

COMMON TRANSACTION FORM

Broker Name / ARN	Sub Broker Code / ARN	ISC Date Time Stamp Reference No.

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".

1. Investor Details

Folio No. Sole First Applicant

Scheme

Plan Option

Dividend - Payout ☐ Reinvestment ☐ (frequency please ✓) Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Transfer ☐ Please Specify Scheme / Plan

Only for Application under Mirae Asset Gilt Fund - Provident Fund Sub Plan

A Automatic Annual Reinvestment Option (AARO) ☐ Amount Rs. /- AARO will Trigger on last Friday of the month of March of every Financial Year

B Defined Maturity Date Option (DMDO) ☐ Amount Rs. /- Date DMDO will Trigger on Specified Date.

C Automatic Capital Appreciation Payout Option (ACAPO) Please Tick (✓) Option

● C-i - Monthly Option Last Friday of Every Month ☐ ● C-ii - Quarterly Option Last Friday of the quarters ending Mar, Jun, Sep & Dec ☐

● C-iii - Half Yearly Option Last Friday of the half year ending Mar and Sep ☐ ● C-iv - Annual Option Last Friday of the month of March of every Financial Year ☐

2. Additional Purchase

I/We wish to apply Units for Rs. (figures)

Rs. (words)

Cheque / DD Number Date

Drawn on

Branch City

K.Y.C. Compliance - Please attach proof		
First Applicant	Yes <input type="radio"/>	No <input type="radio"/>
Second Applicant	Yes <input type="radio"/>	No <input type="radio"/>
Third Applicant	Yes <input type="radio"/>	No <input type="radio"/>
Guardian (In case Minor)/POA	Yes <input type="radio"/>	No <input type="radio"/>

Please (✓) Source of Funds:- *A/c Type - S/B ☐ NRE* ☐ Current ☐ NRO ☐ FCNR* ☐ Others (Please specify) Bank A/c No.:

*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) or Account Debit Certificate from Bankers evidencing source of funds.

Third Party Cheque / Transfer will not be accepted for Investment

(Refer Instruction No. 6)

EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian)

Mandatory Information (Please ✓) : The detail of the cheque provided above pertains to my/our own bank account in my/our name ☐ Yes ☐ No*

*If No, my relationship with the bank account holder is (Please specify) (Application Form without this Information may be rejected)

3. Redemption

I/We wish to Redemption Units for Rs. (figures) Or Units

Rs. (words)

I/We request you to activate Direct Credit (DC) facility for my / our folio and remit the redemption proceeds and all future payments through DC ☐ (Please ✓).

4. Switch Request

I/We wish to Switch Units for Rs. (figures) Or Units

Rs. (words)

To Scheme/Plan/Option

5. Change of Bank Mandate (Refer Instruction No. 3, 4 & 5) - Also read instruction on Multiple Bank Accounts Registration facility

Bank Name

Branch Name / Address City Pin

Bank Account No. MICR Code IFSC Code

Name of the Bank

Core Banking A/c No. A/c. Type Please (✓) NRE ☐ CURRENT ☐ SAVINGS ☐ FCNR ☐ NRO ☐

Branch Name Address

Bank Branch City State Pin Code

MICR Code Please attach a cancelled cheque OR a clear photo copy of a cheque IFSC Code (Mandatory for Credit via NEFT/RTGS)

Direct Credit facility is available as per instruction No. 4. However, if you wish to receive a cheque payout, please tick here (✓). ☐

Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓). ☐

6. Declaration & Signature

I/We have read and understand the contents of the SID/SAI(s) and Addendum(s) thereto of the respective scheme(s) and agree to abide by the terms, conditions, rules and regulations of the scheme(s) as applicable from time to time. "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".

<input type="checkbox"/> Signature of 1st Applicant / Guardian / Authorised Signatory /PoA / Karta	<input type="checkbox"/> Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA	<input type="checkbox"/> Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA
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Acknowledgment Slip

Add. Purchase ☐ Redemption ☐ Switch ☐ COB ☐

Received from Folio No.

an application for Rs. Units

vide cheque no. Date

drawn on

Scheme name (Please Specify Plan / Option / Sub Option)

For Switch Transaction - To Scheme (Please Specify Plan / Option / Sub Option)

Date and Stamp of
Collection Centre/ISC