COMMON APPLICATION FORM

Application No.:



Name & Bro ARN/RIA			ub Brok nt ARN			Su	b Age	ent C	ode			EUIN [*]	•		Inter	nal C	ode f	or Al	MC		I.				ne Sta e No		,
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Sign of 1st Applicant / G		•	i		Sign	of 2 [™] A _l	•					atory / F	oA		J L	Si	gn of 3	[™] Appl						gnato	ry / Po	οA	_
lease 🕢 Lui	mpsum Investment	· 🗀					IVIIC	io Ap	pplica	illori	Ш								SIF	Αр	olica	uon	Ш				
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I AM A FIRST TIME opticable transaction gistered Distributor). EXISTING UNITED TO THE CONTRACT OF THE CONTRAC	charges will be ded	ducted in ca or's assessi	se your ment of	variou	ıs fact	tors in	cludin	r suc g the	servi	ices r	ende	ront co	ommi / the /	ssior ARN	Holde	be pa er.	aid dir	ectly	by th	he ir	vest	or to	the	ARN			
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JARDIAN (In case : / Ms. / M/s.	1 st Applicant is a M	inor)															F Moth				with Fathe		or (`	ase v Lega		ıar
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3. FIRST APPLIC	ANT AND KYC DI	ETAILS		All fi	ields	mark	ed as	1 *	are	Mar	ndat	ory															
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NPO Registration	Number of DARP	AN Portal (I																		_							
Occupation Details	[Please (✓)]	[ate Se iness	ector		Publi Retir		ctor			ernme prieto			e Oth		udent (Pl	ease	speci	fy)	Pro	fess	iona	ıl 	H	Hous	3e\
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5. JOINT APPLICANTS, IF ANY AND THEIR KYC DE	7 Holdo Illarkoa (s (*) are Mandatory	
Mode of Holding: Anyone or Survivor 2 nd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of	Single of Minor Applicant) (Please write the na	Joint me as per PAN Card)	(Please note that the Default option is Anyone or Surviv Gender Male Female Ott
PAN Details	Pls indicates if US	Person or a resident for tax purp	ose / Resident of Canada
CKYC ID No. (KIN)		KYC Pls 🕢 🗌 Proof Atta	ached Date of Birth(Mandatory) D D M M Y Y Y (As per PAN Card)
Place of Birth	Country of Birth		Nationality:
a*. Occupation Details [Please(✓)] ☐ Priva ☐ Busin	te Sector Public Sector Retired	☐ Government Service ☐ Agriculture	☐ Student ☐ Professional ☐ Housewife ☐ Proprietorship ☐ Others(Please specity)
b*. Politically Exposed Person (PEP) Status	PEP	P Not Applicable	
c*. Gross Annual Income (₹) [Please(✓)]	v 1 Lakh 🔲 1-5 Lakhs		☐ 10-25 Lakhs ☐ >25 Lakhs ☐ > 1 Crore
d*. Net-worth ₹	as on —	O M M Y Y Y	_ (Not older than 1 year)
Mode of Holding: Anyone or Survivor 3rd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of	Single of Minor Applicant) (Please write the na	Joint me as per PAN Card)	(Please note that the Default option is Anyone or Surviv Gender
PAN Details	Pls indicates if US	Person or a resident for tax purp	ose / Resident of Canada
CKYC ID No. (KIN)		KYC Pls 🕡 🗌 Proof Atta	ched Date of Birth(Mandatory) D M M Y Y Y (As per PAN Card)
Place of Birth	Country of Birth		Nationality:
a*. Occupation Details [Please(✓)] □ Priva □ Busin	te Sector Public Sector Retired	☐ Government Service☐ Agriculture	☐ Student ☐ Professional ☐ Housewife ☐ Proprietorship ☐ Others(Please specity)
b*. Politically Exposed Person (PEP) Status	PEP	P Not Applicable	
c*. Gross Annual Income (₹) [Please(✓)] ☐ Below	v 1 Lakh 🔲 1-5 Lakhs	5-10 Lakhs	☐ 10-25 Lakhs ☐ >25 Lakhs ☐ > 1 Crore
d*. Net-worth ₹	as on	O M M Y Y Y	(Not older than 1 year)
6. MAILING ADDRESS [Please provide your E-m	ail ID and Mobile Number to h	elp us serve you better Refe	r Instructions 6]
Local Address of 1st Applicant			
	City	State	Pin Code
Tel. Off.	City Resi.	State	Pin Code Mobile
Tel. Off. Mobile No specified above belongs to □ Self or Family, due t □ Spouse □ Guardian(for Minor Investment) □	Resi. o Investor being(Please tick any one	option from below.)	Pin Code Mobile Pependent Siblings
Mobile No specified above belongs to ☐ Self or Family, due t ☐ Spouse ☐ Guardian(for Minor Investment) ☐ E - Mail^^	Resi. o Investor being(Please tick any one Dependent Children D	option from below.) ependent Parents □ Do	Mobile ependent Siblings
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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	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	e Number .ast 4 digits of Aadhar									
Mobile Number*										
Email ID*										
			In case if Nominee	is a Minor						
Guardian Name										
Guardian's Relations Minor (Attach Proof)	hip with the	Mother [Father Legal Guardian	Mother Father	Legal Guardian	Mother Father Legal Guardian				
Nominee/Guardian S	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	follows; (Please tick as	s appropriate)				
Declaration for			ation							
Incase of death of all the acc	count holder(s), my	/ our legal heirs			for claiming ofof asse	ts held in my / our MF Folio which may als				
* If the account holder affixes thun	nb impression, instead	of wet signature. S	ignature of two witness(es), along with	name and address are required.		I				
			Name & Addres	s		Signature				
Witness 1										
Witness 2										
DECLARATION A	ND SIGNATI	JRE								
			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				
	y and state		J 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
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 Financial Institutions or Direct Reporting Non Financial Entity (NFEs)																		
	re a, ncial institution	GIIN Note: If you do not have a GIIN	but you are	sponsered by	y another en	tity, please	provide yo	ır sponsor's	GIIN abov	ve and indic	ate your spo	onsor's nar	me below					
Direc	or Direct reporting NFE □ [Please tick (✓)] Name of sponsoring entity:																	
GIIN	GIIN not available [Please tick (✓)] ☐ Applied for ☐ Not required to apply for - please specify 2 digits sub-category ☐ Not obtained - Non-participating FI								FI									
PART	B (please fill any o	ne as appropriate "to be fille	ed by NI	Es other	r then Di	irect Re	porting	NFEs"))		,	,						_
1	Is the Entity a publ	cly traded company		☐ Yes	s (If yes, pl	ease spe	ecify any	one stock	exchang	je on whi	ch the stoc	ck is regu	ularly trad	ed)				
		whose shares are regularly ished securities market)	•	Name o	of stock ex	change:												
2		ed entity of a publicy		☐ Yes	s (If yes, pl	ease spe	ecify name	e of the lis	ted com	pany and	one stock	exchan	ge on wh	ich the stoo	k is regu	ılarly trade	ed)	
		company whose shares are an established securities n		Name o	of Listed co	ompnay:												
				Nature	of relation		Subsidiary	of the List	ted Com	pany or	☐ Co	ontrolled	by a Liste	d Company	/			
				Name o	of stock ex	change:												
3	Is the Entity an acti	ve NFE		☐ Yes	s (If yes, pl	ease fill l	UBO decl	aration in	the next	section.)								
				Nature	of Busines	ss:												
				Diverse				A -45 NIT						45()				
				Please	specify th	e sub-ca	tegory of	ACTIVE INF			Mention co	ide: Refe	er instruct	ion 15(c)				
4	Is the Entity an Pas	sive NFE		☐ Yes	s (If yes, pl	ease fill l	UBO decl	aration in	the next	section.)	1							
					of Busines													
# If nace	ive NEE please provide he	ow additional details. (Please attach	additions		details i					le if the II	BO does n	ot have :	a DAN (Da	for Instruct	ion No. 1	16)		╝
_				pation Type					ory detai	is ii tile o	DO does ii	ot nave a	a FAIN. (IN	ner mstruct	ion No. 1			
Election II	Any other Identification N D, Govt. ID, Driving Licence NREGA			nality:	e. Gervice,	Dusines	s, Others				OOB: Date Gender: M		nala Otha	r				
City of	F Birth - Country of Birth		Fathe	r's Name:	Mandatory	if PAN in	not avai	able			Jenuer. IVI	lale, Fell	iale, Othe	1				4
1. PAN			1 '	oation Type	e:					1	Date of Bir	rth:						
1	of Birth			Nationality: Father's Name:				Gender	☐ Mal	e 🗌 I	emale	Othe	r					
Coul	ntry of Birth:		ratile	i S Name.														
2. PAN			1 '	oation Type	e:					1	Date of Bir	rth:						
1	of Birth			Nationality: Father's Name:				Gender ☐ Male ☐ Female ☐ Other										
Cou	ntry of Birth:		Fatne	r's Name:														
3. PAN	:		Occup	oation Type	e:					1	Date of Bir	rth:						
1	of Birth			ationality: ather's Name:							Gender	☐ Mal	e 🗆 I	emale	Othe	r		
Coul	ntry of Birth:		Fatne	r's Name:														
* To inclu	ude US, where controlling pe	rolling persons with tax residency/pe rson is a US citizen or green card hole s not available, kindly provide function	ler	-	zenship/Gr	reen Card	l in any co	untry other	than Ind	ia.								
		LTIMATE BENEFICIAL OWN																
person(s)), confirming ALL countries	ompanies that are listed on any rec of tax residency / permanent reside quired details as mentioned in Form \	ncy / citiz															
Our	company is a Listed C	ompany on a recognized stoo	k excha	nge in Ind	lia / Subs	idiary o	fa or Co	ntrolled	by a Li	sted Co	mpany [lf	fthis cate	gory is sel	ected, no ne	eed to pro	ovide UBO	details].	
Name of	f the Stock Exchange whe	re it is listed.									-	Securi	ity ISIN _					_
_	f the Listed Company (applicated Company	olicable if the investor is subsidia tnership Firm / LLP Unii	-	ate): ed associa	ation / boo	ly of indi	ividuals	P	ublic C	haritable	Trust	☐ Pri	vate Trus	t 🗌 F	Religious	s Trust		_
☐ Trus	st created by a Will.	Others [please specify]																
11a. U	Itimate Beneficiary O	wner (UBO) / Controlling Pe	rson(s)	/ Senior	Managir	ng Offic	ial deta	ils.										
-		ve any individual person(s) w					-								☐ I		elow.	
If 'NO' - o	•	erson (directly / indirectly) holds or			_			-								-		ial
Applic	cation No.:	Ch	eque/D	D shoul	ld be Di	rawn ii	n favoi	ır of th	e Sch	eme N	ame							

5	

	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	Place of Birth	Place 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.	I am 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
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 details with the AMC. Trustee, RTAand other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (G) IWWe further declare that "The ARN holder has disclosed to melvis 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 melus. (F) IWWe hereby confirm that IWWe have not received nor have been induced by any reba 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 /	Sign of 2 nd Applicant / Guardian /	Sign of 3 st Applicant / Guardian /	
Authorised Signatory / PoA	Authorised Signatory / PoA	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	

ACKNOWLEDGMENT SLIP