# **COMMON APPLICATION FORM**

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

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.
<b>EUIN Declaration:</b> Declaration for Execution Only the EUIN box has been intentionally left blank by me/advice of in-appropriateness, if any, provided by the er feed/portfolio holdings/NAV etc. in respect of my/our in	us as this transaction is executed without mployee/relationship manager/sales per	ut any interaction or advice by son of the distributors/sub bro	the employee/relationship mar ker. RIA/Declaration: "I/We he	nager/sales person of the above distrib ereby give you my/our consent to share	utor/sub broker or notwithstanding the
Sign of 1st Applicant / Guardian / Auth. Signatory	y / PoΔ / Karta Sign (	of 2 <sup>nd</sup> Applicant / Guardian / <i>/</i>	Δuth Signatory / ΡοΔ	Sign of <sup>Qrd</sup> Applicant / (	Guardian / Auth. Signatory / PoA
Please Lumpsum Investment		Micro Applicat			Application
TRANSACTION CHARGES (Please &	any one of the below Ref	er Instructions No. 1	1)		
I AM A FIRST TIME INVESTOR IN MU Applicable transaction charges will be deding registered Distributor) based on the investor	UTUAL FUNDS ucted in case your distributor h	OR nas opted for such char	☐ I AM AN		
1. EXISTING UNIT HOLDER INFOR	MATION- Please fill in your	Folio Number, PAN,	KIN in below Section	s 2, 3, 4 & proceed to Sect	tion 7 for Investment Details.
Folio No.				ned alongside will apply for this KYC credentials may be filled	s application.All Unit Holders in the lin the below sections.
2 ADDI ICANT(C) NAME AND IN IN	•			•	
2. APPLICANT(S) NAME AND IN IN	FORMATION [Refer Instruc	tion 2] If the 1°/ Sole	e Applicant is Minor, t	then please provide details	s of natural / legal guardian
1st SOLE APPLICANT Mr. / Ms. /M/s. (Please write the name as per PAN Card)				PAN	
LEI Code for entities					
CKYC ID No. (KIN)			Pls indi		for tax purpose / Resident of Canada No <sup>s</sup> (\$Default if not ✓)
GUARDIAN (In case 1st Applicant is a Mir	nor)			Relationsh	ip with Minor (Please ✓)
Mr. / Ms. / M/s.  GUARDIAN CKYC			KYC (Please √)		Father Legal Guardian
ID No. (KIN)			Proof Attached	GUARDIAN PAN	
POA / Custodian Name:  POA / Custodian			PO	A / Custodian	YC (Please ✓) ☐ Proof Attached
CKYC ID No. (KIN)				PAN	
Contact Person for Corporate Investor		marked as (skill are	Mandatany	Designation:	
3. FIRST APPLICANT AND KYC DE  1st SOLE APPLICANT Individual or		marked as (*) are all Ultimate Beneficial	•	aration Form in section 11a &	11b - Refer Instruction No. 17]
*Date of Birth/ Incorporation D D M (Individual)	M Y Y Y Y Proof	of Date of Birth (Plea	,		nool Leaving Certificate / Mark Shee
(Please write the Date of birth as per Aadhaar Car Place of Birth /	Country of Birth /	(For minor applicant)	☐ Pass	sport of the Minor Oth	
Incorporation: (Please write the Date of birth as per Aadhaar Cal		I		Design (A OD/DOL D Mineral	the second of th
Type: Resident Individual Sole  HUF LLP Listed Company Priva		rust 🔲 Bank / Fls   ompany			through Guardian NRI - NRO mes Other (Please specify)
NPO Registration Number of DARPA	AN Portal (Mandatory)		_	·	
a*. Occupation Details [Please (✓)]	<ul><li>☐ Private Sector</li><li>☐ Business</li></ul>	<ul><li>Public Sector</li><li>Retired</li></ul>	<ul><li>☐ Government Servi</li><li>☐ Proprietorship</li></ul>	ce Student   Others (Please specify)	☐ Professional ☐ Housewife
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
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-Individu	ıals)₹		as on		Y Y (Not older than 1 year)
e*. Non-Individual Investors involved/prov any of the mentioned services		exchange / Money Cha ending / Pawning	anger Services	Gaming/Gambling/Lottery/Gambling/Cambling/Lottery/Gambling/Cambling/	Casino Services
4. BANK ACCOUNT DETAILS - M Name of the Bank:	Mandatory [Refer Instruct	ion Nos. 3 & 4]			
Core Banking A/c No.			A/c.	e Pls. (✓) ☐ NRE ☐ CURRE	NT SAVINGS NRO Other
Branch Name:	Ad	dress:		G I IS. (V ) — —	
Bank Branch City:	Sta			Pin Co	ode
MICR Code		ch a cancelled cheque ohoto copy of a cheque	IFSC Code (Mandate Credit via NEFT/RTC		

5. JOINT APPLICANTS, IF ANY AND THEIR		- / III II	as (*) are Mandatory	
Mode of Holding: Anyone or Survivor  2 <sup>nd</sup> APPLICANT Mr. / Ms. / M/s. (Not Applicable	e in case of Minon	Single  Applicant) (Please write the na	Joint me as per PAN Card)	(Please note that the Default option is Anyone or Surv
PAN Details		Pls indicates if US	Person or a resident for tax p	ourpose / Resident of Canada
CKYC ID No. (KIN)			KYC Pls 🕢 🗌 Proof	Attached Date of Birth(Mandatory) (As per PAN Card)
Place of Birth	Cour	ntry of Birth		Nationality:
a*. Occupation Details [Please(✓)]	Private Sec	tor Public Sector Retired	Government Service Agriculture	B Student
b*. Politically Exposed Person (PEP) Status [	] I am PEP	☐ I am Related to Pt	P Not Applicable	
c*. Gross Annual Income (₹) [Please(✓)]	Below 1 Lal	kh 🗌 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)
Mode of Holding: Anyone or Survivor  3rd APPLICANT Mr. / Ms. / M/s. (Not Applicable)	e in case of Minor	Single Applicant) (Please write the na	Joint me as per PAN Card)	(Please note that the Default option is Anyone or Surv  Gender
PAN Details		Pls indicates if US	Person or a resident for tax p	ourpose / Resident of Canada
CKYC ID No. (KIN)			KYC Pls 🕢 🗌 Proof	Attached Date of Birth(Mandatory) D D M M Y Y Y (As per PAN Card)
Place of Birth	Cour	ntry of Birth		Nationality:
a*. Occupation Details [Please(✓)]	Private Sec Business	etor Public Sector Retired	☐ Government Service☐ Agriculture	Student Professional Housewife  Proprietorship Others (Please specify)
b*. Politically Exposed Person (PEP) Status	] I am PEP	☐ I am Related to Pt	P Not Applicable	
c*. Gross Annual Income (₹) [Please(✓)]	Below 1 Lal	kh 🗌 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 could be	our E-mail ID	and Mobile Number to h	elp us serve you better R	efer Instructions 6 ]
		City	State	Pin Code Pin Code
Tel. Off.		Resi.		Pin Code Mobile
Tel. Off.  Mobile No specified above belongs to □ Self or Fan □ Spouse □ Guardian(for Minor Investmen		Resi.	option from below.)	
Mobile No specified above belongs to ☐ Self or Fan ☐ Spouse ☐ Guardian(for Minor Investmen E - Mail^^	it) □ Deper	Resi. stor being(Please tick any one ondent Children D	e option from below.) ependent Parents	Mobile Dependent Siblings
Mobile No specified above belongs to ☐ Self or Fan ☐ Spouse ☐ Guardian(for Minor Investmen E - Mail^^	ail ID would man	Resi. stor being(Please tick any one ndent Children	e option from below.) ependent Parents  cations, Statement of Account	Mobile
Mobile No specified above belongs to ☐ Self or Fan ☐ Spouse ☐ Guardian(for Minor Investmen E - Mail^^  ^Please Use Block Letters. Investors providing emacopies are required kindly refer instruction no. 6(g)	ail ID would man	Resi. stor being(Please tick any one ndent Children	e option from below.) ependent Parents  attions, Statement of Accounts one option from below.)	Mobile Dependent Siblings
Mobile No specified above belongs to ☐ Self or Fan ☐ Spouse ☐ Guardian(for Minor Investmen E - Mail^^  ^Please Use Block Letters. Investors providing emacopies are required kindly refer instruction no. 6(g)  Email address specified above belongs to ☐ Self or ☐ Spouse ☐ Guardian(for Minor Investmen	ail ID would man Family, due to li	Resi.  stor being(Please tick any one ndent Children	e option from below.) ependent Parents cations, Statement of Accounts one option from below.) ependent Parents	Mobile  Dependent Siblings  and Abridged Annual Report through e-mail only.Incase if physi  Dependent Siblings
Mobile No specified above belongs to ☐ Self or Fan ☐ Spouse ☐ Guardian(for Minor Investmen E - Mail^^  ^Please Use Block Letters. Investors providing emacopies are required kindly refer instruction no. 6(g) Email address specified above belongs to ☐ Self or ☐ Spouse ☐ Guardian(for Minor Investmen)  6a. Mandatory for NRI / FII Applicant [Please of Spouse ☐ Company of the Provided Head of Spouse ☐ Compan	ail ID would man Family, due to li	Resi.  stor being(Please tick any one ndent Children	e option from below.) ependent Parents cations, Statement of Accounts one option from below.) ependent Parents	Mobile  Dependent Siblings  s and Abridged Annual Report through e-mail only.Incase if physi
Mobile No specified above belongs to ☐ Self or Fan ☐ Spouse ☐ Guardian(for Minor Investmen E - Mail^^  ^Please Use Block Letters. Investors providing emacopies are required kindly refer instruction no. 6(g)  Email address specified above belongs to ☐ Self or ☐ Spouse ☐ Guardian(for Minor Investmen	ail ID would man Family, due to li	Resi.  stor being(Please tick any one ndent Children	e option from below.) ependent Parents cations, Statement of Accounts one option from below.) ependent Parents	Mobile  Dependent Siblings  and Abridged Annual Report through e-mail only.Incase if physi  Dependent Siblings
Mobile No specified above belongs to ☐ Self or Fan ☐ Spouse ☐ Guardian(for Minor Investmen E - Mail^^ ^Please Use Block Letters. Investors providing emacopies are required kindly refer instruction no. 6(g) Email address specified above belongs to ☐ Self or ☐ Spouse ☐ Guardian(for Minor Investmen ☐ Ga. Mandatory for NRI / FII Applicant [Pleaters	it) □ Deperment	Resi.  stor being(Please tick any one ndent Children	e option from below.) ependent Parents cations, Statement of Accounts one option from below.) ependent Parents  b. may not be sufficient.	Mobile  Dependent Siblings  and Abridged Annual Report through e-mail only.Incase if physi  Dependent Siblings  For Overseas Investors, Indian Address is preferred
Mobile No specified above belongs to ☐ Self or Fan ☐ Spouse ☐ Guardian(for Minor Investmen E - Mail^^  ^Please Use Block Letters. Investors providing emacopies are required kindly refer instruction no. 6(g) Email address specified above belongs to ☐ Self or ☐ Spouse ☐ Guardian(for Minor Investmen)  6a. Mandatory for NRI / FII Applicant [Please of Spouse ☐ Company of the Provided Head of Spouse ☐ Compan	it) □ Deperment	Resi.  stor being(Please tick any one ndent Children	e option from below.) ependent Parents cations, Statement of Accounts one option from below.) ependent Parents  b. may not be sufficient.	Mobile  Dependent Siblings  and Abridged Annual Report through e-mail only.Incase if physi  Dependent Siblings  For Overseas Investors, Indian Address is preferred]
Mobile No specified above belongs to ☐ Self or Fan ☐ Spouse ☐ Guardian(for Minor Investmen E - Mail^^  ^Please Use Block Letters. Investors providing emacopies are required kindly refer instruction no. 6(g) Email address specified above belongs to ☐ Self or ☐ Spouse ☐ Guardian(for Minor Investmen ☐ Ga. Mandatory for NRI / FII Applicant [Please	it) □ Deperment	Resi.  stor being(Please tick any one ndent Children	e option from below.) ependent Parents cations, Statement of Accounts one option from below.) ependent Parents  b. may not be sufficient.  ment Details please Reference   Regular Plan   Direct Plan	Mobile  Dependent Siblings  and Abridged Annual Report through e-mail only.Incase if physi  Dependent Siblings  For Overseas Investors, Indian Address is preferred  or to Instructions No. 6.)  Growth (Default)  DCW Payout  DCW*  Frequency
Mobile No specified above belongs to □ Self or Fan □ Spouse □ Guardian(for Minor Investmen E - Mail^^  ^Please Use Block Letters. Investors providing emacopies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investmen Ga. Mandatory for NRI / FII Applicant [Please Overseas Correspondence Address □ Investmen Address □ Investmen Investmen Ga. Investmen Investmen Ga. Investment Ga. Investme	it) Deperment De	Resi.  stor being(Please tick any one ndent Children	peption from below.) ependent Parents eations, Statement of Accounts one option from below.) ependent Parents  D. may not be sufficient.  ment Details please Refe Regular Plan Direct Plan  et Low Duration Fund. Default of selected Monthly will be considered.	Mobile  Dependent Siblings  s and Abridged Annual Report through e-mail only.Incase if physical Dependent Siblings  For Overseas Investors, Indian Address is preferred  or to Instructions No. 6.)  Growth (Default)  IDCW Payout  IDCW Reinvestment  Frequency  otton here will be Daily if frequency not selected.
Mobile No specified above belongs to □ Self or Fan □ Spouse □ Guardian(for Minor Investmen E - Mail^^  ^Please Use Block Letters. Investors providing emacopies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investmen Ga. Mandatory for NRI / FII Applicant [Please Overseas Correspondence Address □ Investmen Address □ Investmen Investmen Ga. Investmen Investmen Ga. Investment Ga. Investme	ail ID would man Family, due to li nt) □ Depe ase provide F  S (For comple d Fund, Mirae Ass quency can be Da in-Third Party Pa	Resi.  Stor being(Please tick any one ndent Children	pependent Parents  ations, Statement of Accounts one option from below.)  pependent Parents  pependent Paren	Mobile  Dependent Siblings  and Abridged Annual Report through e-mail only.Incase if physi  Dependent Siblings  For Overseas Investors, Indian Address is preferred  r to Instructions No. 6.)  Growth (Default)   IDCW Payout   IDCW* Frequency IDCW Reinvestment   I
Mobile No specified above belongs to □ Self or Fan □ Spouse □ Guardian(for Minor Investmen E - Mail^^  ^Please Use Block Letters. Investors providing emacopies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investmen Ga. Mandatory for NRI / FII Applicant [Please Correspondence Address □ INVESTMENT AND PAYMENT DETAIL.  Scheme -  *IDCW frequency is applicable only for Mirae Asset Liquic Income Distribution cum Capital Withdrawal. IDCW *Fre Payment Type [Please (✓)] □ Self (No	ail ID would man Family, due to lint) Depe  ase provide F  S (For completed dependency can be be another) Unit Dependency can be be another dependency can be anothered can be anothered can be a	Resi.  Stor being(Please tick any one ndent Children	e option from below.) ependent Parents  ations, Statement of Account: one option from below.) ependent Parents  b. may not be sufficient.  ment Details please Reference Regular Plan Direct Plan Direct Plan et Low Duration Fund. Default or selected Monthly will be consided at Party Payment ( Please atta	Mobile  Dependent Siblings  and Abridged Annual Report through e-mail only.Incase if physi  Dependent Siblings  For Overseas Investors, Indian Address is preferred  r to Instructions No. 6.)  Growth (Default)   IDCW Payout   IDCW* Frequency IDCW Reinvestment   I
Mobile No specified above belongs to □ Self or Fan □ Spouse □ Guardian(for Minor Investmen E - Mail^^  ^^Please Use Block Letters. Investors providing ema copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investmen □ Spouse □ Spouse □ Guardian(for Minor Investmen □ Spouse	ail ID would man Family, due to lint) Depe  ase provide F  S (For complete d Fund, Mirae Ass quency can be be on-Third Party Pa  Date  Date	Resi.  stor being(Please tick any one ndent Children	peption from below.) ependent Parents cations, Statement of Account: one option from below.) ependent Parents  D. may not be sufficient.  ment Details please Refe Regular Plan Direct Plan  Et Low Duration Fund. Default of selected Monthly will be consider a Party Payment ( Please attate of Payment ( Please attate	Mobile  Dependent Siblings  and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and
Mobile No specified above belongs to □ Self or Fan □ Spouse □ Guardian(for Minor Investmen E - Mail^^  ^^Please Use Block Letters. Investors providing ema copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investmen □ Spouse □ Spouse □ Guardian(for Minor Investmen □ Spouse	ail ID would man Family, due to lint) Depe  Begin Deperment of the provide F  S (For complete of the provide F  S (For complete of the provide P  OTM (One o	Resi.  stor being(Please tick any one ndent Children	pependent Parents  ations, Statement of Accounts one option from below.) pependent Parents  be ment Details please Reference Regular Plan Direct Plan Direct Plan Direct Plan Direct Plan Core Banking A/c N  DD Charges, if any  puence of names as ment	Mobile  Dependent Siblings  and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and Abridged Annual Report through e-mail only.Incase if physics and
Mobile No specified above belongs to □ Self or Fan □ Spouse □ Guardian(for Minor Investmen E - Mail^^  ^Please Use Block Letters. Investors providing emacopies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investmen Ga. Mandatory for NRI / FII Applicant [Please Overseas Correspondence Address  7. INVESTMENT AND PAYMENT DETAILS Scheme -  *IDCW frequency is applicable only for Mirae Asset Liquic Playment Type [Please (✓)] □ Self (No Payment Mode: Please (✓) □ Cheque / DD Cheque / DD / UMRN No / UTR No. & B. DEMAT ACCOUNT: Mandatory for units	ail ID would man Family, due to lint) Depe  Begin Deperment of the provide F  S (For complete of the provide F  S (For complete of the provide P  OTM (One o	Resi.  stor being(Please tick any one ndent Children	pependent Parents  ations, Statement of Accounts one option from below.) pependent Parents  be ment Details please Reference Regular Plan Direct Plan Direct Plan Direct Plan Direct Plan Core Banking A/c N  DD Charges, if any  puence of names as ment	Dependent Siblings   To Instructions No. 6. )   Growth (Default)   DCW Payout
Mobile No specified above belongs to □ Self or Fan □ Spouse □ Guardian(for Minor Investmen E - Mail^^  ^^Please Use Block Letters. Investors providing emacopies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investmen Ga. Mandatory for NRI / FII Applicant [Please Overseas Correspondence Address □ Investmen Address □ Investmen Investmen Ga. Mandatory for NRI / FII Applicant [Please Overseas Correspondence Address □ Investmen Investmen Ga. Investmen Ga. Investmen Ga. Investment Investmen Ga. Investment Investmen Ga. Investment Investmen Ga. Investment Investment Ga.	ail ID would man Family, due to li nt) Depe  ase provide F  S (For comple d Fund, Mirae Ass quency can be Da on-Third Party Pa Dotte  in Demat Mod L)	Resi.  stor being(Please tick any one ndent Children	peption from below.) ependent Parents cations, Statement of Accounts one option from below.) ependent Parents  D. may not be sufficient.  The period of the	Dependent Siblings   To Instructions No. 6. )   Growth (Default)   DCW Payout

_		_		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	Signature								
*Mandatory Fields Birth certificate proof to be attache	ed in case of Minor								
I/We want the details of my/o  Name of the Nominee(s)  If there is no option ticked,	^ If there is no option ticked, default will Nomination: Yes/No reflected in the statement of account.								
Incase if you do not wish to nominate  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 also 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	Witness 2								
<b>DECLARATION A</b>									
			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 <sup>st</sup> Applicant			Sign of 2 <sup>nd</sup>	Applicant		Sign of 3 <sup>rd</sup> Applicant			

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

# 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)																		
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																	
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	PART B (please fill any one as appropriate "to be filled by NFEs other then Direct Reporting NFEs")																	
1	Too the Entity a publicly traded company																	
	(that is, a company whose shares are regularly traded on an established securities market)  Name of stock exchange:																	
2 Is the Entity a related entity of a publicy traded company (a company whose shares are							ed)											
		an established securities m		Name o	Name of Listed compnay:													
				Nature	of relation		Subsidiary	of the Lis	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	(If yes, pl	lease fill l	UBO dec	aration in	the next	section.)								
				Nature	of Busines	ss:												
				Diagon	anaoifu th	a aub aa	togon, of	Active NE		т.	Acutica co	da. Dafe		inn 45(n)				
				Flease	specify th	e sub-ca	legory or	Active INF			Mention co	de: Reie	er instruct	10H 15(C)				
4	Is the Entity an Pas	sive NFE		☐ Yes	s (If yes, pl	lease fill l	UBO dec	aration in	the next	section.)								
					of Busines													_
# If pass	ive NFE, please provide be	ow additional details. (Please attach	additiona		details i					Is if the U	BO does n	ot have a	a PAN. (Re	efer Instruct	ion No. 1	6)		_
	Any other Identification N	•		pation Type														
Election II	D, Govt. ID, Driving Licence NREGA		Natio	nality:							OOB: Date Gender: M		nale. Othe	er				
	Birth - Country of Birth			r's Name:		if PAN ir	not avai	lable										$\dashv$
1. PAN			1	pation Type	e:					1	Date of Birth:							
	of Birth ntry of Birth:			onality: er's Name:			(	Gender ☐ Male ☐ Female ☐ Other										
																		$\dashv$
2. PAN	of Birth			ccupation Type:			1	Date of Birth:										
"	ntry of Birth:			ionality: her's Name:			(	Gender										
			1															$\dashv$
3. PAN				supation Type: ionality:				1	Date of Birth:									
1 .	of Birth ntry of Birth:			er's Name:					(	Gender	☐ Mal	e 🗌 I	emale	Othe	r			
				-14/-14	hi-/O-				.41 1									
* To inclu	ide US, where controlling pe	rolling persons with tax residency/per rson is a US citizen or green card hold s not available, kindly provide function	er	-	zerisriip/Gi	reencard	i iii ariy co	unity offier	ulanınu	ia.								
		LTIMATE BENEFICIAL OWN			Refer ins	structio	n No. 1	7)*										
		ompanies that are listed on any reco																
		quired details as mentioned in Form V																
		ompany on a recognized stoc	k excha	nge in Ind	ia / Subs	idiary o	faor Co	ontrolled	by a Li	sted Co	mpany [lf				•		_	
	the Stock Exchange whe	re it is listed	vlassoci	ate).							-	Secur	ity iOIN _					_
	isted Company  Par		-	ed associa	ation / boo	dy of indi	ividuals	_ P	ublic Cl	haritable	Trust	Pri	vate Trus	st 🗌 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 ne following individual person holds					_								lual(s) are		low.	
	declare that no individual pre provided below.	erson (directly / indirectly) holds co	ntrolling	ownership i	in our entit	ty above	the preso	ribed thre	shold lin	nit. Detail	s of the in	dividual	who hold:	s the position	on of Ser	nior Mana	ging Offi	ial
, U.VIO / al	provided below.																	
Applic	cation No.:	Che	eque/D	D shoul	ld be Di	rawn i	n favo	ur 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 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 <sup>st</sup> Applicant / Guardian / Authorised Signatory / PoA	Sign of 2 <sup>rd</sup> Applicant / Guardian / Authorised Signatory / PoA	Sign of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory / PoA

		For Lumpsum 'OR' SIF
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