

N Declaration: Declaration for "Execution C the EUIN box has been intentionally left by the EUIN box has been always and the EUIN box has been	Inly" Transaction (where I lank by me/us as this tr. s, if any, provided by the Vert. In respect of mylos	Employee Unic								
	to oto, in respect of my/or	ansaction is ex employee/rela ur investments	que Identification N xecuted without ar tionship manager/s under Direct Plan	umber-EUIN ny interaction sales persor of all Schem	* box is left blank). Ple n or advice by the em of the distributor/sub es managed by you, to	ase refer instruction 1 oloyee/relationship m proker. RIA Declarati the above mentioned	12 of KIM for comple anager/sales perso ion: "I/We hereby g d SEBI-Registered I	ete details on E in of the above ive you my/ou nvestment Adv	EUIN. I/We he e distributor/s r consent to s riser/ RIA".	ereby conf sub broker share/prov
Signature of 1" Applicant / Gu Authorised Signatory /PoA/	/Karta			ed Signator	y /PoA			ed Signatory /	PoA	
Lumpsum Investme		holow Do		Applicatio			SIFA	pplication ()	
RANSACTION CHARGES (Pleas I AM A FIRST TIME INVESTOR IN MU dicable transaction charges will be ded tributor) based on the investor's assess	JTUAL FUNDS lucted in case vour dis	tributor has o	OR	arges. Upf	ront commission sha	AN EXISTING INV			lder (AMFI r	egistere
EXISTING UNIT HOLDER INFO	RMATION [Please	fill in your		•		to Section 7 - I	nvestment Det	ails]		
o No.			СКҮС	Identifica	tion No. (KIN)					Ш
SOLE APPLICANT Mr. / Ms. / M/s ase write the name as per PAN Card)	_	Instruction	n 2] If the 1 st / ^s	Sole App	icant is Minor, th	en please provi PAN		atural / leg	al guardia	n
YC ID No. (KIN)					Pls i	ndicate if US Perso				of Car
ARDIAN (In case 1st Applicant is a	Minor)					○ Yes	Relationship	o ^s (\$Default i		<u> </u>
/ Ms. / M/s.						O N		Father	C Lega	-
ARDIAN CKYC No. (KIN)					KYC (Please ✓) ○ Proof Attached	GUARDIAN PAN				
ARDIAN AADHAAR No.						Aadl	haar Copy (Pleas	e ✓) ○ End	closed	
A / Custodian Name:							KYC	C (Please ✓) O Proo	of Atta
A / Custodian YC ID No. (KIN)						POA / Custodian PAN				
ntact Person for Corporate Inves	itor:	Name				Desig	nation:			
FIRST APPLICANT AND KYC	DETAILS									
SOLE APPLICANT O Individual	or O Non-Individ	ual [Please	fill Ultimate Be	eneficial O	wnership (UBO) [eclaration Form	in section 11a 8	& 11b - Refe	r Instructio	on No.
te of Birth/Incorporation (Non-individual) Date of birth as per Aadhaar		Prod	of of Date of Bi (For minor ap	irth (Pleas		rth Certificate assport of the Mir	_	chool Leaving	Certificate /	
ce of Birth / prporation: ase write the Date of birth as per Aadhaar	Country of Bir	rth /		Na	tionality:		Gender	O Male () Female	00
e: Resident Individual So	ole Prop NRI - N	IRE O T	rust	(/Fls (FIIs PIO	○ Society/AOP/	BOI Minor	through Gua	rdian 🔘	NRI - I
HUF O LLP O Listed Company O	Private Company	Public Ltd. C	Company O Arti	ificial Juridio	ial Person	nership Firm O FC	OF - MF Schemes	Others	(Please	specify)
	. O Priv	vate Sector	O Public S		Government Se			Professio		House
Occupation Details [Please tick (Politically Exposed Person (PEP) Sta	O Bus		Retiredsignatories/Pror	`	Agriculture a/Trustee/Whole tim			Others n Related to	PEP O No	
Gross Annual Income (₹) [Please	tick (√)] ○ Bel	ow 1 Lakh	○ 1-5 Lak	h (5-10 Lakh	O 10-2	25 Lakh	>25 Lakh		> 1 Cr
Net-worth (Mandatory for Non-Inc						on D D M			(Not older tl	
Non-Individual Investors involve iny of the mentioned services	ed/providing	•	Exchange / Mo ending / Pawni	•	ger Services	Gaming/GarNone of the		Casino Serv	ices	
BANK ACCOUNT DETAILS - I	Mandatory [Refer I	nstruction l	Nos. 3 & 4]							
me of the Bank:										
re Banking A/c No.					A/c. Ty	pe Pls. (✓)	NRE CUI	RRENT C	SAVINGS	0
xg . 40 1101										
nch Name:		Ad	ldress:							
			Idress:				Pin Co	ode		

5. JOINT APPLICANTS, IF ANY A	ND THEIR KYC	DETAILS											
Mode of Holding:	Survivor	○ Sing	gle		O Joint	((Please no	te that th	ne Defa	ult opti	on is An	one or	Survivor)
2 nd APPLICANT Mr. / Ms. / M/s. (Nease write the name as per PAN Card)	ot Applicable in cas	se of Minor Applica	nt)					(Gender	○ Ma	ale () F	emale	Other
PAN Details			Pls ind	licate if US Pe	rson or a resi	dent for tax purpo	se / Reside	nt of Cana	ada 🤇) Yes	○ No*	(*Defa	ult if not ✓)
CKYC ID No. (KIN)					KYC Pls 🗸	O Proof Atta	ched (/	ate of B As per PAN	B irth (Ma N Card)	indatory	D D	M M	YYYY
Place of Birth		Country of Birt	:h				Nati	onality:					
a*. Occupation Details [Please tick (√)]	Private Sector Business	_	Public Sector Retired	Gove	nment Service ulture	O Stud	dent orietorshi	_	Profe Othe	ssional s	O lease s	Housewife
b*. Gross Annual Income (₹) [Please	1 1	Below 1 Lakh		-5 Lakh	O 5-10 I		O 10-2	25 Lakh	C) >25 l	.akh	0 :	> 1 Crore
c*. Politically Exposed Person (PEP) Sta d. Net-worth ₹	itus ⊝ I am P	PEP Olam Re	lated to as o		Not Applicable		(Not olde	er than 1	vear)				
Mode of Holding: Anyone or S	Survivor	○ Sing			○ Joint		(Please no			ult onti	on is An	one or	Survivor)
					Joint		(Flease IIC						Other
(Please write the name as per PAN Card)	ot Applicable in cas	se of Minor Applican											
PAN Details			Pls ind	licate if US Pe	rson or a resi	dent for tax purpos) Yes			ult if not ✓)
CKYC ID No. (KIN)		1			KYC Pls (v	O Proof Atta	ched (/	ate of B As per PAN	N Card)	indatory) <u>D</u> D	M M	<u> </u>
Place of Birth		Country of Birt						onality:					
a*. Occupation Details [Please tick (√)]	Private Sector Business	_	Public Sector Retired	O Gove	nment Service Ilture	O Stud	dent orietorshi	_	Othe	ssional s	lease s	Housewife
b*. Gross Annual Income (₹) [Please c*. Politically Exposed Person (PEP) Sta		Below 1 Lakh		-5 Lakh	5-10 I		O 10-2	25 Lakh	C) >25 l	.akh	0 :	> 1 Crore
d. Net-worth ₹						, Y Y Y Y	_ (Not olde	er than 1	year)				
6a. MAILING ADDRESS [Please pi	ovide your E-m	nail ID and Mobil	e Num	nber to help	us serve yo	ou better]							
Local Address of 1 st Applicant	-					-							
		City			St	ate			Pin Co	de			
Tel. Off.				Resi.		1	Mobile^^						
E - Mail^^													
The primary email address as provid form/not available in the transaction ^^Please Use Block Letters. Investors However, if you still wish to receive phy	feed file, the e-i providing email ID	mail address/mol	bile no ly rece	o. of the sole ive all Comm	/first applic unications, S	ant details will tatement of Acco	be updated ounts and A	d as per bridged <i>l</i>	the KY	C data.			
6b. Mandatory for NRI / FII Applic									s, India	n Add	ess is p	referr	ed]
Overseas Correspondence Address													
7. INVESTMENT AND PAYMENT	DETAILS (For	complete inform	ation	on Investme	ent Details	olease refer to l	Instructio	ns No. 6	.)				
Scheme :				O Regu	ılar Plan t Plan	Growth	(Default)	C) Payo	Divid ut (stmen	t (Default)
Payment Type [Please (√)]	·	rd Party Paymer				nt (Please attac							A / NI
Cheque / DD / UTR No. & Date		Cheque / DD / in figures (Rs.)		DD Charges if any	,	Net Purchase Amount		Orawn o Bra		<u>'</u>	Pay-In (For C	heque	
8. DEMAT ACCOUNT DETAILS - Manda National Securities Depository			e ensu	re that the sec		es as mentioned Depository Se						y Detail	s.
DP Name	Limited (NOL	,			DP Name	opository de	v.065 (I	a) L		(303	<u>-,</u>		
DP ID I N	Benef. A/C No.				16 Digit A/C	No.							
Enclosures - Please (🗸)	Client Masters	List (CML)	(O Transac	tion cum Ho	Iding Statement			Delive	ery Inst	ruction §	Slip (DI	S)
9. NOMINATION DETAILS [Minor													
O PLEASE REGISTER MY/OUR NO			LS	OR Name of the		I/WE DO NOT V	WISH TO I	ANIMON	TE				
No. Nominee(s) Name		e of Birth e of Minor)		Name of the (in case of		Relationship	% of	Share	Sign	ature o	of Nomir	iee / Gi	uardian
1	D D M M	И Y Y Y Y	Y										
2	D D M M	M Y Y Y	Y										
A CONTRACTOR OF THE CONTRACTOR	1		1				1						

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

Application No.:

City of Birth:

Country of Birth:

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

Gender O Male

○ Female

Other

Nationality:

Father's Name:

Mirae Asset Large Cap Fund	Mirae Asset Emerging Bluechip Fund	Mirae Asset Cash Management Fund	Mirae Asset Focused Fund
Mirae Asset Hybrid Equity Fund	Mirae Asset Tax Saver Fund	Mirae Asset Dynamic Bond Fund	Mirae Asset Midcap Fund
Mirae Asset Savings Fund	Mirae Asset Great Consumer Fund	Mirae Asset Short Term Fund	

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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/ies 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 no Country(ies) of Birth Citizenship / Nationand Tax Residency	iship / Nationality		Country	have any no y(ies) of Birth ship / Nations (Residency	1 /	◯ Yes ◯ No	Do you hav Country(ies Citizenship and Tax Re	s) of Birth / Nation	1/	○ Yes ○ No		
Country of Birth / Incorporation			Country of Birth				Country of	Country of Birth				
Country Citizenship Nationality	Country Citizenship / Nationality		Country Citizenship / Nationality		1		Country Citizenship / Nationality		1			
Are you a US specified Please provide Tax Payer Id.		Are you a US specified person?		ied	○ Yes ○ No Please provide Tax Payer Id.	Are you a US specified person?		ied	○ Yes ○ No Please provide Tax Payer Id.			
For non-Individual investor in case, if you country of incorporation /				ance in US, b	ut you are	not a specified US person then pl	ease mention e	exemption	code	(Refer instruction 16(e))		
Individual or Non-In if ticked Yes above.	dividual i	nvestors fill this section	Indivi	Individual investor have to fill in below details in case of joint applicants								
	Country	y:			Countr	y:			Country	r:		
Tax Residency Status: 1	No.:		Tax Res Status:		No.:		Tax Reside Status: 1	ncy	No.:			
	Type:				Type:				Туре:			
	Country	y:			Country:				Country:			
Tax Residency Status: 2	No.:		Tax Res Status:		No.:		Tax Reside Status: 2	Tax Residency Status: 2	No.:			
	Туре:				Туре:				Type:			
	Туре:		Tax Residency Status: 3		Country:				Country:			
Tax Residency Status: 3					No.:		Tax Residency Status: 3		No.:			
					Type:				Type:			
Address Type			Addres	s Type			Address Ty	/pe				
,	• • •	Residential or Business (default)					oned in form /	existing	address a	appearing in folio)		
		the POA holder should fill separate SIGNATURES / THUMB IMPE	•			*						
agree to abide by the terms, or provisions of the Income Tax /A sset Mutual Fund. (D) The information/details with the AN INWe will indemnify the Fund, /A the form of trail commission communicated any indicativestors availing the online to the registered investment a "Person Resident in India" and Canada. In case of change to Form (read along with the FAT accept the same. In case the reverse the allotment of units,	onditions, rule Act, Anti Mon information of MC / Fund/Re MC, Trustee or any othe ve portfolio a facility: I/W dvisor (RIA) d are allowed to this status CA& CRS In above inform if subsequen	nd (The Fund) – (A) Having read and understees and regulations governing the scheme. (B) ey Laundering Laws or any other applicable is given in / with this application form is true a gistrars and Transfer Agent (RTA) from time t, RTA and other intermediaries in case of any rmode), payable to him for the different co and/ or any indicative yield by the Fund/A e have read, understood and shall be bound through the registrar or otherwise. (I) Applic to invest into the Scheme as per the said FE is, I/We shall notify the AMC, in which ever structions) and hereby confirm that the information is not provided, it will be presumed that thy it is found that applicant has concealed the iried at your end. (L) Aadhaar: I/We hereby vo	I/We hereby aws enacted and correct are of the imperior of the	declare that the ai by the Governme diffurther agrees nereby confirm the ding the eligibility neemes of various butor for this inv. conditions of the ign Resident's R is and other appli- serves the right d by me / us on the the ultimate bene licial ownership. I/	mount investint of India from to furnish a lat the AMC/F , validity and the MC/F . When the second is Mutual Furvestment. It is with the second in the secon	ed in the scheme is through legitimate source or mitme to time. (C) Signature of the nominer diditional information sought by Mirze Asse und shall have the right to share my informat authorization of mylour transactions. (E) IW dos from amongst which the Scheme is be We have not received nor have been induce ent available on the AMC website for transac odia:- I/ We confirm that IWF satisfy the Re nd regulations. (J) I/ We confirm that I am/ my / our investments in the Scheme(s). (K le, correct, and complete. I/ IWe also confirm with no declaration to submit. In such case, ertake to keep you informed in writing about et	es only and does not acknowledging read to Global Investment on and other details further declare that mig recommended by any rebate or ging online. (H) RIA: sidency test as pres We are not United I) FATCA/CRS Cerd the Concerned SEE at the	t involve and ceipts of my/ hts (India) Pr s with the red at "The ARN I to me/us. (I gifts, directly : I/We hereb scribed unde States pers tiffication: I/ id and under BI registered	is not design our credit wil drivate Limited gulatory and display holder has display or indirectly y agree to core or FEMA provision(s) under 'We have un stood the FA' intermediary	ed for the purpose of the contravention of any constitute full discharge of liabilities of Mirae (AMC)/ Fund and undertake to update the government authorities as and when needed. disclosed to me/us all the commissions (in yo confirm that I/We have not been offered/ in making this investment. (G) Applicable to issent the AMC to share my transaction details isions. I/We further declare that I/We am/are the laws of United States or resident(s) of derstood the information requirements of this TCA& CRS Terms and Conditions and hereby reserves the right to reject the application or		
		plicant / Guardian / atory /PoA/Karta										
Received A	oplicatio	n from Mr. / Ms. / M/s.								For O Lumpsum 'OR' O SIP as per details below:		
E N	-	me Name and Plan			Pa	ayment Details	D	ate & S	tamp of	Collection Centre / ISC		
Received Application from Mr. / Ms. / M/s. Scheme Name and Plan				Amount (Rs.) Cheque / DD No.: Dated Bank & Branch								