## COMMON APPLICATION FORM Application No.:



			Mutual Fund
Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIN)	ISC Date Time Stamp Reference No.
58603 VRIDHI		E026768	
	on or advice by the employee/relationship manage		y confirm that the EUIN box has been intentionally left blank by me/us or notwithstanding the advice of in-appropriateness, if any, provided by
Signature of 1 <sup>st</sup> Applicant / Guard Authorised Signatory /PoA/Kar		of 2 <sup>™</sup> Applicant / Guardian / lorised Signatory /PoA	Signature of 3 <sup>rd</sup> Applicant / Guardian /
Please V Lumpsum Investment	_	cro Application (	Authorised Signatory /PoA  SIP Application
	any one of the below. Refer Instruc	**	The state of
	ed in case your distributor has opted for suclent of various factors including the services r	h charges. Upfront commission shall be paid endered by the ARN Holder.	FING INVESTOR IN MUTUAL FUNDS directly by the investor to the ARN Holder (AMFI registered
1. EXISTING UNIT HOLDER INFORM	MATION [Please fill in your Folio Num	ber, Name, Section 2 & proceed to Se	ction / - investment Details]
	RMATION [Refer Instruction 2] If the 1	st / Sole Applicant is Minor, then pleas	se provide details of natural / legal guardian
1st SOLE APPLICANT Mr. / Ms. / M/s.		, , , , , , , , , , , , , , , , , , ,	
PAN Details	KYC Pls 🕢 🔾		S Person or a resident / Resident of Canada
GUARDIAN (In case 1st Applicant is a M Mr. / Ms. / M/s.	inor)	Relatior  Moth	nship with Minor (Please ✓) er ○ Father ○ Legal Guardian
POA Details: Name	PAN D	Details	KYC Pls ✓ ○ Proof Attached
Mode of Holding: O Anyone or Sur	vivor	○ Joint (Pl	ease note that the Default option is Anyone or Survivor)
Contact Person for Corporate Investor	: Name		Designation:
3. FIRST APPLICANT AND KYC DE		Reneficial Ownership (LIBO) Declaratio	n Form in section 11a & 11b - Refer Instruction No. 17]
*Date of Birth/Incorporation (Individual)	M M Y Y Y Y Proo	f of Date of Birth (Please ✓) ○ Birth C	
Place of Birth / Incorporation:	Country of Birth / Incorporation:	Nationality:	Gender O Male O Female O Other
Type:	<u> </u>	) Bank / Fls	ociety/AOP/BOI
○ HUF ○ LLP ○ Listed Company ○ Pr	ivate Company O Public Ltd. Company O	Artificial Juridicial Person O Partnership Firm	m O FOF - MF Schemes Others Please specify)
a*. Occupation Details [Please tick (✓)	Private Sector Public Business Retire	lic Sector	○ Student       ○ Professional       ○ Housewife         ○ Proprietorship       ○ Others (Please specify)
b*. Gross Annual Income (₹) [Please tic	k ( <b>√)]</b> ○ Below 1 Lakh ○ 1-5 l	Lakh O 5-10 Lakh	○ 10-25 Lakh ○ >25 Lakh ○ > 1 Crore
c*. Politically Exposed Person (PEP) Status	(Also applicable for authorised signatories/		s) O I am PEP O I am Related to PEP O Not Applicable
d*. Net-worth (Mandatory for Non-Indiv			(Not older than 1 year
e*. Non-Individual Investors involved/ any of the mentioned services	providing	•	ning/Gambling/Lottery/Casino Services ne of the above
4. BANK ACCOUNT DETAILS - Mail Name of the Bank:	ndatory [Refer Instruction Nos. 3 & 4]		
Core Banking A/c No.		A/c. Type Pls. (✓	ONRE CURRENT SAVINGS NRO
Branch Name:	Address:		
Bank Branch City:	State:		Pin Code
MICR Code	Please attach a cancelle	ed cheque IFSC Code (Mandatory fo	r

5. JOINT APPLICANTS, IF ANY A	ND THEIR KYC DETAILS					
2 <sup>nd</sup> APPLICANT Mr. / Ms. / M/s.	(Not Applicable in case of Min	or Applicant)				
PAN Details	KYC Pls	Proof Attached		US Person or a reside / Resident of Canad		○ No* (*Default if not ✓)
Date of Birth (Mandatory) D D M	M Y Y Y Y Pla	ace of Birth				
Country of Birth	Na	tionality:		Gen	der () Mal	e
a*. Occupation Details [Please tick (	Private Sector  Business		Government Service Agriculture	<ul><li>Student</li><li>Proprietorship</li></ul>	Othe	_
b*. Gross Annual Income (₹) [Please	tick (✓)] ○ Below 1 Lakh	O 1-5 Lakh	<sup>)</sup> 5-10 Lakh	O 10-25 Lakh	○ >25 L	akh O > 1 Crore
c*. Politically Exposed Person (PEP) Sta	tus O I am PEP O I am Rel	ated to PEP ONot A	pplicable			
d. Net-worth ₹		as on D M	M Y Y Y	(Not older than 1 ye	ear)	
3 <sup>rd</sup> APPLICANT Mr. / Ms. / M/s.	(Not Applicable in case of Min	or Applicant)				
PAN Details	KYC Pls	Proof Attached		US Person or a reside / Resident of Canad		○ No* (*Default if not ✓)
Date of Birth (Mandatory) D D M	M Y Y Y Y	ace of Birth				
Country of Birth	Na	tionality:		Gen	der () Mal	e
a*. Occupation Details [Please tick (	Private Sector  Business		Government Service Agriculture	<ul><li>Student</li><li>Proprietorship</li></ul>	Othe	
b*. Gross Annual Income (₹) [Please	tick (√)] ○ Below 1 Lakh	O 1-5 Lakh	<sup>)</sup> 5-10 Lakh	O 10-25 Lakh	○ >25 L	akh O > 1 Crore
c*. Politically Exposed Person (PEP) Sta	tus O I am PEP O I am Rel	ated to PEP ONot A	pplicable			
d. Net-worth ₹		as on D M	M Y Y Y	(Not older than 1 ye	ear)	
6a. MAILING ADDRESS [Please pr	ovide your E-mail ID and Mobile	e Number to help us s	erve you better]			
Local Address of 1 <sup>st</sup> Applicant						
City		State		P	Pin Code	
Tel. Off.		Resi.		Mobile		
E - Mail^^						
^^Please Use Block Letters. Investors p	roviding email ID would mandatorily	receive all Communica	tions, Statement of Accou	nts and Abridged An	nual Report th	nrough e-mail only.
6b. Mandatory for NRI / FII Applica	ant [Please provide Full Addres	s. P. O. Box No. may r	not be sufficient. For O	verseas Investors,	, Indian Add	ress is preferred]
Overseas Correspondence Address	<b>3</b>					
7. INVESTMENT AND PAYMENT Scheme	DETAILS ( For complete inform	ation on Investment D	Details please refer to In	nstructions No. 6.	)	Dividend
Scheme			•	Growth (Default	t) C Pa	yout O Reinvestment
Payment Type [Please (√)]		· · · ·	Payment (Please attach			-
Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount	Drawn on Brand		Pay-In Bank A/c No. (For Cheque Only)
8. DEMAT ACCOUNT DETAILS - Manda	itory for units in Demat Mode - Please	e ensure that the sequenc	e of names as mentioned u	nder section 3 match	es as per the D	Depository Details.
National Securities Depository			ntral Depository Se			
DP Name		DP	Name			
DP ID I N	Benef. A/C No.	16 [	Digit A/C No.			
Enclosures - Please (✓)	Client Masters List (CML)	○ Transaction	cum Holding Statement	0	Delivery Inst	ruction Slip (DIS)
_	/ HUF / POA Holder / Non Indivi				<b>-</b>	
O PLEASE REGISTER MY/OUR NO	Date of Birth	LS OR  Name of the Guard	ian			
No. Nominee(s) Name	(in case of Minor)	(in case of Minor	Relationship	% of Share	Signature of	of Nominee / Guardian
1 2		(				
3						

## FOR NON-INDIVIDUALS ONLY

10. F	ATCA & CRS DETAI	LS (Pleas	e consult your p	rofessio	nal tax a	advisor for fu	the	r guidance or	ı FA	TCA & C	RS cl	assific	atior	1)						
PART	A To be filled by Fi	nancial In	stitutions or Dire	ect Repoi	rting No	on Finacial En	tity	(NFEs)												
We are	e a,	GIIN																		
	Note: If you do not have a GIIN but you are sponsored 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 not available [Please tick (✓)]											atina F								
PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")																				
1	(that is, a company whose shares are regularly traded on an established securities market)  Name of stock exchange:																			
2	2 Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)  Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)  Name of listed company:  Nature of relation Subsidiary of the Listed Company or Controlled by a Listed Company  Name of stock exchange:									∍d) —										
3	3 Is the Entity an active NFE   Yes (If yes, please fill UBO declaration in the next section.)  Nature of Business:  Please specify the sub-category of Active NFE   Mention code: Refer instruction 16(c)									_										
4	Is the Entity a pass	sive NFF			○ Ye	es (If yes, please	fill U	JBO declaration	in the	e next secti	on.)									
3	lo uno Emily a paol					e of Business:					,									
						details refer i	nstr	ruction No. 16	<b>S</b> .											
11a.	DECLARATION FOR	ULTIMAT	E BENEFICIAL (	OWNERS	HIP [UE	BO] (Refer instru	ction	n No. 17)*												
person(s	claration is not needed for 0), confirming ALL countries nt and Auditor's Letter with	of tax reside	ency / permanent resi	dency / citiz	enship an	nge or is a Subsid od ALL Tax Identific	ary of	of such Listed Com Numbers for EA	npany CH o	or is Contro controlling pe	olled by erson(s)	such Li . Owner	sted C -docun	ompan nented	y. Please FFI's sh	e list below ould prov	v the dide FF	details I Own	of con er Re	itrolling porting
11b.	DETAILS OF ULTIMA	ATE BENE	FICIAL OWNER	S [Manda	atory] (l	If the given s	ace	below is no	t ad	equate, p	lease	attac	h mu	ıltiple	decla	ration	form	ıs)		
	Name of UBO & Addre	ss	Address Type <sup>ss</sup>	PAN/Tax Identificat Equivalen	ation No./ Refer instruction Reside nt ID No.* No. 16(d) perman			Country of tax Residency/ permanent residency*		Country citizensh		UBO Code (Mandatory)			KYC (Yes / NO) [please attach the KYC acknowledgement copy]			% of t	enefi terest	
informati that appl additiona #If passi	ess Type: Residential or B on is not provided, it will be p licant has conceed the fac al information as may be requ ive NFE, please provide be	oresumed that the cts of beneficulined at your elements.	t applicant is the UBO, ial ownership. I/We ale end. nal details. (Please att	with no decla so undertake tach additio	aration to see to keep	submit. In such cas you informed in wr	e, MA iting a	MF/AMC reserves about any change rovide below mar	s the r s/mo	right to reject dification to	t the ap	plication ove infor	or reve mation	erse the	allotmer ire and a	nt of units, Iso under	if substake to	sequer o provi	ntly it is	s found
Election I	Any other Identificatio ID, Govt. ID, Driving Licence NRE f Birth - Country of Bir	GA Job Card, C		Natio	nality:	ype: Service, Bue: Mandatory if F		,				Date of r: Male		ale, O	ther					
1. PAN: City of Birth: Country of Birth: Country of Birth:  Country of Birth:  Occupation Type: Nationality: Father's Name:  Date Of Birth: Gender O Male O Female O						O 01	ther													
2. PAN: City of Birth: Country of Birth:  Country of Birth:  Occupation Type: Nationality: Father's Name:									Date Of Birth:  Gender											
City of Birth: National					Gender  Male  Female  Other															
%In cas	ude US, where controlling to be filled by ude US, where controlling the Tax Identification Number	g person is a	a US citizen or green ailable, kindly provid	card holde e functional	equivale	ent										 For () I	 Lump	 sum '(	 OR' (	 () SIP
IS T	Received Application	n from M	r. / Ms. / M/s							_ Applica	ation	No.:				_				elow:
EME	Sche	me Nam	e and Plan				_	ent Details				Dat	e & S	Stam	p of C	ollectio	on C	entre	e / IS	C
OWLEDGEMENT SLIP						unt (Rs) que / DD No.: d														

Bank & Branch

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/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

1 <sup>st</sup> Applicant (Sole / Guardian / Non-Individual)				2 <sup>nd</sup> A <sub>l</sub>	oplicant	3 <sup>rd</sup> Applicant					
Do you have any no Country(ies) of Birth Citizenship / Nationa and Tax Residency	1	○ Yes ○ No	Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	1 /	○ Yes ○ No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		◯ Yes ◯ No			
Country of Birth			Country of Birth			Country of Birth					
Country Citizenship Nationality	1		Country Citizenship Nationality	1		Country Citizenship Nationality	) [				
Are you a US specif person?	ied	Yes No Please provide Tax Payer Id.	Are you a US specific person?	ied	Yes No Please provide Tax Payer Id.	Are you a US specific person?	fied	Yes No Please provide Tax Payer Id.			
Non-Individual inves	tors fill t	his section if ticked Yes above.									
	Country	y:		Countr	y:		Country	y:			
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:				
	Туре:			Type:			Туре:				
	Country	у:		Countr	у:		Country:				
Tax Residency Status: 2			Tax Residency Status: 2				No.:				
	Type:			Type:			Туре:				
Col		y:		Countr	y:		Country:				
Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:				
	Type:			Type:			Type:				
Address Type			Address Type			Address Type					
		(Address Type	: Residential or Busin	iess (defa	ult) / Residential / Business / Reg	istered Office)					
In case of applications v	vith POA,	the POA holder should fill separate	form to provide the abo	ve details	mandatorily.						
13. DECLARATIO	N AND	SIGNATURES / THUMB IMPR	ESSION OF APPL	CANT(s	) [Refer Instructions 2(e)]						
To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme(s), I/We hereby apply for units of the scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the scheme. B(B) I/We hereby declare that the amount invested in the scheme(s) 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 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 Global Investments (India) 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 enter 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 egarding the eligibility, validity and authorization of mylour 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 have by confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indica											
		plicant / Guardian / atory /PoA/Karta			pplicant / Guardian / Signatory /PoA			pplicant / Guardian / Signatory /PoA			
			At	autorised (	Signatory /F OA	A		Oignatory /FUA			

Cheque/DD should be Drawn in favour of the Scheme Name

## SYSTEMATIC INVESTMENT PLAN (SIP) Application No.: Registration Cum Mandate Form For NACH/ECS/Direct Debit



Name & Broker Code / ARN	Sub Broker / Sub Age ARN Code		mployee Unique cation Number (EUIN)	ne Stamp Reference No.						
58603 - VRIDHI		•	026768							
Declaration for "Execution Only" Transaction (where 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.										
Signature of 1 <sup>st</sup> Applicant / Guarr Authorised Signatory /PoA/Ka		Signature of 2 <sup>nd</sup> Applican Authorised Signato			f 3 <sup>rd</sup> Applicant / Guardian / rised Signatory /PoA					
	Registration (Please fill all section	,	hange my/our bank accou	3 ( )						
1. EXISTING UNIT HOLDER INFOR			o number mentioned will	apply for this applic	ation.)					
Folio No.  2. SIP ENROLMENT DETAILS (Plea	Name of 1 <sup>st</sup>		heme applied for, [Refer	Instruction 16 Overle	eafl).					
Frequency please 🕢	○ Monthly (Default)			Quarterly	1/					
Scheme			<ul><li>Regular Plan</li><li>Direct Plan</li></ul>	Growth (Default)	Dividend O Payout O Reinvestment					
SIP Date Please O 01st	○ 10 <sup>th</sup> (Default)	○ 15 <sup>th</sup>	○ 21 <sup>st</sup> (	28 <sup>th</sup>						
SIP PERIOD: SIP Start Date : M N	// Y Y Y End Date :	Perpetual O Dec	2099 (Till you instruct Mi	rae Asset Mutual Fur	nd to discontinue your SIP)					
OR Enter SIP End Date : M M Y	Y Y Y SIP Amount (₹)	) 05,000 010	0,000	ny other Amount. (₹)						
3. SIP PAYMENT DETAILS				-						
3a - Only for Existing Investors - I/We	wish to register my/our SIP or	n the basis of Canc	elled Cheque leaf or Pho	tocopy of the Chequ	e submitted 🕜 Please 🔘					
3b - For New Investors - Please provide	de copy of cancelled cheque a	nd mention relevan	t SIP details in the form	and ACH mandate. C	heque leaf enclosed 〇					
First SIP Cheque No.	Drawn on Bank	k								
Cheque Date	A/c. Type	O NRE	O CURREN	T O SAVI	NGS O NRO					
4. BANK ACCOUNT DETAILS (Man I/We hereby authorise Mirae Asset Glob debit my/our following Bank A/c. by NAC	pal Investments (India) Pvt. Ltd.,									
Name of 1 <sup>st</sup> A/c. Holder as in Bank Reco	ırds									
Bank Name	Cor	e Banking A/c. No.								
Branch Name & Address				City						
9 Digit MICR Code	Ban	ık Account Type 🕢	○ NRE ○ C	CURRENT OS	SAVINGS O NRO					
Mandatory Enclosures : Main Appl	lication Form and 🕢 Blan	ık Cancelled Chequ	ue O "OR" Copy of C	Cheque ()						
DECLARATION & SIGNATURE: To The Trus and registration through NACH/ECS or Direct referred above through participation in NACH reasons; I/We would not hold Mirae Asset Glot Pvt. Ltd. (Investment Managers to Mirae Asset standing instructions. "The ARN holder has d various Mutual Funds from amongst which the current application would result in aggr	Debit (Auto Debit). I/We hereby decla I/ECS/Direct Debit Facility. I/We also bal Investments (India) Pvt. Ltd., their at the Mutual Fund) about any change in manission disclosed to me/us all the commission the Scheme is being recommende	are that the particulars of agree that if the transa appointed service proving/our bank account and ions (in the form of traced to me/us". "I/We have to me/us". "I/We have the form of traced to me/us". "I/We have the form of traced to me/us"."	iven in this SIP Application For ction is delayed or not effecte ders or representatives respor d also undertake to keep suffic il commission or any other m re not made any other Micro	rm are correct and expres d for reasons of incomple nsible. I/we will also inform ient funds in my bank acc node), payable to him fo application [including L	is my/our willingness to make payments te or incorrect or any other operational in Mirae Asset Global Investments (India) ount on the date of execution of the said the different competing Schemes of					
Signature of 1st Applicant/Guardian/Authorised (AS IN BANK RECORDS)		2 <sup>nd</sup> Applicant/Guardian // (AS IN BANK REC	Authorised Signatory/PoA ORDS)		//Guardian/Authorised Signatory/PoA BANK RECORDS)					
Tick(✓) <sup>7</sup> UMRN¹	For office use on	nly		Dat	te <sup>2</sup> D D M M Y Y Y					
Create Sponsor Bank Code <sup>3</sup>	For office use only		Utility Code <sup>4</sup>	For offic	e use only					
Modify I/We, hereby authorize	e <sup>5</sup> Mirae Asset Global Inves	tments India Private L	imited To De	ebit (Tick√) <sup>6</sup> SB / CA	A / <del>CC</del> / SB-NRE / SB-NRO / <del>Other</del>					
Cancel Bank A/c Number <sup>®</sup>										
With Bank <sup>9</sup> Name	of Customers Bank	IFSC <sup>10</sup>		or MICR	1					
An Amount of Rupees <sup>12</sup> In Wor	rds			Amount in Figures <sup>13</sup>	₹					
Frequency <sup>14</sup> Mthly Qtly	y 🛚 H-Yrly 🔻 Yrly	✓ As & when pres	ented Debit Type <sup>1</sup>	Fixed Amou	nt 🔽 Maximum Amount					
Reference 1 <sup>16</sup>	Folio No		Mobile <sup>18</sup>							
Reference 2 <sup>17</sup>	Scheme Name		Email ID <sup>19</sup>							
I agree for the debit of mandate	e processing charges by the ban	nk whom I am author	izing to debit my accounts	s as per latest schedu	le of charges of the bank.					
Period <sup>20</sup> From D D M M Y Y Y Y To D D M M Y Y Y Y Or Until cancelled	21 Signature of the account h	·	Signature of the account		Signature of the account holder					
	Name of the account ho	iuer	Name of the account h	oider	Name of the account holder					