## COMMON APPLICATION FORM Application No.:



Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for Sub-Agent/Employee	ISC Date Time Stamp Reference No.
ARN-77785			E157201		
Declaration for "Execution Only" Transaction (when has been intentionally left blank by me/us as this advice of in-appropriateness, if any, provided by the	L e Employee Unique Identification Nur transaction is executed without any employee/relationship manager/sale	I nber-EUIN* box is left blanl interaction or advice by the s person of the distributor/s	L <). Please refer instruction 12 e employee/relationship man ub broker.	L ? of KIM for complete details on EUII ager/sales person of the above dist	<ol> <li>I/We hereby confirm that the EUIN box ributor/sub broker or notwithstanding the</li> </ol>
has been intentionally left blank by me/us as this advice of in-appropriateness, if any, provided by the Signature of 1* Applicant / Guard Authorised Signatory /PoA/Kat Please		Signature of 2 <sup>rd</sup> Applica Authorised Signal	nt / Guardian / lory /PoA	Signature of 3 Authoris	<sup>d</sup> Applicant / Guardian / d Signatory /PoA
Please V Lumpsum Investment	0	Micro Applicat	tion 🔿	SIPA	pplication O
TRANSACTION CHARGES (Please ( O IAMAFIRST TIME INVESTOR IN MUTU Applicable transaction charges will be deduct Distributor) based on the investor's assessment 1. EXISTING UNIT HOLDER INFORM	AL FUNDS ed in case your distributor has op ent of various factors including th	OR oted for such charges. U e services rendered by t	D I AM AN pfront commission shall b he ARN Holder.		the ARN Holder (AMFI registered
Applicable transaction charges will be deduct Distributor) based on the investor's assessme 1. EXISTING UNIT HOLDER INFORM Folio No.		CKYC Identification			
2. APPLICANT(S) NAME AND INFO	RMATION [Refer Instruction	2] If the 1 <sup>st</sup> / Sole Ap	plicant is Minor, then	please provide details of r	atural / legal guardian
1 <sup>st</sup> SOLE APPLICANT Mr. / Ms. / M/s.				PAN	
CKYC ID No. (KIN)			Pls indi		or tax purpose / Resident of Canada o <sup>\$</sup> (\$Default if not <b>√)</b>
<b>GUARDIAN</b> (In case 1 <sup>st</sup> Applicant is a M Mr. / Ms. / M/s.	inor)				p with Minor (Please ✓) Father O Legal Guardiar
GUARDIAN CKYC			KYC (Please ✓) O Proof Attached	GUARDIAN PAN	
POA / Custodian Name:				KY	C (Please 🗸) 🔘 Proof Attached
POA / Custodian CKYC ID No. (KIN)			PC	DA / Custodian PAN	
Contact Person for Corporate Investor	r: Name			Designation:	
3. FIRST APPLICANT AND KYC DE 1 <sup>st</sup> SOLE APPLICANT O Individual or		fill Ultimate Beneficial	Ownership (UBO) Dec	laration Form in section 11a	& 11b - Refer Instruction No. 17]
*Date of Birth/Incorporation (Individual) (Non-individual)	M Y Y Y Y Proo	f of Date of Birth (Ple (For minor applicant)			chool Leaving Certificate / Mark Shee thers (Please specify)
Place of Birth / Incorporation:	Country of Birth / Incorporation:	1	Nationality:	Gender	O Male O Female O Other
Type: OResident Individual OSole	Prop 🔘 NRI - NRE 🔘 1	Trust O Bank / Fls	Fils O PIO	Society/AOP/BOI	linor thru Guardian O NRI - NRO
O HUF O LLP O Listed Company O Pr	ivate Company O Public Ltd. Co	ompany O Artificial Juri	dicial Person O Partners	hip Firm O FOF - MF Schemes	Others (Please specify)
a*. Occupation Details [Please tick (✔)	O         Private Sector           O         Business	<ul><li>Public Sector</li><li>Retired</li></ul>	O Government Service O Agriculture	ce O Student O Proprietorship O	Professional         O         Housewife           Others         (Please specify)
b*. Gross Annual Income (₹) [Please tic	<b>k (√)]</b>	O 1-5 Lakh	<b>O</b> 5-10 Lakh	O 10-25 Lakh	>25 Lakh <b>O</b> > 1 Crore
c*. Politically Exposed Person (PEP) Status	(Also applicable for authorised	signatories/Promoters/Ka	arta/Trustee/Whole time D	Directors) 🔿 I am PEP 🧿 I a	m Related to PEP 🔘 Not Applicabl
d*. Net-worth (Mandatory for Non-Indiv	iduals) ₹		as on	D D M M Y Y	Y Y (Not older than 1 year
e*. Non-Individual Investors involved/ any of the mentioned services		xchange / Money Cha ending / Pawning	anger Services C	<ul><li>Gaming/Gambling/Lottery/</li><li>None of the above</li></ul>	Casino Services
4. BANK ACCOUNT DETAILS - Ma	ndatory [Refer Instruction N	los. 3 & 4]			
Name of the Bank:					
Core Banking A/c No.			A/c. Type	Pls. (🖌 ) 🔘 NRE 🔘 CU	RRENT O SAVINGS O NRO
Branch Name:	Ade	dress:			
Bank Branch City:	Sta	te:		Pin Co	ode
MICR Code	Please attack OR a clear p	h a cancelled cheque hoto copy of a cheque	IFSC Code (Manda Credit via NEFT/RT	atory for GS)	

\* mandatory fields

5. JOINT APP	LICANTS, IF ANY A	ND THEIR KYC	DETAILS									
Mode of Holding	g: O Anyone or	Survivor	O Singl	e	O Joint	(	Please note	that the D	efault op	tion is An	iyone o	r Survivor)
2 <sup>nd</sup> APPLICANT	Mr. / Ms. / M/s. (N	ot Applicable in ca	se of Minor Applicant	)				Gend	ler O M	lale O	Female	e O Other
PAN Details			P	Is indicate if US F	Person or a resi	dent for tax purpos	se / Resident o	of Canada	O Yes	O No*	(*Defa	ult if not 🗸 )
CKYC ID No. (K	IN)				KYC Pls 🗸	Proof Attac	ched Dat	e of Birth	(Mandato	ry) D D	MM	YYYY
Place of Birth			Country of Birth				Nation	ality:				
a*. Occupation I	Details [Please tick (	✓)]		<ul> <li>Public Sector</li> <li>Retired</li> </ul>	or O Gove O Agrice	rnment Service ulture	O Studer O Proprie	nt etorship	-	fessional ers(	-	Housewife specify)
b*. Gross Annua	al Income (₹) [Please	tick (✓)] O	Below 1 Lakh	O 1-5 Lakh	<b>O</b> 5-10 I		0 10-25	Lakh	<b>O</b> >25	Lakh	0	> 1 Crore
c*. Politically Expo	osed Person (PEP) Sta	-	-		Not Applicable							
d. Net-worth ₹				as on DD		YYYY	(Not older t	han 1 year	)			
Mode of Holding	g: O Anyone or	Survivor	O Singl	e	O Joint	(	Please note	that the D	efault op	tion is An	iyone o	r Survivor)
3 <sup>rd</sup> APPLICANT	Mr. / Ms. / M/s. (No	ot Applicable in cas	se of Minor Applicant	)				Gend	ler O M	1ale O	Female	e 🔘 Other
PAN Details			P	ls indicate if US F	Person or a resi	dent for tax purpos	se / Resident o	of Canada	O Yes	O No*	(*Defa	ult if not 🗸 )
CKYC ID No. (K	IN)				KYC Pls	Proof Attac	ched Dat	e of Birth	(Mandato	ry) D D	MM	үүүү
Place of Birth			Country of Birth				Nation	ality:				
a*. Occupation [	Details [Please tick (	✓)]		<ul> <li>Public Sector</li> <li>Retired</li> </ul>	or O Gove	rnment Service ulture	O Studer		-	fessional ers(	<u> </u>	Housewife
b*. Gross Annua	al Income (₹) [Please	tick (✓)] O	Below 1 Lakh	O 1-5 Lakh	<b>O</b> 5-10 I	_akh	<b>O</b> 10-25	Lakh	<b>O</b> >25	Lakh	0	> 1 Crore
c*. Politically Exp	osed Person (PEP) Sta	itus 🔘 I am P	EP 🛛 🔘 I am Rela	ted to PEP	Not Applicable	9						
d. Net-worth ₹				as on DD	MM	YYYY	(Not older t	han 1 year	)			
6a. MAILING A	DDRESS [Please pi	rovide your E-m	ail ID and Mobile	Number to hel	p us serve yo	ou better]						
Local Address o	of 1 <sup>st</sup> Applicant											
			City		St	ate		Pin	Code			
Tel. Off.				Resi.			Mobile					
E - Mail^^												
	ck Letters. Investors p	-						•		~		
	y for NRI / FII Applic		vide Full Address	. P. O. Box No.	may not be s	sufficient. For O	verseas Inv	estors, In	dian Ad	iress is	preferr	redj
Overseas Corre	spondence Address											
	ENT AND PAYMENT		complete informa	tion on Investr	nont Dotaile	alaasa rafar ta l	nstructions	No.6.)				
Scheme	ENTAND FAIMENT	DETAILS (FOI		Regular Plan				lend*		O Div	frequer	ncy*
				Direct Plan	Growth			Reinves				
Payment Type [			rd Party Payment	) O Third DD Charge		nt (Please attack		y Payment				A/c No.
Cheque / DD /	UTR No. & Date		in figures (Rs.)	if any		Amount		Branch		-		e Only)
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DP ID I N		Benef. A/C No.			16 Digit A/C	No.						
Enclosures - Plea		Client Masters	. ,	-		Iding Statement		<b>O</b> De	elivery In:	struction	Slip (D	IS)
	ON DETAILS [Minor GISTER MY/OUR NO					fer Instruction N I/WE DO NOT V	-	MINATE				
_	ninee(s) Name	Date	of Birth	Name of the	e Guardian	Relationship	% of Sh		ignature	of Nomi	nee / G	Juardian
1		(in cas	e of Minor)	(in case o	ot Minor)				5			
2												
3												

## FOR NON-INDIVIDUALS ONLY

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4	Is the Entity a	a passiv	ve NFE					0	Yes	(If yes,	please fil	I UBO (	declaration	in the	next sect	tion.)							
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11a.	DECLARATION			TE DE	NEELOU									6.									
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%In case Tax Identification Number is not available, kindly provide functional equivalent

SLIP	Received Application from Mr. / Ms. / M/s.		For O Lumpsum 'OR' O SIF as per details below:
CKNOWLEDGMENT	Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
DGN		Amount (Rs.)	
VLE		Cheque / DD No.:	
NON		Dated	
ACK		Bank & Branch	

Cheque / DD is subject to realisation

12.	FATCA AND CRS DETAILS	(Self Certification) (	Refer instruction No. 16)
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(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? (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	pplicant	3 <sup>rd</sup> Applicant			
Do you have any no Country(ies) of Birt Citizenship / Nation and Tax Residency	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality Ind Tax Residency		Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		O Yes O No	Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	n-Indian h / ality O Yes O No		
Country of Birth / Incorporation			Country of Birth			Country of Birth			
Country Citizenship Nationality	)/		Country Citizenship Nationality	o/		Country Citizenship Nationality	01		
Are you a US speci person?	fied	O Yes O No Please provide Tax Payer Id.	Are you a US specif person?	fied	O Yes O No Please provide Tax Payer Id.	Are you a US specif person?	fied O Yes O No Please provide Tax Payer Id.		
For non-Individual inv	vestor in c	ase, if you country of incorporation /	Tax resistance in US, b	out you are	e not a specified US person then ple	ase mention exemption	code(Refer instruction 16(e))		
Individual or Non-In if ticked Yes above.		nvestors fill this section	Individual investo	r have to	fill in below details in case of join	t applicants			
	Countr	y:		Countr	y:		Country:		
Tax Residency Status: 1	No.:		Tax Residency Status: 1 Type:			Tax Residency Status: 1	No.:		
	Туре:						Туре:		
	Countr	у:	Count		y:		Country:		
Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		
	Туре:		Туре:				Туре:		
	Countr	y:		Countr	y:		Country:		
Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:		
	Туре:		Тур				Туре:		
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.

## 13. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(e)]

To The Trustees, Mirze 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) 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 my/our credit will constitute full discharge of liabilities of Mirze Asset Mutual Fund. (D) The information ought by Mirze 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 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, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "The ARN holder has disclosed to me/us all the communicated any indicative portfolio and/ or any indicative yield by the **Fund/AMC/Its 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-- I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: I/We ensity the Residency test as prescribed under FEMA provisions. I/We further declare that I/We anare "Person Resident in India": and are allowed to invest in the Scheme (s) and trens are oresident in India" and are allowed

Application No.:	Cheque/DD should be Drawn in favour of the Scheme	e Name
Mirae Asset India Opportunities Fund	Mirae Asset Emerging Bluechip Fund	Mirae Asset Great Consumer Fund
Mirae Asset Prudence Fund	Mirae Asset Tax Saver Fund	Mirae Asset Cash Management Fund
Mirae Asset Savings Fund	Mirae Asset China Advantage Fund	Mirae Asset Dynamic Bond Fund

## SYSTEMATIC INVESTMENT PLAN (SIP) WITH TOP-UP FACILITY

Registration Cum Mandate Form For NACH/Direct Debit

Application No.:

MIRAE ASSET Mutual Fund

Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for Sub-Agent/Employee	ISC Date Time Stamp Reference No.
ARN-77785			E157201		
Declaration for "Execution Only" Transaction (where has been intentionally left blank by me/us as this ti advice of in-appropriateness, if any, provided by the	Employee Unique Identification Nur ransaction is executed without any employee/relationship manager/sale	nber-EUIN* box is left blanl interaction or advice by the s person of the distributor/s	x). Please refer instruction e employee/relationship ma ub broker.	12 of KIM for complete details on EUI nager/sales person of the above dis	N. I/We hereby confirm that the EUIN box tributor/sub broker or notwithstanding the
Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Sign	atory / PoA / Karta Signatu	re of 2 <sup>nd</sup> Applicant / Guardian /	Authorised Signatory / PoA	Signature of 3 <sup>rd</sup> Applicant /	Guardian / Authorised Signatory / PoA
	gistration (Please fill all sectio	, -	nge my/our bank acco	<b>U</b>	e 11 ,
1. EXISTING UNIT HOLDER INFORM           Folio No.		fecords under the fo 1 <sup>st</sup> Unit Holder	lio number mentione	d will apply for this applica	tion.)
2. SIP ENROLMENT DETAILS (Pleas					
	fault) O Quarterly O	Regular Plan ODire	ect Plan U Growth	-	ayout ODividend Reinvestment
Scheme				O Div freque	
*Dividend frequency is applicable only for			5		
	efault) <b>○</b> 15 <sup>th</sup> <b>○</b> 21 <sup>st</sup> <b>○</b>			0,000 O 25,000 O Any ot	
SIP Start Date: M Y Y Y OR Enter S 2a. SIP TOP-UP FACILITY (You can s			<b>-</b> · ·		
2a. SIP TOP-UP FACILITY (You can s All Applicants have to submit NACH ma					everse on SIP Top-up
Top-up Amount (₹)		and in multiples of ₹ 1		op-up Start Date M N	
Frequency Please 🕢 O Half			••		
		,			
For Existing Investors: Original SIP deta 3. SIP PAYMENT DETAILS	llis - SIP Date - SIP	'Amount (₹)-	Scheme	•	
3a - Only for Existing Investors - I/We v	vish to register my/our SIP	on the basis of Can	celled Cheque leaf o	r Photocopy of the Cheque	submitted 🔗 Please O
3b - For New Investors - Please provide					
First SIP Cheque No.		rawn on Bank			
Cheque Date			• NRE		SAVINGS O NRO
4. BANK ACCOUNT DETAILS (Man		i. Type			
I/We hereby authorise Mirae Asset Global my/our following Bank A/c. by NACH/ECS (					prised service providers to debit
Name of 1 <sup>st</sup> A/c. Holder as in Bank Records	<b>U</b>	rebit) r aciiity or arry ou		for SIF payments.	
Bank Name		Core Banking A/c. No.			
Branch Name & Address				City	
9 Digit MICR Code	Par	k Account Type 🕢			SS <b>O</b> NRO
DECLARATION & SIGNATURE: To The Trustees, Mirae Asse We also agree that if the transaction is delayed or not effect responsible. I/We also undertake to keep sufficient funds in my him for the different competing Schemes of various Mutu application would result in aggregate investments exceeding	Mutual Fund - I/We have read and undersi ed for reasons of incomplete or incorrect bank account on the date of execution of the al Funds from amongst which the Schen ng Rs. 50,000 in a rolling 12 month perior	tood the contents of the SID of th or any other operational reasons said standing instructions. "The ne is being recommended to n d or in a financial year".	applied Scheme and the terms , I/We would not hold Mirae As: ARN holder has disclosed to r ne/us". "I/We have not made a	3 conditions of SIP enrolment and registratio et Global Investments (India) Pvt. Ltd., thei refus all the commissions (in the form of f ny other Micro application [including Lun	n through NACH/ECS or Direct Debit (Auto Debit), r appointed service providers or representatives rail commission or any other mode), payable to npsum + SIPs] which together with the current
Signature of 1 <sup>st</sup> Applicant/Guardian/Authorised Sig (AS IN BANK RECORDS)	gnatory/PoA/Karta Signatur	e of 2 <sup>nd</sup> Applicant/Guardian / (AS IN BANK REC		Signature of 3 <sup>rd</sup> Applicant/ (AS IN E	Guardian/Authorised Signatory/PoA BANK RECORDS)
	For office use	only		Date <sup>2</sup> DD MM YYY)	
Create Sponsor Bank Code <sup>3</sup>			Utility Code <sup>4</sup>		
Modify I/We, hereby authorize <sup>5</sup>	Mirae Asset Global Investme	nts (India) Pvt. Ltd.	To Debit (Tick✔) <sup>6</sup> SE	/ CA / CC / SB-	NRE / SB-NRO / Other
Cancel Bank A/c Number <sup>®</sup>					
Bank Name <sup>®</sup>		IFSC <sup>10</sup>		or MICR <sup>11</sup>	
Amount in words <sup>12</sup>				Amount in Figures <sup>13</sup>	₹
Frequency <sup>14</sup> X Mthly X Qtly	H-Yrly Xrly	As & when pre	sented Debit	Type <sup>15</sup> X Fixed Amount	
Ref 1 <sup>16</sup> : Folio No.			Mobil		
Ref 2 <sup>17</sup> : Scheme			Emai		
	I agree for the debit of manda	te processing charges by			latest schedule of charges of the bank.
Period <sup>20</sup> D D M M Y Y Y Y		,		g	
From			2	•	
То	] 21 Signature of primary acc		Signature of joint a	count holder	Signature of joint account holder
Or Until cancelled					
L	22 Name of primary account	unt holder	Name of joint acc	ount holder	Name of joint account holder

NACH MANDATE INSTRUCTION FORM (Refer Instruction over leaf before (Filling)

This is to confirm that declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate or the bank where I have authorized debit.