COMMON APPLICATION FORM

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

Application No.:



TRANSACTION CHARGES (Please © any one of the below. Refer Instructions No. 11) AMA A PIRST TIME INVESTOR IN MUTUAL FUNDS APPLICANT IN THE INVESTOR IN THE INV	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.
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IAM AN ERISTINE INVESTOR IN MUTUAL FUNDS AM AN EXISTING INVESTOR IN MUTUAL FUNDS Applicable transaction debugs will be deducted in case your distributor has opted for such changes. Uprint commissions that be paid directly by the investor to the ARN Holder (AMF registered Distributor) sassessment 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 befow Sections 2.3, 4 & proceed to Section 7 for Investment Details. Period No. The details in our records under in befow Sections 2.3, 4 & proceed to Section 7 for Investment Details. 2. APPLICANTS) NAME AND IN INFORMATION (Refer Instruction 2) if the 1º/ Sole Applicant is Minor; then please grovide details of natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then please grovide details of natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then please grovide details of natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then please provide details of natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then please grovide details of natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then please grovide details of natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then please grovide details of natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then please grovide details of natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then please grovide details of natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then please grovide details of natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then please grovide details of natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then please grovide details for a vivo of the natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then please grovide details for a vivo of the natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then please grovide for a vivo of the natural / legal guardian 1 to 1º/ Sole Applicant is Minor; then pl	TRANSACTION CHARGES (Please &	any one of the below Ref	or Instructions No. 1	1)		
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given Folio ahould be KYC compliant. Any updation in KYC credentials may be filled in the below sections. APPLICANT(S) NAME AND IN INFORMATION [Refer Instruction 2] If the 1"/ Sole Applicant is Minor, then please provide details of natural / legal guardian Flease wine the ineria as per PAN Carely	1. EXISTING UNIT HOLDER INFOR	MATION- Please fill in your	Folio Number, PAN,	KIN in below Section	s 2, 3, 4 & proceed to Sect	ion 7 for Investment Details.
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POA / Custodian CKYC ID No. (KIN) POA / Custodian CKYC ID No. (KIN) Designation: 3. FIRST APPLICANT AND KYC DETAILS All fields marked as (**) are Mandatory 1. SOLE APPLICANT Individual or Non-Individual [Please II Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. 17] 1. Date of Birth Incorporation Min	ID No. (KIN)			_ ` '	PAN	
Contact Person for Corporate Investor: 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 Incorporation Mile Y Y Y Proof of Date of Birth (Please *) Birth Certificate School Leaving Certificate / Mark Shee (Individual) (Non-Individual) (Non-Individ	POA / Custodian Name: POA / Custodian			PO		/C (Please ✓) ☐ Proof Attached
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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 / Incorporation Mark Shee Non-Individual (For minor applicant) Passport of the Minor Others (Please specify)			marked as (+1 are	Mandatory	Designation.	
Country of Birth / Incorporation:	1st SOLE APPLICANT Individual or			•	aration Form in section 11a &	11b - Refer Instruction No. 17]
Please of Birth / Incorporation: Nationality: Gender Male Female Other Please with the Date of birth as per Aadhaar Card Country of Birth / Incorporation: Nationality: Gender Male Female Other Please with the Date of birth as per Aadhaar Card Proper NRI - NRE Trust Bank / Fls Flls PlO 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 Properties of the propert	*Date of Birth/ Incorporation D D M (Individual)	M Y Y Y Y Proof		,		
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HUF LLP Listed Company Private Company Public Ltd. Company Artificial Juridicial Person Partnership Firm FOF - MF Schemes Other Please specify	(Please write the Date of birth as per Aadhaar Car	rd			Casiata/AOD/DOL	hrough Cuardian DND NDO
a*. Occupation Details [Please (/)]						
Business Retired Proprietorship Others Please specify	☐ NPO Registration Number of DARPA	AN Portal (Mandatory)				
Below 1 Lakh	a*. Occupation Details [Please (✓)]				(Dlassa sassifi)	
d*. Net-worth (Mandatory for Non-Individuals) ₹ as on	b*. Politically Exposed Person (PEP) Statu	us (Also applicable for authorised	signatories/Promoters/Ka	arta/Trustee/Whole time Di	rectors) 🗌 I am PEP 🗌 I am	Related to PEP Not Applicable
ary of the mentioned services Gaming/Gambling/Lottery/Casino 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 Please attach a cancelled cheque IFSC Code (Mandatory for Please attach a cancelled cheque IFSC Code	c*. Gross Annual Income (₹) [Please (✓)]	☐ Below 1 Lakh	1-5 Lakhs	☐ 5-10 Lakhs	☐ 10-25 Lakhs	>25 Lakhs
A. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4] Name of the Bank: Core Banking A/c No. A/c. Type Pls. (Type Pls. (Pin Code Please attach a cancelled cheque IFSC Code (Mandatory for	d*. Net-worth (Mandatory for Non-Individu	ıals)₹		as on		Y Y (Not older than 1 year)
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Core Banking A/c No. A/c. Type Pls. (NRE CURRENT SAVINGS NRO Other Branch Name: Bank Branch City: State: Pin Code Please attach a cancelled cheque IFSC Code (Mandatory for		Mandatory [Refer Instruct	ion Nos. 3 & 4]			
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MICR Code Please attach a cancelled cheque IFSC Code (Mandatory for	Bank Branch City:				Pin Co	ode
OR a clear photo copy of a cheque Credit via NEFT/RTGS)	MICR Code	Please attac	ch a cancelled cheque		ory for	

5. JOINT APPLICANTS, IF ANY AND THEIR K	All hor	ds marked as (*)				
Mode of Holding: Anyone or Survivor 2 nd APPLICANT Mr. / Ms. / M/s. (Not Applicable in	Single case of Minor Applicant) (Plea	_	Joint per PAN Card)	•		s Anyone or Survivo
PAN Details	Pls i	indicates if US Persor	n or a resident for tax purpo	ose / Resident of Canada	a 🗌 Yes 🗌 No	o* (*Default if not 🗸
CKYC ID No. (KIN)		KYO	C Pls 🕢 🗌 Proof Atta	ched Date of Bir	th(Mandatory)	O M M Y Y Y Y
Place of Birth	Country of Birth			Nationality:		
a*. Occupation Details [Please(✓)]	Private Sector Public Business Retire	_	Government Service [Agriculture [Student Proprietorship	Professional Others(Plea	Housewife ase specity)
b*. Politically Exposed Person (PEP) Status	I am PEP	Related to PEP	Not Applicable			
c*. Gross Annual Income (₹) [Please(✓)]	Below 1 Lakh		5-10 Lakhs [10-25 Lakhs	>25 Lakhs	☐ > 1 Crore
d*. Net-worth ₹		as on D M	MYYYY	. (Not older than 1 ye	ar)	
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PAN Details	Pls i	ndicates if US Persor	n or a resident for tax purpo	ose / Resident of Canada	a Yes No	o* (*Default if not ✓
CKYC ID No. (KIN)		KYO	C Pls 🕢 🗌 Proof Atta	ched Date of Bir (As per PAN C	t h (Mandatory)	MMYYYY
Place of Birth	Country of Birth			Nationality:		
a*. Occupation Details [Please(✓)]	Private Sector Public	_	Government Service [Agriculture [Student Proprietorship	Professional Others(Plea	Housewife ase specity)
b*. Politically Exposed Person (PEP) Status	I am PEP	Related to PEP	Not Applicable			
c*. Gross Annual Income (₹) [Please(✓)]	Below 1 Lakh	akhs	5-10 Lakhs [☐ 10-25 Lakhs ☐	>25 Lakhs	☐ > 1 Crore
d*. Net-worth ₹	8	as on D D M	M Y Y Y Y	(Not older than 1 ye	ar)	
6. MAILING ADDRESS [Please provide you Local Address of 1st Applicant	r E-mail ID and Mobile N	lumber to help us	serve you better Refer	Instructions 6]		
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Tel. Off. Mobile No specified above belongs to □ Self or Family □ Spouse □ Guardian(for Minor Investment)		e tick any one option	from below.)		n Code	
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Mobile No specified above belongs to ☐ Self or Family ☐ Spouse ☐ Guardian(for Minor Investment) E - Mail^^ ^Please Use Block Letters. Investors providing email copies are required kindly refer instruction no. 6(g) Email address specified above belongs to ☐ Self or Fa ☐ Spouse ☐ Guardian(for Minor Investment) 6a. Mandatory for NRI / FII Applicant [Please Overseas Correspondence Address 7. INVESTMENT AND PAYMENT DETAILS Scheme - *IDCW frequency is applicable only for Mirae Asset Liquid F*Income Distribution cum Capital Withdrawal. IDCW ^Frequency Payment Type [Please (✓)] ☐ Self (Non-Payment Mode: Please (✓) ☐ Cheque / DD ☐ Cheque / DD / UMRN No / UTR No. & Date of the payment of	In due to Investor being(Pleas Dependent Children D	etick any one option Depende all Communications, lease tick any one op Depende P. O. Box No. may on on Investment I ad & Mirae Asset Low D Monthly; If not selected Third Party RTGS / NEFT Cheque / DD / in figures (Rs.) sure the sequence Cel	from below.) ent Parents	mobile spendent Siblings d Abridged Annual Repo spendent Siblings Overseas Investors. Instructions No. 6. owth (Default) ID	Indian Address CW Payout CW Reinvestment ncy not selected. ore details claration Form') a on Bank / Pa ranch Pa	is preferred] IDCW* Frequency^ y-In Bank A/c No. or Cheque Only)
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_		_		on(s) who shall receive all t		my / our account in the event of		
Particulars	 S		Nominee 1	Nominee 2		Nominee 3		
Nominee Name*								
Nominee Address*								
Relationship with the	e Applicant*							
Allocation*								
Nominee PAN (Gaurdia in case of Minor)*								
Identity number* (tick a ☐ PAN ☐ Driving Licens ☐ Passport Number ☐ L ☐ Date of Birth (in case of N	se Number _ast 4 digits of Aadhar							
Mobile Number*								
Email ID*		I			'			
			In case if Nominee	is a Minor				
Guardian Name								
Guardian's Relations Minor (Attach Proof)	ship with the	Mother	Father Legal Guardian	Mother Father	Legal Guardian	Mother Father Legal Guardian		
Nominee/Guardian S	ominee/Guardian Signature							
*Mandatory Fields Birth certificate proof to be attache	ed in case of Minor							
I/We want the details of my/o	our Nominee to be p Nominati default will Nominati	orinted in the State on: Yes/No ^ tion: Yes/No refl	a Statement of Acco atement of Holding / SOA, provided	led to me/us by the AMC/DP as f	iollows; (Please tick as	s appropriate)		
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 of assets held in my / our MF Folio which may als 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 thur	nb impression, instead	of wet signature. S	ignature of two witness(es), along with	<u> </u>		Signature		
	Name & Address							
Witness 1								
Witness 2								
DECLARATION A								
			ereby nominate the above nomin full discharge of liabilities of Mira		to my / our credits in the	ne event of my / our death. Signature of the		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>					
Sign of 1 st Applicant			Sign of 2 nd	Applicant	Sign of 3 rd Applicant			

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

FOR NON-INDIVIDUALS ONLY

10. F/	10. FATCA & CRS DETAILS (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)																
PART	A To be filled by Fi	nancial Institutions or Dire	ct Repor	ting Non	Financia	al Entity	y (NFEs)									
Finan	We are a, Financial institution or 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																
Or Direct reporting NFE ☐ [Please tick (✓)] Name of sponsoring entity:																	
GIIN	GIIN not available [Please tick (✓)]																
PART	B (please fill any o	ne as appropriate "to be fil	ed by N	FEs other	then Di	irect Re	porting	NFEs")			·					
1	Too (ii you, ploade appoint and a contract y and a contra																
	(that is, a company whose shares are regularly traded on an established securities market) Name of stock exchange:																
2	2 Is the Entity a related entity of a publicy traded company (a company whose shares are																
		an established securities		Name o	of Listed co	ompnay:											
				Nature	of relation								•	d Company	,		
				Name o	of stock ex	change:											
3	Is the Entity an acti	ve NFE		☐ Yes	(If yes, pl	ease fill l	UBO decl	aration in	the next	section.)	1						
				Nature	of Busines	ss:											
				Please	specify the	e sub-ca	tegory of	Active NF	E	1	Mention co	de: Refe	er instruct	ion 15(c)			
4	Is the Entity an Pas	sive NFE		☐ Yes	(If yes, pl	ease fill l	UBO decl	aration in	the next	section.)							
				Nature	of Busines	ss:											
					details i												
_		ow additional details. (Please attac							ory detai	Is if the U	BO does n	ot have a	a PAN. (Re	efer Instruct	ion No. 1	6)	
	Any other Identification N D, Govt. ID, Driving Licence NREGA			pation Type nality:	: Service,	, Busines	s, Others				OOB: Date						
City of	Birth - Country of Birth		Fathe	r's Name:	Mandatory	if PAN ir	not avai	able			Gender: M	iale, Fem	naie, Othe	·r			
1. PAN	:			pation Type	e:					1	Date of Bir	rth:					
1	of Birth			nality:				Gender Male Female Other									
Cou	ntry of Birth:		Fathe	r's Name:													
2. PAN			Occu	cupation Type:			1	Date of Birth:									
1	of Birth ntry of Birth:			ionality: her's Name:				Gender									
Cou	nay or Birai.		ratile	i S Name:													
3. PAN				upation Type:					Date of Birth:								
1	of Birth ntry of Birth:			onality: er's Name:					(Gender	☐ Mal	e 🔲 I	emale	Othe	r		
* To inclu	ude US, where controlling pe	rolling persons with tax residency/p son is a US citizen or green card ho s not available, kindly provide function	der	-	zenship/Gr	reen Card	l in any co	untry other	than Ind	ia.							
		TIMATE BENEFICIAL OW															
person(s)), confirming ALL countries	ompanies that are listed on any re- of tax residency / permanent resid quired details as mentioned in Form	ency / citiz	enship and													
		ompany on a recognized sto	ck excha	nge in Ind	ia / Subs	idiary o	fa or Co	ntrolled	by a Li	sted Co	mpany [lf				•		_
	f the Stock Exchange whe										-	Securi	ity ISIN _				
_	Name of the Listed Company (applicable if the investor is subsidiary/associate):																
☐ Trus	☐ Trust created by a Will. ☐ Others [please specify]																
11a. U	Itimate Beneficiary O	wner (UBO) / Controlling P	erson(s)	/ Senior	Managir	ng Offic	ial deta	ils.									
-		ve any individual person(s) ve following individual person hole					-								lal(s) are		low.
	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.																
Applic	cation No.:	CH	eque/D	D shoul	d be Dı	rawn ii	n favoi	ır of th	e Sch	eme N	ame						

	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	Place of Birth	Place of Birth	Place of Birth
of Birth#	Country of Birth	Country of Birth	Country of Birth
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP#	I am PEP. Related to PEP. Not a PEP.	I am PEP. □ Related to PEP. □ Not a PEP. □	I am PEP. Related to PEP. Not a PEP.
UBO / SMO Address Type	Residence Business Registered Office	Residence Business Registered Office	Residence Business Registered Office
UBO / SMO Occupation	Public Service	Public Service	Public Service □ Private Service □ Business □ Others □
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

Enrical Characteristics (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.

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); (Whe hereby apply for units of the said such scheme agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) IWWe 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 mylour credit will discharge of liabilities of Mirae Asset Mutual Fund. (D) The information given in I 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 sought by Mirae Asset Investment Managers (India) Private Limited (AMC). Fund and undertake to update the information in 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 explanation and other applicable to him for the different competing schemes of various Mutual Funds from amongst which the Scheme is being recommended to melus. (F) IWe hereby confirm that IWe have not received nor have been induced b 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 1 st Applicant / Guardian / Authorised Signatory / PoA	Sign of 2 [™] Applicant / Guardian / Authorised Signatory / PoA	Sign of 3 rd Applicant / Guardian / Authorised Signatory / PoA

		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	
		Observed ADD to a literature of Product

ACKNOWLEDGMENT SLIP