

# COMMON APPLICATION FORM

Application No.:



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

**EUIN Declaration:** 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 distributors/sub broker. **RIA/Declaration:** I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/RIA\*.

Sign of 1 <sup>st</sup> Applicant / Guardian / Auth. Signatory / PoA / Karta	Sign of 2 <sup>nd</sup> Applicant / Guardian / Auth. Signatory / PoA	Sign of 3 <sup>rd</sup> Applicant / Guardian / Auth. Signatory / PoA
Please <input checked="" type="checkbox"/> Lumpsum Investment <input type="checkbox"/>	Micro Application <input type="checkbox"/>	SIP Application <input type="checkbox"/>

### TRANSACTION CHARGES (Please any one of the below. Refer Instructions 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, PAN, KIN in below Sections 2, 3, 4 & proceed to Section 7 for Investment Details.

Folio No.  The details in our records under the Folio No. mentioned alongside will apply for this application. All Unit Holders in the given Folio should be KYC compliant. Any update in KYC credentials may be filled in the below sections.

### 2. APPLICANT(S) NAME AND IN INFORMATION [Refer Instruction 2] If the 1<sup>st</sup> / Sole Applicant is Minor, then please provide details of natural / legal guardian

**1<sup>st</sup> SOLE APPLICANT** Mr. / Ms. / M/s. PAN

(Please write the name as per PAN Card)

LEI Code for entities

CKYC ID No. (KIN)  Pls indicate if US Person or a resident for tax purpose / Resident of Canada  
 Yes  No<sup>s</sup> (\$Default if not )

**GUARDIAN** (In case 1<sup>st</sup> Applicant is a Minor) Mr. / Ms. / M/s. Relationship with Minor (Please )  
 Mother  Father  Legal Guardian

**GUARDIAN CKYC ID No. (KIN)**  KYC (Please )  Proof Attached **GUARDIAN PAN**

**POA / Custodian Name:**  KYC (Please )  Proof Attached

**POA / Custodian CKYC ID No. (KIN)**  **POA / Custodian PAN**

**Contact Person for Corporate Investor:** Name  Designation:

### 3. FIRST APPLICANT AND KYC DETAILS All fields marked as **†\*** are Mandatory

**1<sup>st</sup> 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**  **Proof of Date of Birth (Please )**  Birth Certificate  School Leaving Certificate / Mark Sheet  
(Individual) (Non-Individual) (For minor applicant)  Passport of the Minor  Others (Please specify)

**Place of Birth / Incorporation:**  **Country of Birth / Incorporation:**  **Nationality:**  **Gender**  Male  Female  Other

**Type:**  Resident Individual  Sole Prop  NRI - NRE  Trust  Bank / Fls  FIs  PIO  Society/AOP/BOI  Minor through Guardian  NRI - NRO  
 HUF  LLP  Listed Company  Private Company  Public Ltd. Company  Artificial Juridical Person  Partnership Firm  FOF - MF Schemes  Other (Please specify)

NPO Registration Number of DARPAN Portal (Mandatory)

**a\*. Occupation Details (Please )**  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  
 Business  Retired  Retired  Proprietorship  Others (Please specify)

**b\*. 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

**c\*. Gross Annual Income (₹) (Please )**  Below 1 Lakh  1-5 Lakhs  5-10 Lakhs  10-25 Lakhs  >25 Lakhs  > 1 Crore

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

**e\*. Non-Individual Investors involved/providing any of the mentioned services**  Foreign Exchange / Money Changer Services  Gaming/Gambling/Lottery/Casino Services  
 Money Lending / Pawning  None of the above

### 4. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4]

**Name of the Bank:**

**Core Banking A/c No.**  A/c. Type Pls.  NRE  CURRENT  SAVINGS  NRO  Other

**Branch Name:**  **Address:**

**Bank Branch City:**  **State:**  **Pin Code:**

**MICR Code:**  Please attach a cancelled cheque OR a clear photo copy of a cheque **IFSC Code (Mandatory for Credit via NEFT/RTGS)**

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

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**5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS** All fields marked as **✳** are Mandatory

Mode of Holding:  Anyone or Survivor  Single  Joint (Please note that the Default option is Anyone or Survivor)

**2<sup>nd</sup> APPLICANT** Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant) (Please write the name as per PAN Card) Gender  Male  Female  Other

PAN Details  Pls indicates if US Person or a resident for tax purpose / Resident of Canada  Yes  No\* (\*Default if not )

CKYC ID No. (KIN)  KYC Pls   Proof Attached Date of Birth(Mandatory) (As per PAN Card)

Place of Birth Country of Birth Nationality:

a\*. Occupation Details [Please ]  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  
 Business  Retired  Agriculture  Proprietorship  Others (Please specify)

b\*. Politically Exposed Person (PEP) Status  m PEP  I am Related to PEP  Not Applicable

c\*. Gross Annual Income (₹) [Please ]  Below 1 Lakh  1-5 Lakhs  5-10 Lakhs  10-25 Lakhs  >25 Lakhs  > 1 Crore

d\*. Net-worth ₹ \_\_\_\_\_ as on  (Not older than 1 year)

Mode of Holding:  Anyone or Survivor  Single  Joint (Please note that the Default option is Anyone or Survivor)

**3<sup>rd</sup> APPLICANT** Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant) (Please write the name as per PAN Card) Gender  Male  Female  Other

PAN Details  Pls indicates if US Person or a resident for tax purpose / Resident of Canada  Yes  No\* (\*Default if not )

CKYC ID No. (KIN)  KYC Pls   Proof Attached Date of Birth(Mandatory) (As per PAN Card)

Place of Birth Country of Birth Nationality:

a\*. Occupation Details [Please ]  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  
 Business  Retired  Agriculture  Proprietorship  Others (Please specify)

b\*. Politically Exposed Person (PEP) Status  m PEP  I am Related to PEP  Not Applicable

c\*. Gross Annual Income (₹) [Please ]  Below 1 Lakh  1-5 Lakhs  5-10 Lakhs  10-25 Lakhs  >25 Lakhs  > 1 Crore

d\*. Net-worth ₹ \_\_\_\_\_ as on  (Not older than 1 year)

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

Local Address of 1<sup>st</sup> Applicant

City State Pin Code

Tel. Off. Resi. Mobile

Mobile No specified above belongs to  Self or Family, due to Investor being(Please tick any one option from below.)  
 Spouse  Guardian(for Minor Investment)  Dependent Children  Dependent Parents  Dependent Siblings

E - Mail<sup>^^</sup>

<sup>^^</sup>Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only.Incase if physical copies are required kindly refer instruction no. 6(g)

Email address specified above belongs to  Self or Family, due to Investor being(Please tick any one option from below.)  
 Spouse  Guardian(for Minor Investment)  Dependent Children  Dependent Parents  Dependent Siblings

**6a. 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

**7. INVESTMENT AND PAYMENT DETAILS (For complete information on Investment Details please Refer to Instructions No. 6.)**

Scheme -  Regular Plan  Growth (Default)  IDCW Payout  IDCW\* Frequency<sup>^</sup>  
 Direct Plan  IDCW Reinvestment

\*IDCW frequency is applicable only for Mirae Asset Liquid Fund, Mirae Asset Overnight Fund & Mirae Asset Low Duration Fund. Default option here will be Daily if frequency not selected.  
<sup>^</sup>Income Distribution cum Capital Withdrawal. IDCW <sup>^</sup>Frequency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default, refer SID for more details

Payment Type [Please ]  Self (Non-Third Party Payment)  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)

**8. DEMAT ACCOUNT: Mandatory for units in Demat Mode -Please Ensure the sequence of names as mentioned under sec-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"/>	16 Digit A/C No. <input type="text"/>

Enclosures - Please   Client Masters List (CML)  Transaction cum Holding Statement  Delivery Instruction Slip (DIS)

**9. NOMINATION DETAILS MANDATORY [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Nomination Instruction No. 20]**

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS OR  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 (Preferred but not Mandatory)
1		DD/MM/YYYY				1 2 3
2		DD/MM/YYYY				
3		DD/MM/YYYY				

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature of 1 <sup>st</sup> Applicant / Guardian / Auth. Signatory / PoA / Karta (AS IN BANK RECORDS)	Signature of 2 <sup>nd</sup> Applicant / Guardian / Auth. Signatory / PoA (AS IN BANK RECORDS)	Signature of 3 <sup>rd</sup> Applicant / Guardian / Auth. Signatory / PoA (AS IN BANK RECORDS)
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**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 then Direct Reporting NFEs")**

1	<b>Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)</b>	<input type="checkbox"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange: _____
2	<b>Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)</b>	<input type="checkbox"/> 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: _____ Nature of relation <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange: _____
3	<b>Is the Entity an active NFE</b>	<input type="checkbox"/> Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: _____ Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> Mention code: Refer instruction 15(c)
4	<b>Is the Entity an Passive NFE</b>	<input type="checkbox"/> Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: _____

**For details refer instruction no. 15.**

# 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)

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

**11 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 BENE

**Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company** [If this category is selected, no need to provide UBO details].

**Name of the Stock Exchange where it is listed.** \_\_\_\_\_ **Security ISIN** \_\_\_\_\_

**Name of the Listed Company (applicable if the investor is subsidiary/associate):** \_\_\_\_\_

Unlisted Company  Partnership Firm / LLP  Unincorporated association / body of individuals  Public Charitable Trust  Private Trust  Religious Trust

Trust created by a Will.  Others [please specify] \_\_\_\_\_

**11a. Ultimate Beneficiary Owner (UBO) / Controlling Person(s) / Senior Managing Official details.**

**Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? #**  Yes  No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

Application No.: \_\_\_\_\_ **Cheque/DD should be Drawn in favour of the Scheme Name**

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

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	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO / SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
UBO / SMO Country of Tax Residency#			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP#	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>
UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
SMO Designation#			
UBO / SMO KYC Complied**. If not complied, please complete KYC process independently and then submit the proof.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.

# Mandatory column.

\*\* In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.

## Instructions

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

(i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:

- more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.

- more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership or who exercises control through other means."

For the purpose of this clause, "Control" shall include the right to control the management or policy decision.

- more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

(ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.

(iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).

In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

**12. FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 15)**

**(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 lies in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

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

For non-Individual investor, in case your country of incorporation / Tax residence is US, but you are not a specified US person then please mention exemption code \_\_\_\_\_ Refer instruction 15( 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(f)]**

To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s) available during the New Fund Offer period); I/We hereby apply for units of the said such scheme 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 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 Investment Managers (India) Private 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 agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (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. (L) Aadhaar: I/We hereby voluntarily submit Aadhaar card to the Fund/AMC for updating the same in my folio.

Sign of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory / PoA	Sign of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory / PoA	Sign of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory / PoA
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ACKNOWLEDGMENT SLIP

For  Lumpsum 'OR'  SIP

**Received Application from Mr. / Ms. / M/s. \_\_\_\_\_ as per details below:**

Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
	Amount (Rs) _____ Cheque/ DD No.: _____ Dated _____ Bank & Branch _____	

Cheque / DD is subject to realisation

CUJ03/2024

