type="checkbox"/> Shareholder (DP/Client) ID	
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Relative of PEP <input type="checkbox"/> Employee Token No. <input type="checkbox"/> Employee's Relative (Relation with Employee is) <input type="checkbox"/> Retired Employees	
Annual Income: <input type="checkbox"/> Up to ₹5,00,000 <input type="checkbox"/> ₹5,00,001 to ₹10,00,000 <input type="checkbox"/> ₹10,00,001 to ₹25,00,000 <input type="checkbox"/> ₹25,00,001 to ₹50,00,000 <input type="checkbox"/> ₹50,00,001 to ₹1,00,00,000 <input type="checkbox"/> ₹1,00,00,001 & above	

☐ Please recover Income Tax as applicable and issue me TDS Certificate/s as applicable for each financial year. ☐ Form 15H/ 15G is enclosed. Therefore, do not deduct Income Tax.

Bank Details of the Sole / First Applicant for Repayment (Please attach a copy of your Bank's Personalised cheque for verification)

Name of Bank	Branch
Account Number	MICR Code
NEFT IFSC Code	

Amount of Deposit

*Rs. (In words)

*Mode of Payment

Cheque / Demand Draft No.	Dated	DDMMYY	Renewal Of FDR
Drawn on Bank	Branch		
Name of Account Holder:	Bank Account Details:		

Mahindra & Mahindra Financial Services Ltd. - Acknowledgement Slip (Collection Bank)

APPL. No.

Received with thanks from Mr/Mrs/Ms. Cheque/ DD/ FD (in case of renewal) No. For Rs. dated. drawn on. Bank. branch as Fixed Deposit under Cumulative / Non-Cumulative Scheme for a period of months(s)

Following Documents Received: (Self Attested)

☐ Aadhaar Card ☐ Passport ☐ Pan Card Intimation Letter ☐ Driving License ☐ Voter ID ☐ Job Card issued by NREGA duly signed by an officer of the State Government (on behalf of Mahindra & Mahindra Financial Services Ltd.)
☐ Personalised Cancelled cheque ☐ Form 15G ☐ Form 15H ☐ Birth Certificate in case of Minor (Valid subject to realisation of cheque / demand draft)

Collection Bank

SECOND APPLICANT: (in Capital Letters)			<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Master								
*Applicant Name:				FIRST NAME	MIDDLE NAME	SURNAME								
*Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	*Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Other	*DOB/ Age	DDMMYYYY	AGE				
*Father's Name:	Mr.	FIRST NAME	MIDDLE NAME	SURNAME										
Mother's Name:	Mrs.	FIRST NAME	MIDDLE NAME	SURNAME										
Spouse Name:	Mr./Mrs.	FIRST NAME	MIDDLE NAME	SURNAME										
Guardian's Name:	Mr./Mrs./Miss	FIRST NAME	MIDDLE NAME	SURNAME										
*Pan No.:	MANDATORY			CKYC Number (Central KYC Registry)										
Minor Pan(If Applicable):*	MANDATORY													
*Nationality:	(If national of more than one country, please mention all the countries separated by a comma)			MANDATORY			*Country of Birth	MANDATORY			*City of Birth	MANDATORY		
*Occupation:	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector						
	<input type="checkbox"/> Govt. Sector	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Others	SPECIFY									
*Address Type:	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office											
*Permanent Address / Tax Residency Address of Second Applicant: (Refer to Clause 2 of Terms &Conditions)														
City					State	LANDMARK				Country	Pin			
*Address Type:	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office											
*Mailing Address of Second Applicant: (Refer to Clause 2 of Terms &Conditions)														
City					State					Country	Pin			
Tel	MANDATORY			*Mobile	MANDATORY			*Email						
Tax Residence details as applicable: (MANDATORY)														
(Please indicate ALL the Countries in which you are a resident for tax purposes and associated Tax ID number below)														
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														
THIRD APPLICANT: (in Capital Letters)			<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Master								
Applicant Name:*				FIRST NAME	MIDDLE NAME	SURNAME								
Gender: *	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	Marital Status:*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Other	DOB/ Age*	DDMMYYYY	AGE				
Father's Name:*	Mr.	FIRST NAME	MIDDLE NAME	SURNAME										
Mother's Name:	Mrs.	FIRST NAME	MIDDLE NAME	SURNAME										
Spouse Name:	Mr./Mrs.	FIRST NAME	MIDDLE NAME	SURNAME										
Guardian's Name:	Mr./Mrs./Miss	FIRST NAME	MIDDLE NAME	SURNAME										
*Pan No.:	MANDATORY			CKYC Number (Central KYC Registry)										
Minor Pan(If Applicable):*	MANDATORY													
*Nationality:	(If national of more than one country, please mention all the countries separated by a comma)			MANDATORY			*Country of Birth	MANDATORY			*City of Birth	MANDATORY		
Occupation:	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector						
	<input type="checkbox"/> Govt. Sector	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Others	SPECIFY									
Address Type:	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office											
*Permanent Address / Tax Residency Address of Third Applicant: (Refer to Clause 2 of Terms &Conditions)														
City					State					Country	Pin			
*Address Type:	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office											
Mailing Address of Third Applicant* : (Refer to Clause 2 of Terms &Conditions)														
City					State					Country	Pin			
Tel	MANDATORY			*Mobile*	MANDATORY			Email*						
Tax Residence details as applicable: (MANDATORY)														
(Please indicate ALL the Countries in which you are a resident for tax purposes and associated Tax ID number below)														
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														
IDENTIFICATION OF DEPOSITORS (Refer Terms & Condition): To Comply with "Know your Customer" Guidelines for NBFCs prescribed by the Reserve Bank of India, new investors should provide self attested copy of any one of the following documents (which contains the photograph of the concerned first depositor) for identification & proof of residential address.														
<input type="checkbox"/> Passport (Expiry Date: _____) <input type="checkbox"/> PAN Card with address proof <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar Card														
In case, KYC Document address differs from mailing address please furnish: <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Letter from any recognised public authority <input type="checkbox"/> Bank Account statement <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Letter from employer														

Nomination

I / we above named depositor/s ☐ do not wish to nominate / ☐ wish to nominate following person to whom in the event of my / our / minor's death the amount of this deposit may be returned by Mahindra & Mahindra Financial Services Limited.

*Name of the Nominee Mr. / Ms. / Mrs.

Date Of Birth

*Relation of Nominee with 1st Depositor

Guardian's Name Mr. / Ms. / Mrs.
(if Nominee is Minor)

Address of Nominee

City

State

Country

Pin

Tel

M A N D A T O R Y

*Email

*Mobile

Depositors are strongly advised to have their accounts in joint names or use nomination.

1st Applicant Signature - _____ 2nd Applicant Signature - _____ 3rd Applicant Signature - _____

Witness 1 Signature - _____ Witness 2 Signature - _____

I/We have read and understood the nomination rules prescribed by Reserve Bank of India and the Procedure terms and conditions laid down by the Company governing the nomination facility and accept that they are binding on me/us

I. CHANGE /CANCELLATION OF NOMINATION

Depositor(s) can change / cancel the nomination at any point of time by filling with the company the prescribed form. The prescribed form is available on the Company's website.

II. CHANGE /CANCELLATION/ADDITION OF HOLDER(S)

Depositor(s) are allowed to change/cancel/add the joint holder(s) only at the time of renewal. In case of the death of the holder(s), second/third (if any) the holding is cancelled automatically on submission of the certified copy of death certificate.

II. TRANSMISSION PROCEDURES

Deposit(s) cannot be transmitted in favour of nominee, the default option is preclosure in case of death of the holder(s).

For Transmission of deposit(s), the joint holder(s) should submit the following.

- Deposit Receipt(s), duly discharged by all the holders with revenue stamp (ii) Certified copy of Death Certificate of the deceased holder(s) (iii) Any documentary evidence that may be called for by the company at that time.
- Transfer of deposit(s) in favour of holder(s) shall be a valid discharge by the company against the legal heirs.
- Deposit(s) that is/are preclosed/transmitted in favour of holder(s) nominee who is a Non-Resident will be only on Non-Repatriable basis.(i.e.neither the principal nor the interest thereon will be repatriable.

*FOR NRI DEPOSITORS ONLY

- ☐ a) I/We hereby declare that the amount deposited with Mahindra and Mahindra Financial Services Ltd. represents amounts transferred from NRO Account. Further this amount does not represent inward remittance from Overseas to NRO account or transfer of funds from NRE/FCNR (B) accounts to NRO account"
- ☐ b) I/We hereby declare that my stay in India during the financial year _____ does not exceed/will not exceed 182 days & hence I will be a non-resident during the said financial year.

Note: NRI's & PIO's Deposits will be accepted for a maximum period of 3 years.

FATCA DECLARATION:-

Certification: I/We have understood the information requirements of the Form as per the CBDT notified Rules 114F to 114H 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 understood the Terms and Conditions below and hereby accept the same. I/We understand that my personal details as provided / available in the records of Mahindra & Mahindra Financial Services Limited ('the Company') will be used for CBDT reporting.(Please refer FATCA terms & conditions for more details)

I/We hereby expressly consent to MMFSL to search, download, Upload/share with Central KYC registry & receive information through SMS/e-mail on the above registered mobile number/e-mail id for the purpose of KYC compliance.

I/We hereby provide our consent to MMFSL to obtain and/or submit my / our information from/to Credit Information Company and/or information utility and/ or such institution set up under the provisions of law from time to time, as and when required.

I/We hereby expressly consent and authorize MMFSL to make telephone calls, send SMSs, WhatsApp messaging & services, Emails, USSD, Voice services, Push Notifications, Cell Broadcast, MMS, Location-based Services, 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 _____ (Advisor) in _____ language, I have understood and agree to the terms and conditions mentioned on AOF.:

DECLARATION: I/We hereby declare that the amount being deposited herewith is not out of any funds acquired by me/us by borrowing or accepting from any other person. I/We declare that the first name depositor is the beneficial owner of this joint deposit & is to be treated as the payee for the purpose of deduction of Tax under section 194A of the Income Tax, 1961. (I/We have read the Terms & conditions of Deposits & agree to abide by them.) I/we have gone through the financial & other declarations furnished by the Company & after careful consideration I am/We are making the deposit with the Company at my/our own risk & volition. I/We further declare that, I/We am/are 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 proceeds of Schedule of offence &/or is not designed for the purpose of any contravention or evasion of the provisions of the Prevention of Money Laundering Act, 2002 & any Rules, Regulations, Notifications, Guidelines or Directions thereunder, 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 affirm that the information/details provided by me/us is/are true & correct in all respect & nothing has been concealed.

Date & Place : _____

**Thumb impressions must be attested by Magistrate or

Notary Public or Special Executive Officer.

Signature

Designation / Authority

Annex a latest
photograph
with signature
(DO NOT STAPLE)

Annex a latest
photograph
with signature
(DO NOT STAPLE)

Annex a latest
photograph
with signature
(DO NOT STAPLE)

*1st Applicant Signature
(Guardian in case of Minor)

*2nd Applicant Signature

*3rd Applicant Signature