



## All fields marked as '\*' are Mandatory

**2<sup>nd</sup> APPLICANT** Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant) (Please write the name as per PAN Card) Gender ☐ Male ☐ Female ☐ Other

[illegible]

a\*. Occupation Details [Please(✓)]

<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Student	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife
<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Others (Please specify)	

c\*. Gross Annual Income (₹) [Please(✓)] ☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ >25 Lakhs ☐ > 1 Crore

d\*. Net-worth ₹ \_\_\_\_\_ as on DD MM YY YY (Not older than 1 year)

**3<sup>rd</sup> APPLICANT** Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant) (Please write the name as per PAN Card) Gender ☐ Male ☐ Female ☐ Other

[illegible]

a\*. Occupation Details [Please(✓)]

<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Student	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife
<input type="checkbox"/> Business	<input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Others (Please specify)	

c\*. Gross Annual Income (₹) [Please ✓] ☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ >25 Lakhs ☐ > 1 Crore

d\*. Net-worth ₹ \_\_\_\_\_ as on DD MM YY YY (Not older than 1 year)

Local Address of 1<sup>st</sup> Applicant

Mobile No specified above belongs to ☐ Self or Family, due to Investor being (Please tick any one option from below.)

☐ Spouse      ☐ Guardian(for Minor Investment)      ☐ Dependent Children      ☐ Dependent Parents      ☐ Dependent Siblings

[illegible]

<sup>^^</sup>Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only. In case if physical copies are required kindly refer instruction no. 6(q)

Email address specified above belongs to ☐ Self or Family, due to Investor being (Please tick any one option from below.)

☐ Spouse    ☐ Guardian(for Minor Investment)    ☐ Dependent Children    ☐ Dependent Parents    ☐ Dependent Siblings

**6a. Mandatory for NRI / FII Applicant [Please provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address is preferred]**

Overseas Correspondence Address

**Scheme -** ☐ Regular Plan ☐ Growth (Default) ☐ IDCW Payout ☐ IDCW\*  
☐ Direct Plan ☐ IDCW Reinvestment ☐ Frequency^A

\*ICDW frequency is applicable only for Mirae Asset Liquid Fund, Mirae Asset Overnight Fund & Mirae Asset Low Duration Fund. Default option here will be Daily if frequency not selected.  
\*Income Distribution cum Capital Withdrawal. ICDW ^Frequency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default. refer SID for more details

**Payment Type [Please (✓)]** ☐ **Self** (Non-Third Party Payment) ☐ **Third Party Payment** ( Please attach 'Third Party Payment Declaration Form')

**Payment Type [Please (✓)]**      ☐ **Self** (Non-Third Party Payment)      ☐ **Third Party Payment** ( Please attach 'Third Party Payment Declaration Form')

Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)

**8. DEMAT ACCOUNT:** Mandatory for units in Demat Mode -Please Ensure the sequence of names as mentioned under sec-3 matches as per the Depository Details.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
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DP Name	DP Name

[illegible]

Enclosures - Please (✓) ☐ Client Masters List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

9. **NOMINATION DETAILS MANDATORY** [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Nomination Instruction No. 20]

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS OR ☐ I/WE DO NOT WISH TO NOMINATE

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship	% of Share	Signature of Nominee / Guardian (Preferred but not Mandatory)		
1		DD/MM/YYYY				1	2	3
2		DD/MM/YYYY						
3		DD/MM/YYYY						

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

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

**PART A** To be filled by Financial Institutions or Direct Reporting Non Financial Entity (NFEs)

**PART B** (please fill any one as appropriate “to be filled by NFEs other than Direct Reporting NFEs”)

**For details refer instruction no. 15.**

<b>PAN / Any other Identification Number</b> (PAN, Aadhaar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) <b>City of Birth - Country of Birth</b>	<b>Occupation Type:</b> Service, Business, Others <b>Nationality:</b> <b>Father's Name:</b> Mandatory if PAN in not available	<b>DOB:</b> Date of Birth <b>Gender:</b> Male, Female, Other
<b>1. PAN:</b> <b>City of Birth</b> <b>Country of Birth:</b>	<b>Occupation Type:</b> <b>Nationality:</b> <b>Father's Name:</b>	<b>Date of Birth:</b> <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>2. PAN:</b> <b>City of Birth</b> <b>Country of Birth:</b>	<b>Occupation Type:</b> <b>Nationality:</b> <b>Father's Name:</b>	<b>Date of Birth:</b> <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>3. PAN:</b> <b>City of Birth</b> <b>Country of Birth:</b>	<b>Occupation Type:</b> <b>Nationality:</b> <b>Father's Name:</b>	<b>Date of Birth:</b> <b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

% In case Tax Identification Number is not available, kindly provide functional equivalent

\*This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company. Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BENE

☐ Trust created by a Will.    ☐ Others [please specify]

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.

**Mutual Fund investments are subject market risks. read all scheme related document carefully.**

	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 _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP#	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>	PEP. <input type="checkbox"/> Related to PEP. <input type="checkbox"/> Not a PEP. <input type="checkbox"/>
UBO / SMO Address Type	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>	Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/>
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
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

Beneficial Owner(s) / Senior Managing Official (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.

12. FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 15)

(FOR INDIVIDUALS & NON-INDIVIDUALS)

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

FOR NON-INDIVIDUALS: Is the 'Entity' a tax resident of any country other than India? ☐ Yes ☐ No

(If Yes, please provide country lies in which the entity is a resident for tax purpose and the associated Tax Identi cation No. below)

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

For non-Individual investor, in case your country of incorporation / Tax residence is US, but you are not a specified US person then please mention exemption code \_\_\_\_\_ Refer instruction 15( e))

Individual or Non-Individual investors fill this section if ticked Yes above.			Individual investor have to fill in below details in case of joint applicants		
Tax Residency Status: 1	Country:		Tax Residency Status: 1	Country:	
	No.:			No.:	
	Type:			Type:	
Tax Residency Status: 2	Country:		Tax Residency Status: 2	Country:	
	No.:			No.:	
	Type:			Type:	
Tax Residency Status: 3	Country:		Tax Residency Status: 3	Country:	
	No.:			No.:	
	Type:			Type:	
Address Type _____		Address Type _____		Address Type _____	
(Address Type: Residential or Business (default)   Residential   Business   Registered Office) (For address mentioned in form   existing address appearing in folio)					

In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily.

13. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(f)

To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s) available during the New Fund Offer period); I/We hereby apply for units of the said such scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by Mirae Asset Investment Managers (India) Private Limited (AMC) / Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (F) I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the online facility: I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) Applicable to Foreign Resident's Residing in India:- I/ We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations and other applicable laws and regulations. (J) I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s). (K) FATCA/CRS Certification: I / We have understood the information requirements of this Form (read along with the FATCA& CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I/ We also confirm that I/ We have read and understood the FATCA& CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end. (L) Aadhaar: I/We hereby voluntarily submit Aadhaar 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>nd</sup> Applicant / Guardian / Authorised Signatory / PoA	Sign of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory / PoA
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ACKNOWLEDGMENT SLIP

Received Application from Mr. / Ms. / M/s. \_\_\_\_\_ as per details below:

Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
	Amount (Rs) _____ Cheque/ DD No.: _____ Dated _____ Bank & Branch _____	

Cheque / DD is subject to realisation

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

Registration Cum Mandate Form For NACH/Direct Debit  
Application No.:



Name & Broker Code/ ARN/RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.

**EUIN Declaration:** Declaration for "Execution Only" Transaction (where Employee Unique Identification Number-EUIN\* box is left blank). Please refer instruction 12 of KIM for complete details on EUIN. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. **RIA/Declaration:** "I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/ RIA".

Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory / PoA / Karta	Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory / PoA	Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory / PoA
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Please ☒ SIP ENROLMENT with One Time Mandate (OTM) (Please fill all sections) ☐ SIP Top-up Facility ☐ Goal SIP

**1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)**

Name of 1<sup>st</sup> Unit Holder (as per PAN card) Folio No.

**2. SIP ENROLMENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for. [Refer General Instruction 17 Overleaf]).**

Frequency Please <input checked="" type="checkbox"/> <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW* Frequency^
Scheme:

\*IDCW frequency is applicable only for Mirae Asset Liquid Fund, Mirae Asset Overnight Fund & Mirae Asset Low Duration Fund. Default option here will be Daily if frequency not selected.  
\*Income Distribution cum Capital Withdrawal. IDCW \*Frequency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default, refer SID for more details

SIP Date <input type="text"/> <input type="text"/> <input type="text"/> (Please choose Any Date from 1 <sup>st</sup> till 28 <sup>th</sup> of the month, If left blank 5 <sup>th</sup> will be considered as the default date)	SIP Amount (₹) <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> Any other Amount. (₹)
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SIP Start Month (MM/YY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SIP End Month (MM/YY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**2a. Goal SIP - Do you want to assign a goal for your SIP.** ☐ Yes ☐ No If yes please select (✓) your goal [Refer General Instruction No. 24 Overleaf].

If Goal & SIP amount is same default will be taken as ₹ 1 crore Goal Amount ₹ ☐ Kids Education ☐ Retirement Planning (Default)

☐ Tax Savings ☐ Dream House ☐ Dream Car ☐ Dream Vacation ☐ Kids Marriage ☐ Others- Please specify

**2b. SIP TOP-UP FACILITY (You can start SIP Top-up facility after minimum 6 months from 1st SIP) [Refer General Instruction No. 23 Overleaf].**

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure. (Not available for micro SIPs)

Top-up Amount (₹) (minimum ₹ 500/- & in multiples of ₹ 1/- only) Top-up Start Month (MM/YY)     Top-up End Month (MM/YY)

Existing Investors Availing Top-Up: Please provide current SIP IH Number as per SOA Frequency Please ☒ ☐ Half Yearly ☐ Yearly (Default)

**3. SIP PAYMENT DETAILS (New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and One Time Mandate.)**

☐ Cancelled cheque Leaf First SIP Cheque No. Drawn on Bank

**DECLARATION & SIGNATURE:** To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s)); I/We hereby apply for units of the said such scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme & conditions of SIP enrolment and registration through NACH/ECS or Direct Debit (Auto Debit). I/We also agree that if the transaction is delayed or not effected for reasons of incomplete or incorrect or any other operational reasons, I/We would not hold Mirae Asset Investment Managers (India) Private Limited, their appointed service providers or representatives responsible. I/We also undertake to keep sufficient funds in my bank account on the date of execution of the said standing instructions. "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us". "I/We have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding ₹50,000 in a rolling 12 month period or in a financial year".

Signature of 1 <sup>st</sup> Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS)	Signature of 2 <sup>nd</sup> Applicant/Guardian /Authorised Signatory/PoA (AS IN BANK RECORDS)	Signature of 3 <sup>rd</sup> Applicant/Guardian/Authorised Signatory/PoA (AS IN BANK RECORDS)
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NACH MANDATE INSTRUCTION FORM (Refer guidelines / Instruction over leaf before filling)

MIRAE ASSET Mutual Fund	UMRN <input type="text"/>	Bank use <input type="text"/>	Date <input type="text"/>
Utility Code <input type="text"/>	<input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL	I/We hereby authorize Mirae Asset Investment Managers (India) Pvt. Ltd.	
Sponsor Bank Code <input type="text"/>	Bank use <input type="text"/>		
To Debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other <input type="checkbox"/>	Bank A/c <input type="text"/>		
With Bank <input type="text"/>	Name of customers bank	IFSC / MICR <input type="text"/>	
An Amount Of Rupees <input type="text"/>	₹ <input type="text"/>		
DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	FREQUENCY <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		
Reference 1 <input type="text"/>	Folio No. <input type="text"/>	Reference 2 <input type="text"/>	Scheme Name <input type="text"/>
1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.			
PERIOD	Maximum period of validity of this mandate is 40 years only		
From <input type="text"/>			
To <input type="text"/>			
Maximum period of validity of this mandate is 40 years only	Signature Of Primary Account Holder	Signature Of Joint Account Holder	Signature Of Joint Account Holder
Phone No. <input type="text"/>	1. Name Of Primary Account Holder	2. Name Of Joint Account Holder	3. Name Of Joint Account Holder



SIP ENROLMENT with One Time Mandate (OTM) (Please fill all sections)  
Please see Terms & Conditions on the reverse for eligible schemes under this facility.



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

## Name of 1st Unit Holder (as per PAN card)

[illegible]

Scheme 1

Scheme Name:

Frequency

Please ☒ ☐ Monthly (Default) ☐ Quarterly ☐ Regular Plan ☐ Direct Plan ☐ Growth ☐ IDCW Payout ☐ IDCW\* Frequency^A

☐ IDCW Reinvestment

SIP Date

(Please choose Any Date from 1st till 28th of the month, If left blank 5th will be considered as the default date)

SIP Amount (₹)

☐ 5,000 ☐ 10,000 ☐ 25,000 ☐ Any other Amount (₹)

SIP Start Month (MM/YY)

SIP End Month (MM/YY)

<b>Scheme 2</b>	<b>Scheme Name:</b>											
	Frequency <span style="color: orange;">Please</span> <input checked="" type="radio"/> <b>Monthly (Default)</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan <input type="checkbox"/> Growth				<input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment		<input type="checkbox"/> IDCW* Frequency^					
	SIP Date <input type="text" value="D"/> <input type="text" value="D"/> (Please choose Any Date from 1st till 28th of the month, If left blank 5th will be considered as the default date)				SIP Amount (₹) <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> Any other Amount (₹)							
	SIP Start Month (MM/YY) <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>				SIP End Month (MM/YY) <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>							

Scheme 3

Scheme Name:

Frequency

Please ☒

Monthly (Default) ☐

Quarterly ☐

Regular Plan ☐

Direct Plan ☐

Growth ☐

IDCW Payout ☐

IDCW\* ☐

IDCW Reinvestment ☐

Frequency^

SIP Date

D

D

(Please choose Any Date from 1st till 28th of the month, If left blank 5th will be considered as the default date)

SIP Amount (₹)

☐ 5,000

☐ 10,000

☐ 25,000

☐ Any other Amount (₹)

SIP Start Month (MM/YY)

M

M

Y

Y

SIP End Month (MM/YY)

M

M

Y

Y

\*Income Distribution cum Capital Withdrawal. IDCW ^Frequency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default, refer SID for more details


**Multi SIP Payment Details-** Cheque / DD should be drawn in favour of “ **Mirae Asset Multi SIP Collection A/c**”

Payment initiated through Cheque/DD, shall be considered as first installment. Cheque amount should be equal to total SIP amounts of all the scheme(s) applied for.

Cheque/DD no. \_\_\_\_\_ Cheque/DD date. \_\_\_\_\_ Total Cheque Amount (₹) \_\_\_\_\_ Payment Type-Non Third Party(Self) ☒

Bank. \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_

**DECLARATION :** To The Trustees, Mirae Asset Mutual Fund - By Signing the OTM in the below section, I/We acknowledge that I/we have read and understood the contents of the SID of the Scheme applied for (including the scheme(s) available during the New Fund Offer Period): I/We hereby apply for units of the said such scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme & conditions of SIP/Multi-SIP enrolment and registration through OTM.

	UMRN	Bank use												Date		D	D	M	M	Y	Y	Y	Y				
	Utility Code	N	A	C	H	0	0	0	0	0	0	0	0	0	5	1	4	8	<input checked="" type="checkbox"/> CREATE	<input checked="" type="checkbox"/> MODIFY	<input checked="" type="checkbox"/> CANCEL						
Sponsor Bank Code		Bank use												I/We hereby authorize Mirae Asset Investment Managers (India) Pvt. Ltd.													
To Debit (tick <input checked="" type="checkbox"/> )		<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> Other	Bank A/c																			
With Bank		Name of customers bank												IFSC / MICR													
An Amount Of Rupees														₹													
DEBIT TYPE		<input checked="" type="checkbox"/> Fixed Amount		<input checked="" type="checkbox"/> Maximum Amount		FREQUENCY		<input checked="" type="checkbox"/> Mthly		<input checked="" type="checkbox"/> Qtly		<input checked="" type="checkbox"/> H-Yrly		<input checked="" type="checkbox"/> Yrly		<input checked="" type="checkbox"/> As & when presented											
Reference 1		Folio No.												Reference 2		Scheme Name											

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

PERIOD	
From	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
To	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>

Maximum period of validity of this mandate is 40 years only

Maximum period of validity of this mandate is 40 years only

Phone No.