COMMON APPLICATION FORM



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Brok	er Nan	ne / A	RN		S	ib Bro	oker (Code /	ARN	Ap	opl. No.	MA-C	AF-	ISC I	Date, Ti	ime S	Stam	p Nu	mbei	r Refe	erenc	e No	
Ganesh ARN -		Shai	nbha	a																			
"Upfront commiss	ion shall	be pai	d directl	y by the	investo	to the	AMFI re	egistered	Distributo	ors based o	n the inve	estors' a	ssessment of v	various	factors in	ncludin	g the	service	e rend	ered b	y the d	listribut	or".
(Plea	se 🗸)	$\overline{\bigcirc}$	Lump	osum	Invest	ment	() Micr	o SIP (≤₹ 50,0	00 per	annu	m) (m	Non M	licro S	IP (>	₹ 5(0,000) per	ann	um)		
1. EXISTING U	NIT HO							-			-					<u>`</u>			<u> </u>		,		
Folio No.					1			nit Holde											-	-			7
				STATI						Calroad	v dono -	Ple of	tach KVC C	omplia	neo Sta	tue r	roof						
										ready done - PIs attach KYC Compliance Statu (C Compliance Status** \$(For Micro SIP)						Refer Instruction 2e]							
First / Sole Applica										Yes O			lo ()							<u>-1</u>			_
Second Applicant										Yes O			10 ()		ment Typ	be							
Third Applicant				++						Yes ()				- Docur	ment Ref	ferenc	e No.						
Guardian/POA Ho	lder									Yes ()			lo ()	\$Pleas	se indica	te the	same	in sec	tion 1	0 on tl	he reve	erse	
[®] If the first/sole		ut is a	Minor	then nl				of Natu	ral / Lea				attach PAN p	broof			**Rof	fer ins	tructio		<u></u>		
3. APPLICANT(Jetans	or Natu	rai / Leg		aii. <i>1</i> 7 i	10030		0001.			T(C)	01 1113	liucii	5112(0	<i>.</i>		
NAME OF 1st /			_		iotraot	011 21																	
	JOLL A																						
Mr. Ms. M/s.																							
DATE OF	BIRTH		DD	Μ	мΙγ	Y	y I y	Pro	of of D	ate of Bir	th (Plea	ase√)	O Birth Ce	ertificate		0	Schoo	ol Leavi	ng Ce	rtificate	e /Mark	Sheet	
(Mandatory if appli	icant is Mi	nor) -						_					O Passpor	t of the l	Mino r	0	Others	S	(Ple	ase sp	pecify)		
NAME OF THE	GUARD	IAN (In case	1st Ap	plicant	is a Mi	inor) / I	NAME (OF POA	HOLDER				Re	alations	hip w	vith N	linor	Pleas	se (√)	1		
Mr. Ms. M/s.													Mother	r ()		Fathe	er ()		Le	egal G	Buardia	an ()	
Contact Name						(In cas	e of Co	rporate Ir	nvestor)				Design	nation									
NAME OF 2nd	NAME OF 2nd APPLICANT Mr. Ms. M/s. (Not Applicable in Case of Minor Applicant)																						
NAME OF 3rd APPLICANT Mr. Ms. M/s. (Not Applicable in Case of Minor Applicant)																							
Mode of Holding	Anyone	or Su	rvivor	0	Single	(Joint	0	(Please	note that	the De	fault option is	Anyone	or Survi	vor)							
Occupation	Busine	SS		0	Servic	ə () F	Professio	nal 🔿	Retired	0	Stud	ent	0	House	wife	С			Other	rs ()		
	Reside	nt Indiv	/idual	0	Sole P	rop. (NRI - NR	EO	Trust	0	Bank	k / Fls	0	Flls		С	1		Please	specify		
Status	Minor t	nru Gu	ardian	0	NRI - N	IRO (HUF	0	Compa	ny 🔿	Partr	nership Firm	0	Societ	y / AO	P/BC		-				_
4. MAILING AD	DRESS	[Pleas	se prov	vide Fu	II Add	ess. P	. O. Bo	ox No. n	nay not	be suffici	ent. For	Overs	seas Investo	rs, Indi	ian Add	lress	is pr	eferre	ed]				
Local Address	of 1st A	pplic	ant-																				
City								Sta	ate						Pi	n Coo	le						
Tel. Off.	Resi.											M	obile						1				
E - Mail														ОСК LЕТТ					s	+			
4a. Mandatory f	ior NRI /	FILA	pplica														E						
Overseas Corr																							
City-	-						Country	/-						ZIP-									-
Please Indicate	Proforro	d Add	ross fo	r Corre	enond				nte only	<u> </u>			Indian A		(Defaul	t)	OR			For	ian A	ddres	_
5. COMMUNICA				Cone	spond			Арріїса	nts only)		6. T			•	<i>.</i>		on No			agii A	uures	,
										Statements / of Physical) I/We wish	to trans	sact On-li	ine thr	ough l	Mirae /	Asset	e-Fun	d Mark	et Faci	lity
7. BANK ACCO	UNT DE	TAILS	6 - Man	datory	[Refe	Instru	uction	Nos. 3	& 4]														
Name of the Ban	k																						
Core Banking A/c	No.												A/c. Type	Pls. (✔)	NRE () ci	JRRE) SA	VINGS	\odot	NRO (2
Branch Name								Addres	SS														
Bank Branch City	y							State								Pin	Code						
MICR Code									a cancelled to copy of a		IFSC Co Credit via		fandatory for (RTGS)										
Direct Credit faci	lity is av	ailable	e as pe	r instru	ction N	o. 4. Ho								ere (🗸)	0			· · ·		·l			
Electronic Clear	ing Serv	/ices	(ECS)	facility	is avai	lable fo	or rece	eiving di	ividends	. If you w	ish to av	ail of t	this facility, p	lease	tick her	e (🗸)	0						\neg
																							_
ACKNOWLEDGEMENT SLIP Received Application No. Kr. Ms. M/s. as per details below:																							
Scheme N	lame ar				Option				Sub.0	Option			Pavn	nent D	etails			Date			f Colle		
	and all				rowth	(🔿 Rei	nvestmer) Payout			Amount (Rs) _							entre /			
					ividend	Ċ	-	idend Tra	_	ACAPO (I	M/Q/HY/Y)		Cheque/DD No	o.:									
				-	onus	0	-	DO & Da					Dated										
	0 P	PF O AARO (Please Specily Scheme Plan)								Bank & Branch													

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Bank & Branch

COMMON APPLICATION FORM



	/ESTMENT AND PAYMENT DE															
Special instructions for NRI Applicants: 1. It is mandatory for NRIs to attach a copy of the payment cheque / FIRC / Debit Certificate to ascertain the repatriation status of the amount invested. 2. The AMC and the Registrar may ascertain the repatriation status purely based on the details provided under Investment and Payment details and will not be liable for any incorrect information provided by the applicant(s). 3. In case the source of funds through Non Domestic Account is not validated/provided, AMC will not be in a position to repatriate redemption proceeds.																
Sche	me Name:							Plan		Optior	a & Sub option					
	stment unt (Rs.)		D Charg ny (Rs.)	jes# if				Net Amount (Rs.)		Mode Payme						
	/ DD No. Dat			rawn o	on Ba	ank		()			Branch & City					
Chq. / DD No. Date Drawn on Bank Please (Source of Funds:- *A/c Type - S/B \[NRE* \] Current \[NRO \] Others Others										Bank A/c No.:						
*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) or Account Debit Certificate from Bankers evidencing source of funds.																
Third Party Cheque / Transfer will not be accepted for Investment (Refer Instruction No. 6)																
EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian)																
Mandatory Information (Please ✓) : The details of the cheque provided above pertains to my/our own bank account in my/our name Yes No* *If No, my relationship with the bank account holder is (Please specify) (Application Form without this Information may be rejected)																
Only for Application under Mirae Asset Gilt Fund - Provident Fund Sub Plan																
AA	A Automatic Annual Reinvestment Option (AARO) 🔿 Amount Rs/- AARO will Trigger on last Friday of the month of March of every Financial Year															
B Defined Maturity Date Option (DMDO) Amount Rs/- Date DMDO will Trigger on Specified Date.																
C Automatic Capital Appreciation Payout Option (ACAPO) Please Tick (✓) Option																
C-i - Monthly Option Last Friday of Every Month O • C-ii - Quarterly Option Last Friday of the quarters ending Mar, Jun, Sep & Dec O																
C-iii - Half Yearly Option Last Friday of the half year ending Mar and Sep O C-iv - Annual Option Last Friday of the month of March of every Financial Year O																
	SIP ENROLMENT DETAILS									-						
SIP Amount (Rs.) Enrolment Period Start Month M - Y Y End Month M - Y Y Prequency Please (Monthly Quarterly																
PAYMENT MECHANISM (/) Option I :- Debit through ECS or Direct Debit (Auto Debit) facility (Tick this box and fill up SIP Form)																
Drew																
		HUE / P		dor / N	on Ind	divid	ials cannot M		Branch & City:-							
9. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 9]											av / our credit in this folio no, in the event of					
my / c	our death. I / We also understand the MC / Mutual Fund / Trustees. Nomin hits in favour of the erstwhile Nomin	at all pays ation in re	ments an espect of	d settlen the units	nents i sistanc	made ds reso	to such Nomine cinded upon Re	ee(s) and Signature of gistration of Fresh/Cha	the Nominee(s) ackr ange in Nomination a	nowledging re and the AMC	eceipt thereof, shall be a valid discharge by shall not be under any obligation to transfer					
No.	Nominee(s) Name	Date	of Birth (in case o	of Minc	or)	Name of the Gu	ardian (in case of Minor)	Relationship	[@] % of Share	Bignature of Nominee / Guardian					
1		D D	мм	Y Y	Y	Y										
2		D D	мм	YY	Y	Y										
3			$\left \right $													
3		D D	MM	ΥΥ	Y	Υ										
	OCUMENTS ENCLOSED (Plea									1	1. APPLICATIONS ENCLOSED (Please (✓)					
	Lumpsum Investment / Non-Mi hird party Declaration Form						ver of Attorney	KYC Complian	non Status Broof	1	Systematic Investment Plan					
	PAN Proof Memorandum & A										□ ≤₹ 50,000 □ >₹ 50,000					
	Cancelled Cheque Copy 🛛 Bye-	Laws	🗆 List	of Auth.	Signa	atories	& Specimen S	lignature(s)								
	Micro SIP Applications:										 Cheques 					
	Photo Debit Card Debit Debit Card Photo ID							ued to employees of s			SIP Auto Debit Facility					
	Senior Citizen / Freedom Fighter ID Driving License	card Pł						to NPS subscribers b			☐ STP Enrolment Form					
	Government / Defense ID 🛛 🖂 A	ny other	photo ID	card iss	ued b				<i>y</i> et a ((1022))							
	Employee ID cards issued by comp									[SWP Enrolment Form					
12. D	ECLARATION AND SIGNATUR	RES / TH		PRESS	ION	OF A	PPLICANT(s	[Refer Instruction	s 2(f)]							
To The	 Irustees, Mirae Asset Mutual Fund - Having inderstand that the investments are exposed to 	g read and ui market risks	nderstood th . I/We confi	e contents m that all t	ot the S he risks	BID of the which t	e Scheme(s) applied he scheme is subjec	t for hereby apply for units of t t to, will be borne by me/us an	ne scheme and agree to abi nd that there is no guarante	ide by the terms, e given by the Fi	conditions, rules and regulations governing the scheme. and d any returns including repayment of principal. I/We attions, Notifications or Directions of the Provisions of the venot received nor have been induced by any rebate or 'ustomer' (KYC) norms as mentioned under the General ual Funds from amongst which the Scheme is being in a rolling 12 month period or in a financial year ". ough normal banking channels or from funds in my/our m funds in my/our NRE Account. ident in India" and are allowed to invest into the Scheme					
hereby	declare that the amount invested in the scheme Tax Act, Anti Money Laundering Laws or any	ne (s) is throi other applic	ugh legitima able laws e	te sources nacted by	only an the Gov	d does i ernmen	not involve and is no it of India from time	t designed for the purpose of to time. I/We have understoo	the contravention of any Ac d the details of the scheme	ct, Rules, Regula (s) and I/We ha	ations, Notifications or Directions of the Provisions of the ve not received nor have been induced by any rebate or					
gifts, d	irectly or indirectly in making this investment. I/	We confirm	that the fund	ls invested	in the S	Scheme	legally belong to m	e/us. I/We confirm that I/We h	have read and understood th	he 'Know Your C	sustomer' (KYC) norms as mentioned under the General					
"The A	ARN holder has disclosed to me/us all the comended to me/us? "I/We have not made any	ommission	s (in the for	m of trail o	commis	sion or	any other mode),	payable to him for the diffe	rent competing Schemes	of various Mut	ual Funds from amongst which the Scheme is being					
Applic	able for NRIs only:- I/We confirm that I am/M	Ve are Non-	Resident of	Indian Nat	ionality/	Origin a	and I/We hereby co	nfirm that the funds for subsc	cription have been remitted	from abroad thr	rough normal banking channels or from funds in my/our					
Applic	able to Foreign Resident's Residing in India the said FEMA regulations.	a:- I/We con	firm that I/W	e satisfy th	ie Resid	dency te	st as prescribed und	ler FEMA provisions. I/We fu	rther declare that I/We am/a	are "Person Res	ident in India" and are allowed to invest into the Scheme					
	the said FEIMA regulations. Impanies investing in this fund declares that the															
	Signature of 1 st Applicant / Guardian / Signature of 2 nd Applicant / Guardian / Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA/Karta Authorised Signatory /PoA Authorised Signatory /PoA															
					—				'							
Risk	Factors: Mutual fund investments ar	re subject	to marke	t risks a	nd the	ere is r	o assurance or	guarantee that the obj	jectives of the schem	e will be ach	ieved. As with any investment in securities,					
to ris	ier Asset value (NAV) of the units is is of fuctuation in NAVs, uncertainty of	ssued un	distributi	ons etc.	can g Past p	o up o perforr	nance of the S	ong on the factors an ponsor / AMC / Mutual	Fund does not guar	e capital ma rantee the fu	ture performance of the Schemes of Mirae					
Asse towar	t Mutual Fund. The sponsors are not ds setting up of the fund. The past per	liable or re	esponsible may not	for any necessa	ioss rė ily be	sulting an ind	rrom the operat ication of future	ion of the fund beyond t results and may not be	ne initial contribution m necessarily provide a	nade by them basis for com	or an aggregate amount of Rupees One Lakh parison with other investments. The name of					
the s	cheme(s) is only the name of the sc d any guaranteed / indicative/ assured	heme(s) a	Ind does	not in ar "Risk Fa	tors"	nner g . "Sche	uarantee either	the quality of the sche	eme(s) or its future properties of the second secon	rospects or r	eturns. Investors in the scheme are not being mptions" in the Scheme Information Document					
(SID) AMC	. Please read the Statement of Additi web-site www.miraeassetmf.co.in / Inv	ional Info	mation (SAI) & SI e / Distri	D care butors	efully I on rec	pefore investing uest.	I. A copy of SAI / SID/ Ke	ey Information Memora	indum cum Ap	ieved. As with any investment in securities, rkets. Investments in mutual funds are prone ture performance of the Schemes of Mirae of an aggregate amount of Rupees One Lakh parison with other investments. The name of eturns. Investors in the scheme are not being mptions" in the Scheme Information Document opplication form will be available at AMC offices/					