COMMON APPLICATION FORM

Application No.:

MIRAE ASSET Mutual Fund

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".

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

Sign of 1st Applicant / Guardian / Auth. Signatory / PoA / Karta	Sign of 2nd Applicant / Guardian / Auth. Signatory / PoA	Sign of 3rd Applicant / Guardian / Auth. Signatory / PoA

Please ✓ Lumpsum Investment ☐ Micro Application ☐ SIP Application ☐

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 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. **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$ ($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 II Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. 17]

***Date of Birth** (Individual) / **Incorporation** (Non-Individual) D D M M Y Y Y Y (Please write the Date of birth as per Aadhaar Card)

Proof of Date of Birth (Please ✓) (For minor applicant) ☐ Birth Certificate ☐ School Leaving Certificate / Mark Sheet ☐ Passport of the Minor ☐ Others (Please specify)

Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Card) **Country of Birth / Incorporation:** **Nationality:** **Gender** ☐ Male ☐ Female ☐ Other

Type: ☐ Resident Individual ☐ Sole Prop ☐ NRI - NRE ☐ Trust ☐ Bank / FIs ☐ FIIs ☐ 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)

a*. Occupation Details [Please tick (✓)] ☐ 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 tick (✓)] ☐ 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 D D M M Y Y Y Y (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) ☐☐☐☐☐☐☐☐☐☐☐

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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)

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 | PIs indicates if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No* (*Default if not ✓)

CKYC ID No. (KIN) | **KYC PIs** ✓ ☐ Proof Attached | **Date of Birth** (Mandatory) (As per PAN Card) D D M M Y Y Y Y

Place of Birth | **Country of Birth** | **Nationality:**

a*. Occupation Details [Please tick (✓)] ☐ 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 tick (✓)] ☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ >25 Lakhs ☐ > 1 Crore

d*. Net-worth ₹ _____ as on D D M M Y Y Y Y (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 | PIs indicates if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No* (*Default if not ✓)

CKYC ID No. (KIN) | **KYC PIs** ✓ ☐ Proof Attached | **Date of Birth** (Mandatory) **(As per PAN Card)** D D M M Y Y Y Y

Place of Birth | **Country of Birth** | **Nationality:**

a*. Occupation Details [Please tick (✓)] ☐ 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 tick (✓)] ☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ >25 Lakhs ☐ > 1 Crore

d*. Net-worth ` _____ as on D D M M Y Y Y Y (Not older than 1 year)

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

Local Address of 1st Applicant

City **State** **Pin Code**

Tel. Off. **Resi.** **Mobile**

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.

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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 ☐ Direct Plan | ☐ Growth (Default) | ☐ IDCW Payout ☐ IDCW Reinvestment | ☐ IDCW# Frequency^

*IDCW is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Savings Fund. Default option here will be Daily if frequency not selected.
#Income Distribution cum Capital Withdrawal. ^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)

*Amounts can be distributed out of investors capital (Equalization Reserve), which is part of sale price that represents realized gains

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

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
DP Name	DP Name
DP ID 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 [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 9]

☐ **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		D D M M Y Y Y Y				
2		D D M M Y Y Y Y				
3		D D M M Y Y Y Y				

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 sponsered 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	**Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)**	☐ 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 publicy traded company (a company whose shares are regularly traded on an established securities market)**	☐ Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of Listed compnay: _____ Nature of relation ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company Name of stock exchange: _____
3	**Is the Entity an active NFE**	☐ Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: _____ Please specify the sub-category of Active NFE ☐☐ Mention code: Refer instruction 15(c)
4	**Is the Entity an Passive NFE**	☐ Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: _____

For details refer instruction no. 15.

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

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

Name of UBO & Address	Address Type$$	PAN/Tax Payer Identification No./ Equivalent ID No.%	Document Type Refer instruction No. 15(d)	Country of tax Residency/ permanent residency*	Country of citizenship	UBO Code (Mandatory)	KYC (Yes / NO) [please attach the KYC acknowledgement cpoy]	% of beneficial interest

$$ Address Type: Residential or Business (default)/Residential/Business/Registered Office. Attached documents should be self certified by the UBO and certified by the applicant or Authorised signatory. In case the above information is not provided, it will be presumed that applicant is the UBO, with no declaration to submit. In such case, MAMFIAMC 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. We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

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

PAN / Any other Identification Number (PAN, 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 in 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** ☐ Male ☐ Female ☐ Other
2. PAN: **City of Birth** **Country of Birth:**	**Occupation Type:** **Nationality:** **Father's Name:**	**Date of Birth:** **Gender** ☐ Male ☐ Female ☐ Other
3. PAN: **City of Birth** **Country of Birth:**	**Occupation Type:** **Nationality:** **Father's Name:**	**Date of Birth:** **Gender** ☐ Male ☐ Female ☐ 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 Identfication Number is not available, kindly provide functional equivalent

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.

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 Identi cation No. below)

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

	1st Applicant	2nd Applicant	3rd Applicant
Tax Residency Status: 1	Country: / No.: / Type:	Country: / No.: / Type:	Country: / No.: / Type:
Tax Residency Status: 2	Country: / No.: / Type:	Country: / No.: / Type:	Country: / No.: / Type:
Tax Residency Status: 3	Country: / No.: / Type:	Country: / No.: / Type:	Country: / No.: / Type:
Address Type	_____	_____	_____

(Address Type: Residential or Business (default) I Residential I Business I 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 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, RTAand 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 FEMAprovisions. 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 FEMAregulations 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 Aadhar card to the Fund/AMC for updating the same in my folio.

Sign of 1st Applicant / Guardian / Authorised Signatory / PoA	Sign of 2nd Applicant / Guardian / Authorised Signatory / PoA	Sign of 3rd Applicant / Guardian / Authorised Signatory / PoA

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

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE (OTM) FORM
with Goal SIP & Top Facility

Registration Cum Mandate Form For NACH/Direct Debit

Application No.:

MIRAE ASSET Mutual Fund

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 1st Applicant / Guardian / Authorised Signatory / PoA / Karta	Signature of 2nd Applicant / Guardian / Authorised Signatory / PoA	Signature of 3rd Applicant / Guardian / Authorised Signatory / PoA

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 15 Overleaf]).

Frequency Please ✓ ☐ **Monthly (Default)** ☐ **Quarterly** ☐ Regular Plan ☐ Direct Plan ☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment RReinvestmentRein ☐ IDCW# Frequency

Scheme:

*IDCW is applicable only for Mirae Asset Cash Management 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 D D **(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) M M Y Y **SIP End Month (MM/YY)** M M Y Y **OR Perpetual** ☐ **Dec 2099** (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP)

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. 23 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. 22 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)** M M Y Y **Top-up End Month (MM/YY)** M M Y Y

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

cu/may/2022

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

MIRAE ASSET Mutual Fund

UMRN Bank use Date D D M M Y Y Y Y

Sponsor Bank Code Bank use ☑ CREATE ☒ MODIFY ☒ CANCEL

Utility Code Bank use 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 D D M M Y Y Y Y

To 3 1 1 2 2 0 9 9

Or ☒ Until Cancelled

Phone No.

Signature Of Primary Account Holder Signature Of Joint Account Holder Signature Of Joint Account Holder

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