COMMON APPLICATION FORM

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.
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EUIN Declaration: Declaration for Execution Only the EUIN box has been intentionally left blank by me/ advice of in-appropriateness, if any, provided by the el	us as this transaction is executed withou	t any interaction or advice by	the employee/relationship mar	nager/sales person of the above distribu	utor/sub broker or notwithstanding the
feed/portfolio holdings/NAV etc. in respect of my/our in					provide the transactions data
Sign of 1st Applicant / Guardian / Auth. Signatory		f 2 nd Applicant / Guardian / A			Guardian / Auth. Signatory / PoA
Please V Lumpsum Investment		Micro Applicati	ion []	SIPA	Application
TRANSACTION CHARGES (Please	·				
I AM A FIRST TIME INVESTOR IN MU Applicable transaction charges will be ded		OR as opted for such char	_	N EXISTING INVESTOR IN Non-shall be paid directly by the	
registered Distributor)based on the investo					
1. EXISTING UNIT HOLDER INFOR	MATION- Please fill in your	Folio Number, PAN,	KIN in below Section	is 2, 3, 4 & proceed to Sect	ion 7 for Investment Details.
Folio No.				ned alongside will apply for this KYC credentials may be filled	s application.All Unit Holders in the in the below sections.
A PRI IO ANTE O				•	
2. APPLICANT(S) NAME AND IN IN	FORMATION [Refer Instruc	tion 2] If the 1⁵ / Sole	Applicant is Minor,	then please provide details	of natural / legal guardian
1 st 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
GUARDIAN (In case 1st Applicant is a Mir	nor)				lo ^s (\$Default if not √) ip with Minor (Please √)
Mr. / Ms. / M/s.					Father Legal Guardian
GUARDIAN CKYC ID No. (KIN)			KYC (Please ✓) ☐ Proof Attached	GUARDIAN PAN	
POA / Custodian Name:					/C (Please ✓) ☐ Proof Attached
POA / Custodian CKYC ID No. (KIN)			PO	A / Custodian PAN	
Contact Person for Corporate Investor	r: Name			Designation:	
3. FIRST APPLICANT AND KYC DE		marked as (*) are	,		
1st SOLE APPLICANT Individual or *Date of Birth/ Incorporation D M		of Date of Birth (Plea			11b - Refer Instruction No. 17] ool Leaving Certificate / Mark She
(Individual) / (Non-Individual) (Please write the Date of birth as per Aadhaar Car		(For minor applicant)	•	sport of the Minor Oth	(DI'6-)
Place of Birth / Incorporation:	Country of Birth / Incorporation:	1	Nationality:	Gender	☐ Male ☐ Female ☐ Othe
(Please write the Date of birth as per Aadhaar Car Type: Resident Individual Sole		rust Bank / Fls	☐ FIIs ☐ PIO ☐ S	Society/AOP/BOI Minor t	hrough Guardian NRI - NRO
HUF LLP Listed Company Priv	vate Company⊡ Public Ltd. Co	mpany⊡ Artificial Juri		rship Firm FOF - MF Schen	nes Other (Please specify)
NPO Registration Number of DARPA	AN Portal (Mandatory)				
a*. Occupation Details [Please (✓)]	D-i	Dublic Coster			Destant Du G
a . Occupation Details [Flease (V)]	☐ Private Sector☐ Business	☐ Public Sector☐ Retired	Government Servi	=	Professional Housewife Others (Please specify)
b*. Politically Exposed Person (PEP) Statu	Business	Retired	Retired	Proprietorship	Others (Please specify)
	Business	Retired	Retired	Proprietorship [irectors)	Others (Please specify) Related to PEP Not Applicable
b*. Politically Exposed Person (PEP) Statu	Business us (Also applicable for authorised s	Retired	Retired	Proprietorship [irectors)	Others (Please specify) Related to PEP Not Applicable
b*. Politically Exposed Person (PEP) Statu c*. Gross Annual Income (₹) [Please (✔)]	Business us (Also applicable for authorised and the second seco	Retired signatories/Promoters/Ka 1-5 Lakhs xchange / Money Cha	Retired rta/Trustee/Whole time D 5-10 Lakhs as on	Proprietorship irectors) I am PEP I am 10-25 Lakhs Gaming/Gambling/Lottery/0	Others (Please specify) Related to PEP Not Applicable >25 Lakhs > 1 Crore Y Y (Not older than 1 year
b*. Politically Exposed Person (PEP) Statu c*. Gross Annual Income (₹) [Please (✓)] d*. Net-worth (Mandatory for Non-Individu e*. Non-Individual Investors involved/prov any of the mentioned services	Business us (Also applicable for authorised s Below 1 Lakh uals) ₹ viding	Retired ignatories/Promoters/Ka 1-5 Lakhs xchange / Money Chanding / Pawning	Retired rta/Trustee/Whole time D 5-10 Lakhs as on	Proprietorship [irectors)	Others (Please specify) Related to PEP Not Applicable >25 Lakhs > 1 Crore Y Y (Not older than 1 year
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Please Read All Instruments as given in KIM, to help you complete the Application Form Correctly.

Mode of Holding: Anyone or Survivo		Single	☐ Joint		(Please not	te that the Defaul		
2 nd APPLICANT Mr. / Ms. / M/s. (Not Appli	cable in case of Minor App	licant) (Please write the na	ame as per PAN Ca	rd)		Gender	Male Fe	maie U Oti
PAN Details		Pls indicates if US	S Person or a resid	dent for tax purpose				Default if not
CKYC ID No. (KIN)			KYC Pls 🕢	Proof Attach	(As per	of Birth(Mandat PAN Card)	ory) B B M	IVI Y Y Y
Place of Birth	Country	of Birth			Nationalit	y:		
a*. Occupation Details [Please(✓)]	☐ Private Sector☐ Business	☐ Public Sector ☐ Retired	Governm Agricultur	ent Service re	Student Proprietorshi	Profess Others	ional (Please s	Housewife pecity)
o*. Politically Exposed Person (PEP) Status	☐ m PEP	☐ I am Related to PI	EP Not Appli	cable				
c*. Gross Annual Income (₹) [Please(✔)]	☐ Below 1 Lakh	☐ 1-5 Lakhs	☐ 5-10 La	khs	10-25 Lakhs	☐ >25 Lal	ths \square	> 1 Crore
d*. Net-worth ₹		as on	D M M Y	Y Y Y	(Not older tha	n 1 year)		
Mode of Holding: Anyone or Survivo 3rd APPLICANT Mr. / Ms. / M/s. (Not Appli	_	Single	Joint ame as per PAN Ca	rd)	(Please not	Gender		
PAN Details		Pls indicates if US	S Person or a resid	lent for tax purpose	e / Resident of 0	Canada 🗌 Yes	No* (*E	Default if not
CKYC ID No. (KIN)			KYC Pls 🕢	☐ Proof Attach	Date of (As per	of Birth(Mandat PAN Card)	ory) D D M	MYYY
Place of Birth	Country	of Birth			Nationalit	y:		
a*. Occupation Details [Please(✓)]	☐ Private Sector☐ Business	☐ Public Sector☐ Retired	Governm Agricultui		Student Proprietorshi	☐ Profess ☐ Others_	ional (Please s	Housewife pecity)
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*. Gross Annual Income (₹) [Please(✔)]	☐ Below 1 Lakh	1-5 Lakhs	☐ 5-10 La	khs	10-25 Lakhs	☐ >25 Lak	ths \square	> 1 Crore
d*. Net-worth ₹		as on	D M M Y	Y Y Y	(Not older tha	n 1 year)		
6. MAILING ADDRESS [Please provide	e your E-mail ID and	l Mobile Number to h	elp us serve yo	u better Refer I	nstructions 6	1		
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	С	ity	Sta	te		Pin Code		
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FOR NON-INDIVIDUALS ONLY

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UBO / SMO Country of Tax Residency#			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
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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 offentitlement 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 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.

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SIP ENROLMENT CUM ONE TIME DEBIT MANDATE (OTM) FORM with Goal SIP & Top Facility Registration Cum Mandate Form For NACH/Direct Debit

NACH MANDATE INSTRUCTION FORM (Refer guidelines / Instruction over leaf before filling)



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

Application No.: Mutual Fund

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	Sub Broker/ Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference no
UIN Declaration: Declaration for "Execution Only" Transa y me/us as this transaction is executed without any interaction of the distributor/sub broker. RIA/Declaration: "I/We EBI-Registered Investment Adviser/RIA". Signature of 1" Applicant / Guardian /Authorised	ion or advice by the employee/relationship mar hereby give you my/our consent to share/prov	nager/sales person of the above dist	tributor/sub broker or notwithstandin olio holdings/NAV etc. in respect of r	g the advice of in-appropriateness, if any, pro ny/our investments under Direct Plan of all S	vided by the employee/relationship manager
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2. SIP ENROLMENT DETAILS	(Please refer KIM for Min	nimum amount Crit	eria for the scheme	applied for.)	
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