

COMMON APPLICATION FORM

Application No.:



Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	ISC Date Time Stamp Reference No.
9992				

Declaration for "Execution Only" Transaction (where Employee Unique Identification Number-EUIN* box is left blank). Please refer instruction 12 of KIM for complete details on EUIN. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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Please ☒ Lumpsum Investment ☐ Micro Application ☐ SIP Application

TRANSACTION CHARGES (Please ☒ any one of the below. Refer Instruction No. 11)

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR ☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

Applicable transaction charges will be deducted in case your distributor has opted for such charges. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investor's assessment of various factors including the services rendered by the ARN Holder.

1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, KIN, Section 2 & proceed to Section 7 - Investment Details]

Folio No.		CKYC Identification No. (KIN)	
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2. APPLICANT(S) NAME AND INFORMATION [Refer Instruction 2] If the 1st / Sole Applicant is Minor, then please provide details of natural / legal guardian

1st SOLE APPLICANT Mr. / Ms. / M/s.

PAN Details		KYC Pls <input checked="" type="checkbox"/> <input type="checkbox"/> Proof Attached	Pls indicate if US Person or a resident for tax purpose / Resident of Canada <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ^s (\$Default if not)
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GUARDIAN (In case 1 st Applicant is a Minor)	Relationship with Minor (Please <input checked="" type="checkbox"/>)
Mr. / Ms. / M/s.	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian

POA Details:	Name	PAN Details		KYC Pls <input checked="" type="checkbox"/> <input type="checkbox"/> Proof Attached
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Mode of Holding: ☐ Anyone or Survivor ☐ Single ☐ Joint (Please note that the Default option is Anyone or Survivor)

Contact Person for Corporate Investor: Name Designation:

3. FIRST APPLICANT AND KYC DETAILS

1st SOLE APPLICANT ☐ Individual or ☐ Non-Individual [Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. 17]

*Date of Birth/Incorporation (Individual) / (Non-individual)	D D M M Y Y Y Y	Proof of Date of Birth (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate / Mark Sheet <input type="checkbox"/> Passport of the Minor <input type="checkbox"/> Others (Please specify)
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Place of Birth / Incorporation:	Country of Birth / Incorporation:	Nationality:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
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Type: ☐ Resident Individual ☐ Sole Prop ☐ NRI - NRE ☐ Trust ☐ Bank / FIs ☐ FIs ☐ PIO ☐ Society/AOP/BOI ☐ Minor thru Guardian ☐ NRI - NRO

☐ HUF ☐ LLP ☐ Listed Company ☐ Private Company ☐ Public Ltd. Company ☐ Artificial Juridical Person ☐ Partnership Firm ☐ FOF - MF Schemes ☐ Others (Please specify)

a*. Occupation Details [Please tick (<input checked="" type="checkbox"/>)]	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (Please specify)
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b*. Gross Annual Income (₹) [Please tick (☒)] ☐ Below 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ >25 Lakh ☐ > 1 Crore

c*. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

d*. Net-worth (Mandatory for Non-Individuals) ₹ as on D D M M Y Y Y Y (Not older than 1 year)

e*. Non-Individual Investors involved/providing any of the mentioned services	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above
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4. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4]

Name of the Bank:

Core Banking A/c No.		A/c. Type Pls. (<input checked="" type="checkbox"/>)	<input type="checkbox"/> NRE <input type="checkbox"/> CURRENT <input type="checkbox"/> SAVINGS <input type="checkbox"/> NRO
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Branch Name: Address:

Bank Branch City:	State:	Pin Code	
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MICR Code		Please attach a cancelled cheque OR a clear photo copy of a cheque	IFSC Code (Mandatory for Credit via NEFT/RTGS)	
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* mandatory fields

Please Read All Instructions as given in KIM, to help you complete the Application Form Correctly.

12-2016

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS

2nd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)

PAN Details	<input type="text"/>	KYC Pls <input checked="" type="radio"/> <input type="radio"/> Proof Attached	Pls indicate if US Person or a resident for tax purpose / Resident of Canada <input type="radio"/> Yes <input type="radio"/> No* (*Default if not <input checked="" type="radio"/>)
Date of Birth (Mandatory)	<input type="text"/>	Place of Birth	
Country of Birth	Nationality:	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
a*. Occupation Details [Please tick (✓)]	<input type="radio"/> Private Sector <input type="radio"/> Public Sector <input type="radio"/> Government Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Agriculture <input type="radio"/> Proprietorship <input type="radio"/> Others (Please specify)		
b*. Gross Annual Income (₹) [Please tick (✓)]	<input type="radio"/> Below 1 Lakh <input type="radio"/> 1-5 Lakh <input type="radio"/> 5-10 Lakh <input type="radio"/> 10-25 Lakh <input type="radio"/> >25 Lakh <input type="radio"/> > 1 Crore		
c*. Politically Exposed Person (PEP) Status	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable		
d. Net-worth ₹	as on <input type="text"/>	(Not older than 1 year)	

3rd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)

PAN Details	<input type="text"/>	KYC Pls <input checked="" type="radio"/> <input type="radio"/> Proof Attached	Pls indicate if US Person or a resident for tax purpose / Resident of Canada <input type="radio"/> Yes <input type="radio"/> No* (*Default if not <input checked="" type="radio"/>)
Date of Birth (Mandatory)	<input type="text"/>	Place of Birth	
Country of Birth	Nationality:	Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
a*. Occupation Details [Please tick (✓)]	<input type="radio"/> Private Sector <input type="radio"/> Public Sector <input type="radio"/> Government Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Agriculture <input type="radio"/> Proprietorship <input type="radio"/> Others (Please specify)		
b*. Gross Annual Income (₹) [Please tick (✓)]	<input type="radio"/> Below 1 Lakh <input type="radio"/> 1-5 Lakh <input type="radio"/> 5-10 Lakh <input type="radio"/> 10-25 Lakh <input type="radio"/> >25 Lakh <input type="radio"/> > 1 Crore		
c*. Politically Exposed Person (PEP) Status	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable		
d. Net-worth ₹	as on <input type="text"/>	(Not older than 1 year)	

6a. MAILING ADDRESS [Please provide your E-mail ID and Mobile Number to help us serve you better]

Local Address of 1st Applicant

City	State	Pin Code	<input type="text"/>
Tel. Off.	Resi.	Mobile	<input type="text"/>
E - Mail^^	<input type="text"/>		

^^Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only.

6b. Mandatory for NRI / FII Applicant [Please provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address is preferred]

Overseas Correspondence Address	<input type="text"/>
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7. INVESTMENT AND PAYMENT DETAILS (For complete information on Investment Details please refer to Instructions No. 6.)

Scheme	<input type="radio"/> Regular Plan <input type="radio"/> Direct Plan <input type="radio"/> Growth (Default) <input type="radio"/> Payout <input type="radio"/> Dividend* <input type="radio"/> Reinvestment <input type="radio"/> Div frequency*				
Payment Type [Please (✓)]	<input type="radio"/> Self (Non-Third Party Payment) <input type="radio"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')				
Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)

*Dividend frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Savings Fund.

8. DEMAT ACCOUNT DETAILS - Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned under section 3 matches as per the Depository Details.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
DP Name	DP Name
DP ID <input type="text"/>	Benef. A/C No. <input type="text"/>
Enclosures - Please (✓) <input type="radio"/> Client Masters List (CML) <input type="radio"/> Transaction cum Holding Statement <input type="radio"/> Delivery Instruction Slip (DIS)	16 Digit A/C No. <input type="text"/>

9. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 9]

<input type="radio"/> PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS	OR	<input type="radio"/> I/WE DO NOT WISH TO NOMINATE				
No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship	% of Share	Signature of Nominee / Guardian
1		<input type="text"/>				
2		<input type="text"/>				
3		<input type="text"/>				

* mandatory fields

FOR NON-INDIVIDUALS ONLY

10. FATCA & CRS DETAILS (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A To be filled by Financial Institutions or Direct Reporting Non Financial Entity (NFEs)

We are a,
Financial institution ☐
or
Direct reporting NFE ☐
[Please tick (✓)]

GIIN

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

Name of sponsoring entity:

GIIN not available [Please tick (✓)] ☐ Applied for ☐ Not required to apply for - please specify 2 digits sub-category ☐ Not obtained – Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	<input type="radio"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange: <input type="text"/>
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)	<input type="radio"/> Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company: <input type="text"/> Nature of relation <input type="radio"/> Subsidiary of the Listed Company or <input type="radio"/> Controlled by a Listed Company Name of stock exchange: <input type="text"/>
3	Is the Entity an active NFE	<input type="radio"/> Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> Mention code: Refer instruction 16(c)
4	Is the Entity a passive NFE	<input type="radio"/> Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: <input type="text"/>

For details refer instruction No. 16.

11a. DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO] (Refer instruction No. 17)*

*This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company. Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E.

11b. DETAILS OF ULTIMATE BENEFICIAL OWNERS [Mandatory] (If the given space below is not adequate, please attach multiple declaration forms)

Name of UBO & Address	Address Type [§]	PAN/Tax Payer Identification No./ Equivalent ID No. [%]	Document Type Refer instruction No. 16(d)	Country of tax Residency/ permanent residency*	Country of citizenship	UBO Code (Mandatory)	KYC (Yes / NO) [please attach the KYC acknowledgement copy]	% of beneficial interest

§§ Address Type: Residential or Business (default)/Residential/Business/Registered Office. Attached documents should be self certified by the UBO and certified by the applicant or Authorised signatory. In case the above information is not provided, it will be presumed that applicant is the UBO, with no declaration to submit. In such case, MAMF/AMC reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

If passive NFE, please provide below additional details. (Please attach additional sheets if necessary). Also provide below mandatory details if the UBO does not have a PAN. (Refer Instruction No. 16)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type: Service, Business, Others Nationality: Father's Name: Mandatory if PAN is not available	DOB: Date of Birth Gender: Male, Female, Other
1. PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	Date Of Birth: Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
2. PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	Date Of Birth: Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
3. PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	Date Of Birth: Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India.

* To include US, where controlling person is a US citizen or green card holder

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

ACKNOWLEDGMENT SLIP

Received Application from Mr. / Ms. / M/s.

For ☐ Lumpsum 'OR' ☐ SIP
as per details below:

Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
	Amount (Rs.) <input type="text"/> Cheque / DD No.: <input type="text"/> Dated <input type="text"/> Bank & Branch <input type="text"/>	

Cheque / DD is subject to realisation

The detail of this page should be filled by Non-Individual investors only.

12. FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 16)**(FOR INDIVIDUALS & NON-INDIVIDUALS)****FOR INDIVIDUALS:** Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.**FOR NON-INDIVIDUALS:** Is the "Entity" a tax resident of any country other than India? ☐ Yes ☐ No

(If Yes, please provide country/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

1 st Applicant (Sole / Guardian / Non-Individual)		2 nd Applicant		3 rd Applicant	
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No
Country of Birth / Incorporation		Country of Birth		Country of Birth	
Country Citizenship / Nationality		Country Citizenship / Nationality		Country Citizenship / Nationality	
Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____

For non-Individual investor in case, if you country of incorporation / Tax resistance in US, but you are not a specified US person then please mention exemption code _____ (Refer instruction 16(e))

Individual or Non-Individual investors fill this section if ticked Yes above.			Individual investor have to fill in below details in case of joint applicants					
Tax Residency Status: 1	Country:		Tax Residency Status: 1	Country:		Tax Residency Status: 1	Country:	
	No.:			No.:			No.:	
	Type:			Type:			Type:	
Tax Residency Status: 2	Country:		Tax Residency Status: 2	Country:		Tax Residency Status: 2	Country:	
	No.:			No.:			No.:	
	Type:			Type:			Type:	
Tax Residency Status: 3	Country:		Tax Residency Status: 3	Country:		Tax Residency Status: 3	Country:	
	No.:			No.:			No.:	
	Type:			Type:			Type:	
Address Type _____			Address Type _____			Address Type _____		

(Address Type: Residential or Business (default) / Residential / Business / Registered Office) (For address mentioned in form / existing address appearing in folio)

In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily.

13. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(e)]

To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme(s), I/We hereby apply for units of the scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by Mirae Asset Global Investments (India) Limited (AMC)/ Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. 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. (E) I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (F) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to investors availing the online facility:- I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA:- I/We hereby permit the AMC to share my/our current & historic transaction details to the Registered Investment Advisor (RIA), if any transactions are carried out using the RIA code. (I) Applicable to Foreign Resident's Residing in India:- I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations and other applicable laws and regulations. (J) I/We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s). (K) FATCA/CRS Certification: I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise.

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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Application No.:**Cheque/DD should be Drawn in favour of the Scheme Name**

Mirae Asset India Opportunities Fund	Mirae Asset Emerging Bluechip Fund	Mirae Asset Great Consumer Fund
Mirae Asset Prudence Fund	Mirae Asset Tax Saver Fund	Mirae Asset Cash Management Fund
Mirae Asset Savings Fund	Mirae Asset China Advantage Fund	

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

Registration Cum Mandate Form For NACH/Direct Debit

Application No.:

Mutual Fund

Declaration for "Execution Only" Transaction (where Employee Unique Identification Number-EUIN* box is left blank). Please refer instruction 12 of KIM for complete details on EUIN. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Please ☒ Enrollment for New Registration (Please fill all sections) **OR** ☐ Change my/our bank account for existing SIP(s) **OR** ☐ SIP Top-up Facility

Folio No.												Name of 1st Unit Holder
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Frequency Please ☒ **Monthly (Default)** ☐ **Quarterly** ☐ **Regular Plan** ☐ **Direct Plan** ☐ **Growth (Default)** ☐ **Dividend Payout** ☐ **Dividend Reinvestment**

*Dividend frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Savings Fund.

SIP Start Date: OR Enter SIP End Date: End Date : Perpetual ☐ Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP)

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure.

Frequency Please ☐ Half Yearly ☐ Yearly (Default) Top-up End Date M M Y Y Y Y

3. SIP PAYMENT DETAILS

3b - For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and NACH mandate. Cheque leaf enclosed ☐

Cheque Date A/c. Type ☐ NRE ☐ CURRENT ☐ SAVINGS ☐ NRO

I/We hereby authorise Mirae Asset Global Investments (India) Pvt. Ltd., Investment manager to Mirae Asset Mutual Fund acting through their authorised service providers to debit my/our following Bank A/c. by NACH/ECS (Auto Debit Clearing / Direct Debit) Facility or any other facility for collection of SIP payments.

Name of 1st A/c. Holder as in Bank Records

[illegible][illegible]

9 Digit MICR Code Bank Account Type ☒ NRE ☐ CURRENT ☐ SAVINGS ☐ NRO

DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Mutual Fund - I/we have read and understood the contents of the SID of the applied Scheme and the terms & conditions of SIP enrolment and registration through NACH/ECS or Direct Debit (Auto Debit). I/we also agree that if the transaction is delayed or not effected for reasons of incomplete or incorrect or any other operational reasons, I/we would not hold Mirae Asset Global Investments (India) Pvt. Ltd., their appointed service providers or representatives responsible. I/we also undertake to keep sufficient funds in my bank account on the date of execution of the said standing instructions. **The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.** "I/we have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding Rs. 50,000 in a rolling 12 month period or in a financial year".

[illegible][illegible]

Modify	I/We hereby authorize ⁵	Mirae Asset Global Investments (India) Pvt. Ltd.	To Debit (Tick) ✓ ⁶	SB / CA / CC / SB-NRE / SB-NRO / Other
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Cancel Bank A/c Number⁸

NAME: ID: 150010 MGR:

[illegible]

An Amount of Rupees	In Words	Amount in Figures
₹ 100	One hundred	100
₹ 200	Two hundred	200
₹ 300	Three hundred	300
₹ 400	Four hundred	400
₹ 500	Five hundred	500
₹ 600	Six hundred	600
₹ 700	Seven hundred	700
₹ 800	Eight hundred	800
₹ 900	Nine hundred	900
₹ 1000	One thousand	1000

Frequency ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☒ As & when presented Debit type ☐ Fixed Amount ☐ Maximum Amount

Reference 1 ¹⁶	Folio No.	Mobile ¹⁶

Reference 2 ¹⁷	Scheme of Mirae Asset Mutual Fund	Email ID ¹⁹
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Period²⁰ D D M M Y Y Y Y agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

From

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To

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 21 Signature of the account holder Signature of the account holder Signature of the account holder

[illegible]

This is to confirm that declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized debit.

2-2016