

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 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 <input checked="" type="checkbox"/> Lumpsum Investment <input type="checkbox"/>	<input type="checkbox"/> Micro Application <input type="checkbox"/>	<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 1st/ Sole Applicant is Minor, then please provide details of natural / legal guardian

1st 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 No³ (\$Default if not

GUARDIAN (In case 1st 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**

1st SOLE APPLICANT Individual or Non-Individual [Please !! 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 / FIs FIs PIO Society/AOP/BOI Minor through Guardian NRI - NRO
 HUF LLP Listed Company Private Company Public Ltd. Company Artificial Juridicial 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.

CU/09/2023

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 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:	
	No.:			No.:	
	Type:			Type:	
Tax Residency Status: 2	Country:		Tax Residency Status: 2	Country:	
	No.:			No.:	
	Type:			Type:	
Tax Residency Status: 3	Country:		Tax Residency Status: 3	Country:	
	No.:			No.:	
	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) 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 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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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

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE (OTM) FORM

with Goal SIP & Top Facility

Registration Cum Mandate Form For NACH/Direct Debit



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 distributor/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".

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

1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Name of 1st Unit Holder _____ Folio No. _____

2. SIP ENROLMENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for. [Refer General Instruction 17 Overleaf].)

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

Scheme: _____

*IDCW frequency is applicable only for Mirae Asset Cash Management Fund, Mirae Asset Overnight Fund & Mirae Asset Savings 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 Date (Please choose Any Date from 1st till 28th of the month, If left blank 5th will be considered as the default date) SIP Amount (₹) 5,000 10,000 25,000 Any other Amount. (₹)

SIP Start Month (MM/YY) SIP End Month (MM/YY)

2a. Goal SIP - Do you want to assign a goal for your SIP. Yes No If yes please select (✓) your goal [Refer General Instruction No. 24 Overleaf].

If Goal & SIP amount is same default will be taken as ₹ 1 crore Goal Amount ₹ Kids Education Retirement Planning (Default)

Tax Savings Dream House Dream Car Dream Vacation Kids Marriage Others- Please specify _____

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].

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure. (Not available for micro SIPs)

Top-up Amount (₹) _____ (minimum ₹ 500/- & in multiples of ₹ 1/- only) Top-up Start Month (MM/YY) Top-up End Month (MM/YY)

Existing Investors Availing Top-Up: Please provide current SIP IH Number as per SOA _____ Frequency Please Half Yearly Yearly (Default)

3. SIP PAYMENT DETAILS (New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and One Time Mandate.)

Cancelled cheque Leaf First SIP Cheque No. _____ Drawn on Bank _____

4. OTM BANK ACCOUNT DETAILS (Mandatory) Name of 1st A/c. Holder as in Bank Records _____

Bank Name _____ Core Banking A/c. No. _____

Branch Name & City _____ Bank Account Type NRE CURRENT SAVINGS NRO

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 scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme & 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 Investment Managers (India) Private Limited, 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 ₹50,000 in a rolling 12 month period or in a financial year".

Signature of 1 st Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS)	Signature of 2 nd Applicant/Guardian /Authorised Signatory/PoA (AS IN BANK RECORDS)	Signature of 3 rd Applicant/Guardian/Authorised Signatory/PoA (AS IN BANK RECORDS)
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UMRN _____ Bank use _____ Date

Sponsor Bank Code _____ Bank use _____ CREATE MODIFY CANCEL

Utility Code **N A C H 0 0 0 0 0 0 0 0 0 0 5 1 4 8** I/We hereby authorize Mirae Asset Investment Managers (India) Pvt. Ltd.

To Debit (tick ✓) SB CA CC SB-NRE SB-NRO Other _____ Bank A/c _____

With Bank _____ Name of customers bank _____ IFSC / MICR _____

An Amount Of Rupees _____ ₹ _____

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

Reference 1 _____ Folio No. _____ Reference 2 _____ Scheme Name _____

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the 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. 3. 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 the debit.

PERIOD From To

Or Until Cancelled _____ Signature Of Primary Account Holder _____ Signature Of Joint Account Holder _____ Signature Of Joint Account Holder _____

Phone No. _____ 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)

CU/09/2023