

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.
			E613650		

EUN 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 st Applicant / Guardian / Auth. Signatory / PoA / Karta	Sign of 2 nd Applicant / Guardian / Auth. Signatory / PoA	Sign of 3 rd Applicant / Guardian / Auth. Signatory / PoA
Please 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.

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 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 updation in KYC credentials may be filled in the below sections.

2. APPLICANT(S) NAME AND IN 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.
(Please write the name as per PAN Card)

PAN									
-----	--	--	--	--	--	--	--	--	--

[illegible]

CKYC ID No. (KIN)

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Pls indicate if US Person or a resident for tax purpose / Resident of Canada
☐ Yes ☒ No^{\$} (\$Default if not ✓)

GUARDIAN (In case 1st Applicant is a Minor)
Mr. / Ms. / M/s.

Relationship with Minor (Please ✓)

☐ Mother ☐ Father ☐ Legal Guardian

[illegible]

KYC (Please)
☐ Proof Attached

GUARDIAN PAN

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

[illegible][illegible]

Contact Person for Corporate Investor:

Name _____

Designation:

3. FIRST APPLICANT AND KYC DETAILS All fields marked as '*' are Mandatory

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) (Please write the Date of birth as per Aadhaar Card)	Proof of Date of Birth (Please ✓) (For minor applicant)	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport of the Minor	<input type="checkbox"/> School Leaving Certificate / Mark Sheet <input type="checkbox"/> Others _____ (Please specify)
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Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Card)	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 through Guardian ☐ NRI - NRO

☐ HUF ☐ LLP ☐ Listed Company ☐ Private Company ☐ Public Ltd. Company ☐ Artificial Judicial 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 ☐ 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 DD MM YYYY (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

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

Name of the Bank:

Core Banking A/c No.													A/c. Type Pls. (✓) <input type="checkbox"/> NRE <input type="checkbox"/> CURRENT <input type="checkbox"/> SAVINGS <input type="checkbox"/> NRO <input type="checkbox"/> Other												
----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Name: _____ Address: _____

Bank Branch City: State: Pin Code:

[illegible]

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)

2nd 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)

DDMMYYYY

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 ☐ 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 ₹ as on

DDMMYYYY

 (Not older than 1 year)

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

3rd 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)

DDMMYYYY

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 ☐ 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 ₹ as on

DDMMYYYY

 (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 1st 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^{^^}

^{^^}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 / FI 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[^]

☐ 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.
*Income Distribution cum Capital Withdrawal. IDCW [^]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')

Payment Mode: Please ☒ ☐ Cheque / DD ☐ OTM (One Time Mandate) ☐ RTGS / NEFT Core Banking A/c No.

Cheque / DD / UMRN No / 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

I N

 Benef. A/C No.

16 Digit A/C No.

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]

☐ I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Particulars	Nominee 1	Nominee 2	Nominee 3
Nominee Name*			
Nominee Address*			
Relationship with the Applicant*			
Allocation*			
Nominee PAN (Gaurdian PAN to be Provided in case of Minor)*			
Identity number* (tick any one) <input type="checkbox"/> PAN <input type="checkbox"/> Driving License Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Last 4 digits of Aadhar <input type="checkbox"/> Date of Birth (in case of Minor)			
Mobile Number*			
Email ID*			
In case if Nominee is a Minor			
Guardian Name			
Guardian's Relationship with the Minor (Attach Proof)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Nominee/Guardian Signature			

*Mandatory Fields
Birth certificate proof to be attached in case of Minor

Nominee Name option to be printed on Statement of Account (Mandatory)

I/We want the details of my/our Nominee to be printed in the Statement of Holding / SOA, provided to me/us by the AMC/DP as follows; (Please tick as appropriate)

☐ Name of the Nominee(s) ☐ Nomination: Yes/No ^

^ If there is no option ticked, default will Nomination: Yes/No reflected in the statement of account.

Incase if you do not wish to nominate

☐ Declaration for opting-out of nomination

Incase of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming ofof assets held in my / our MF Folio which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.

* If the account holder affixes thumb impression, instead of wet signature. Signature of two witness(es), along with name and address are required.

	Name & Address	Signature
Witness 1		
Witness 2		

DECLARATION AND SIGNATURE

I / We have read the terms and conditions for nomination and hereby nominate the above nominee(s) to receive all the amounts to my / our credits in the event of my / our death. Signature of the nominee(s) acknowledging receipt of my / our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund.

Sign of 1 st Applicant	Sign of 2 nd Applicant	Sign of 3 rd Applicant
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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 <input type="checkbox"/> or Direct reporting NFE <input type="checkbox"/> [Please tick (✓)]	GIIN <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> <small>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</small>
Name of sponsoring entity: _____	
GIIN not available [Please tick (✓)] <input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <input type="checkbox"/> 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="checkbox"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange: _____
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="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	Is the Entity an active NFE	<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 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> Mention code: Refer instruction 15(c)
4	Is the Entity an Passive NFE	<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)

PAN / Any other Identification Number (PAN, Aadhaar, 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="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2. PAN: City of Birth Country of Birth:	Occupation Type: Nationality: Father's Name:	Date of Birth: Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3. PAN: City of Birth Country of Birth:	Occupation Type: Nationality: Father's Name:	Date of Birth: Gender <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

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

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#	I am PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	I am PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	I am 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 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.

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 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="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 st Applicant / Guardian / Authorised Signatory / PoA	Sign of 2 nd Applicant / Guardian / Authorised Signatory / PoA	Sign of 3 rd 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

with Goal SIP & Top - Up Facility

Application No.:

Mutual Fund

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-appropriate persons, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. **RIA/Declaration:** "I/We hereby give 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".

Please ☒ SIP ENROLMENT with One Time Mandate (OTM) (Please fill all sections) ☐ SIP Top-up Facility ☐ Goal SIP

[illegible]

Frequency Please ☐ **Monthly (Default)** ☐ Quarterly ☐ Regular Plan ☐ Direct Plan ☐ Growth ☐ IDCW Payout ☐ IDCW*

*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.
*Income Distribution cum Capital Withdrawal. IDCW ^Frequency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default, refer SID for more details

SIP Start Month (MM/YY)										M	M	Y	Y	SIP End Month (MM/YY)										M	M	Y	Y
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If Goal & SIP amount is same default will be taken as ₹ 1 crore

2b. SIP TOP-UP FACILITY (You can start SIP Top-up facility after minimum 6 months from 1st SIP) [Refer General Instruction No. 23 Overleaf].

Top-up Amount (₹)	(minimum ₹ 500/- & in multiples of ₹ 1/- only)	Top-up Start Month (MM/YY)	M	M	Y	Y	Top-up End Month (MM/YY)	M	M	Y	Y
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3. SIP PAYMENT DETAILS (New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and One Time Mandate.)

DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s)): I/We hereby apply for units of the said such

DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☒ As & when presented

[illegible]

Maximum period of validity of this

Phone No.

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 1. Name Of Primary Account Holder _____ 2. Name Of Joint Account Holder _____ 3. Name Of Joint Account Holder _____

NACH MANDATE INSTRUCTION FORM (Refer guidelines / Instruction over leaf before filling)