COMMON APPLICATION FORM

Application No.:



Name & Broker Code/	Sub Broker /				ISC Date Time Stamp
ARN/RIA Code	Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	Reference No.
EUIN Declaration: Declaration for Execution Only the EUIN box has been intentionally left blank by me/ advice of in-appropriateness, if any, provided by the er feed/portfolio holdings/NAV etc. in respect of my/our in	us as this transaction is executed without mployee/relationship manager/sales per	ut any interaction or advice by son of the distributors/sub bro	the employee/relationship mar oker. RIA/Declaration: "I/We he	ager/sales person of the above distributereby give you my/our consent to share	tor/sub broker or notwithstanding the
Sign of 1 st Applicant / Guardian / Auth. Signatory	/ / PoA / Karta Sign o	of 2 nd Applicant / Guardian / /	Auth. Signatory / PoA	Sign of 3 rd Applicant / G	uardian / Auth. Signatory / PoA
Please 🖌 Lumpsum Investment		Micro Applicat	ion 🗌	SIP A	pplication
TRANSACTION CHARGES (Please @	any one of the below Def	en lucturetiene No. 4	4)		
☐ I AM A FIRST TIME INVESTOR IN ML Applicable transaction charges will be dedu registered Distributor)based on the investo	UTUAL FUNDS ucted in case your distributor h r's assessment of various fact	OR has opted for such char ors including the servic	I AM AN rges. Upfront commissio ces rendered by the ARI	N Holder.	investor to the ARN Holder(AMF
1. EXISTING UNIT HOLDER INFOR	MATION- Please fill in your	Folio Number, PAN,	KIN in below Section	s 2, 3, 4 & proceed to Sect	ion 7 for Investment Details.
Folio No.				ned alongside will apply for this KYC credentials may be filled	application.All Unit Holders in the in the below sections.
2. APPLICANT(S) NAME AND IN IN	FORMATION [Refer Instruc	tion 2] If the 1 st / Sole	e Applicant is Minor, t	hen please provide details	of natural / legal guardian
1 st SOLE APPLICANT Mr. / Ms. /M/s. (Please write the name as per PAN Card)				PAN	
LEI Code for entities					
CKYC ID No. (KIN)			Pls indi		or tax purpose / Resident of Canad o ^{\$} (\$Default if not ✓)
GUARDIAN (In case 1 st Applicant is a Mir Mr. / Ms. / M/s.	nor)				p with Minor (Please ✓) Father □ Legal Guardia
GUARDIAN CKYC			KYC (Please ✓) ☐ Proof Attached	GUARDIAN PAN	
POA / Custodian Name:					C (Please ✓) □ Proof Attache
POA / Custodian CKYC ID No. (KIN)			PO	A / Custodian PAN	
Contact Person for Corporate Investor	r: Name			Designation:	
3. FIRST APPLICANT AND KYC DE	TAILS All fields	marked as <** are	Mandatory		
1 st SOLE APPLICANT Individual or					11b - Refer Instruction No. 17]
Date of Birth/ Incorporation D M (Individual) (Non-Individual) Please write the Date of birth as per Aadhaar Car		of Date of Birth (Plea (For minor applicant)		Certificate School sport of the Minor Other	ool Leaving Certificate / Mark Sh ers(Please specify)
Place of Birth / ncorporation: Please write the Date of birth as per Aadhaar Car	Country of Birth / Incorporation:	1	Nationality:	Gender	Male Female Oth
		rust 🗌 Bank / Fls 🛛	Fils Pio	Society/AOP/BOI Dinor t	hrough Guardian 🗌 NRI - NR
HUF LLP Listed Company Priva		ompany Artificial Jur	idicial Person Partne	rship Firm FOF - MF Schen	nes Other (Please specify)
■ NPO Registration Number of DARPA	N Portal (Mandatory) Private Sector	Public Sector	Government Servi	ce Student	Professional Housewit
o*. Politically Exposed Person (PEP) Statu	Business	Retired	Retired arta/Trustee/Whole time Di	Proprietorship	Others (Please specify)
s*. Gross Annual Income (₹) [Please (✓)]	Below 1 Lakh	1-5 Lakhs	5-10 Lakhs		>25 Lakhs > 1 Cro
I*. Net-worth (Mandatory for Non-Individu	als)₹		as on	D D M M Y Y	Y Y (Not older than 1 yes
e*. Non-Individual Investors involved/prov any of the mentioned services	• - •	Exchange / Money Cha ending / Pawning	anger Services	Gaming/Gambling/Lottery/C	Casino Services
4. BANK ACCOUNT DETAILS - N					
Name of the Bank:					
Core Banking A/c No.			A/c. Typ	e Pls. (✔)	
Branch Name:	Ado	dress:			
Bank Branch City:	Sta	te:		Pin Co	de

Please attach a cancelled cheque OR a clear photo copy of a cheque Credit via NEFT/RTGS)

MICR Code

5. JOINT APPLICANTS, IF ANY AND THEIR	R KYC DETAILS All fields mai	ked as 🚓 are Mandatory		
Mode of Holding: Anyone or Survivor 2 nd APPLICANT Mr. / Ms. / M/s. (Not Applicab)	Single	☐ Joint the name as per PAN Card)	·	Ilt option is Anyone or Survivor Male 🗌 Female 🗌 Othe
PAN Details	Pls indicates	s if US Person or a resident for tax	purpose / Resident of Canada 📋 Ye	s 🔲 No* (*Default if not 🗸
		KYC Pls 🕢 🗌 Proc	of Attached Date of Birth(Mandar (As per PAN Card)	tory) D D M M Y Y Y Y
Place of Birth	Country of Birth		Nationality:	
a*. Occupation Details [Please(✓)]	Private Sector Public Sector Business Retired	Government Servic	e Student Profess	(D)
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 La	khs 🗌 > 1 Crore
d*. Net-worth ₹	as on –	D D M M Y Y Y	(Not older than 1 year)	
Mode of Holding: Anyone or Survivor 3 rd APPLICANT Mr. / Ms. / M/s. (Not Applicab)	Single le in case of Minor Applicant) (Please write	Joint the name as per PAN Card)		It option is Anyone or Survivor Male Female Othe
PAN Details	Pls indicates	s if US Person or a resident for tax	purpose / Resident of Canada 🗌 Ye	s 🗌 No* (*Default if not 🗸
CKYC ID No. (KIN)		KYC Pls 🕢 🗌 Proc	of Attached Date of Birth(Mandar (As per PAN Card)	tory) D D M M Y Y Y
Place of Birth	Country of Birth		Nationality:	
a*. Occupation Details [Please()]	Private Sector Public Sector Business Retired	Government Servic	e Student Profess	
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 La	khs 🗌 > 1 Crore
d*. Net-worth ₹	as on –	D D M M Y Y Y	(Not older than 1 year)	
6. MAILING ADDRESS [Please provide y	our E-mail ID and Mobile Number	to help us serve you better	Refer Instructions 6]	
Local Address of 1 st Applicant	0:4-	26.6	Photo In	
Tel. Off.	City	State	Pin Code Mobile	
Mobile No specified above belongs to □ Self or Fa	mily, due to Investor being(Please tick ar		MODIle	
Spouse Guardian(for Minor Investmer E - Mail^^	nt) Dependent Children	Dependent Parents	Dependent Siblings	
^^Please Use Block Letters. Investors providing em	ail ID would mandatorily receive all Com	munications, Statement of Account	ts 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 o	r Family, due to Investor being(Please tio	k any one option from below.)		
□ Spouse □ Guardian(for Minor Investme		Dependent Parents	Dependent Siblings	
6a. Mandatory for NRI / FII Applicant [Ple	ease provide Full Address. P. O. B	ox No. may not be sufficient.	For Overseas Investors, Indian A	Address is preferred]
Overseas Correspondence Address				
7. INVESTMENT AND PAYMENT DETAIL	S (For complete information on li			
Scheme -		Regular Plan	Growth (Default) DCW Payou	
*IDCW frequency is applicable only for Mirae Asset Cas *Income Distribution cum Capital Withdrawal. IDCW ^Fr				
	on-Third Party Payment)	-	tach 'Third Party Payment Declaration F	
	unt of Cheque / DD / DD / DD / DD / NEFT in figures (Rs.)	Charges, Net Purch if any Amou		Pay-In Bank A/c No. (For Cheque Only)
8. DEMAT ACCOUNT: Mandatory for units	s in Demat Mode -Please Ensure th	e sequence of names as men	tioned under sec-3 matches as pe	er the Depository Details.
National Securities Depository Limited (NSD	DL)		ervices (India) Limited (CDSL)	
DP Name		DP Name		
DP ID I N Benef. A	A/C No.	16 Digit A/C No.		
Enclosures - Please (✓) □ Client Master 9. NOMINATION DETAILS MANDATORY		ction cum Holding Statement dividuals cannot Nominate - F	Delivery Instruction S Refer Nomination Instruction No. 3	
PLEASE REGISTER MY/OUR NOMINEE	AS PER BELOW DETAILS		IOT WISH TO NOMINATE	
No. Nominee(s) Name		f the Guardian use of Minor) Relation		Nominee / Guardian but not Mandatory)
1	DD/MM/YYYY		1 2	3
2 3	DD/MM/YYYY DD/MM/YYYY			
I / We hereby confirm that I / We do not wish to appoint any nominee account holder(s), my / our legal heirs would need to submit all the r		I und folio and understand the issues involved not authority, based on the value of asse	n non appointment of nominee(s) and further are aw ts held in the mutual fund folio.	vare that in case of death of all the
Signature of 1 ^{et} Applicant / Guardian / Auth. Signatory / P	oA / Karta Signature of 2 nd Applican	t / Guardian / Auth. Signatory / PoA BANK RECORDS)	Signature of 3 ^{er} Applicant / Guardi (AS IN BANK RE	ian / Auth. Signatory / PoA

FOR NON-INDIVIDUALS ONLY

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	ATCA & CRS DETAILS												n FA	FCA 8	L CR	S cla	Issifi	catio	n)									
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	re a, icial institution 🔲	GIIN	e: If you do	not have a G	GIIN but	you are:	sponse	red by	/ another	entity, please	e provide	your sp	onsor's	GIIN abo	ove ar	d indic	ate you	r spons	or's na	me bel	ow							
	t reporting NFE □ se tick (✔)]	Name o	of spon	soring e	ntity:																							
GIIN	not available [Please	tick (🗸)]		Applied 1	for	□ N	ot re	quire	ed to a	oply for -	please	e spe	cify 2	digits	sub	-cate	gory					Not ob	taine	ed - N	on-p	artic	patin	g Fl
PART	B (please fill any or	ne as appr	opriate	"to be f	illed I	by NF	Es o	ther	then	Direct R	eporti	ng Ni	FEs")															
1	Is the Entity a publi (that is, a company traded on an establ	whose sh	ares ar	e regula	rly				1.1	please sp exchange:		·			Ŭ				Ŭ	1		d)						_
2	Is the Entity a relate traded company (a regularly traded on	company	whose	shares a		ket)	Na Na	ime c iture	of Listed	please sp compnay: on 🔲 s exchange:	Subsidia	iry of t	the List	ed Cor	mpan	y or		Cont	rolled	by a l	_isted			s regu	larly t	radeo	d)	_
3	Is the Entity an acti	ve NFE								please fill																		_
	,									ess:																		
										the sub-ca						_	lentio	n code	: Ref	er inst	tructio	on 15(c))					-
4	Is the Entity an Pas	sive NFE						Yes	(If yes,	please fill	UBO de	eclara	tion in	the ne>	kt see	tion.)												-
	-						Na	iture	of Busin	ess:																		_
								For	details	s refer in	struct	ion r	10. 15	i.														
11 D	ECLARATION FOR U	LTIMATE E	BENEFI	ICIAL OV	VNER	SHIP	[UB	0] (I	Refer i	nstructi	on No.	17)*																
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#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

Nationality:

Father's Name:

Application No.:

City of Birth

Country of Birth:

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

Cheque/DD should be Drawn in favour of the Scheme Name

Date of Birth:

Gender 🗌 Male 🗌 Female 🗌 Other

|--|

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 Identi cation No. below)

1 st Applicant	(Sole / Gu	ıardian / Non-Individual		2 nd A	pplicant		3 rd A	pplicant
Do you have any non-l Country(ies) of Birth / Citizenship / Nationalit Tax Residency	ndian y and	🗌 Yes 🗌 No	Do you have any non- Country(ies) of Birth / Citizenship / Nationali Tax Residency	ndian ty and	☐ Yes ☐ No	Do you have any non- Country(ies) of Birth / Citizenship / Nationali Tax Residency	Indian ty and	☐ Yes ☐ 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?		Yes No Please provide Tax Payer Id.	Are you a US specified person?	1	Yes No Please provide Tax Payer Id.	Are you a US specified person?	1	Yes No Please provide Tax Payer Id.
For non-Individual inve	stor, in cas	se your country of incorporation / Tax re	sidence is US, but you a	re not a sp	ecified US person then please mention	exemption code	R	efer instruction 15(e))
Individual or Non-Indi if ticked Yes above.	vidual inv	vestors fill this section	Individual investor	have to f	ill in below details in case of joint ap	plicants		
	Country	<i>ı</i> :		Count	y:		Countr	y:
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:	
	Type:			Туре:			Type:	
	Country	<i>y</i> :		Counti	y:		Countr	y:
Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:	
	Туре:			Туре:			Туре:	
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Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:	
	Туре:			Туре:			Туре:	
Address Type			Address Type			Address Type		

(Address Type: Residential or Business (default) | Residential | Business | Registered Office) (For address mentioned in form I 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) of KIM]

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

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 applied for (Including the scheme(s) available during the New Fund Offer period); I/We hereby apply for units of the said such 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 applied for (Including the scheme(s) available during the New Fund Offer period); I/We hereby apply for units of the said such scheme applied for (Including the scheme(s) for mitme to time. (C) Signature of the nominee acknowledging receipts of mylour 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. (J/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the agulatory and government authorities as and when needed. I/We will indemnify the Fund/AMC, Trustee, RTAand other intermediaries in case of any dispute regarding the eligibility, validity and authorization of mylour 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 beeen offered/communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/ its distributor for this investiment. I/We have not beeen that be down have bee anot existing the 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 Aadhar card to the Fund/AMC for updating the same in my folio.

(FOR INDIVIDUALS & NON-INDIVIDUALS

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.:	
AUNIN		Dated Bank & Branch	

Cheque / DD is subject to realisation

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE (OTM) FORM with Goal SIP & Top Facility Registration Cum Mandate Form For NACH/Direct Debit

Application No.:



	1				
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.
JIN Declaration: Declaration for "Execution Only at the EUIN box has been intentionally left blan twithstanding the advice of in-appropriateness, il e transactions data feed/portfolio holdings/INAV el	" Transaction (where Employee Unic κ by me/us as this transaction is ex f any provided by the amployee/rela	ue Identification Number-EL ecuted without any interaction	JIN* box is left blank). Please on or advice by the employ	e refer instruction 12 of KIM for complee/relationship manager/sales perso	ete details on EUIN. I/We hereby co on of the above distributor/sub bro
transactions data feed/portfolio holdings/NAV el	tc. in respect of my/our investments u	inder Direct Plan of all Schem	hes managed by you, to the a	bove mentioned SEBI-Registered In	vestment Adviser/ RIA".
	natory / PoA / Karta Signatu			Signature of 3 rd Applicant / C	
lease 🕢 SIP ENROLMENT with One	Time Mandate (OTM) (Plea	ase fill all sections)	SIP Top-up	Facility Goal SIP	
EXISTING UNIT HOLDER INFO	RMATION (The details in	our records under t		entioned will apply for this Folio No.	application.)
2. SIP ENROLMENT DETAILS (PI	ease check the Minimum	Amount Criteria for			uction 17 Overleafl)
equency Please 🕢 🗌 Monthly (De		Regular Plan		Growth DCW Pay	
cheme:				DCW Rei	nvestment Frequen
CW frequency is applicable only for Mirae Ass come Distribution cum Capital Withdrawal. IDC					
P Data (Please choose Any	/ Date from 1 st till 28 th of the m	nonth, SIR Amount (000 25,000 Any oth	
	be considered as the default	date)	(() _ 3,000 _ 10,		
P Start Month (MM/YY) M M Y	Y SIP End Month (MM/YY	·			In a function No. 24 Quant
Ca. Goal SIP - Do you want to ass Goal & SIP amount is same default wi			-		rement Planning (Default
Tax Savings 🗌 Dream House			Kids Marriage	Others- Please sp	
b. SIP TOP-UP FACILITY (You car	n start SIP Top-up facility	after minimum 6 mo	onths from 1st SIP)	[Refer General Instruction	No. 23 Overleaf].
Applicants have to submit NACH m	andate and will need to fill t	he maximum amount	in line with Top Up ar	nount, SIP amount & tenure	. (Not available for micro
pp-up Amount (₹) (minimum	₹ 500/- & in multiples of ₹ 1	/- only) Top-up Start N	Nonth (MM/YY) M	M Y Y Top-up End Mo	nth (MM/YY) M M Y
isting Investors Availing Top-Up: Plea	ise provide current SIP IH Nu	mber as per SOA	Fre	equency Please 🥢 🗌 Ha	lf Yearly 🔲 Yearly (Defa
SIP PAYMENT DETAILS (New Ir		copy of cancelled ch			orm and One Time Manda
	irst SIP Cheque No.			orawn on Bank	
4. OTM BANK ACCOUNT DETAIL			Records		
ank Name	C	Core Banking A/c. No.			
anch Name & City		Bank Account			SAVINGS NRC
CLARATION & SIGNATURE: 10 The Trustees, N	is, rules and regulations governing the	te scheme & conditions of S	IP enrolment and registratio	pplied for (including the scheme(s)); i/	we neredy addiv for units of the sai
insaction is delayed or not effected for reasons of	incomplete or incorrect or any other	operational reasons. I/we wo	ould not hold Mirae Asset Inv	estment Managers (India) Private Lim	t (Auto Debit). I/We also agree than the appointed service provided their appointed service provided the appointed service p
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