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		Broker / t ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
744474474	J					
EUIN Declaration: Declaration for Execution C the EUIN box has been intentionally left blank by r advice of in-appropriateness, if any, provided by th feed/portfolio holdings/NAV etc. in respect of my/ou	e/us as this transa employee/relation	ction is executed withou ship manager/sales pers	t any interaction or advice by son of the distributors/sub bro	the employee/relationship mar ker. RIA/Declaration: "I/We he	ager/sales person of the above distributed by give you my/our consent to share	utor/sub broker or notwithstanding the
Sign of 1st Applicant / Guardian / Auth. Signat	ory / PoA / Karta	Sign o	f 2 nd Applicant / Guardian / A	Auth. Signatory / PoA	Sign of 3 rd Applicant / 0	Guardian / Auth. Signatory / PoA
Please V Lumpsum Investme	nt 🔲		Micro Applicati	on 🗌	SIP A	Application
TRANSACTION CHARGES (Please		of the below Refe	er Instructions No. 1	1)		
☐ I AM A FIRST TIME INVESTOR IN			OR	_	N EXISTING INVESTOR IN M	MUTUAL FUNDS
Applicable transaction charges will be deregistered Distributor)based on the investigation				ges. Upfront commission	on shall be paid directly by the	
,						
1. EXISTING UNIT HOLDER INFO	RMATION- PI				·	
Folio No.					KYC credentials may be filled	s application.All Unit Holders in the in the below sections.
2. APPLICANT(S) NAME AND IN	NFORMATIO	N [Refer Instruc	tion 21 If the 1 st / Sole	Applicant is Minor.	hen 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 lo⁵(\$Default if not ✓)
GUARDIAN (In case 1 st Applicant is a I Mr. / Ms. / M/s.	finor)					ip with Minor (Please ✓) Father Legal Guardian
GUARDIAN CKYC				KYC (Please ✓)	Mother GUARDIAN	Father Legal Guardian
ID No. (KIN)				Proof Attached	PAN	(0 (D) (1 (D) (1 (D)
POA / Custodian Name: POA / Custodian				PO	A / Custodian	/C (Please ✓) ☐ Proof Attached
CKYC ID No. (KIN)					PAN	
Contact Person for Corporate Inves		Name			Designation:	
3. FIRST APPLICANT AND KYC I			narked as (*) are		pration Form in coation 11a 8	11h Poter Instruction No. 171
1 st SOLE APPLICANT Individual or *Date of Birth/ Incorporation	I M Y Y Y		of Date of Birth (Plea			11b - Refer Instruction No. 17] ool Leaving Certificate / Mark Shee
(Individual) / (Non-Individual) (Please write the Date of birth as per Aadhaar	Card	_	(For minor applicant)		sport of the Minor	ers (Please specify)
Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar	Incorp	try of Birth / poration:	I	Nationality:	Gender	☐ Male ☐ Female ☐ Other
Type: Resident Individual S	ole Prop		rust Bank / Fls			hrough Guardian NRI - NRO
HUF LLP Listed Company P NPO Registration Number of DAR			mpany∐ Artificial Juri	dicial Person Partne	rship Firm FOF - MF Scher	nes Other (Please specify)
	7((1) Ortal (M	Private Sector	Public Sector	Government Servi	ce Student	Professional Housewife
a*. Occupation Details [Please (✓)]		Business	Retired	Retired	Proprietorship	Others (Please specify)
b*. Politically Exposed Person (PEP) Sta	tus (Also applic	cable for authorised s	signatories/Promoters/Ka	rta/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
d*. Net-worth (Mandatory for Non-Indivi	luals) ₹			as on		Y Y (Not older than 1 year)
e*. Non-Individual Investors involved/pr any of the mentioned services	oviding	_	xchange / Money Cha nding / Pawning	inger Services	Gaming/Gambling/Lottery/G	Casino Services
4. BANK ACCOUNT DETAILS -	Mandatory	Refer Instructi	on Nos. 3 & 41			
Name of the Bank:						
Core Banking A/c No.				A/c.	e Pls. (🗸) 🗌 NRE 🗌 CURRE	NT SAVINGS NRO Other
Branch Name:		Add	Iress:		· · · · · · · · · · · · · · · · · ·	
Bank Branch City:		Stat			Pin Co	ode
MICR Code			h a cancelled cheque	IFSC Code (Mandate		
		OR a clear p	hoto copy of a cheque	Credit via NEFT/RTC	00)	

5. JOINT APPLICANTS, IF ANY AND THEIR	R KYC DETAILS All fields mark	ed as (*) are Mandatory		
Mode of Holding: Anyone or Survivor 2 nd APPLICANT Mr. / Ms. / Ms. (Not Applicable)	☐ Single le in case of Minor Applicant) (Please write th	☐ Joint e name as per PAN Card)	(Please note that the Default op Gender Mal	otion is Anyone or Survivor) le
PAN Details	Pls indicates i	US Person or a resident for tax purp	pose / Resident of Canada Yes	No* (*Default if not ✓)
CKYC ID No. (KIN)		KYC Pls 🕢 🗌 Proof Atta	ached Date of Birth(Mandatory) (As per PAN Card)) D D M M Y Y Y Y
Place of Birth	Country of Birth		Nationality:	
a*. Occupation Details [Please(✓)]	☐ Private Sector ☐ Public Sector ☐ Business ☐ Retired	Government Service Agriculture	Student Profession Proprietorship Others	al Housewife (Please specify)
b*. Politically Exposed Person (PEP) Status	m 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 ₹	as on —		(Not older than 1 year)	
Mode of Holding: Anyone or Survivor 3 rd APPLICANT Mr. / Ms. / M/s. (Not Applicable)	☐ Single Ie in case of Minor Applicant) (Please write th	Joint e name as per PAN Card)	(Please note that the Default op Gender Mal	otion is Anyone or Survivor) le
PAN Details	Pls indicates it	US Person or a resident for tax purp	oose / Resident of Canada	No* (*Default if not ✓)
CKYC ID No. (KIN)		KYC Pls 🕢 🗌 Proof Atta	ached Date of Birth(Mandatory) (As per PAN Card)) D D M M Y Y Y Y
Place of Birth	Country of Birth		Nationality:	
a*. Occupation Details [Please(✓)]	Private Sector Public Sector Business Retired	☐ Government Service ☐ Agriculture	Student Profession Proprietorship Others	al Housewife (Please specity)
b*. Politically Exposed Person (PEP) Status	m PEP I am Related to	PEP Not Applicable		
c*. Gross Annual Income (₹) [Please(✔)] d*. Net-worth ₹	☐ Below 1 Lakh ☐ 1-5 Lakhs	5-10 Lakhs D M M Y Y Y Y	☐ 10-25 Lakhs ☐ >25 Lakhs — (Not older than 1 year)	☐ > 1 Crore
6. MAILING ADDRESS [Please provide y	our E-mail ID and Mobile Number t	o help us serve you better Refe	er Instructions 6]	
Local Address of 1 st Applicant				
	City	State	Pin Code	
Tel. Off.	Resi.		Mobile	
Mobile No specified above belongs to ☐ Self or Far	mily, due to investor being(Please tick any	one option from below.)		
Mobile No specified above belongs to ☐ Self or Far ☐ Spouse ☐ Guardian(for Minor Investmer E - Mail^^		· · · · · · · · · · · · · · · · · · ·	ependent Siblings	
□ Spouse □ Guardian(for Minor Investmer	nt) Dependent Children [ail ID would mandatorily receive all Comm	Dependent Parents Dependent Pa		nail only.Incase if physical
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investment)	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick nt) Dependent Children	Dependent Parents Dependent Pa	nd Abridged Annual Report through e-m	
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick nt) Dependent Children	Dependent Parents Dependent Pa	nd Abridged Annual Report through e-m	
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investment 6a. Mandatory for NRI / FII Applicant [Ple	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick nt) Dependent Children rase provide Full Address. P. O. Box	Dependent Parents Dunications, Statement of Accounts an any one option from below.) Dependent Parents Dependent Parents Down not be sufficient. For	nd Abridged Annual Report through e-m Dependent Siblings Overseas Investors, Indian Add	
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investment 6a. Mandatory for NRI / Fil Applicant [Pleater Coverseas Correspondence Address]	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick nt) Dependent Children rase provide Full Address. P. O. Box	Dependent Parents Dunications, Statement of Accounts an any one option from below.) Dependent Parents Dunications. For No. may not be sufficient. For estment Details please Refer to	Dependent Siblings Overseas Investors, Indian Add Dinstructions No. 6.) Country (Default)	ress is preferred]
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investment 6a. Mandatory for NRI / FII Applicant [Pleators Correspondence Address 7. INVESTMENT AND PAYMENT DETAIL Scheme - *IDCW frequency is applicable only for Mirae Asset Casi *Income Distribution cum Capital Withdrawal. IDCW ^Fre	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick nt) Dependent Children rase provide Full Address. P. O. Box S (For complete information on Investor being)	Dependent Parents Dunications, Statement of Accounts an any one option from below.) Dependent Parents Dunications, Statement of Accounts an any one option from below.) Regular Plan Durect Plan Durect Plan Gund & Mirae Asset Savings Fund. Defaunot selected Monthly will be considered	Dependent Siblings Overseas Investors, Indian Add Distructions No. 6.) Frowth (Default)	Iress is preferred] IDCW* Frequency^ tt selected.
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investmer 6a. Mandatory for NRI / FII Applicant [Ple Overseas Correspondence Address 7. INVESTMENT AND PAYMENT DETAIL Scheme - *IDCW frequency is applicable only for Mirae Asset Cas *Income Distribution cum Capital Withdrawal. IDCW ^Fr Payment Type [Please (✓)] □ Self (No Chegus / DD / LITP No. 8 Date Amo	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick int) Dependent Children rase provide Full Address. P. O. Box see Provide Full Address. P. O. Box by S. (For complete information on Investor being) by Management Fund, Mirae Asset Overnight Requency can be Daily or Weekly or Monthly; If on-Third Party Payment) Tunt of Cheque / DD / DD C	Dependent Parents Dunications, Statement of Accounts an any one option from below.) Dependent Parents Dunications, Statement of Accounts an any one option from below.) Regular Plan Durect Plan Durect Plan Gund & Mirae Asset Savings Fund. Defaunot selected Monthly will be considered	Dependent Siblings Overseas Investors, Indian Add Distructions No. 6.) Frowth (Default)	Iress is preferred] IDCW* Frequency^ tt selected.
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investment 6a. Mandatory for NRI / FII Applicant [Please Correspondence Address 7. INVESTMENT AND PAYMENT DETAIL Scheme - *IDCW frequency is applicable only for Mirae Asset Casi *Income Distribution cum Capital Withdrawal. IDCW ^Frequency Income Distribution cum Capital Withdrawal. IDCW ^Frequency Income Distribution cum Capital Withdrawal. Income	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick int) Dependent Children rase provide Full Address. P. O. Box see provide Full Address. P	Dependent Parents Dunications, Statement of Accounts an any one option from below.) Dependent Parents Dunications, Statement of Accounts an any one option from below.) Dependent Parents Dunications, Statement Details please Refer to Regular Plan Direct Plan Sund & Mirae Asset Savings Fund. Defaurot selected Monthly will be considered third Party Payment (Please attach harges, Amount Sequence of names as mention sequence of names as mention	Dependent Siblings Overseas Investors, Indian Add Distructions No. 6.) Distructions No.	Incomplete in the second incomplete in the sec
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investment 6a. Mandatory for NRI / FII Applicant [Pletoreseas Correspondence Address 7. INVESTMENT AND PAYMENT DETAIL Scheme - *IDCW frequency is applicable only for Mirae Asset Cast *Income Distribution cum Capital Withdrawal. IDCW ^Frepayment Type [Please (✓)] □ Self (Note Address) Cheque / DD / UTR No. & Date RTGS 8. DEMAT ACCOUNT: Mandatory for units National Securities Depository Limited (NSD)	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick int) Dependent Children rase provide Full Address. P. O. Box see provide Full Address. P	Dependent Parents Dependent Parents Dependent Parents Dependent Parents Dependent Parents Dependent Parents No. may not be sufficient. For Regular Plan Direct Plan Direct Plan Direct Plan Direct Plan Not selected Monthly will be considered hird Party Payment (Please attach harges, Amount Sequence of names as mention Central Depository Service	Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Dependent Siblings Dependent Siblings Discrete Siblings Dis	Incument IDCW* IDCW* Frequency^ It selected. Pay-In Bank A/c No. (For Cheque Only)
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investment 6a. Mandatory for NRI / FII Applicant [Please Correspondence Address 7. INVESTMENT AND PAYMENT DETAIL Scheme - *IDCW frequency is applicable only for Mirae Asset Cast *Income Distribution cum Capital Withdrawal. IDCW ^Fr Payment Type [Please (✓)] □ Self (No RTGS) 8. DEMAT ACCOUNT: Mandatory for units National Securities Depository Limited (NSD) DP Name	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick int)	Dependent Parents Dunications, Statement of Accounts an any one option from below.) Dependent Parents Dunications, Statement of Accounts an any one option from below.) Dependent Parents Dunications Parents Dependent Parents Dunications Parents Default Dunications Parents Default Default Default Depository Service Department Depository Service Department Depository Service Department Default Default Depository Service Department Default Defa	Dependent Siblings Overseas Investors, Indian Add Distructions No. 6.) Distructions No.	Incument IDCW* IDCW* Frequency^ It selected. Pay-In Bank A/c No. (For Cheque Only)
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investment 6a. Mandatory for NRI / FII Applicant [Pletoreseas Correspondence Address 7. INVESTMENT AND PAYMENT DETAIL Scheme - *IDCW frequency is applicable only for Mirae Asset Cast *Income Distribution cum Capital Withdrawal. IDCW ^Frepayment Type [Please (✓)] □ Self (Note Address) Cheque / DD / UTR No. & Date RTGS 8. DEMAT ACCOUNT: Mandatory for units National Securities Depository Limited (NSD)	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick int)	Dependent Parents Dependent Parents Dependent Parents Dependent Parents Dependent Parents Dependent Parents No. may not be sufficient. For Regular Plan Direct Plan Direct Plan Direct Plan Direct Plan Not selected Monthly will be considered hird Party Payment (Please attach harges, Amount Sequence of names as mention Central Depository Service	Dependent Siblings Overseas Investors, Indian Add Distructions No. 6.) Distructions No.	Incument IDCW* IDCW* Frequency^ It selected. Pay-In Bank A/c No. (For Cheque Only)
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investment 6a. Mandatory for NRI / FII Applicant [Please of the composition of	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick int)	Dependent Parents Dunications, Statement of Accounts an any one option from below.) Dependent Parents Dunications, Statement of Accounts an any one option from below.) Dependent Parents Dunications Parents Dependent Parents Dunications Parents Defaution Statement Details please Refer to Dunications Parents Defaution Statement Defaution Statement Dunications Parents Defaution Sequence of Net Purchase Amount Depository Service DP Name 16 Digit A/C No. ion cum Holding Statement Viduals cannot Nominate - Reference Defaution Defaution Defaution Sequence Of Nominate - Reference Defaution Defaution Depository Service Defaution Depository Service Defaution Depository Service Defaution Defaution Defaution Depository Service Defaution Depository Service Defaution Defautio	Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Defendent Siblings Defendent Siblings Discourse Payout Dis	Incomplete in the property of
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investment 6a. Mandatory for NRI / FII Applicant [Pletonere and the composition of the compositi	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick int) Dependent Children rase provide Full Address. P. O. Box S (For complete information on Investor being) S (For complete inf	Dependent Parents Dependent	Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Overseas Investors, Indian Add Deformed Indian Indian Indian Indian Indian Instruction Inst	Incomplete in the property of
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investment 6a. Mandatory for NRI / FII Applicant [Please	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick int) Dependent Children rase provide Full Address. P. O. Box S (For complete information on Investor being) S (For complete inf	Dependent Parents Dunications, Statement of Accounts an any one option from below.) Dependent Parents Dependent Depen	Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Dependent Sibli	ress is preferred] IDCW* Frequency^ tt selected. Pay-In Bank A/c No. (For Cheque Only) The Depository Details. (DIS)
□ Spouse □ Guardian(for Minor Investmer E - Mail^^ ^APlease Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investment 6a. Mandatory for NRI / FII Applicant [Please of the composition of	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick int)	Dependent Parents Dependent	Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Overseas Investors, Indian Add Deformed Indian Indian Indian Indian Indian Instruction Inst	ress is preferred] IDCW* Frequency^ tt selected. Pay-In Bank A/c No. (For Cheque Only) The Depository Details. (DIS)
Spouse Guardian(for Minor Investmer E - Mail^^ ^^Please Use Block Letters. Investors providing em copies are required kindly refer instruction no. 6(g) Email address specified above belongs to Self or Spouse Guardian(for Minor Investment Ga. Mandatory for NRI / FII Applicant [Please Coverseas Correspondence Address 7. INVESTMENT AND PAYMENT DETAIL Scheme - *IDCW frequency is applicable only for Mirae Asset Casi *Income Distribution cum Capital Withdrawal. IDCW ^Fn Payment Type [Please (✓)] Self (No RTGS) 8. DEMAT ACCOUNT: Mandatory for units National Securities Depository Limited (NSD DP Name DP ID Name DP ID Name DP ID Name DP ID Client Master: 9. NOMINATION DETAILS MANDATORY PLEASE REGISTER MY/OUR NOMINEE No. Nominee(s) Name	ail ID would mandatorily receive all Comm r Family, due to Investor being(Please tick int)	Dependent Parents Dunications, Statement of Accounts an any one option from below.) Dependent Parents Dunications, Statement of Accounts an any one option from below.) Dependent Parents Dunications of No. may not be sufficient. For summer of Regular Plan Durect Plan Durect Plan Durect Plan Sund & Mirae Asset Savings Fund. Defaunct selected Monthly will be considered third Party Payment (Please attach harges, Amount Sequence of names as mention Dename 16 Digit A/C No. DP Name 16 Digit A/C No. In Depository Service Defauration of Minor Statement Viduals cannot Nominate - Reference of Minor) Relationship Relationship	Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Overseas Investors, Indian Add Dependent Siblings Diction No. 6.) Diction here will be Daily if frequency no las default, refer SID for more details Third Party Payment Declaration Form Drawn on Bank / Branch Drawn on Bank / Branch Delivery Instruction Slip To Nomination Instruction No. 20] WISH TO NOMINATE Delivery Instruction No. 20] WISH TO NOMINATE Signature of Nor (Preferred but in the property of the present the pres	Iress is preferred IDCW* Frequency^ It selected. Pay-In Bank A/c No. (For Cheque Only) The Depository Details. (DIS) The Depository Details. The Depository Details.

Signature of 1" Applicant / Guardian / Auth. Signatory / PoA / Karta (AS IN BANK RECORDS)

Signature of 2rd Applicant / Guardian / Auth. Signatory / PoA (AS IN BANK RECORDS) Signature of 3rd Applicant / Guardian / Auth. Signatory / PoA (AS IN BANK RECORDS)

												FC	OR N	ON	-INE	DIVII	DUAI	_S	ON	ILY
10. FA	TCA & CRS DETAILS	S (Please	e consult	your prof	essional	tax adv	isor for furtl	her gı	uidance (on FAT	CA & CF	RS cla	ssificati	on)						
PART.	A To be filled by Fi	nancial	Institutio	ns or Dire	ct Repor	ting Nor	n Financial E	Entity	(NFEs)											
We are	e a,	GIIN	Note: If you do	not have a GI	IN but you ar	n enoncorod	by another entity	place p	rovido vour s	noncor's G	IIIN abovo a	nd indica	ato vour enor	eor'e nam	no holow					
or Direct reporting NFE [Please tick (/)] Name of sponsoring entity:					t you are sponsered by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below															
	not available [Please	tick (🗸)1 🗆	Applied for	or 🗆 I	Not requi	red to apply	for - n	lease sn	ecify 2 c	liaite eut	n-cate	norv			Not ob	tained - N	lon-n	rticir	ating F
PART	_	•				•			•		aigito out	oato	gory			NOT OF	tairieu - i	ion-pa	ai tiCip	ating i
Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)					by NFEs other then Direct Reporting NFEs") Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange:															
2 Is the Entity a related entity of a publicy 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 compnay: Nature of relation Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange:															
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 15(c)															
4	Is the Entity an Pas	sive NF	E			☐ Ye	es (If yes, pleas	se fill U	BO declara	ation in th	ne next se	ction.)								
							e of Business:													
	ECLARATION FOR U						r details refe													
This decl erson(s), statemen	aration is not needed for (confirming ALL countries and Auditor's Letter with re ETAILS OF ULTIMAT	Companies of tax res equired det	that are list idency / per ails as menti	ted on any re rmanent resi ioned in Forn WNERS [I	ecognized s dency / citiz n W8 BENE	tock excha zenship an : ry] (If the	ange or is a Sub ad ALL Tax Iden	osidiary ntificatio	of such Lis n Numbers ow is no	ted Com for EAC	ate, ple	ase a	son(s). Ow	ner-doc	declar	FFI's sh	ould providence orms)	e FFI (Owner	Reporting
	Name of UBO & Addre	ss	Addre	ess Type ^{ss}	Identifica	x Payer ation No./ ent ID No.*	Document 1 Refer instru No. 15(d	ction	Country Reside perma reside	ency/ nent		untry o zenshi		UBO Co		[plea th acknow	Yes / NO) se attach e KYC vledgemen poy]		of ber inter	neficial est
nformatio pplicant l dditional	ss Type: Residential or Bu n is not provided, it will be p nas concealed the facts of I information as may be requ	oresumed to beneficial o uired at you	hat ápplican wnership. W ir end.	nt is the UBO le also under	, with no de take to kee	claration to p you inforr	submit. In such ned in writing ab	oout any	MAMF rese / changes/r	rves the r nodification	ight to reje on to the al	ect the a bove inf	pplication of the properties o	or revers future a	se the allo ind also u	otment of indertake	units, if sub to provide a	sequen iny othe	tly it is	the above found tha
	ve NFE, please provide be			•						mandator	y details i	f the UE	3O does no	t have a	PAN. (R	efer Instr	uction No.	16)		
Election ID	ny other Identification N Govt. ID, Driving Licence NREGA Birth - Country of Birth			issport,	Natio	nality:	pe: Service, Bu Mandatory if F			le			OB: Date ender: Ma		ale, Oth	er				
1. PAN:					Occu	pation Ty _l	pation Type:						Duta of Dielle							
-	of Birth try of Birth:					nality: er's Name:	nality:						Date of Birth: Gender □ Male □ Female □ Other							
-	of Birth try of Birth:				Natio	pation Typenality:							ate of Birt	h: Male	e 🗆	Female	☐ Othe	r		
							pation Type:													

Nationality:

City of Birth

Country of Birth:

Application No.:

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

Gender ☐ Male ☐ Female ☐ Other

^{*}Additional details to be filled by controlling persons with tax residency/permanent residency/citizenship/Green Card in any country other than India.

*To include US, where controlling person is a US citizen or green card holder
% In case Tax Identification Number is not available, kindly provide functional equivalent

FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 15) (FOR INDIVIDUALS & NON-INDIVIDUAL 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) 1st Applicant (Sole / Guardian / Non-Individual 2nd Applicant 3rd Applicant Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Yes ☐ No Yes No Yes No Tax Residency 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? Yes ☐ No Are you a US specified Yes No Are you a US specified Yes ☐ No Please provide Tax Payer Id. Please provide Tax Payer Id. 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 Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 1 Status: 1 Status: 1 Type: Type: Type: Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 2 Status: 2 Status: 2 Type: Type: Type: Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 3 Status: 3 Status: 3 Type: 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. 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 agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) IWNe 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 constitute full discharge of liabilities of 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, RTAand other intermediaries in case of any dispute regarding the eligibility, validity and authorization of mylour transactions. (E) I/We further declare that "The ARN holder has disclosed to me/us all the 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 pided by the Fund/AMC/fits 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. When hereby confirm that I/We are all the value of the AMC to share my transaction distributes 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 FEMAprovisions. I/We further declare that I/We am/are "Person Resident's India" and ar 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) Aadhaars I/We hereby voluntarily submit Aadhar card to the Fund/AMC for updating the same in my folio. For Lumpsum 'OR' SIP

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

Declaration Form of Non-Profit Organization (NPO)

(Mandatory for Trusts/Society)



Investor Name													
PAN													
I/We hereby confir [NPO] which has be of the Income-tax Registration Act, of section 8 of the con	een co Act, 1 1860 (2	onstitu 961 (4 21 of <i>1</i>	ted for 13 of 1 1860)	religion 1961), or any	ous or and is	charita regis ar Stat	able pu tered a	irpose as a tr	referre rust or	ed to ir a soc	n claus iety un	e (15) der the	of section : e Societie
Enclosed relevant	docun	nentar	y proo	f evide	encing	the ab	ove de	finatio	n.				
We further confirm that are as follows:	t we ha	ıve reg	gistere	d with	DARP	'AN Po	rtal of	NITIA	ayog a	as NPC	and r	egistra	tion detail
Registration Number of DARPAN Portal													
If not, please register DARPAN portal registr or report to the relevan I/We hereby confir as defined above of	ation d t autho m that	etails, rities a the ab	MF/A as app ove st	MC/R [*] licable ated e	TA will e. ntity / c	be req	uired t	o regis	ster yo	ur enti	ty on th	e said ¡	oortal and
I/We acknowledge and confirm above specified information is fines or consequences as requered in the solution of the solution	found to aired und arges in y, remit in provide s') or any ND), the proof advantutory au thanges /	be false er the re any oth n any fo d by me y Indian tax / rev vising mouthorities modific	e or untruespective er mann rm, mode to any of or foreivenue a e/us of the sto faciliation to the storage of the	e or mise statuto er as mile or male of the Mugn gove uthorities he same itate sing he abov	leading or require ght be a nner, all autual Fur rnmenta in India Furthel le subme informa	or misrepements a pplicable / any of the distance of the dista	oresenting and authorie. I/We he inform consor, Autory or side Indiuthorize update & uture with authorize with a w	ig, I/We a porize you ereby an mation passet Ma judicial a where to share for regunin 30 da	am/are a u to dedu uthorize rovided inageme authorition ever it is the given latory puress	ware that the transfer of transfer	at I/We maines/cha M/Fund/A/Fund/A/Fund/A/Fund/A/Funding pany, trus ncies increquired anation to I/We also pes and u	ay be liab rges unde MC/Othe all chang- tees, the luding to and other other SE undertal	ole for it for an er intimation t er participatin es, updates t ir employees the Financia r investigatio BI Registere ke to keep yo
Signature with relevant se	eal:] [
Authorized Signa	itory			Au	thorized	d Signat	ory			Au	uthorize	d Signat	ory
Place:													

Date:___/__/