## **COMMON APPLICATION FORM**

Sub Broker / Agent ARN Code

Name & Broker Code/ ARN/RIA Code

Please Read All Instruments as given in KIM, to help you complete the Application Form Correctly.

Application No.:

**Sub Agent Code** 

EUIN\*

Internal Code for AMC



ISC Date Time Stamp

Reference No.

EUIN Declaration: De the EUIN box has been advice of in-appropriate feed/portfolio holdings/N	intention	nally let any, pro	ft blanl ovided	k by m by the	ne/us as e emplo	s this oyee/re	transac relations	ction is ship m	s execu anage	uted wit r/sales	thout a	any int on of th	eraction	on or a	advice rs/sub	by th	he emplo er. <b>RIA/</b> E	yee/rela Declarati	tionsh ion: "l	ip mana We here	ger/sal eby giv	les pers e you n	son of t ny/our	he abov consent	e distrib	utor/sub	broke	er or not	withstar	iding th	
Sign of 1st Applicant	t / Guar Lump				·-		Karta			Sig	gn of :	2 <sup>nd</sup> App					uth. Sigr	natory /	PoA			S	Sign of	3 <sup>rd</sup> Appl		Guardiar Applica			natory /	PoA	
TRANSACTION	СНА	RGES	S (Ple	ease	⊘ a	any o	one o	of the	e bel	ow. R	Refer	KIN	pag	ge no	o 318	k32	, Insti	uctio	ns N	o. 11)											
I AM A FIRST T Applicable transacti registered Distribute	on ch	arges	will b	oe de	educte	ed in	n case	you						or su				front o	omn	nission	shal	l be p				MUTU/ e invest				lolder	(AMFI
1. EXISTING U	INIT F	IOLD	ER II	NFO	RMA	TIO	N- PI	ease	e fill	in yo	ur F	olio	Nun	nber	, PAI	N, Ł	KIN in	below	/ Sec	ctions	2, 3	, 4 &	proc	eed to	Sec	tion 7	for	Invest	ment	Deta	ails.
Folio No.																										s applic				olders	in the
																		,						, -							
2. APPLICANT	(S) N	AME.	AND	IN I	NFO	RM/	ATIO	N [R	efer	KIM	oage	no :	31&3	32, lı	nstru	cti	on 2] l	f the '	1 <sup>st</sup> / S	ole A	pplic	ant i	s Mir	or, th	en pl	ease p	rov	ide d	etails	of na	atural
1 <sup>st</sup> SOLE APPLIC				M/s.																		PA	AN								
LEI Code for entitie	Ė		Juidy																												
CKYC ID No. (KIN	)																		Pl	s indica		_	erson Yes	or a re		for tax				nt of C	Canada
GUARDIAN (In ca	se 1st	Applic	cant is	s a N	/linor)	)					•	-	-												ionsh	ip with	n Mi	nor (F	Please		uardian
GUARDIAN CKYO ID No. (KIN)	; [													T	7			(Pleas			GU	ARDI	_							J	
POA / Custodian	Name	:		-						<u>'</u>															K	YC (Ple	=== ease	· ( )	Pr	of At	tached
POA / Custodian CKYC ID No. (KIN	I)																			POA	/ Cu	stodi P	an AN								
Contact Person fe	or Co	rpora	te In	vest	or:				N	ame											Des	ignatio	on:								
3. FIRST APPL	ICAN	T AN	D K	YC D	ЕТА	ILS			All	field	ls m	arke	d as	. (*	🤊 ar	e N	/landa	tory													
1 <sup>st</sup> SOLE APPLICA	ANT [	Ind	ividu	al or			Non-	-Indiv	/idua	l [Plea	ase I	I Ulti	mate	Ber	neficia	al C	Owners	hip (Ul	BO) I	Declar	ation	Form	ı in se	ection	11a &	11b - F	Refe	r Instr	uction	No. 1	17]
*Date of Birth/ Ind (Individual) (No (Please write the Date	on-Índ	ividua	al) —			ΥY	YY	_		Pro					t <b>h (P</b> plicar		se 🗸 ]	)	_	Birth (			Minor	. [	☐ Sch		avin	•	tificate ase spe		rk Shee
Place of Birth / Incorporation:	OI DII II I	as per	Adul	iaai C	zaiu		Count			:h /						N	lationa	ılity:						1	nder		Male	. 🗌	Fema	le _	Other
(Please write the Date Type: Reside					Card ole Pr	rop	$\overline{\Box}$	NRI -	NRE		Tru	ıst	l B	Rank	/ Fls	_	FIIs	F	PIO	□ Sc	ciety	/AOP	/BOI		Minor	through	n Gu	ıardiar	<u> </u>	NRI	- NRO
HUF LLP							_	_				_	_			urid	dicial P		_				_	_					(Pleas		
a*. Occupation Deta	ails [P	ease	( <b>√</b> )]						vate sines	Secto	or		Publ Retir		ector			vernm tired	ent S	Service	е		tuder	nt etorsh	ip	☐ Pro		sional (F	Please		sewife
b*. Politically Expos	sed Pe	rson	(PEP	') Sta	ıtus (/	Also	applic	able t	for au	thoris	ed si	gnato	ries/F	rom	oters/	Kar	ta/Trust	tee/Wh	ole tir	ne Dire	ectors	_ )	am F	PEP [	· ]I am			PEP	☐ No	t App	licable
c*. Gross Annual In	come	(₹) [PI	lease	<b>∌</b> (✔)	1			Belo	ow 1	Lakh	ı		1-5 L	.akh	S	[	5-1	0 Lakh	าร			10	)-25 I	₋akhs		_ >25	Lal	khs		> 1	Crore
d*. Net-worth (Mand	datory	for No	on-In	divic	duals'	)₹													а	is on								(No	t olde	than	1 year)
e*. Non-Individual I	nvesto	rs inv			•					oreigi oney			_			har	nger S	ervice			Gam		amb	ing/Lo	ottery/	Casino	Se	•			. , ,
4. BANK ACC	OUN	T DE	TAII	LS -	Man	ndat	ory	[Ref	er Kl	M pa	ge n	o 31	<b>&amp;32</b> ,	, Ins	truc	tio	n Nos	s. 3 &	4]												
Name of the Bank	:																														
Core Banking A/c	No.																			A/c. Type	Pls.	( <b>√</b> ) □	NRI	<u> </u>	JRRE	NT 🗌	SAV	/INGS	□ N	RO 🗌	Other
Branch Name:										A	Addr	ess:								7.00		. ,									
Bank Branch City	:									s	State	):												-	Pin Co	ode	T				
MICR Code										ase at										ndator /RTGS							Ť				
			_							5100	PI		267	J. U	2.709		, 5,00	1			- /						_				

5. JOINT APPLICANTS, IF ANT AND THEIR P	TO DETAIL	All	neius in	iai keu as	TA ale IVI								
Mode of Holding: Anyone or Survivor  2 <sup>nd</sup> APPLICANT Mr. / Ms. / Ms. (Not Applicable 1)		Sing			Joint le as per PAN C		(Ple	ase note			٠ _	_ *	e or Survivor) le
PAN Details		ı	Pls indicat	tes if US F	Person or a res	ident for tax purp	oose / Resid	ent of Ca	nada	Yes	N	lo* (*Defa	ault if not 🗸)
CKYC ID No. (KIN)					KYC Pls 🕢	☐ Proof Att		Date of (As per P/			ry) D	D M M	Y Y Y Y
Place of Birth	Coun	try of Birth	1				Na	tionality:					
a*. Occupation Details [Please(✓)]	Private Sect		ublic Sect	tor		ment Service	Studer		_	Profession		☐ Ho	ousewife
b*. Politically Exposed Person (PEP) Status	Business m PEP	□ Re		ed to PEP	Agriculti Not App		Proprie	etorship		Others_	(	ase spec	ity)
c*. Gross Annual Income (₹) [Please(✓)]	Below 1 Lak	_	5 Lakhs	, a to	☐ 5-10 L		10-25	Lakhs	Π;	>25 Lakh	าร	□ > 1	Crore
d*. Net-worth ₹			— as on	D D	M M	Y Y Y	(Not old	der than					
Mode of Holding: Anyone or Survivor  3 <sup>rd</sup> APPLICANT Mr. / Ms. / M/s. (Not Applicable i	in case of Minor	Sing		ite the nam	Joint e as per PAN C	ard)	(Ple	ase note		_			e or Survivor)
PAN Details		ı	Pls indicat	tes if US F	Person or a res	ident for tax purp	oose / Resid	ent of Ca	nada	Yes	N	o* (*Defa	ault if not 🗸)
CKYC ID No. (KIN)					KYC Pls 🕢	Proof Att	ached I	Date of (As per PA	Birth(	Mandato	ry) D	D M M	YYYY
Place of Birth	Coun	try of Birth	1				Nat	tionality:		,			
a*. Occupation Details [Please(✓)]	Private Sect	= -	ıblic Sect	tor		ment Service	Studer			Profession			ousewife
b*. Politically Exposed Person (PEP) Status	Business m PEP	_	etired m Relate	ed to PEP	Agricultı ☐ Not App		Proprie	etorship		Others	(PIE	ase spec	ity)
	Below 1 Lak	_	5 Lakhs	20 10 T E1	5-10 L		10-25	Lakhs	П :	>25 Lakh	ns	□ > 1	Crore
d*. Net-worth ₹			— as on	D D	M M	YYYY	_	der than			10		0.0.0
6. MAILING ADDRESS [Please provide you	ur E-mail ID a	and Mobil	e Numb	er to hel	p us serve y	ou better Refe	er KIM pag	e no 31	&32, Ir	nstructi	ons 6	a ]	
Local Address of 1st Applicant													
		City			St	ate			Pin C	ode			
Tel. Off.			R	Resi.			Mobile						
Mobile No specified above belongs to ☐ Self or Famil ☐ Spouse ☐ Guardian(for Minor Investment)  E - Mail^^	•	tor being(P		•	pption from belo	•	ependent S	Siblings					
^^Please Use Block Letters. Investors providing email Email address specified above belongs to □ Self or F □ Spouse □ Guardian(for Minor Investment)	amily, due to Ir	-	g(Please	tick any o		below.)	nd Abridged Dependent		leport t	hrough e	-mail o	nly.	
6a. Mandatory for NRI / FII Applicant [Pleas	se provide Fu	ull Addres	s. P. O.		•				ors, In	dian Ad	dress	is pref	erred]
Overseas Correspondence Address													
7. INVESTMENT AND PAYMENT DETAILS	(For comple	te inform	ation on	Investm	nent Details	please Refer k	(IM page n	o 31&32	2, to In	structio	ons No	o. 6. )	
Scheme -					Regul		Growth (Defa	ault) 🗌		/ Payout / Reinves	stment		CW* requency^
*IDCW is applicable only for Mirae Asset Cash Manageme *Income Distribution cum Capital Withdrawal. IDCW ^Freq	nt Fund, Mirae A uency can be Da	sset Overni	ght Fund & y or Month	k Mirae Ass nly; If not s	set Savings Fun elected Monthly	d. Default option h will be considered	nere will be D d as default, r	aily if freq	uency n	ot selecte			
	Third Party Pa					t ( Please attach						In Dead	k A/c No.
	nt of Cheque NEFT in figure			D Charg if any	es,	Net Purchase Amount	*	Drawn Bra	on Bar anch	1K /			ue Only)
			_										· · ·
8. DEMAT ACCOUNT: Mandatory for units in National Securities Depository Limited (NSDL)		le -Please	Ensure	the sequ	ı	es as mention pository Servi					the D	epositoi	ry Details.
DP Name	<u>'</u>				DP Name	pository dervi	ices (iliula	) Lillite	1 (000	,_,			
	N. T									1 1			
DP ID I N Benef. A/C	J NO.				16 Digit A/C I	NO.							
Enclosures - Please (✓) ☐ Client Masters L  9. NOMINATION DETAILS MANDATORY [M		] OA Holde			um Holding S			Delivery					No. 201
□ PLEASE REGISTER MY/OUR NOMINEE AS				OR		I/WE DO NOT				Jimmati	JII 1110	aotion	110. 201
No. Nominee(s) Name	Date of Bi			of the G		Relationship	% of	8		re of N erred bu			
1	DD/MM/YYY		(111)	case or it	MITIOT)		Share	1	(1 161	2	it not n	3	19)
2	DD/MM/YYY	Υ											
3	DD/MM/YYY		v / Our mutus	al fund folio o	nd understand the	ssues involved in sen	annointment of	nomineo(c)	and frieth	er are swor	e that in	rase of doct	h of all the
I / We hereby confirm that I / We do not wish to appoint any nominee(s) account holder(s), my / our legal heirs would need to submit all the requ	uisite documents issi	ued by Court o	r other such (	competent at	ithority, based on th	ne value of assets held	d in the mutual f	und folio.	ana iditil	or are dwdf	o urat III (	nase on ueal	n or an tile
Signature of 1st Applicant / Guardian / Auth. Signatory / PoA (AS IN BANK RECORDS)	/ Karta					tory / PoA	Signatu						/ PoA

							ı	FOR	NON-INE	DIVIDUAL	S ONLY
10. F/	ATCA & CRS DETAILS (Plea						A & CRS	classific	ation)		
PART	To be filled by Financia	I Institutions or Dire	ct Report	ting Nor	n Financial Entity	(NFEs)					
We a	re a, GIIN										
or Direc	t reporting NFE	Note: If you do not have a GI	•	sponsered	by another entity, please p	orovide your sponsor's GII	IN above and i	ndicate your	sponsor's name below		
_	not available [Please tick (	/)]	or $\square$ N	lot roqui	rod to apply for r	please specify 2 di	igite cub e	atogony		Not obtained - No	on participating El
	- '			•			igits sub-c	ategory		i Not obtained - No	on-participating Fi
PART 1			llea by Ni		<u> </u>	,				1. 10	
	Is the Entity a publicly tra (that is, a company whose traded on an established	e shares are regular	ly			cify any one stock exc	•			ded)	
2	Is the Entity a related enti			☐ Ye	es (If yes, please spec	cify name of the listed	d company a	and one st	ock exchange on wh	nich the stock is regul	arly traded)
	traded company (a compa regularly traded on an es			Name	of Listed compnay: _						
			•	Natur	e of relation	ubsidiary of the Listed	l Company o	or $\square$	Controlled by a List	ed Company	
										, ,	
3	le the Entity on active NE					IBO declaration in the					
3	Is the Entity an active NF	=		_				•			
				Natur	e of Business:			_			
					e specify the sub-cate				code: Refer instruc	tion 15(c)	
4	Is the Entity an Passive N	FE		Ye	es (If yes, please fill L	IBO declaration in the	e next section	on.)			
					e of Business:						
11 0	DECLARATION FOR ULTIMA	TE DENESICIAL OW	MEDELIE		r details refer ins		uotion No	17\*			
erson(s stateme	claration is not needed for Compani s), confirming ALL countries of tax n nt and Auditor's Letter with required of DETAILS OF ULTIMATE BEN	esidency / permanent resi letails as mentioned in Forn	dency / citiz n W8 BENE	enship an	d ALL Tax Identification	on Numbers for EACH	H controlling	person(s).	Owner-documented	FFI's should provide	
	Name of UBO & Address	Address Type <sup>ss</sup>	PAN/Tax Identifica Equivaler	x Payer tion No./	Document Type Refer instruction No. 15(d)	Country of tax Residency/ permanent residency*	Count citizen	ry of	UBO Code (Mandatory)	KYC (Yes / NO) [please attach the KYC acknowledgement cpoy]	% of beneficial interest
nformati nat appl dditiona	ess Type: Residential or Business (ion is not provided, it will be presumer icant has concealed the facts of beneal information as may be required at y	d that applicant is the UBO, ficial ownership. We also u our end.	with no decl ndertake to l	laration to keep you ii	submit. In such case, N nformed in writing abou	MAMFIAMC reserves t at any changes/modific	the right to re cation to the a	ject the app above infor	olication or reverse th mation in future and a	e allotment of units, if s also undertake to provid	ubsequently it is found le any other
	sive NFE, please provide below addi	•					details if the	e ubo doe	s not have a PAN. (R	terer instruction No. 16	) 
Election I	Any other Identification Number D, Govt. ID, Driving Licence NREGA Job Card, C f Birth - Country of Birth		Nation	nality:	pe: Service, Business  Mandatory if PAN in				ate of Birth : Male, Female, Oth	er	
1. PAN	þ.										
	of Birth		Occur	nation Ivi				Date of	Birth:		
Cou			Nation	oation Ty <sub>l</sub> nality:	ye.			Date of			
	ntry of Birth:		Nation					Gender	☐ Male ☐	Female	
2. PAN	ntry of Birth:		Natior Father	nality:	:					Female Other	
City	ntry of Birth:		Natior Father Occup Natior	nality: r's Name: pation Ty	pe:			Gender	Birth:	Female Other	
City Cou 3. PAN	ntry of Birth: l: of Birth ntry of Birth:		Natior Father Occup Natior Father	nality: r's Name: pation Type nality: r's Name: pation Type	pe:			Gender Date of	Birth:		
City Cou 3. PAN City	ntry of Birth: I: of Birth ntry of Birth:		Natior Father Occup Natior Father Occup Natior	nality: r's Name: pation Type nality: r's Name: pation Type	pe:			Gender  Date of  Gender	Birth:		

**Application No.:** 

<sup>#</sup>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 KIM page no 31&32, 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) 1st 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 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 Individual investor have to fill in below details in case of joint applicants if ticked Yes above 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) I Residential I Business I Registered Office) (For address mentioned in form I 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) of KIM] 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/fix 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. We have not been offered/communicated any indicative portfolio and and shall be bound by the terms & conditions of the PIN agreement availation of the PIN agreemen 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:

**Payment Details** 

Amount (Rs) —— Cheque/ DD No.:

Dated\_\_\_\_\_ Bank & Branch

Scheme Name and Plan

Date & Stamp of Collection Centre / ISC

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

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

MIRAE ASSET

	Registration Cum Mandate Form For NACH/Direct Debit	
Application	No ·	

				·viataa	
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 Or confirm that the EUIN box has been intentionally broker or notwithstanding the advice of in-approp to share/provide the transactions data feed/port	nly" Transaction (where Employee U left blank by me/us as this transaction	nique Identification Numb on is executed without any	er-EUIN* box is left blank). F interaction or advice by the	lease refer instruction 12 of KIM for employee/relationship manager/sa	complete details on EUIN. I/We hereby ales person of the above distributor/sub
broker or notwithstanding the advice of in-approp to share/provide the transactions data feed/port	riateness, if any, provided by the em folio holdings/NAV etc. in respect of	ployee/relationship mana my/our investments unde	ger/sales person of the distri er Direct Plan of all Scheme	butor/sub broker. <b>RIA/Declaration</b> s managed by you, to the above m	: "I/We hereby give you my/our consent entioned SEBI-Registered Investment
Signature of 1st Applicant / Guardian / Authorised Signature	natory / PoA / Karta Signatur			Signature of 3 <sup>rd</sup> Applicant / (	
	e Time Mandate (OTM) (Plea		SIP Top-up		Jacidian / Additionated Orginatory / 1 0/4
1. EXISTING UNIT HOLDER INFO	, , ,	,		· -	application.)
Name of 1 <sup>st</sup> Unit Holder	·			Folio No.	
2. SIP ENROLMENT DETAILS (P	ease check the Minimum	Amount Criteria fo	r the scheme applied	l for. [Refer General Instru	
Frequency Please	efault)	Regular Plan	Direct Plan	Growth   IDCW Pay	
Scheme:					investment Frequency^
*IDCW is applicable only for Mirae Asset Cash M *Income Distribution cum Capital Withdrawal. IDC	anagement Fund, Mirae Asset Over CW ^Frequency can be Daily or Wee	night Fund & Mirae Asset ekly or Monthly; If not sele	Savings Fund. Default optio cted Monthly will be conside	n here will be Daily if frequency not red as default, refer SID for more d	selected. etails
	Date from 1st till 28th of the m		(₹) □ 5,000 □ 10,	000 🗌 25,000 🔲 Any oth	ner Amount. (₹)
SIP Start Month (MM/YY) M M Y	Y SIP End Month (MM/YY)	,	OR Perpetual De	ec 2099 (Till you instruct Mirae Ass	et Mutual Fund to discontinue your SIP)
2a. Goal SIP - Do you want to ass	<del>J J ,                                 </del>		s please select (✓)	your goal [Refer General	Instruction No. 24 Overleaf ].
If Goal & SIP amount is same default wi	II be taken as ₹ 1 crore Goal	Amount₹	□ K	ids Education	rement Planning (Default)
☐ Tax Savings ☐ Dream House	☐ Dream Car ☐ [	Dream Vacation	☐ Kids Marriage	Others- Please sp	ecify
2b. SIP TOP-UP FACILITY (You can	n start SIP Top-up facility	after minimum 6 m	onths from 1st SIP) [	Refer General Instruction	No. 23 Overleaf].
All Applicants have to submit NACH m			<del></del>		·
	₹ 500/- & in multiples of ₹ 1/	3,		Y Y Top-up End Mo	` 1
Existing Investors Availing Top-Up: Plea	•	·		. ,	If Yearly
3. SIP PAYMENT DETAILS (New In Cancelled cheque Leaf	nvestors - Please provide o irst SIP Cheque No.	copy of cancelled cr	•	rawn on Bank	rm and One Time Mandate.)
4. OTM BANK ACCOUNT DETAIL		A/c Holder as in Ban		Tawn on Bank	
		ore Banking A/c. No.			
Bank Name Branch Name & City		Bank Account	Type NRE	CURRENT	_  NRO
<u> </u>	Mirae Asset Mutual Fund - Having read				
<b>DECLARATION &amp; SIGNATURE:</b> To The Trustees, It scheme and agree to abide by the terms, condition transaction is delayed or not effected for reasons of	is, rules and regulations governing the incomplete or incorrect or any other of	e scheme & conditions of Sperational reasons, I/We w	SIP enrolment and registration ould not hold Mirae Asset Inventor	through NACH/ECS or Direct Debi	: (Auto Debit). I/We also agree that if the nited, their appointed service providers or
representatives responsible. I/We also undertake to of trail commission or any other mode), payable	keep sufficient funds in my bank accou <b>to him for the different competing S</b>	nt on the date of execution of Schemes of various Mutua	the said standing instructions <b>I Funds from amongst whic</b>	. "The ARN holder has disclosed to h the Scheme is being recommend	me/us all the commissions (in the form ed to me/us". "I/We have not made any
other Micro application [including Lumpsum + SI	Ps] which together with the current a	application would result in	aggregate investments exc	eeding ₹50,000 in a rolling 12 mont	h period or in a financial year".
Signature of 1st Applicant/Guardian/Authorised S (AS IN BANK RECORDS)	ignatory/PoA/Karta Signatur				
/ UMRN		Book was		Date	
MIRAE ASSET	0-4-	Bank use			
Oponsor Bank	Code	( use		CREATE X MOI	
Utility Code	Ban	k use	autho	rize Mirae Asset Investm	ent Managers (India) Pvt. Ltd.
To Debit (tick ✓) SB CA C	CC SB-NRE SB-NR	O Other Bank	\C		
With Bank	Name of customers	sbank		IFSC / MICR	
An Amount Of Rupees				₹	
DEBIT TYPE X Fixed Amount	✓ Maximum Amount	FREQUENCY	Mthly X Qtly	X H-Yrly X Yrly	✓ As & when presented
Reference 1	Folio No.	Re	ference 2	Scheme Na	ıme
1. I agree for the debit of mandate processing charead, understood & made by me/us. I am authorize this mandate by appropriately communicating the					
this mandate by appropriately communicating the PERIOD	cancellation / amendment request t	to the user entily / corporate	e or the bank where I have at	a signed by file. 3.1 have understoo ithorized the debit.	u maci ami aumonzeu lo cancel/amend
From D D M M Y Y Y	Υ				
To 3 1 1 2 2 0 9	9				
Or X Until Cancelled		of Primary Account Hole	der Signature Of	Joint Account Holder S	ignature Of Joint Account Holder
Phone No.	1 Name Of F		r <b>2</b> Name Of Joi	nt Account Holder 3 1	

## 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.

ARNRIA Code  Agent ARN Code  Agent ARN Code  ARRIAGODE	ARNINIA Code  Agent ARN Code  Sub right to Use Internal Code for ARI  Reference No.  Reference N	ease see Terms & Conditions on the	TOVERSE FOR ENGINE SCHEINES (	andor this facility.	Application No	ML	itual Fund
EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application are an invalidation which the second process of th	EXISTING UNIT HOLDER INFORMATION (The dictals in our records under the enclanding place of a requirement of the problems of th	Name & Broker Code/ ARN/RIA Code		Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
SERIOL MUIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application ame of 1st Unit Holder  SIED ENGLARMY DETAILS (Pleaser ofer KIM for Minimum Amount Criteria for the scheme applied for.)  Scheme Name:  Frequency Please (Please choose Any Date from 1' till 28' of the month. SIP Amount(t) (DOW Perpetual Dec 209) Tilly us introved Minimum Asset Minimum (MMYY)  Scheme Name:  Frequency Please (Please choose Any Date from 1' till 28' of the month. SIP Amount(t) (DOW Perpetual Dec 209) Tilly us introved Minimum Asset Minimum (MMYY)  Scheme Name:  Frequency Please (Please choose Any Date from 1' till 28' of the month. SIP Amount(t) (DOW Perpetual Dec 209) Tilly us introved Minimum Asset Minimum (MMYY)  Scheme Name:  Frequency Please (Please choose Any Date from 1' till 28' of the month. SIP Amount(t) (DOW Perpetual Dec 209) Tilly us introved Minimum Asset Minimum (MMYY)  Scheme Name:  Frequency Please (Please choose Any Date from 1' till 28' of the month. SIP Amount(t) (DOW Perpetual Dec 209) Tilly us introved Minimum Asset Minimum (MMYY)  Scheme Name:  Frequency Please (Please choose Any Date from 1' till 28' of the month. SIP Amount(t) (DOW Perpetual Dec 209) Tilly us introved Minimum Asset Minimum (MMYY)  Scheme Name:  Frequency Please (Please choose Any Date from 1' till 28' of the month. SIP Amount(t) (DOW Perpetual Dec 209) Tilly us introved Minimum Asset Minimum (MMYY)  Scheme Name:  Frequency Please (Please choose Any Date from 1' till 28' of the month. SIP Amount(t) (DOW Perpetual Dec 209) Tilly us introved Minimum Asset Minimum (MMYY)  Scheme Name:  Frequency Please (Please choose Any Date from 1' till 28' of the month. SIP Amount(t) (DOW Perpetual Dec 209) Tilly us introved Minimum Asset Minimum (MMYY)  Spip Start Month (MMYY)  Sp	EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application and of 1st Unit Holder   Folio No.						
EXISTING UNIT HOLDER INFORMATION (The details in our records undor the follo number mentioned will apply for this application ame of 1 <sup>st</sup> Unit Holder    SIP ENROLMENT DETAILS (Pleaserfor KIM for Minimum Amount Criteris for the scheme applied for.)	EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application may of 1st Unit Holder						
SPERIOLMENT DETAILS (Pleasarder KIM for Minimum Amount Criteria for the scheme applied for)  Scheme Name:  Frequency Pleasa	SPENSOLMENT DETAILS (Pleaserfor KIM for Minimum Amount Critoria for the scheme applied for.)  Scheme Name:    Frequency Piesse   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   DOW Reinvestment   DOW						
SIP ENROLMENT DETAILS (Pleaserefer KIM for Minimum Amount Criteria for the schame applied for.)  Scheme Name:    requency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   DCW Payout   DCW Payout   Please choose Any Date from 1° Bit 28° of the month, SIP Amount(2)   5,000   10,000   25,000   Any other Amount, (2)   SIP End Month (MMVY)   SIP End	SP ENROLMENT DETAILS (Pleaser for KIM for Minimum Amount Critoria for the schome applied for)  Scheme Name:  Frequency Please   (Please choose Any Date from "fill 22" of the month, SIP Amount(2)   5,000   10,000   5,000   Any other Amount, (2)  SIP Date   (Please choose Any Date from "fill 22" of the month, SIP Amount(2)   5,000   10,000   5,000   Any other Amount, (2)  Scheme Name:  Frequency Please   (Please choose Any Date from "fill 22" of the month, SIP Amount(2)   5,000   10,000   5,000   Any other Amount, (2)  Sp Date   (Please choose Any Date from "fill 22" of the month, SIP Amount(2)   5,000   10,000   5,000   Any other Amount, (2)  Sp Date   (Please choose Any Date from "fill 22" of the month, SIP Amount(2)   5,000   10,000   25,000   Any other Amount, (2)  Sp Date   (Please choose Any Date from "fill 22" of the month, SIP Amount(2)   5,000   10,000   25,000   Any other Amount, (2)  Sp Date   (Please choose Any Date from "fill 22" of the month, SIP Amount(2)   5,000   10,000   25,000   Any other Amount, (2)  Sp Date   (Please choose Any Date from "fill 22" of the month, SIP Amount(2)   5,000   10,000   25,000   Any other Amount, (2)  Sp Date   (Please choose Any Date from "fill 22" of the month, SIP Amount(2)   5,000   10,000   25,000   Any other Amount, (2)  Sp Date   (Please choose Any Date from "fill 22" of the month, SIP Amount(2)   5,000   10,000   25,000   Any other Amount, (2)  Sp Date   (Please choose Any Date from "fill 22" of the month, SIP Amount(2)   5,000   10,000   25,000   Any other Amount, (3)  Sp Date   (Please choose Any Date from "fill 22" of the month, SIP Amount(2)   5,000   10,000   25,000   Any other Amount, (3)  Sp Date   (Please choose Any Date from "fill 22" of the month, SIP Amount(3)   5,000   10,000   25,000   3,0		INFORMATION (The de	tails in our records			oly for this application.
Scheme Name:    Frequency   Please	Scheme Name:    Frequency Please C   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   GCW Reinvestment   DCW Fine Name:   Frequency Please C   Greater Name:   Frequency Please C   Greater Name:   Great		0 (0)				
Frequency Please & Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Payout   Prequency Please & Plan   Direct Plan	Frequency Please		S (Pleasereter KIM for M	Inimum Amount Ci	riteria for the sche	me applied for.)	
Frequency   Regular Plan   Direct Plan   D	Frequency   Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   DCW Reinvestment   Propunct   SIP Date	Scheme Name:		T		□ IDCW Payar	.+ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
SiP Start Month (MM/YY)   SIP End Month (MM/YY)   SIP	SiP Start Month (MMYY)   M   SIP End Month (MMYY)   OR Perpetual   Dec 2009/Till you instruct Mires Asset Multual Fund to discontinua you Scheme Name:    Frequency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   IDCW Prequency Please   Please choose Any Date from 1" till 28" of the month; SIP Amount (?)   5,000   10,000   2,5000   Any other Amount (?)   SIP Start Month (MMYY)   M   SIP End Month (MMYY)   OR Perpetual   Dec 2009/Till you instruct Mires Asset Multual Fund to discontinua you Scheme Name:    Frequency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Treguency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Treguency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Treguency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Treguency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Payout   IDCW Payout   IDCW Please (The United Start Multual Fund to discontinua you will be plant of the United Start Multual Fund to discontinua you will be plant of the United Start Multual Fund to discontinua you will be plant of the United Start Multual Fund to discontinua you will be plant of the United Start Multual Fund to discontinua you will be plant of the United Start Multual Fund to discontinua you will supplied the United Start Multual Fund to discontinua you will supplied the United Start Multual Fund to discontinua you will supplied the United Start Multual Fund to discontinua you will supplied the United Start Multual Fund to discontinua you will supplied the United Start Multual Fund to Continue Asset Multual F	Frequency Please	thly (Default)   Quarterly	☐ Regular Plan	☐ Direct Plan ☐	Croudh	_
Scheme Name:    Frequency   Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   DCW Payout   Frequency   DCW Payout   Frequency   DCW Payout   Product   DCW Payout   DCW Payout   DCW Payout   Product   DCW Payout   DCW Payout	Schome Name:    Frequency Please	SIP Date D (Please ch			ount(₹)	10,000 🗌 25,000 🗌 Any	other Amount. (₹)
Frequency Please  Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Payout   Frequency Please   Please choose Any Date from 1" till 28" of the month; If left blank 8" will be considered as the default date)   SIP Amount(?)   5,000   10,000   25,000   Any other Amount. (?)   SIP Start Month (MM/YY)   M   Y   SIP End Month (MM/YY)   M   Y   OR Perpetual   Dec 2099(Till you instruct Mirea Asset Multual Fund to discontinue you   Scheme Name:    Frequency Please	Frequency Please	SIP Start Month (MM/YY)	M Y Y SIP End Month	(MM/YY) M M Y	Y OR Perpetual	Dec 2099 (Till you instruct Mirae A	sset Mutual Fund to discontinue yo
Frequency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Payout   Frequency Please   Please choose Any Date from 1" till 28" of the month, it left blank 8" will be considered as the default date)   SIP Amount (\$?)   5,000   10,000   25,000   Any other Amount. (\$?)   SIP Start Month (MM/YY)   M   Y   SIP End Month (MM/YY)   M   Y   OR Perpetual   Dec 2099/[III] you instruct Miras Asset Multius Fund to discontinue you   Scheme Name:    Frequency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Payout   DCW Seriovestment   Frequency Please   Monthly (Default)   Guarterly   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Frequency Please   Monthly (Default)   SIP End Month (MM/YY)   M   Y   SIP End Month (MM/YY)   SIP End Month (MM/YY)   M   Y   SIP End Month (MM/YY)   SIP End Month (MM/YY)   SIP End Month (MM/YY)   M   Y   SIP End Month (MM/YY)   SI	Frequency Please  Monthly (Default)	Scheme Name:					
Scheme Name:    Frequency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Payout   IDCW Prequency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   IDCW Prequency Please   Inch   Inch	Scheme Name:    Frequency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Payout   Frequency Please   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Frequency Please   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Frequency Please   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Frequency Please   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Frequency Please   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Frequency Please   Regular Plan   Direct Plan   Direct Plan   Growth   IDCW Reinvestment   Frequency Please   Regular Plan   Direct Plan   Dir		nthly (Default)  Quarterly	☐ Regular Plan	☐ Direct Plan ☐	0	_
Scheme Name:    Frequency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Payout   IDCW Prequency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   IDCW Prequency Please   Inch   Inch	Scheme Name:    Frequency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Payout   Frequency Please   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Frequency Please   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Frequency Please   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Frequency Please   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Frequency Please   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Frequency Please   Regular Plan   Direct Plan   Direct Plan   Growth   IDCW Reinvestment   Frequency Please   Regular Plan   Direct Plan   Dir	SIP Date D D (Please ch			ount(₹)		
Scheme Name:    Frequency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   DCW Payout   DCW	Scheme Name:    Frequency Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Payout   IDCW Reinvestment   Prequency Please   Please choose Any Date from 1° till 28° of the month, SIP Amount(?)   5,000   10,000   25,000   Any other Amount. (?)			default date)			
Frequency Please  Monthly (Default)  Quarterly  Regular Plan	Frequency Please  Monthly (Default)						
Prequency   Please   Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   IDCW Reinvestment   Prequent	Monthly (Default)   Quarterly   Regular Plan   Direct Plan   Growth   DCW Reinvestment   Frequent   SIP Date   D   Please choose Any Date from 1" till 28" of the month; SIP Amount(?)   5,000   10,000   25,000   Any other Amount. (?)	Scheme Name:					
SIP Start Month (MMYY)	SIP Start Month (MM/YY)  SIP End Month (MM/YY		nthly (Default)   Quarterly	/ ☐ Regular Plan	☐ Direct Plan ☐	Growth	
SIP Start Month (MM/YY)	SIP Start Month (MM/YY)  SIP End Month (MM/YYY)  SIP End Month (MM/YYY)  SIP End Month (MM/YYYYY)  SIP End Month (MM/YYYYYYY)  SIP End Mo	SIP Date D (Please ch	noose Any Date from 1st till 28th	of the month,	ount(₹)	10,000  25,000  Any o	
DOW is applicable only for Mirae Asset Cash Management Fund, Mirae Asset Overnight Fund & Mirae Asset Savings Fund. Default option here will be Daily if frequency not selected.  come 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  utilit SIP Payment Details. Cheque/DD should be drawn in favour of * Mirae Asset Multi SIP Collection A/c*.  Layrent 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 on the seque/DD not.  Cheque / DD Date	CW is applicable only for Mirae Asset Cash Management Fund, Mirae Asset Overnight Fund & Mirae Asset Savings Fund. Default option here will be Daily if frequency not selected.  come Distribution cum Capital Withdrawal. IDCW *Frequency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default, refer \$10 for more details  unit \$IP Payment Details**. Cheque /DD should be drawn in favour of * Mirae Asset Multi \$IP Collection A/c¹*.  upwnent initiated through Cheque/DD, shall be considered as first installment. Cheque amount should be equal to total \$IP\$ amounts of all the scheme(s) applies eque/DD No. Cheque / DD Date Total Cheque Amount ₹    Payment Type- Non Third Party(\$elf	11 1011 2141			Y OR Perpetual	Dec 2099 (Till you instruct Mirae A	sset Mutual Fund to discontinue yo
uiti SIP Payment Details- Cheque/DD should be drawn in favour of "Mirae Asset Multi SIP Collection A/c".  ayment 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 provided by the scheme of the s	util SIP Payment Details- Cheque/DD should be drawn in favour of "Mirae Asset Multi SIP Collection A/c".  Inyment initiated through Cheque/DD, shall be considered as first installment. Cheque amount should be equal to total SIP amounts of all the scheme(s) applies    Payment Type- Non Third Party(Set						
eque/DD No	pyment 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 eque/DD No	·					re details
RN Name:  CLARATION: 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 terms 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, regulations governing the scheme & conditions of SIP / Multi-SIP enrolment and registration through OTM.  UMRN  Sponsor Bank Code  Bank Ise    CREATE   MODIFY   CANUMARY	RA Name:  CLARATION: To The Trustees, Mirae Asset Mutual Fund - By Signing the OTM in the below section, IWe acknowledge that I/we have read and understood the contents of the SID of the meme 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, a regulations governing the scheme & conditions of SIP / Multi-SIP enrolment and registration through OTM.  IMARN  Date  Date  MM Y Y  Sponsor Bank Code  Bank use  Sponsor Bank Code  Bank use  W CREATE  MODIFY  CRAN  Utility Code  Utility Code  Bank use  Sponsor Bank A/c  Utility Code  Bank use  Sponsor Bank A/c  Utility Code  Bank use  Sponsor Bank A/c  IFSC / MICR  Amount Of Rupees  BIT TYPE  Fixed Amount  Amount Of Rupees  BIT TYPE  Fixed Amount  Folio No.  Reference 2  Scheme Name  Signature Of Joint Account Holder						of all the scheme(s) applie
RN Name:  CLARATION: 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 reme 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, ir regulations governing the scheme & conditions of SIP / Multi-SIP enrolment and registration through OTM.  UMRN  Sponsor Bank Code  Bank Ise    CREATE   MODIFY   CANUMARY	RA Name:  CLARATION: To The Trustees, Mirae Asset Mutual Fund - By Signing the OTM in the below section, IWe acknowledge that I/we have read and understood the contents of the SID of the meme 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, a regulations governing the scheme & conditions of SIP / Multi-SIP enrolment and registration through OTM.  IMARN  Date  Date  MM Y Y  Sponsor Bank Code  Bank use  Sponsor Bank Code  Bank use  W CREATE  MODIFY  CRAN  Utility Code  Utility Code  Bank use  Sponsor Bank A/c  Utility Code  Bank use  Sponsor Bank A/c  Utility Code  Bank use  Sponsor Bank A/c  IFSC / MICR  Amount Of Rupees  BIT TYPE  Fixed Amount  Amount Of Rupees  BIT TYPE  Fixed Amount  Folio No.  Reference 2  Scheme Name  Signature Of Joint Account Holder	eque/DD No.	Cheque / DD Date	Total Cheque	Amount (₹)	Paymer	nt Type- Non Third Party(Sel
CLARATION: 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 meme 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, the regulations governing the scheme & conditions of SIP / Multi-SIP enrolment and registration through OTM.    VMRN	CLARATION: 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 sene 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, tregulations governing the scheme & conditions of SIP / Multi-SIP enrolment and registration through OTM.    VMRN						
UMRN	Interpolations governing the scheme & conditions of SIP / Multi-SIP enrolment and registration through OTM.    INTERPOLATION   Date					hat I/we have read and understo	od the contents of the SID of the
Sponsor Bank Code Bank use	Sponsor Bank Code    Sponsor Bank Code   Spons	regulations governing the scheme & c	conditions of SIP / Multi-SIP enro	lment and registration thro	ough OTM.		
Sponsor Bank Code  Utility Code  Utility Code  Bank use  IWe hereby authorize  Mirae Asset Investment Managers (India) Pvt  Debit (tick*)	Sponsor Bank Code  Utility Code  Utility Code  Utility Code  Debit (tick*) SB CA CC SB-NRE SB-NRO Other Bank A/c  The Bank  Name of customer bank  Name of customer bank  Name of customer bank  Name of customer bank  Reference 1  Folio No.  Reference 2  Scheme Name  gree 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 morizing 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 requently/corporate or the bank where I have authorized the debit.  PERIOD  From  D M M Y Y Y Y  To  3 1 1 2 2 0 9 9  Signature Of Primary Account Holder  Signature Of Joint Account Holder  Signature Of Joint Account Holder  Signature Of Joint Account Holder			Bank use		Date	D D M M Y Y
Debit (tick*)	Debit (tick ✓) SB CA CC SB-NRE SB-NRO Other Bank A/c IFSC / MICR  Amount Of Rupees  BIT TYPE  Fixed Amount  Maximum Amount FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when present ference 1 Folio No. Reference 2 Scheme Name  gree 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 morizing 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 requently/ corporate or the bank where I have authorized the debit.  PERIOD  To 3 1 1 2 2 0 9 9  Signature Of Primary Account Holder  Signature Of Joint Account Holder  Signature Of Joint Account Holder		ode Bank	use		CREATE X MC	DDIFY X CAN
Debit (tick*) SB CA CC SB-NRE SB-NRO Other Bank A/c  th Bank  Name of customer bank  Name of customer bank  IFSC / MICR  IFSC / MICR  Amount Of Rupees  BIT TYPE X Fixed Amount Maximum Amount FREQUENCY X Mthly X Qtly X H-Yrly X Yrly As & when preser  ference 1  Folio No.  Reference 2  Scheme Name  signee 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 orizing 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 requently/ corporate or the bank where I have authorized the debit.  PERIOD  From  D D M M Y Y Y Y  Signature Of Primary Account Holder  Signature Of Joint Account Holder  Signature Of Joint Account Holder	Debit (tick ) SB CA CC SB-NRE SB-NRO Other Bank A/c  th Bank Name of customer bank  Amount Of Rupees  BIT TYPE Fixed Amount  Maximum Amount  FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when preserver ference 1  Folio No.  Reference 2  Scheme Name  Reference 2  Scheme Name  Reflection of 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 orizing 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 requently/corporate or the bank where I have authorized the debit.  PERIOD  From  D D M M Y Y Y Y  To 3 1 1 2 2 0 9 9 9  Or   Signature Of Primary Account Holder   Signature Of Joint Account Holder   Signatur	Utility Code	В	ank use			ment Managers (India) Pvt
Amount Of Rupees  BIT TYPE  Fixed Amount	Amount Of Rupees  BIT TYPE  Fixed Amount	Debit (tick√) ☐ SB ☐ CA ☐	CC SB-NRE SB-	NRO  Other Bank			
EBIT TYPE	EBIT TYPE    Fixed Amount	th Bank Na	ame of customer bank			IFSC / MICR	
Folio No.  Reference 2  Scheme Name  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 orizing 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 requently/corporate or the bank where I have authorized the debit.  PERIOD  From  3 1 1 2 2 0 9 9  Signature Of Primary Account Holder  Signature Of Joint Account Holder  Signature Of Joint Account Holder	Reference 2  Scheme Name  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 orizing 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 requentity/ corporate or the bank where I have authorized the debit.  PERIOD  From  3 1 1 2 2 0 9 9 9  Or Multi Cancelled  Signature Of Primary Account Holder  Signature Of Joint Account Holder  Signature Of Joint Account Holder	Amount Of Rupees				₹	
Folio No.  Reference 2  Scheme Name  Squee 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 orizing 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 requentity/corporate or the bank where I have authorized the debit.  PERIOD  From  3 1 1 2 2 0 9 9  Signature Of Primary Account Holder  Signature Of Joint Account Holder  Signature Of Joint Account Holder	Reference 1  Folio No.  Reference 2  Scheme Name  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 orizing 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 requentity/ corporate or the bank where I have authorized the debit.  PERIOD  From  D D M M Y Y Y Y Y  To  3 1 1 2 2 0 9 9 9  Or  Signature Of Primary Account Holder  Signature Of Joint Account Holder  Signature Of Joint Account Holder  Signature Of Joint Account Holder	BIT TYPE X Fixed Amount	✓ Maximum Amount	FREQUENCY	X Mthly X Qtly	X H-Yrly X Yrly	✓ As & when preser
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 orizing 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 requirently/ corporate or the bank where I have authorized the debit.  PERIOD  To  3 1 1 2 2 0 9 9  Signature Of Primary Account Holder  Signature Of Joint Account Holder  Signature Of Joint Account Holder	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 orizing 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 requently/ corporate or the bank where I have authorized the debit.  PERIOD  From  3 1 1 2 2 0 9 9  Or  Signature Of Primary Account Holder  Signature Of Joint Account Holder  Signature Of Joint Account Holder  Signature Of Joint Account Holder	eference 1	Folio No.	R	Reference 2	Scheme I	Name
From D D M M Y Y Y Y  To 3 1 1 2 2 0 9 9  Signature Of Primary Account Holder Signature Of Joint Account Hol	From D D M M Y Y Y Y  To 3 1 1 2 2 0 9 9  Or XUntil Cancelled Signature Of Joint Account Holder Signature Of Joint Account Holder Signature Of Joint Account Holder	orizing the user entity/Corporate to debit my accoun	it, based on the instructions as agreed and s			is to confirm that the declaration has been of	carefully read, understood & made by me
To 3 1 1 2 2 0 9 9 Signature Of Primary Account Holder Signature Of Joint	To 3 1 1 2 2 0 9 9 Or XUntil Cancelled  Signature Of Primary Account Holder Signature Of Joint Account Holder Signature Of Joint Account Holder		YY				
Signature Of Primary Account Holder Signature Of Joint Account Holder Sign	Or XUntil Cancelled Signature Of Primary Account Holder Signature Of Joint Account Holder Signature Of Joint Account Holder		9 9				
				e Of Primary Account Ho	lder Signature O	f Joint Account Holder	Signature Of Joint Account F