

mahindra FINANCE

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 • Whatsapp @70663 31234 • 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.*†	Effective Yield p.a.**	Period (Months)	Interest p.a.*#/% (Monthly)	Interest p.a.*#/% (Quarterly)	Interest p.a.*#/% (Half Yearly)	Interest p.a.*#/% (Yearly)
Rs. 5,000†	12	5380	7.60%	7.60%	12	7.20%	7.25%	7.35%	7.60%
	24	5805	7.75%	8.05%	24	7.25%	7.35%	7.50%	7.75%
	36	6307	8.05%	8.72%	36	7.50%	7.60%	7.80%	8.05%
	48	6815	8.05%	9.08%	48	7.50%	7.60%	7.80%	8.05%
	60	7364	8.05%	9.45%	60	7.50%	7.60%	7.80%	8.05%
					Minimum Amount	Rs. 50,000†		Rs. 25,000†	

Rates w.e.f. 19th September 2023.

Note :-

* Senior citizens will get an additional interest rate of 0.25% p.a. for deposits upto Rs. 5 Crore.

† Employees / Employees' relatives and Retired Employees / Retired Employees' relatives will get an additional rate of 0.35% p.a. for deposits upto Rs.5 Crore. (All Mahindra Group Company Employees).

Government approved relationship proof documents to be furnished. Employee must be the second applicant.

The Additional rate of 0.25% and 0.35% is not applicable for 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 the Quarterly on 30th June, 30th September, 31st December & 31st March, for Yearly on 31st March and for Monthly on the last working day of the Month.

** If the Deposit is made within a period of 1 month prior to any of the payment date, the interest for the part period will be paid on the next interest payment date without any deferral interest for the broken period

†† Compounded Annually-In case of Cumulative Deposits, interest is compounded before deduction of Tax.

\$ Samruddhi- Cumulative and Non-Cumulative Deposits: Application can be submitted physically or through online mode.

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

HEAD OFFICE 3rd Floor, Agastya Corporate Park, Piramal Amity Building, Kuria West, Mumbai -400022.

AHMEDABAD REGIONAL OFFICE : 11/1, 11/2, 11/3, FIRST FLOOR CITY MALL COMPLEX, S G HIGH WAY, BESIDE RAJPATH CLUB, ABOVE ASHRAY RESTAURANT, AHMEDABAD M CORP. AHMEDABAD M CORP. TLK, AHMEDABAD DIST, GUJARAT - 380059	DIBRUGARH REGIONAL OFFICE : 2nd Floor, BACK SIDE OF THE BUILDING, AMOLAPATY, NH 37, OPP GOVT. GIRLS HIGER SECONDARY SCHOOL, DIBRUGARH, ASSAM, 786001.
ALLAHABAD REGIONAL OFFICE : FIRST FLOOR, 52/E42, TASHKAND MARG, CIVIL LINE, ALLAHABAD CB, ALLAHABAD CB TLK, ALLAHABAD DIST, UTTAR PRADESH - 211001	FAIZABAD REGIONAL OFFICE : GROUND FLOOR, PLOT NO-282, LAXMAN DAS COMPLEX, DEVKALI BY PASS, OPP-SHASHI GAS SERVICE, FAIZABAD MB, FAIZABAD MB TLK, FAIZABAD DIST. UTTAR PRADESH-224011.
AURANGABAD REGIONAL OFFICE : SECOND FLOOR, RATNAPRABHA BUILDING, OFF NO 02, ADALAT ROAD, OPP LIC OFFICE, AURANGABAD M CORP., AURANGABAD M CORP. TLK AURANGABAD DIST, MAHARASHTRA-431001	GUWAHATI REGIONAL OFFICE : THIRD FLOOR, KUSHAN PLAZA, G.S.ROAD OPP DISTUR PETROL PUMP, GANESHGURI DISPUR, GUWAHATI, GUWAHATI MUNICIPAL CORP. GUWAHATI, ASSAM - 781006
BANGALORE REGIONAL OFFICE : 4TH FLOOR, PRESTIGE TOWERS, JAYANAGAR 4TH BLOCK, RESIDENCY ROAD, OPP VIJAYA COLLEGE, BANGALORE, KARNATAKA-560025	HYDERABAD REGIONAL OFFICE : 1ST FLOOR, VV TOWERS, KHARKHANA, TIRUMALGHERRY ROAD, BESIDES MC DONALDS, SECUNDERABAD, SECUNDERABAD TLK, HYDERABAD DIST, TELANGANA - 500009
BHOPAL REGIONAL OFFICE : 4TH FLOOR, SHOP NO 5 & 6, MAPLE HIGHT STREET, PLOT NO.46, CODE50, VIDYANAGAR PHASE II SCHEME BAWARIYA KALAN, NH 12 HOSHANGABAD ROAD, OPP: AASHIMA MALL, BHOPAL, MADHYA PRADESH - 462026	INDORE REGIONAL OFFICE : FIFTH FLOOR, SHAGUN ARCADE 503 A B ROAD, RASOMA CIRCLE ABOVE APNA SWEET, INDORE M CORP., INDORE M CORP. TLK, INDORE DIST, MADHYA PRADESH-452010
BHUBANESHWAR REGIONAL OFFICE : FIRST FLOOR, PLOT NO 511, CUTTACK PURI ROAD, BESIDE PUNJAB NATION BANK, MANCHESWAR INDUSTRIAL ESTATE, BHUBANESHWAR M - 10 TLK, KHURDA DIST, ORISA-751010	JABALPUR REGIONAL OFFICE : FIRST FLOOR, PANCHRATAN TOWERS, 1700 MODELROAD, ABOVE AXIS BANK NEAR BUS STAND, JABALPUR CANTT. (CB), JABALPUR TLK, JABALPUR DIST, MADHYA PRADESH- 482001
CHANDIGARH REGIONAL OFFICE : SCF-33 34 AND 35, SECOTR 34A, 4TH FLOOR, NEAR REGIONAL PASSPORT OFFICE, CHANDIGARH, CHANDIGARH, CHANDIGARH-160034	JAIPUR REGIONAL OFFICE : PLOT NO 24 25 & 26 03RD FLOOR MAHINDRA TOWER, TONK ROAD, DURGA VIHAR COLONY, JAIPUR (M CORP) (PART), JAIPUR TLK, JAIPUR DISTM RAJASTHAN-302015
CHENNAI REGIONAL OFFICE : 4TH FLOOR, ASV RAMANA TOWERS AT NO.37 & 38, VENKAT NARAYANA ROAD, T NAGAR, CHENNAI, TAMIL NADU-600017	KOLHAPUR REGIONAL OFFICE : 2ND FLOOR, OFFICE NO. 13-A-2, GEMSTONE COMMERCIAL BUILDING, 'E' WARD, CTS NO. 517/2, NEW SAHJUPURI, NEAR CENTAL BUS STAND, KOLHAPUR (M CORP), KARVIR TLK, KOLHAPUR DIST, MAHARASHTRA - 416003
COCHIN REGIONAL OFFICE : 2ND & 3RD FLOOR, NOEL HOUSE, PALARIVATTOM-KAKKANAD ROAD, THRIKKAKARA NORTH PART, KANAYANNUR TLK, ERNAKULAM DIST, KERALA - 682021	KOLKATA REGIONAL OFFICE : 06, DOVER LANE, FIRST FLOOR, PO. DESHPRIYA PARK, PLOT-G 1 BLOCK-EP & GP SECTOR-V SALT L, P.S. GARIAHAT, KOLKATA, WEST BENGAL, 700029.
COIMBATORE REGIONAL OFFICE : SECOND FLOOR, SHREE LAKSHMI NARASHIMHAR TOWERS, AVINASHI ROAD, PAPPANAIKENPALAYAM, COIMBATORE M CORP., COIMBATORE M CORP. TLK, COIMBATORE DIST, TAMIL NADU-641037	LUCKNOW REGIONAL OFFICE : 5TH FLOOR, MILLENIUM SQUARE PLOT NO-2, IBB-2, SUSHANT GOLF CITY - LUCKNOW, INDIRA NAGAR, SHAHEED PATH, NEAR GD GOENKA PUBLIC SCHOOL, LUCKNOW-UTTAR PRADESH, 226030
DEHRADUN REGIONAL OFFICE : 3RD FLOOR, SOSHIL TOWER, CURZON ROAD, NEAR DALANWALA THANA, DEHRADUN, DEHRADUN, UTTARACHAL, 248001	MEERUT REGIONAL OFFICE : 1ST FLOOR, PARSAR TRADE TOWER, BC 2/3, DELHI ROAD, NEAR TATA MOTORS, SHATABDI NAGAR, MEERUT, UTTAR PRADESH, 250103
DELHI REGIONAL OFFICE : 3RD & 4TH FLOOR, UNIT NO 301-304/ 404-405, PLOT NO 23, AGARWAL CORPORATE TOWER, RAJENDRA PLACE, NEW DELHI, DELHI, 110008	MUZAFFARPUR REGIONAL OFFICE : THIRD FLOOR, OM SHANTI COMPLEX, ZILA SCHOOL ROAD, OPP ZILA SCHOOL, ABOVE ALLAHABAD BANK, MUZAFFARPUR M CORP. MUZAFFARPUR M CORP. TLK, MUZAFFARPUR DIST, BIHAR-842002
NASHIK REGIONAL OFFICE : S-7 TO S-11 II FLR SUYOJIT CITY CENTRE, MUMBAI NAKA NEAR NEAR SHATABDI HOSPITAL, OPP MUMBAI MAHAMARG BUS STAND, NASHIK (M CORP) NASHIK TLK, NASHIK DIST, MAHARASHTRA-422011	NAGPUR REGIONAL OFFICE : GROUND FLOOR, KH. NO. 414, GANESH PETH, CIVIL LINES, RAMBAGH ROAD, NEAR ST STAND, NAGPUR M CORP. NAGPUR M CORP. TLK, NAGPUR DIST, MAHARASHTRA-440018
PATNA REGIONAL OFFICE : 1ST FLOOR, MOHALLA, S K PURI, NO 3031/1495A WARD NO 21, NCC 229, PATNA M CORP., PATNA M CORP, PATNA, BIHAR-800001	SIMLA REGIONAL OFFICE : SECOND FLOOR, DYERTON ESTATE, NH-22, DYERTON BIZ HUB, SHIMLA, HIMACHAL PRADESH-171002
PUNE REGIONAL OFFICE : 05TH FLOOR MISEM BUILDING 19/12 PLOT NO 15, OFF KARVE ROAD, NEAR SHARDA CENTRE, PUNE, HAVELI TLK, PUNE DIST, MAHARASHTRA-411004	THANE REGIONAL OFFICE : FIRST FLOOR, PREMISES NO 101, SAI PLAZA, KAPURBAWDI, GHODBUNDER ROAD, ABOVE VIDAY SALES SHOWROOM, THANE, THANE TLK, THANE DIST, MAHARASHTRA-400607
RAIPUR REGIONAL OFFICE : THIRD FLOOR, ALASKA CORPORATES, G E ROAD, OPP VIP ROAD NEAR MAGNETO MALL, RAIPUR M CORP. RAIPUR M CORP. TLK, RAIPUR DIST, CHHATTISGARH-492001	UDAIPUR REGIONAL OFFICE : 2ND FLOOR, 29, MEERA BHAVAN, HIRAM MAG, SECTOR 08, MAIN ROAD, OPP SIDDHI VINAYAK HOSPITAL, UDAIPUR RAJASTHAN, 313002
RANCHI REGIONAL OFFICE : GROUND FLOOR, FLAT NO 301, SHREE MOHAN COMPLEX, SITA COMPOUND, GPO, MAIN ROAD, BEHIND MAXX SHOW ROOM, RANCHI, RANCHI M CORP. TLK, RANCHI, JHARKHAND, 834001	UPPER ASSAM REGIONAL OFFICE : FOURTH FLOOR, STAR CITY ULUBARI, G.S. ROAD, NEAR HANJUMAN MANDIR, GUWAHATI, PALTAN BAZAR TALLUK, KAMRUP, ASSAM-781007
SATNA REGIONAL OFFICE : FIRST FLOOR, MAIN ROAD, LANE NO 2, OPP BHARUT HOTEL, RAJENDRA NAGAR, SATNA, MADHYA PRADESH, 485001	VARANASI REGIONAL OFFICE : FIRST FLOOR, SRI DASS FOUNDATION BUILDING, S 20/51- 5 & S 20/52- 4, MALL ROAD, ABOVE UBI BANK, VARANASI M CORP. TLK, VARANASI, UTTAR PRADESH - 221002
SILIGURI REGIONAL OFFICE : SILIGURI REGIONAL OFFICE 3RD FLOOR, PARAGANA BAIKANTHAPUR, WARD NO.42, SEVOKE ROAD, OPP OF SBI ZONAL OFFICE, SILIGURI MUNICIPAL CORPORATION, SILIGURI, DARJEELING, WEST BENGAL. 734008.	

Collection Bank :  **HDFC BANK**
we understand your world

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.

Registered Office: Gateway Building, Apollo Bunder, Mumbai - 400 001. India

Broker Code
Sub-Broker Code

Mahindra & Mahindra Financial Services Limited

APPL. No.

CIN: L65921MH1991PLC059642
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.

*** 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 Monthly Quarterly Half Yearly Yearly

Auto Renewal: Yes No Renewal for: Principal amount 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) Mr Ms Mrs Master

Applicant Name: *

Gender: * Male Female Transgender Marital Status: * Married Unmarried Other DOB/ Age: *

Father's Name: *

Mother's Name:

Spouse Name:

Guardian's Name:

Pan No.: * CKYC Number (Central KYC Registry)

Minor Pan (if Applicable): *

Nationality: * Country of Birth: * City of Birth: *

Occupation: * Business Professional Self Employed Retired Housewife Student Public Sector Private Sector

Address Type: * Residential Business Registered Office

Permanent Address / Tax Residency Address of Sole/First Applicant: (Refer to Clause 2 of Terms & Conditions)

City State Country Pin

Address Type: Residential Business Registered Office

Mailing Address of First Applicant: (Refer to Clause 2 of Terms & Conditions)

City State Country Pin
Tel Mobile 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: Domestic Company Resident individual HUF Trust NRI Others.....
Category: Public Senior Citizen Director/Relatives of a Director Shareholder [DP/Cient] ID.....
 Politically Exposed Person (PEP) Relative of PEP Employee Token No..... Employee's Relative (Relation with Employee is.....) Retired Employees
Annual Income: Up to ₹5,00,000 ₹5,00,001 to ₹10,00,000 ₹10,00,001 to ₹25,00,000 ₹25,00,001 to ₹50,00,000 ₹50,00,001 to ₹1,00,00,000 ₹1,00,00,001 & above

***DEPOSIT PAYABLE TO**
Please (V) any one
 First Holder
 Either or Survivor

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. *Rs. (In words)

***Mode of Payment**

Cheque / Demand Draft No. Dated 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

Collection Bank
(Valid subject to realisation of cheque / demand draft)

SECOND APPLICANT: (in Capital Letters) Mr Ms Mrs Master

*Applicant Name: F I R S T N A M E M I D D L E N A M E S U R N A M E

*Gender: Male Female Transgender *Marital Status: Married Unmarried Other *DOB/ Age D D M M Y Y Y Y A G E

*Father's Name: Mr. F I R S T N A M E M I D D L E N A M E S U R N A M E

Mother's Name: Mrs. F I R S T N A M E M I D D L E N A M E S U R N A M E

Spouse Name: Mr./Mrs. F I R S T N A M E M I D D L E N A M E S U R N A M E

Guardian's Name: Mr./Mrs./Miss F I R S T N A M E M I D D L E N A M E S U R N A M E

*Pan No.: M A N D A T O R Y CKYC Number (Central KYC Registry)

Minor Pan(If Applicable):* M A N D A T O R Y

*Nationality: M A N D A T O R Y *Country of Birth M A N D A T O R Y *City of Birth M A N D A T O R Y

(If national of more than one country, please mention all the countries separated by a comma)

*Occupation: Business Professional Self Employed Retired Housewife Student Public Sector Private Sector

Govt. Sector Agriculture Proprietorship Others S P E C I F Y

*Address Type: Residential Business Registered Office

*Permanent Address / Tax Residency Address of Second Applicant: (Refer to Clause 2 of Terms & Conditions)

L A N D M A R K City State Country Pin

*Address Type: Residential Business Registered Office

*Mailing Address of Second Applicant: (Refer to Clause 2 of Terms & Conditions)

City State Country Pin Tel M A N D A T O R Y *Mobile M A N D A T O R Y *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) Mr Ms Mrs Master

Applicant Name:* F I R S T N A M E M I D D L E N A M E S U R N A M E

Gender: * Male Female Transgender Marital Status: * Married Unmarried Other DOB/ Age* D D M M Y Y Y Y A G E

Father's Name:* Mr. F I R S T N A M E M I D D L E N A M E S U R N A M E

Mother's Name: Mrs. F I R S T N A M E M I D D L E N A M E S U R N A M E

Spouse Name: Mr./Mrs. F I R S T N A M E M I D D L E N A M E S U R N A M E

Guardian's Name: Mr./Mrs./Miss F I R S T N A M E M I D D L E N A M E S U R N A M E

*Pan No.: M A N D A T O R Y CKYC Number (Central KYC Registry)

Minor Pan(If Applicable):* M A N D A T O R Y

*Nationality: M A N D A T O R Y *Country of Birth M A N D A T O R Y *City of Birth M A N D A T O R Y

(If national of more than one country, please mention all the countries separated by a comma)

*Occupation: Business Professional Self Employed Retired Housewife Student Public Sector Private Sector

Govt. Sector Agriculture Proprietorship Others S P E C I F Y

Address Type: Residential Business Registered Office

*Permanent Address / Tax Residency Address of Third Applicant: (Refer to Clause 2 of Terms & Conditions)

City State Country Pin

*Address Type: Residential Business Registered Office

Mailing Address of Third Applicant* : (Refer to Clause 2 of Terms & Conditions)

City State Country Pin Tel M A N D A T O R Y Mobile* M A N D A T O R Y 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.

Passport (Expiry Date:) PAN Card with address proof Voter Identity Card Driving Licence Aadhaar Card

In case, KYC Document address differs from mailing address please furnish: Telephone Bill Letter from any recognised public authority Bank Account statement Electricity Bill 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	

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.

- i) 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.
- ii) Transfer of deposit(s) in favour of holder(s) shall be a valid discharge by the company against the legal heirs.
- iii) 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 : _____

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)

**Thumb impressions must be attested by Magistrate or Notary Public or Special Executive Officer.

Signature _____ Designation / Authority _____

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

*2nd Applicant Signature

*3rd Applicant Signature

FATCA –CRS Annexure for Individual Customer

Details under FATCA and CRS

(Please consult your professional tax advisor for further guidance on you tax residency, if required. In case of joint holders, this declaration to be obtained for each holder of such account)

1. Name of Customer											
2. Customer ID											
3. Nationality											
(If national of more than one country, please mention all the countries separated by a comma)											
4. Country of Birth											
5. City of Birth											
6. Address Type	<input type="checkbox"/> Residential			<input type="checkbox"/> Business			<input type="checkbox"/> Registered Office				
7. Tax residence address											
Landmark						City					
State						Country					
Pin											
8. Father's Name											
(Mandatory if PAN is not available)											
9. Spouse Name						Optional					
10. PAN											
11. Date of Birth	D	D	M	M	Y	Y	Y	Y			
12. Aadhaar Number											
13. Occupation	<input type="checkbox"/> S-Service		<input type="checkbox"/> B-Business		<input type="checkbox"/> O-others		<input type="checkbox"/> NA-Categorized				

14. Identification Type and Identification Number (Document Submitted as proof of identity of the Individual):

Name of the Document Submitted: _____

Identification Number: _____ Date of Expiry: _____

15. Tax Residence details as applicable to you:

(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 Others%, 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 equivalent⁵

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 and understood the Term 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 Service ('the Company') will be used for CBDT reporting (Please refer our detailed T&C for further details)

Name:

Signature:

Date: _____

FATCA-CRS self-certification for Non-Individual Entities

Date: DD / MM / YYYY

Place: _____

AOF Number _____

{All Questions from 1 to 6 are mandatory}

1. Name of the entity: _____

2. Customer ID (Applicable for existing customer): _____

3. a) Country of incorporation: _____ b) Place/City of incorporation: _____

c) Date of Commencement of Business DD / MM / YYYY

4. a) Is the entity a tax resident of any country/ies outside India Yes No

(If yes, please fill Annexure 1)

b) Is the entity incorporated or organized in the United States (including a Trust, if the trustee is a U.S. citizen or resident)

Yes No (If Yes, please fill Annexure 1)

5. Questions relevant for entity FATCA and CRS classification

(Please consult your professional tax advisor for further guidance on tax residency and FATCA & CRS classification)

a. Is the entity a Governmental entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the above mentioned entity types Yes No

(If yes, please sign the declaration on Page 2; If No, go to next question)

b. Is the entity a Financial Institution¹ (FI) OR a Direct Reporting NFE Yes No

(If yes, please fill Annexure 1; If No, please go to next question)

c. Is the entity a publicly traded corporation/ a related entity of a publicly traded corporation

i. Publicly traded corporation Yes No

(If yes, please specify any one stock exchange upon which the stock is regularly traded)

Name of the stock exchange _____

ii. Related entity of a publicly traded corporation Yes No

If yes, please provide below details:

Name of the listed company, the stock of which is regularly traded _____

Name of the stock exchange _____

Nature of relation:

Subsidiary of the listed company Controlled by a listed company or under common control

(If answer to Q.6(c)(i) or Q.6(c)(ii) above is Yes, please sign the declaration on Page 2; If No, go to next question)

d. Does the entity have any ultimate beneficial owners (incl. controlling persons) who are tax residents (incl. U.S. citizens/green card holders) of countries other than India Yes No (If Yes, please fill Annexure 1)

e. I/We have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and definitions in Part C to this Form) and hereby confirm that the information provided by me/us on this Form including the taxpayer identification number is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA Terms and Conditions below and hereby accept the same.

Name: _____

Designation: _____

Signature: _____

Place: _____

Date: _____

Annexure - 1

This Annexure is in continuation to the "Extended Declaration for entities" and is required to be filled based on responses to the main form

PART A: Details required from all customers filling Annexure 1

Name of Entity _____ AOF Number _____

6. a) Identification Number (please provide any one) ({Mandatory})

Select ID Type

CIN Global Entity Identification Number TIN Other _____

Provide the ID Number for above _____

b) Identification Number issuing country _____

ADDRESS AND CONTACT DETAILS(Mandatory)

7. Address for tax purpose: Same as registered Add Same as mailing Add

8. Address type for the above: Residential or business Residential Business Registered Office

PART B: To be filled as applicable

9. Details of foreign tax residency and associated TIN (please fill if answer to Q.5(a) is YES):

Country/(ies) of tax residency	Tax Identification Number [%]	Identification Type (TIN or Other [%] , please specify)

[%]In case Tax Identification Number is not available, kindly provide functional equivalent²

10. Is the entity a specified U.S. Person (please fill if answer to Q.5(b) is YES) Yes No

(If No, please mention entity's exemption code³: _____)

11. Entity FATCA classification and other details (Mandatory)

²It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

³Refer Part C, 3 (viii)

12(A) - (to be filled by Financial Institutions or Direct Reporting NFEs)* - please fill if answer to Q.6(b) is YES		
We are a: <input type="checkbox"/> Financial institution ⁴ OR <input type="checkbox"/> Direct reporting NFE ⁵ (please tick as appropriate) <i>*If the entity is a Financial Institution and located outside India, please fill 12(B)</i>	GIIN: _____ <i>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below:</i> Name of sponsoring entity: _____	GIIN not available (please tick as applicable): <i>Following options available only for Financial Institutions:</i> <input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for (Please specify sub-category ⁶ _____) <input type="checkbox"/> Not obtained
12 (B) - (to be filled by Financial Institution that is a tax resident outside India)(Mandatory)		
1.	Whether the Financial Institution is located in a CRS jurisdiction? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please refer to the list of signatories to CRS given in the following link http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/) (if No, please go to Q. 2)	
2.	Whether FI is an 'Investment Entity'? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> (Please refer definition 1(iii) of Part C of the FATCA-CRS declaration) (If yes, please go to Q.. 3)	
3.	The entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity and the gross income of the entity is primarily attributable ⁷ to investing, reinvesting, or trading in financial assets. Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please additionally fill Annexure 2)	
12(C) - (please fill ANY ONE as appropriate; to be filled by NFEs other than Direct Reporting NFEs) - please fill if answer to Q.6(d) is YES		
C1	Is the Entity an active NFE ⁸	<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify the sub-category of Active NFE: _____ (Mention code – refer 2c of Part C)
C2	Is the Entity a passive NFE ⁹ (if Yes, please fill Annexure 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No

⁴Refer 1of Part C

⁵Refer 3(vii) of Part C

⁶Refer 1A. of Part C

⁷Entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:

(i) the three-year period ending on 31 March of the year preceding the year in which the determination is made; or

(ii) the period during which the entity has been in existence.

⁸ Refer 2c of Part C

⁹Refer 3(ii) of Part C

Annexure – 2

Beneficial Owner/ Controlling Person Declaration (For Company/Partnership/LLP/AOP/BOI/Trust)

AOF Number _____

Summary of controlling persons/ beneficial owner

Sl No	Name of Controlling Person	Controlling Person Type Code
1		
2		
3		
4		
5		
6		

Details of Controlling Person (Please use below provided format for each controlling person)

1.	Name of the controlling person(mandatory)	
2.	Controlling person type code (mandatory)	
3.	Date of birth (mandatory)	
4.	PAN (optional)	
5.	Customer ID (if available)	
6.	Percentage of ownership/capital/profits (mandatory)	
7.	Place / City of Birth (mandatory)	
8.	Country of Birth (mandatory)	
9.	Gender (mandatory)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
10.	Marital Status (mandatory)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others
11.	Father's name (mandatory)	
12.	Nationality (Please specify country) (mandatory)	
13.	Aadhaar No(Optional)	
14.	Mother's Name (optional)	
15.	Maiden Name (if any)	
16.	Country of tax residence* (Mandatory)	
17.	Tax identification number (or functional equivalent of country other than India) %	
18.	Tax identification number type (for country other than India)	
19.	Address (Mandatory)	
	Address - City (Mandatory)	

Mahindra FINANCE

CIN: L65921MH1991PLC059642

	Address - State (Mandatory)		
	Address - Country (Mandatory)		
	Address - Pin Code (Mandatory)		
20.	Address Type for above (Mandatory)	<input type="checkbox"/> Residential / Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	
21.	Mobile Number (Mandatory)		
22.	Telephone Number (with ISD &STD code)		
23.	Occupation Type (Mandatory)	<input type="checkbox"/> - Service Provide <input type="checkbox"/> - Others <input type="checkbox"/> B-Business <input checked="" type="checkbox"/> - Not Categorized	
24.	Proof of Identity [@] (Mandatory) (Tick relevant and mention the details)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> PAN No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Any other Government Issued Doc _____ Mention ID no _____ Expiry Date: DD / MM / YYYY	
25.	Proof of Address (Mandatory) (attach self attested proof) (any one) (Please select any one Address proof)	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID No. <input type="checkbox"/> PAN No. <input type="checkbox"/> Driving License No. <input type="checkbox"/> Aadhaar No. <input type="checkbox"/> NREGA Job Card No. <input type="checkbox"/> Any other Government Issued Doc _____	
26.	Spouse's name (Optional)		

*To include US, where controlling person is a US citizen or green card holder. Please provide ALL the countries of tax residency and corresponding TINs.

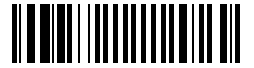
%In case Tax Identification Number is not available, kindly provide functional equivalent

@ Permissible values are:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Passport – (With expiry date) • Election ID card • Driving License– (With Expiry Date) • PAN Card | <ul style="list-style-type: none"> • UIDAI Letter • ID Card • NREGA Job card • Others |
|--|---|

Name of Director/Partner/Member/Trustee

(Signature & seal of any of the Directors/Partners/Members/Trustees)



DECLARATION FOR BENEFICIAL OWNERSHIP

Date :

D	D

M	M

Y	Y	Y	Y

Entity Name :

Entity Customer ID

--	--	--	--	--	--	--	--	--	--

Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(only for existing customers)

I/We hereby declare that following **natural person(s)** (listed in table below) are Beneficial Owners (BOs)** in the aforementioned entity.

Sr No	Name of Beneficial Owner(s)	Date of Birth	Designation of Beneficial Owner (i.e. Beneficiary/Trustee/Settlers/Director/Partners etc)	Percentage holding as per BO definition
1				
2				
3				
4				
5				

Does th

Yes, (Attach the comprehensive Beneficial ownership structure/tree) No

OR

I/We hereby declare that there are **no natural person(s) beneficial owners in terms of the** definition of Beneficial Owner ** in the entity, therefore details of senior managing officials/key managerial persons are mentioned in below table.

Sr No	Name of Senior Managing Official	Date of Birth	Designation of Senior Managing Official (i.e. MD, CEO etc)
1			
2			
3			

The **Customer Onboarding Form (For Authorised Signatories/ Beneficial Owners / Controlling Persons)** for each beneficial owner is accordingly filled and submitted.

OR

I/We hereby declare that company is listed on _____ (Name of Stock Exchange) OR is a majorly owned subsidiary of _____ (Name of Listed Company) listed on _____ (Name of Stock Exchange).

The Entity undertakes that the facts stated hereinabove are true and correct.

The Entity undert the table, in terms of the below mentioned definition of BO.

Name of Director / Partner / Trustee / Member / Authorised Signatory

(Signature & Seal of the any of the Directors/Partners/Trustee/Member / Authorised Signatory)

** As per RBI KYC Master Direction, Beneficial Owner (BO) is defined as:

a. Where the customer is a company, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical persons, has/have a controlling ownership interest or who exercise control through other means.

Explanation- For the purpose of this sub-clause-

“Controlling ownership interest” means ownership of/entitlement to more than 25 per cent of the shares or capital or profits of the company.

“Control” shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements.

b. Where the customer is a partnership firm, the beneficial owner is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has/have