### Investors must read the Key Information Memorandum and the General Instructions before completing this Form.

KEY PARTNER / AGENT INFORMATION (Refer O	eneral Instruction 1)				
ARN & ARN Name	Sub Agent's ARN / Bank Branch Code	Employee Unique Identification Number (EUIN)	RIA/PMRN Name & Code	Internal Code for Sub-Agent / Employee	FOR OFFICE USE ONLY (TIME STAMP)
ARN-183038	ARN-	E			
Consent for sharing Transaction Feed with RL   //We hereby give my/our consent to share/provide the transa Advisor (RIA) or SEBI Registered Portfolio Manager (PMRN). EUIN Declaration (only where EUIN box is left   //We hereby confirm that the EUIN box has been intentionally	ction feed / portfolio holdings/ NAV etc. <b>blank) (Refer General Instru</b> left blank by me/us as this transaction i	. in respect of my/our investments under <b>Iction 1</b> ) is executed without any interaction or ad	Direct Plan in the scheme(s) of Mahindra Man		
advice of in-appropriateness, if any, provided by the employee/rel	lationship manager/sales person of the	distributor/sub broker.			
Sign Here		Sign Here		Sign Here	
First/ Sole Applicant/ Guardian / PoA Holder / Ka		Second Applicant		Third Applicant	
TRANSACTION CHARGES FOR APPLICATION				inite Applicant	
(Please (✓) any one) □ lama first time investor in Mutual F In case the purchase/subscription amount is Rs. 10,000 or more and your I SIP/Micro SIP are deductible only if the total commitment of investment (i shall be paid directly by the investor to the ARN Holder (AMFI registered Dis <b>1.EXISTING UNIT HOLDER INFORMATION (If</b> 3	Distributor has opted in to receive Transacti .e. amount per SIP/Micro SIP installment x stributor) based on the investors'assessme	ion Charges, the same are deductible as appl No. of installments) amounts to Rs. 10,000/- nt of various factors including the service rer	or more and shall be deducted in 3-4 installment dered by the ARN Holder.	s. Units will be issued against the balance a	mount invested. Upfront commission
FOLIO NO.:		The details	in our records under the folio num	ber mentioned alongside will	apply for this application
2. MODE OF HOLDING [Please tick (√)	] Single 🔄 Joint 🔄 A	nyone or Survivor			
3. UNIT HOLDER INFORMATION (Refer Generation)	al Instruction 4)				
NAME OF FIRST / SOLE APPLICANT (In case of M	linor, there shall be no jointh	olders) [Name and DOB shall be as	per PAN for non-individual investors]		
PAN#/ PEKRN#	KYC Identification	No. (KIN):		[Please (✔)]	#KYC Proof Attached(Mandatory)
GENDER Male Female Other  Date of birth and Proof of Date of birth is mandatory in case of im mentioned in the application form or not available in KRA records or i MAILING ADDRESS OF FIRST / SOLE APPLICAN	n case of mismatch of date of birth. ** R	date of birth is available in KRA records t Refer General Instruction 4F.	he same shall be updated for this folio / inve	of date of birth (in case of a structure of a struc	
CITY	- Cou	ATE	de Telephone	PIN CODE	
Mobile No.		Res.		Fax	
Overseas Address (Mandatory for NRI/PIO/FPI	Applications)	□ I/w	e wish to receive physical copy of the Annual Rep	port or Abridged Summary thereof (Applic	able only if email id is not available
^^ On providing email-id investors shall receive scheme wise annual report or an a NAME OF GUARDIAN (in case of First / Sole Appli			ieneral Instruction 9)	#Please attach Proof. Refer General instruction	No 15 for PAN/PEKRN and No 17 for KYC
Mr. Ms. M/s.			Mobile N	lo.	
PAN#/ PEKRN#	KYC Identification	No. (KIN):		[Please (✓)]	#KYC Proof Attached(Mandatory
Relationship with Minor@ Please (🗸 ) 🗌 Father	☐ Mother ☐ Court appoint	ted Legal Guardian	Proof of relationship	o with minor@ Please (🗸) 🗌	Attached @ Mandatory
ADDITIONAL DETAILS REQUIRED (in case of nor	n-individual Investors)	Conta	act Person Name		
Designation	Mobile No.		Email		
* The Legal Entity Identifier (LEI) is a 20-digit number used to uniquel (RTGS) and National Electronic Funds Transfer (NEFT). In absence of LE					
Mahindra ()) Manulife Fund			Ackno	owledgement Slip (To be	filled by the applicant
Head Office : Sadhana House, 1st Floor, 570 P B Marg, Worli, M	umbai – 400018.	Date :	M M Y Y Y Y	ISC Stamp 8	Signature
Received from Mr./Ms./M/s an application for allotment of Units of the Plan / Option (as mention	ned overleaf) of Mahindra Manulife Mu	itual Fund - along with Cheque / Demand	I Draft / Payment Instrument as detailed		
overleaf.					continued overlea

MUTUAL FUND

4. JOINT APPLICANT D	DETAILS, If an	y ( Refe	er Gene	ral Ins	tructi	ion 4) (	in Case	of Mir	or, the	re shal	l be n	o joir	nt holders)											
I. NAME OF SECON	D APPLICA	ANT	Mr.	Ms.	M/s.																			
KYC Identification No.	(KIN):												PAN#/ PEKRN	ŧ								ER □ Male □ Fe se (✓)] □ #KYC F		
Mobile No.								^^	Email I	d										DATE OI			-	Υ Υ Υ
I/we wish to receiv	ve physical o	сору о	of the A	nnua	l Rep	ort or	Abridg	jed Si	ımmaı	ry ther	eof (/	Appl	icable only if e	mail i	d is not	availab	ole)							
II. NAME OF THIRD	APPLICAN	T	Mr.	Ms.	M/s.																			
KYC Identification No.	(KIN):												PAN#/ PEKRN	ŧ								ER □ Male □ Fe se (✓)] □ #KYC F		
Mobile No.								~^	Email I	d										DATE OI		D D M N		Y Y Y
I/we wish to receiv	ve physical o	сору о	of the A	nnua	l Rep	ort or	Abridg	jed Si	ımmaı	ry ther	eof (/	Appl	icable only if e	mail i	d is not	availab	ole)							
# Please attach Proof. Re										ummary	y ther	eof/ a	account stateme	nts/ sta	tutory a	nd othe	r docun	nents k	oy email. (Re	efer Gene	eral Instruction	on 9)		
5. APPLICANT DE	TAILS (Man	datory	y) (Refe	er gen	eral i	instruc	tion 4)																	
5a. Status of Appli	cants (Refe	r Gene	eral Ins	tructi	on4D	) (Plea	se tick	one)																
Sole/First Applicant	Resident l		ial		_	-			-	on Repat	triatio	n	Partnership		🗌 Tru						AOP	PIO		Company
<ul> <li>Individual</li> <li>Non Individual</li> </ul>	🔲 Body Corp		Resident	t in Indi		_	nalf of M	_	] FPI				OCI Sole Propriet	orship		P on Profit	Organisa		Bank		☐ FI	Society ,	Club	(Please specify)
Second	🗌 Resident l	ndividu	al			] NRI-Re	epatriati	on 🗌	] NRI-No	on Repat	triatio	n	Partnership		🗌 Tru	ıst			🗌 HUF		🗌 АОР	D PIO		Company
Applicant <ul> <li>Individual</li> <li>Non Individual</li> </ul>	🗌 Body Corp 🗌 Foreign Na		Resident	t in Indi		] On Bel ] QFI	nalf of M		] BOI ] FPI				OCI Sole Propriet	orship		P on Profit	Organisa		☐ Bank ☐ Others _		FI FI	Society ,	Club	(Please specify)
Third	Resident l	ndividu	ial			] NRI-Re	patriati	on 🔽	] NRI-No	on Repat	triatio	n	Partnership		∏ Tru	ıst			□ HUF		AOP	T PIO		Company
Applicant <ul> <li>Individual</li> <li>Non Individual</li> </ul>	— ☐ Body Corp ☐ Foreign Na		Resident	t in Indi		_ ] On Bel ] QFI	nalf of M		] BOI ] FPI				□ OCI □ Sole Propriet	orship		P on Profit (	Organisa		── Bank ── Others _		FI	Society /	Club	(Please specify)
5b. Occupation De	tails [Place	ticl	k ( /)1																					
50. Occupation De			K (√ )]												·			)f:						

Sole/First Applicant Please select any one	Private Sector Service     Agriculturist	Public Sector Service Proprietorship	Government Service Others	Student	Professional (Please specify)	Housewife	Business 🗌	Retired
Second Applicant Please select any one	Private Sector Service Agriculturist	Public Sector Service Proprietorship	Government Service Others	Student	Professional (Please specify)	☐ Housewife	Business	C Retired
Third Applicant Please select any one	Private Sector Service Agriculturist	Public Sector Service Proprietorship	Government Service	Student	Professional (Please specify)	🗌 Housewife	Business 🗌	C Retired

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

Sole/First Applicant	Gross Annual Income	🗌 Below 1 Lakh	🔲 1 - 5 Lakhs	🔲 5 - 10 Lakhs	🗌 10 - 25 Lakhs	25 Lakhs - 1 Crore	□ >1 Crore			
(Please select any one)	or Net-worth	(Mandatory for Non-Indivi	duals) Rs		as on D D	as on D D M M Y Y Y Y (Not older than 1 year)				
Second Applicant	Gross Annual Income	🗌 Below 1 Lakh	🔲 1 - 5 Lakhs	🔲 5 - 10 Lakhs	🔲 10 - 25 Lakhs	25 Lakhs - 1 Crore	□ >1 Crore			
(Please select any one)	or Net-worth	(Mandatory for Non-Indivi	duals) Rs		as on DDMM YYYY (Not older than 1 year					
Third Applicant	Gross Annual Income	Below 1 Lakh	🔲 1 - 5 Lakhs	🔲 5 - 10 Lakhs	🗌 10 - 25 Lakhs	25 Lakhs - 1 Crore	□ >1 Crore			
(Please select any one)	or Net-worth	(Mandatory for Non-Indivi	duals) Rs		as on DD	M M Y Y	Y (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)	🗌 I am a PEP	□ I am Related to a PEP	Not Applicable
Second Applicant (Please select any one)	🗌 I am a PEP	I am Related to a PEP	□ Not Applicable
Third Applicant (Please select any one)	🗌 I am a PEP	☐ I am Related to a PEP	□ Not Applicable

TEAR HERE ⊁

Scheme(s)/Plan(s)/Option(s)/ Sub-c	option(s)			
Cheque / DD / Payment Instrument No. & Date		Drawn on (Bank and Branch)	Amount in Figures (Rs.)	

MUTUAL FUND

	Sole/First Applica	nt/Guardian		Second Applicant			Third Applicant					
Place of Birth												
Country of Birth												
Nationality	□Indian □U.S. [	Others, please specify	/	□Indian □U.S. □	]Others, please specify	/	□ Indian □U.S. □Others, please specify					
Tax Residence Address Type (as per KYC records)	Residential 🔲	Registered Office 🔲 B	usiness	Residential R	legistered Office 🔲 Bu	isiness	Residential R	legistered Office 🔲 Bu	isiness			
Are you a tax resident (i.e., are	🗌 Yes / 🗌 No			🗌 Yes / 🗌 No			🗌 Yes / 🗌 No					
you assessed for Tax) in any other country outside India?	If 'YES', please fill belo	ow for ALL countries (ot	her than India) in which you a	are a Resident for tax pur	rposes i.e., where you a	re a Citizen / Resident / Gree	en Card Holder / Tax Resident in the Respective countries.					
Country of Tax Residency	(1)			(1)			(1)					
	(2)			(2)			(2)					
	(3)			(3)			(3)					
Tax Identiification Number OR	(1)			(1)			(1)					
Functional Equivalent	(2)			(2)			(2)					
	(3)			(3)			(3)					
Identification Type	(1)			(1)			(1)					
(TIN of other, Please specify)	(2)			(2)			(2)					
	(3)			(3)			(3)					
If TIN is not available, please tick the reason A,B, or C (as defined below)	<b>1</b> □ A □ B □ C	<b>2</b> □ A □ B □ C	<b>3</b> □ A □ B □ C	<b>1</b> □ A □ B □ C	<b>2</b> □ A □ B □ C	<b>3</b> □ A □ B □ C	<b>1</b> □ A □ B □ C	<b>2</b> □ A □ B □ C	<b>3</b> □ A □ B □ C			
								Refer	General Instructions 4C and 19			

Reason A  $\rightarrow$  The country where the Account Holder is liable to pay tax does not issue Tax identification Numbers to its residents.

Reason B  $\rightarrow$  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\_

## 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 C	ity			
Account No.							MICR Code									(The 9 digit code appears on your cheque next to the cheque number)
Account Type (Please 🗸 )	Savings	Current	🗌 NRO	🗌 NRE	🗌 FCNR	Others (please specify)					_					
IFSC Code***						*** Refer General Instruction 6C (Mandatory for Co If you do not find this on your cheque leaf, please of	edit via RTGS / N heck for the sam	EFT) (1 e with	1 Char your b	racter co bank)	ode ap	opearing o	n your	cheque	leaf.	

Unitholders will receive redemption/dividend (IDCW) proceeds directly into their bank account (as furnished in Section 8) via Direct credit / RTGS/NEFT facility unless specified otherwise in writing.

## 8. INVESTMENTS & PAYMENT DETAILS [Please ( $\checkmark$ )] (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. FOR DEFAULT OPTIONS, PLEASE REFER KIM.

NOTE: In case of, Payment through single cheque, the cheque/DD should be issued in favour of 'Mahindra Manulife Multiple Schemes' for the total investment amount mentioned below and the cheque/DD details need to be filled only once. Same cheque cannot be used for both lumpsum & SIP investments.

8A. For Lumpsum Investment	Payment Type : 🗌 Non-Third Party Payment	Third Party Payment (Please attach 'Third Party Payment Declaration Form')
	Payment Through : Single Cheque Mult	tiple Cheques (Refer instruction 5 D)

Scheme/Plan/Option/ Sub-option	Investment Amount	DD Charges, if any	Net DD / Cheque Amount	Cheque/ DD/ Payment Instrument/ UTR No. & Date	Drawn on Bank / Branch	Bank Account Number
Mahindra Manulife						
Mahindra Manulife	TOTAL					

Payment Type : Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form') 8B. For investment through SIP / Micro SIP mode (Refer General Instruction 7) Payment Through : Single Cheque Multiple Cheques (Refer instruction 5 D)

Scheme/Plan/Option/Sub-option	SIP Installment	SIP Date(s)	E	Period	Тор-Uр	(Optional) (Refer instruct	ion 7.6)
(Mention Cheque details, if attached)	Amount (₹)	(Refer instruction 7.1)	Frequency		Top-Up Details	CAP Details (Optional)	Frequency
1. Mahindra Manulife					Amount*(₹)	CAP Amount*(₹)	□ Vee als *
			☐ Monthly*			0	☐ Yearly*
			🗌 Quarterly	End : M M Y Y Y Y	Or Percentage	OR CAP Month-Year	□ Half-yearly
Cheque No D D M M Y Y Y Y			-			MMYYYY	
2. Mahindra Manulife					Amount*(₹)	CAP Amount*(₹)	□ Va a rlu *
			☐ Monthly*				☐ Yearly*
			Quarterly	End: M M Y Y Y Y	Or Percentage	Or CAP Month-Year	□ Half-yearly
Cheque No.	TOTAL			or 🗌 Until cancelled^		M M Y Y Y Y	

\* Default Option. Note: Top-Up SIP facility is available only through NACH debit mandate. In case of Quarterly SIP and Percentage based Top up, only Yearly Top-up frequency is available. Percentage based Top-up feature is not available for Mahindra Manulife ELSS Kar Bachat Yojana. CAP Amount: Max SIP installment amount (including Top-up). In case, the SIP installment amount exceeds the maximum amount mentioned in the debit mandate, the SIP will continue with the last SIP installment amount. CAP Month-Year: Month-Year from which SIP Top-Up will be discontinued.

or existing investors if 1st SIP Installment is through NACH mandate attach 🛛 🗌 Blank cancelled cheque 🛛 OR 🔛 Copy of cheque						
	SIP through Post Dated Cheques (Use CTS (Cheque Truncation System) Cheques only)					
For SIP through Auto Debit / NACH please also fill & attach SIP	SIP 1 : Period         M         Y         Y         Y         Y         TO         M         M         Y         Y         Y         No. of cheques attached					
Registration cum Debit mandate form.	SIP 2: Period     M     M     Y     Y     Y     TO     M     M     Y     Y     Y     No. of cheques attached					
The first cheque & the Post dated cheques should be drawn on the same bank & account number.						

# Mahindra

9. UN	IIT HOLD	ING OP	TION	

MUTUAL

TON DEMAT MODE\*

(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	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)

PHYSICAL MODE (Default)

Name and Address of Nominee(s)	Relationship with	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	
	Applicant	(to be furnished in case the Nominee is a minor)		,	each Nominee (should aggregate to 100%)	
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 follows:- 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 Manulife 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 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 Manulife Investment Management Private Limited (Formerly known as 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/advice 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 hereby authorize and provide my/our consent to the AMC, its Registrar & Transfer Agent and their authorized representatives to contact me/us through various communication modes (including phone / email / SMS) to address my/our investment related queries and/or receive communications pertaining to my/our financial transactions/ non-financial transactions/ promotional/ potential investments and other communications/ materials about the mutual fund products and services offered by the Fund, irrespective of my/our blocking preferences with the Customer Preference Registration Facility. 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 HERERY 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. I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. FATCA Declaration: I hereby confirm that the information provided here in above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities. 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	Sign Here	Sign Here						
First / Sole Applicant/ Guardian / PoA Holder / Karta	Second Applicant	Third Applicant						



#### Mahindra Manulife Investment Management Private Limited

(Formerly known as Mahindra Asset Management Company Private Limited) Registered office: "A" Wing, 4th Floor, Mahindra Towers, Dr.G.M. Bhosale Marg, P.K. Kurne Chowk, Worli, Mumbai 400018 India

**Corporate Office :** Sadhana House, 1st Floor, 570, P.B. Marg, Worli, Mumbai - 400018, India Email id – mfinvestors@mahindra.com | Tel: + 91 22 66526000 | Fax: +91 22 24984170 Website: www.mahindramanulife.com | Toll free: 1800 419 6244