## **COMMON TRANSACTION FORM**

MIRAE ASSET
Mutual Fund

	Sub Broker Code / ARN	IS	C Date Time Stamp Re	eference No.				
Broker Name / ARN								
Ganesh S. Shanbhag								
ARN - 0988								
	b the AMFI registered Distributors based on the investors' ass	essment of various f	actors including the service rend	lered by the distributor".				
1. Investor Details Folio No.	Colo First Applicant							
	Sole First Applicant							
Scheme								
Plan	Option							
	ncy please ✓) Daily () Weekly () Monthly (	Quarterly	) Transfer () Plea	ase Specify Scheme / Plan				
Only for Application under Mirae Asset								
A Automatic Annual Reinvestment Option (AAR	0) 🔵 Amount Rs /- AARO Amount Rs /- Date	will Irigger on la	st Friday of the month of Ma vill Trigger on Specified Date	arch of every Financial Year				
C Automatic Capital Appreciation Payout Opti			in mgger on opeched Dat	6.				
C-i - Monthly Option Last Friday of Every Me	onth O • C-ii - Quarterly Option Last Friday of							
C-iii - Half Yearly Option Last Friday of the h	alf year ending Mar and Sep 🔵 • C-iv - Annual	Option Last Fric	lay of the month of March o	of every Financial Year 🔵				
2. Additional Purchase								
I/We wish to apply Units for Rs. (figures)			K.Y.C. Compliance	- Please attach proof				
Rs. (words)			First Applicant	Yes O No O				
Cheque / DD Number	Date		Second Applicant	Yes O No O				
Drawn on			Third Applicant	Yes O No O				
Branch	City		Guardian (In case Minor)/PO	A Yes No O				
Please (/) Source of Funds:- *A/c Type - S/B	□ NRE* □ Current □ NRO □ Others	(Please specify)	Bank A/c N	0.:				
*Kindly provide photocopy of the payment Instrum	ent or Foreign Inward remittance Certificate (FIRC)	or Account Debit	Certificate from Bankers ev	idencing source of funds.				
	Third Party Cheque / Transfer will not	be accepted for	Investment	(Refer Instruction No. 6)				
	payment by Guardian, Employer or a Custodiar							
<b>Mandatory Information</b> (Please $\checkmark$ ) : The detail *If No, my relationship with the bank account ho	of the cheque provided above pertains to my/our older is (Please specify)		nt in my/our name 🛛 🛛 א n Form without this Informa					
	(Flease specify)	Application		alion may be rejected)				
3. Redemption I/We wish to Redemption Units for Rs. (figures)		Or Units						
Rs. (words)								
	cility for my / our folio and remit the redemption pro-	ceeds and all futu	ire payments through DC (	) (Please ✓).				
4. Switch Request I/We wish to Switch Units for Rs. (figures)		Or Units						
Rs. (words)								
To Scheme/Plan/Option								
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5. Change of Bank Mandate (Refer Instruc	tion No. 3, 4 & 5) - Also read instruction on Mult	iple Bank Acco	unts Registration facility					
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## **OTHER FACILITIES FORM**



Broker N	ame / ARN			Sub	Brok	ker	Cod	de / A	RN	ISC Date Time	Stamp Ref	erence No.
"Upfront commission shall be	e paid directly by the investor to	the AM	IFI n	egistere	d Distr	ibut	ors ba	sed on	he investors' assessment of var	ious factors including the	e service render	ed by the distributor".
1. Investor Details					_							
Folio No.					;	Sol	le Fi	rst Ap	plicant			
2. Change of Addre	ss / Contact Details#											
New Address										1		
	Cit	ty				_			Pin	Sta	ate	
Tel. Off.				F	Resi.				N	lobile		
E - Mail	E - Mail											
# If you are KYC con	npliant, change of addr	ess re	equ	iest ha	as to	be	sub	mitte	I at POS of CVL using t	heir form.		
	ails (Optional) Minor											
and settlements made to in respect of the units stand	such Nominee(s) and Signa Is rescinded upon Registratio	ture of n of Fre	the esh/	e Nomir /Chang	nee(s)	acl	know	ledging	receipt thereof, shall be a v	alid discharge by the	AMC / Mutual	understand that all payments Fund / Trustees. Nomination ur of the erstwhile Nominee(s).
(Please ✓) ○ Fresh N	-	<u> </u>			()		- 6 1 4	·	Name of the Overdian	Deletionehin	@0/ -\$	Circulations of
No. No	ninee(s) Name	Date	e 01	f Birth	(11) C8	150		101)	Name of the Guardian (in case of Minor)	Relationship	<sup>®</sup> % of Share	Signature of Nominee / Guardian
1		D	C	M	1 Y		Y	ΥY				
2		D	C	MN	1 Y		Y	ΥY				
3		DE	)	MN	1 Y		Y	ΥY				
<sup>®</sup> If the percentage of sha	<sup>2</sup> If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)											
4. e-Communicatio								,	0	( )		
$\frown$	ve Account Statements / Anr	nual Re	enor	rts / Oth	v. Stat	eme	ents /	Newsl	tter / Updates or any other S	tatutory Information via	a F-mail in lieu	u of Physical Documents.
5. SMS Services (P		idai i io	por	to / da	y. Olul		onto ,	Tionol				
$\bigcirc$		ur Ipy	oot	mont								
$\bigcirc$	eceive SMS alerts for or		esi	ments	5.							
6. Transact On-line					_							
0	I / We wish to transact On-line through Mirae Asset e-Fund Market Facility											
7. Documents Subr		] Reso	olut	tion / A	uthor	isat	tion to	o Inve	it 🗆 PAN Proof 🗆	] List of Auth. Signat	ories & Spec	imen Signature(s)
	atus Proof   Trust Dee			Power					ye-Laws Dertners	_		ancelled Cheque Copy
8. Declaration & Sig	gnature						-					
												by the terms, conditions, rules and
by the Fund of any returns incl	uding repayment of principal. I/We	e hereby	/ dec	clare tha	t the an	nour	nt inve	sted in t	e scheme (s) is through legitimate	sources only and does no	ot involve and is n	nd that there is no guarantee given ot designed for the purpose of the
time. I/We have understood th	e details of the scheme (s) and I/	Ne have	e not	receive	d nor ha	avel	been ii	nduced	by any rebate or gifts, directly or in	directly in making this inve	estment. I/We cor	Government of India from time to firm that the funds invested in the
Scheme, legally belong to me/ "The ARN holder has disclo	us. I/We confirm that I/We have reserved to me/us all the commission	ead and <b>ns (in th</b>	und Ie fo	lerstood	the 'Kn ail com	ow \ mis	Your C	ustome	(KYC) norms as mentioned under her mode), payable to him for the	er the General Instructions the different competing S	in point 2(e) of th chemes of vario	is Key Information Memorandum. us Mutual Funds from amongst
which the Scheme is being	recommended to me/us". "I/We h period or in a financial year".	e have n	not r	made an	y othe	r Mi	icro S	Ps app	ication which together with the	current application wo	uld result in agg	regate investments exceeding
Applicable for NRIs only:- I/	Ve confirm that I am/We are Non-F	Resident										through normal banking channels
from funds in my/our NRE Acc	ount.							·				gh approved banking channels or
allowed to invest into the Sche	Applicable to Foreign Resident's Residing in India:- I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations.											
The Companies investing in th	is fund declares that they have co	omplied	with	all the la	ws, rul	es, r	regulat	tions, gu	delines, etc. as applicable to then	n. I/We confirm that the de	tails provided by	me/us are true and correct.
Signature of 1s	st Applicant / Guardian / Signatory /PoA / Karta		6	2	Signa				cant / Guardian / atory /PoA	Signatu	re of 3rd Applic	ant / Guardian /
Authorised S	ghatory / on / Narta		6	У		Au		Ja Olyl	and y h on	A A	uthorised Signa	lory /POA
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Mutual Fund under Application / Fol			001					LECTION CENTRE/ISC				
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Change of Address / Cor	ntact Details	ninatio	n D	etails (	$\overline{)}$				Transact On-line			
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