

## COMMON APPLICATION FORM

Application No.:

**MIRAE ASSET**  
Mutual Fund

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIIN)	ISC Date Time Stamp Reference No.
<p>"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor". EUIIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIIN), please refer Point No.12 given in the instructions in the KIM. If the EUIIN box is left blank, then the investor has to certify the following declaration: "I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."</p>			
<input checked="" type="checkbox"/> Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta	<input checked="" type="checkbox"/> Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA	<input checked="" type="checkbox"/> Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA	
(Please <input checked="" type="checkbox"/> ) <input type="radio"/> Lumpsum Investment <input type="radio"/> Micro Application <input type="radio"/> SIP Application			
TRANSACTION CHARGES (Please <input checked="" type="checkbox"/> any one of the below. Refer Instruction No. 11)			
<input type="radio"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS Rs.150 will be deducted as transaction charges for transaction of Rs.10,000 and more		OR	<input type="radio"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS Rs.100 will be deducted as transaction charges for transaction of Rs.10,000 and more
Please Specify Allotment Preference-Units in Physical Mode (Default Option) - Please ( <input checked="" type="checkbox"/> ) <input type="radio"/> OR Units in Demat Mode* Please ( <input checked="" type="checkbox"/> ) <input type="radio"/>			
*Please provide details in section 7. In case of any ambiguity in the details provided, the units shall be allotted in the physical mode (Default option)			
1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, Name, Section 2 & proceed to Section 6 - Investment Details]			
Folio No.	Name of 1st Unit Holder		
2. APPLICANT(S) NAME AND INFORMATION [Refer Instruction 2] If the 1st / Sole Applicant is Minor, then please provide details of natural/legal guardian			
1 <sup>st</sup> / SOLE APPLICANT - Mr.   Ms.   M/s.			
PAN Details	KYC Pls ( <input checked="" type="checkbox"/> ) <input type="checkbox"/> Proof Attached Pls indicate if US Person/Resident of Canada - <input type="checkbox"/> Yes <input type="checkbox"/> No* (*Default if not <input checked="" type="checkbox"/> )		
DATE OF BIRTH (Mandatory if applicant is Minor) DD MM YY YY YY Proof of Date of Birth (Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate / Mark Sheet <input type="checkbox"/> Passport of the Minor <input type="checkbox"/> Others (Please specify)			
GUARDIAN (In case 1st Applicant is a Minor) Mr.   Ms.   M/s. Relationship with Minor Please ( <input checked="" type="checkbox"/> ) Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>			
Contact Person for Corporate Investor Name Designation			
POA Details Name - PAN Details KYC Pls ( <input checked="" type="checkbox"/> ) <input type="checkbox"/> - Proof Attached			
Mode of Holding Anyone or Survivor <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> (Please note that the Default option is Anyone or Survivor)			
3. Status - 1st/SOLE APPLICANT <input type="checkbox"/> Individual or <input type="checkbox"/> Non-Individual [Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form - Refer Instruction 2(d)]			
Tax Status Resident Individual <input type="checkbox"/> Sole Prop <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Trust <input type="checkbox"/> Bank / FIs <input type="checkbox"/> FIs <input type="checkbox"/> PIO <input type="checkbox"/> Society/AOP/BOI <input type="checkbox"/> Minor thru Guardian <input type="checkbox"/>			
NRI - NRO <input type="checkbox"/> HUF <input type="checkbox"/> LLP <input type="checkbox"/> Listed Company <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Partnership Firm <input type="checkbox"/> FOF - MF Schemes <input type="checkbox"/> Others <input type="checkbox"/> Please specify			
Occupation Details [Please tick ( <input checked="" type="checkbox"/> )] <input type="checkbox"/> Service Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (Please specify)			
Gross Annual Income (Rs.) [Pls tick ( <input checked="" type="checkbox"/> )] <input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakh <input type="checkbox"/> 5-10 Lakh <input type="checkbox"/> 10-25 Lakh <input type="checkbox"/> >25 Lakh <input type="checkbox"/> > 1 Crore			
Net-worth (Mandatory for Non-Individuals) Rs. as on DD MM YY YY YY (Not older than 1 year)			
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable			
Non-Individual Investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above			
2nd APPLICANT Mr.   Ms.   M/s. (Not Applicable in case of Minor Applicant)			
PAN Details KYC Pls ( <input checked="" type="checkbox"/> ) <input type="checkbox"/> Proof Attached Pls indicate if US Person/Resident of Canada - <input type="checkbox"/> Yes <input type="checkbox"/> No* (*Default if not <input checked="" type="checkbox"/> )			
Occupation Details [Please tick ( <input checked="" type="checkbox"/> )] <input type="checkbox"/> Service Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (Please specify)			
Gross Annual Income (Rs.) [Pls tick ( <input checked="" type="checkbox"/> )] <input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakh <input type="checkbox"/> 5-10 Lakh <input type="checkbox"/> 10-25 Lakh <input type="checkbox"/> >25 Lakh <input type="checkbox"/> > 1 Crore			
Net-worth (Mandatory for Non-Individuals) Rs. as on DD MM YY YY YY (Not older than 1 year)			
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable			
Non-Individual Investors involved / providing any of the mentioned services <input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> None of the above			
3rd APPLICANT Mr.   Ms.   M/s. (Not Applicable in case of Minor Applicant)			
PAN Details KYC Pls ( <input checked="" type="checkbox"/> ) <input type="checkbox"/> Proof Attached Pls indicate if US Person/Resident of Canada - <input type="checkbox"/> Yes <input type="checkbox"/> No* (*Default if not <input checked="" type="checkbox"/> )			
Occupation Details [Please tick ( <input checked="" type="checkbox"/> )] <input type="checkbox"/> Service Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (Please specify)			
Gross Annual Income (Rs.) [Pls tick ( <input checked="" type="checkbox"/> )] <input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakh <input type="checkbox"/> 5-10 Lakh <input type="checkbox"/> 10-25 Lakh <input type="checkbox"/> >25 Lakh <input type="checkbox"/> > 1 Crore			
Net-worth (Mandatory for Non-Individuals) Rs. as on DD MM YY YY YY (Not older than 1 year)			
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable			
Non-Individual Investors involved / providing any of the mentioned services <input type="checkbox"/> Foreign Exchange/Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending/Pawning <input type="checkbox"/> None of the above			

ACKNOWLEDGEMENT SLIP

Received Application from Mr. / Ms. / M/s. No.:

For ☐ Lumpsum 'OR' ☐ SIP as per details below:

Scheme Name and Plan	Option	Sub Option	Payment Details	Date & Stamp of Collection Centre / ISC
	<input type="radio"/> Growth	<input type="radio"/> Reinvestment	Amount (Rs) _____ Cheque/DD No.: _____ Dated _____ Bank & Branch _____	
	<input type="radio"/> Dividend	<input type="radio"/> Payout		

Cheque / DD is subject to realisation

\*For Product Labeling of all funds, please refer Instructions page of the Key Information Memorandum cum Application Form.

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

OR

07-07-2014

<b>4. MAILING ADDRESS [Please provide your E-mail ID and Mobile Number to help us serve you better]</b>														
<b>Local Address of 1<sup>st</sup> Applicant-</b>														
City				State				Pin Code						
Tel. Off.				Resi.				Mobile						
E - Mail^^														
<small>^^Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only.</small>														
<b>4a. Mandatory for NRI / FI Applicant</b>														
<b>Overseas Correspondence Address-</b>														
<b>5. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 &amp; 4]</b>														
Name of the Bank														
Core Banking A/c No.								A/c. Type Pls. (✓) NRE <input type="radio"/> CURRENT <input type="radio"/> SAVINGS <input type="radio"/> NRO <input type="radio"/>						
Branch Name				Address										
Bank Branch City				State				Pin Code						
MICR Code				Please attach a cancelled cheque OR a clear photo copy of a cheque		IFSC Code (Mandatory for Credit via NEFT/RTGS)								
<b>6. INVESTMENT AND PAYMENT DETAILS (#For complete information on Investment Details please refer to Instructions No. 6.)</b>														
<small>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.</small>														
Scheme Name:						Plan			Option & Sub option					
Investment Amount (Rs.)			DD Charges# if any (Rs.)			Net Amount (Rs.)			Mode of Payment		Cheque / DD / Funds Transfer / Pay Order <small>Strike out whichever is not applicable</small>			
Chq. / DD No.		Date		Drawn on Bank				Branch & City						
Please (✓) Source of Funds:- *A/c Type - S/B <input type="checkbox"/> NRE* <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> Others (Please specify) Bank A/c No.:														
<small>*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) or Account Debit Certificate from Bankers evidencing source of funds.</small>														
<b>Third Party Cheque / Transfer will not be accepted for Investment</b>														
<b>[Refer Instruction No. 6(e)]</b>														
<b>EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian)</b>														
<b>Mandatory Information</b> (Please ✓) : The details of the cheque provided above pertains to my/our own bank account in my/our name <input type="checkbox"/> Yes <input type="checkbox"/> No*														
<small>*If No, my relationship with the bank account holder is (Please specify) (Application Form without this Information may be rejected)</small>														
<b>7. DEMAT ACCOUNT DETAILS – Mandatory for units in Demat Mode -Please ensure that the sequence of names as mentioned under section 3 matches as per the Depository Details.</b>														
<b>National Securities Depository Limited (NSDL)</b>						<b>Central Depository Services (India) Limited (CDSL)</b>								
DP Name -						DP Name -								
DP ID -		I N		Benef. A/C No. -		16 Digit A/C No. -								
Enclosures - Please (✓) <input type="radio"/> Client Masters List (CML) <input type="radio"/> Transaction cum Holding Statement <input type="radio"/> Delivery Instruction Slip (DIS)														
<b>8. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 9]</b>														
<input type="radio"/> I/WE DO NOT WISH TO NOMINATE (OR) <input type="radio"/> I/We, the Applicant(s) do hereby nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. Nomination in respect of the units stands rescinded upon Registration of Fresh/Change in Nomination and the AMC shall not be under any obligation to transfer the units in favour of the erstwhile Nominee(s). @If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s).														
No.	Nominee(s) Name			Date of Birth (in case of Minor)				Name of the Guardian (in case of Minor)			Relationship	@% of Share	Signature of Nominee / Guardian	
1				D	D	M	M	Y	Y	Y	Y			
2				D	D	M	M	Y	Y	Y	Y			
3				D	D	M	M	Y	Y	Y	Y			
<b>9. DOCUMENTS ENCLOSED (Please ✓)</b>														
<input type="checkbox"/> KYC Compliance Status Proof <input type="checkbox"/> PAN Proof <input type="checkbox"/> Cancelled Cheque Copy <input type="checkbox"/> Third party Declaration Form <input type="checkbox"/> FIRC <input type="checkbox"/> Trust Deed <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Partnership Deed <input type="checkbox"/> MOA & AOA <input type="checkbox"/> Resolution / Authorisation to Invest <input type="checkbox"/> Bye-Laws <input type="checkbox"/> List of Auth. Signatories & Specimen Signature(s)														
<b>10. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(e)]</b>														
<b>To The Trustees, Mirae Asset Mutual Fund -</b> Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to; will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. 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 Act, Rules, Regulations, Notifications or Directions of the 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. I/We have understood the details of the scheme(s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. I hereby declare that if the Nomination section is left blank, it will be construed and deemed that I do not wish to nominate for the above investments. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum. <b>Applicable to Investors availing the e-fund market facility:-</b> 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 through the Mirae Asset e-fund market facility. I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trail 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. I/We have not made any other Micro application (including Lumpsum + SIPs) which together with the current application would result in aggregate investments exceeding Rs.50,000/- in a rolling twelve month period or in a financial year". <b>Applicable for NRIs only:-</b> I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE Account. <b>Applicable to Foreign Resident's Residing in India:-</b> 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 this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them. I/We confirm that the details provided by me/us are true and correct. I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I/ We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).														
⊗ Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta				⊗ Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA				⊗ Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA						

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

<b>Cheque/DD should be Drawn in favour of the Scheme Name</b>	Mirae Asset India Opportunities Fund	Mirae Asset Emerging Bluechip Fund
Mirae Asset India China Consumption Fund	Mirae Asset China Advantage Fund	Mirae Asset Global Comodity Stock Fund
Mirae Asset Ultra Short Term Bond Fund	Mirae Asset Short Term Bond Fund	Mirae Asset Cash Management Fund

For more information visit us at <a href="http://www.miraeassetmf.co.in">www.miraeassetmf.co.in</a>	E-mail us at <a href="mailto:customercare@miraeasset.com">customercare@miraeasset.com</a> Call us at <b>1800-2090-777</b> (Toll Free)
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SYSTEMATIC INVESTMENT PLAN (SIP)

Application No.:



Registration Cum Mandate Form For SIP Through ECS or Direct Debit (Auto Debit) at Select Locations/Bank Branches

Name & Broker Code / ARN		Sub Broker / Sub Agent ARN Code		Employee Unique Identification Number (EUIIN)		ISC Date Time Stamp Reference No.	
<p>"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor". EUIIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIIN), please refer Point No.12 given in the instructions in the KIM. If the EUIIN box is left blank, then the investor has to certify the following declaration: "I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."</p>							
<input type="checkbox"/> Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta		<input type="checkbox"/> Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA		<input type="checkbox"/> Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA			
<p>To The Trustees, Mirae Asset Mutual Fund - I/We have read and understood the contents of the SID of the following Scheme and the terms &amp; conditions of SIP enrolment and registration through ECS or Direct Debit (Auto Debit). Please (✓) relevant option:- <input type="checkbox"/> Enrollment for New Registration (Please fill all sections) <input type="checkbox"/> Please change my / our bank account for ECS (Debit Clearing) / Direct Debit (Change in bank account) for my existing SIP(s). Please fill section 1, 4 &amp; 5 only.</p>							
1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)							
Folio No. <input type="text"/>		Name of 1st Unit Holder - <input type="text"/>					
2. SIP ENROLMENT DETAILS		Frequency please (✓)		<input type="checkbox"/> Monthly (Default) - Min (₹) 1000		<input type="checkbox"/> Quarterly - Min (₹) 1500	
Scheme - <input type="text"/>				<input type="checkbox"/> Growth (Default)		<input type="checkbox"/> Dividend	
Plan <input type="text"/>				<input type="checkbox"/> Payout		<input type="checkbox"/> Reinvestment	
SIP Date Please (✓) <input type="checkbox"/> 01 <sup>st</sup>		<input type="checkbox"/> 10 <sup>th</sup> (Default)		<input type="checkbox"/> 15 <sup>th</sup>		<input type="checkbox"/> 21 <sup>st</sup>	
						<input type="checkbox"/> 28 <sup>th</sup>	
^SIP PERIOD: SIP Start Date : <input type="text"/> End Date : Perpetual <input type="checkbox"/> Dec 2099 or (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP)							
OR Enter SIP End Date : <input type="text"/> SIP Amount (₹) <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> Any Other Amt.(₹) <input type="text"/>							
3. SIP PAYMENT DETAILS							
3a - Only for Exiting Investors - I/We wish to register my/our SIP on the basis of Cancelled Cheque leaf or Photocopy of the Cheque submitted <input type="radio"/> Please (✓)							
3b - For New Investors - First SIP via Cheque and Subsequent SIP via ECS (Auto Debit Clearing) at select locations** given behind OR via Direct Debit facility for Investors having their bank accounts with Core Banking Branches of the following banks - Axis Bank Ltd., Bank of Baroda, Bank of India, IDBI Bank Ltd., Indusind Bank, Kotak Mahindra Bank Ltd., ICICI Bank Ltd., SBI and Punjab National Bank.							
First SIP Cheque No. <input type="text"/> Drawn on Bank <input type="text"/>							
Cheque Date <input type="text"/>		A/c. Type		NRE* <input type="radio"/>		CURRENT <input type="radio"/>	
				SAVINGS <input type="radio"/>		NRO <input type="radio"/>	
*Kindly provide photocopy of the payment instrument or Foreign Inward Remittance Certificate (FIRC) Evidencing source of Funds							
4. ECS / DIRECT DEBIT BANK ACCOUNT DETAILS (Mandatory)							
I/We hereby authorise Mirae Asset Global Investments (India) Pvt. Ltd., Investment manager to Mirae Asset Mutual Fund acting through their authorised service providers to debit my/our following Bank A/c. by ECS (Auto Debit Clearing / Direct Debit) Facility or any other facility for collection of SIP payments.							
Name of 1st A/c. Holder as in Bank Records - <input type="text"/>							
Bank Name - <input type="text"/>		Core Banking A/c. No. <input type="text"/>					
Branch Name & Address <input type="text"/>		City <input type="text"/>					
9 Digit MICR Code <input type="text"/>		Bank Account Type Please (✓)		NRE* <input type="radio"/>		CURRENT <input type="radio"/>	
				SAVINGS <input type="radio"/>		NRO <input type="radio"/>	
Mandatory Enclosures : Main Application Form and Please (✓) Blank Cancelled Cheque <input type="radio"/> "OR" Copy of Cheque <input type="radio"/>							
Third Party Cheque / Transfer will not be accepted for Investment [Refer Instruction No. 6(e)]							
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 <input type="checkbox"/> Yes <input type="checkbox"/> No*							
*If No, my relationship with the bank account holder is (Please specify) (Application Form without this Information may be rejected)							
DECLARATION & SIGNATURE: I/We hereby declare that the particulars given in this SIP Application Form are correct and express my/our willingness to make payments referred above through participation in ECS / Direct Debit Facility. I/We also agree that if the transaction is delayed or not effected for reasons of incomplete or incorrect or any other operational reasons. I/We would not hold Mirae Asset Global Investments (India) Pvt. Ltd., their appointed service providers or representatives responsible. I/We will also inform Mirae Asset Global Investments (India) Pvt. Ltd. (Investment Managers to Mirae Asset Mutual Fund) about any change in my/our bank account and also undertake to keep sufficient funds in my bank account on the date of execution of the said standing instructions. "The ARN holder has disclosed to me/us all the commissions (in the form of trail 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". "I/We have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding 50,000 in a rolling 12 month period or in a financial year".							
<input type="checkbox"/> Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta (AS IN BANK RECORDS)		<input type="checkbox"/> Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA (AS IN BANK RECORDS)		<input type="checkbox"/> Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA (AS IN BANK RECORDS)			
5. AUTHORISATION OF BANK ACCOUNT HOLDER [To be signed by the Account Holder(s) as per Bank Records]							
This is to inform I/We have registered for the RBI's Electronic Clearing Service (ECS / Direct Debit) Facility and that my / our payment towards my / our investment in Mirae Asset Mutual Fund shall be made from my / our below mentioned Bank Account Number with your bank. I / We authorise Mirae Asset Mutual Fund, acting through their service providers and representative carrying this ECS Mandate / Direct Debit Facility Form to get it verified & executed. Mandate verification charges, if any, may be charged to my/our account.							
Name of A/c. Holder as in Bank Records <input type="text"/>							
Core Banking A/c. No. <input type="text"/>		Each SIP Amount (₹) <input type="text"/>					
<input type="checkbox"/> Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta (AS IN BANK RECORDS)		<input type="checkbox"/> Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA (AS IN BANK RECORDS)		<input type="checkbox"/> Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA (AS IN BANK RECORDS)			

Investor must read the instructions, terms and conditions overleaf before completing this form. First time investors need to fill up the main Application Form along with SIP application form

## SYSTEMATIC INVESTMENT PLAN (SIP)

Registration Cum Mandate Form For SIP Through ECS or Direct Debit (Auto Debit) at Select Locations/Bank Branches

### TERMS AND CONDITIONS

#### A) SIP Payment through Electronic Clearing Service (Debit Clearing) of the Reserve Bank of India (RBI)

1. This facility is offered only to the investors having bank accounts in select cities\*\* as given below-

\*\*Agra, Ahmedabad, Allahabad, Amritsar, Anand, Asansol, Aurangabad, Bangalore, Bardhaman, Baroda, Belgaum, Bhavnagar, Bhilwara, Bhopal, Bhubaneswar, Bijapur, Bikaner, Calicut, Chandigarh, Chennai, Cochin, Coimbatore, Cuttack, Davangere, Dehradun, Delhi, Dhanbad, Durgapur, Erode, Gadag, Gangtok, Goa, Gorakhpur, Gulbarga, Guwahati, Gwalior, Haldia, Hasan, Hubli, Hyderabad, Imphal, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jodhpur, Kakinada, Kanpur, Kolhapur, Kolkata, Kota, Lucknow, Ludhiana, Madurai, Mandya, Mangalore, Mumbai, Mysore, Nagpur, Nasik, Nellore, Patna, Pondicherry, Pune, Raichur, Raipur, Rajkot, Ranchi, Salem, Shillong, Shimla, Shimoga, Sholapur, Siliguri, Surat, Tirunelveli, Tirupati, Tiruppur, Trichur, Trichy, Trivandrum, Tumkur, Udaipur, Udupi, Varanasi, Vijaywada, Vizag.

2. The bank account provided for ECS (Debit) should participate in local MICR clearing / ECS Clearing.

3. The investor agrees to abide by the terms and conditions of ECS facility of RBI.

#### \*\* B) SIP payment through Direct Debit Facility

List of Banks for SIP Direct Debit Facility	Branches
Axis Bank Ltd., IDBI Bank Ltd., Kotak Mahindra Bank Ltd., ICICI Bank Ltd., SBI and IndusInd Bank Ltd.	All Branches
Bank of India, Bank of Baroda and Punjab National Bank	Select Core Banking Branches

1. This facility is offered only to the investors having bank accounts in select banks / Core Banking branches eligible for this facility.

2. This facility is available on all SIP dates of a month / quarter.

#### C) Common Terms & Conditions

Please read this form in conjunction with the SIP terms and conditions mentioned in the SID/SAI and the Key Information Memorandum of the relevant Scheme before applying.

1. The first cheque should be drawn on the same bank account which is to be registered for ECS (Debit Clearing) / Direct Debit. Alternatively, the cheque may be drawn on any bank, but provide a photocopy of the cheque of the bank / branch for which ECS (Debit Clearing) / Direct Debit is to be registered. However, Existing unit holders need not submit the First Cheque for SIP enrollment provided Folio no. is clearly mentioned and a copy of the cancelled cheque or photocopy of the cheque of bank account from which the SIP installment will be debited is attached to the form.
2. New Investors need to submit the First SIP cheque and the SIP enrolment form along with the main application form. Subsequent installments will be as per the Direct Debit / ECS mandate submitted.
3. First SIP Cheque and subsequent SIP Installments via ECS (Debit Clearing) / Direct Debit should be of the same amount, however, the first SIP cheque for any application may also be submitted with any amount greater than the minimum SIP amount.
4. Please submit the following documents atleast 25-30 days before the first SIP date for ECS (Debit Clearing) / Direct Debit :

New Investors	Existing Investors
Application Form for the respective Scheme(s)	SIP Registration cum Mandate Form
SIP Auto Debit Facility Form	Photocopy of the Cheque / Cancelled Cheque Leaf
First SIP Cheque	

5. The cities / banks / branches in the list may be modified/updated/changed/removed at any time in future entirely at the discretion of Mirae Asset Mutual Fund without assigning any reasons or prior notice. If any city / bank / branch is removed, SIP instructions for investors in such city / bank / branch via (ECS) (Debit Clearing) / Direct Debit route will be discontinued without prior notice. Investors will not hold Mirae Asset Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to local holidays, various clearing cycles of ECS or any other reason.

6. **Third Party Cheque/Funds Transfer will not be allowed for Investment:** As per the recent guidelines, Mirae Asset Mutual Fund has decided to restrict the acceptance of Third Party payments. Accordingly Third Party payment instruments for subscriptions / investments shall not be accepted by the AMC accept in the following cases:

- Payment by Parents/Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs. 50,000/- (each regular purchase or per SIP instalment);
- Payment by employer on behalf of employee under Systematic Investment Plan (SIP) facility through payroll deductions;
- Custodian on behalf of an FII or a Client.

For complete details, please refer the section on Third Party cheques given in the General Instructions.

7. Mirae Asset Mutual Fund its registrars and other service providers shall not be responsible and liable for any damages / compensation for any loss, damage etc. incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.

8. Mirae Asset Mutual Fund reserves the right to reject any application without assigning any reason thereof.

9. Please refer the Key Information Memorandum / SID/SAI of respective Scheme(s) for Applicable NAV, Risk Factors, Load and other information. SIP is not available in Mirae Asset Cash Management Fund.

10. To avail of SIP in separate schemes / plans / date via Auto debit facility, an investor will have to fill a separate form for each scheme / plan / date. A single form cannot be used for different schemes / dates simultaneously. Please note Default Option is Growth. In case of Dividend, default option is Dividend Reinvestment.

11. MICR Code starting and / or ending with 000 are not valid for ECS.

12. The Investor agrees to abide by the terms and conditions of ECS Facility of Reserve Bank of India (RBI).

13. ^If no start date is mentioned / indicated by the investor, the default SIP date will be 10th of the month.

14. ^If no end date is specified or in the absense of SIP end date, the default end date would be considered upto 31<sup>st</sup> December, 2099.

15. If the difference / gap between the 1st SIP cheque and Auto debit start date falls short of 25-30 days, then the Auto debit will be registered from the same date of the following month.

16. Kindly note that any change in original SIP enrolment details such as SIP Date, Frequency, Tenure will be considered as fresh application and will be subject to applicable load structure and other terms at the time of application. However, one can choose to change bank account details, and such change must be submitted at-least 25-30 days before the next SIP date for ECS (Debit Clearing) / Direct Debit. Investors may please note that there might be chances where the fresh bank details has not been updated due to minimum time gap of 25-30 days and that the SIP might be rejected / not processed.

17. You can choose to discontinue this facility by giving fifteen days written notice to any of our Investor Service Centres.

18. The SIP enrollment will be discontinued in cases where three consecutive SIP installments have not been successful.AMC does not facilitate any representation of ECS (Debit Clearing) / Direct Debit.

19. **Employee Unique Identification Number (EUIIN):** SEBI has made it compulsory for every employee / relationship manager / sales person of the distributor of mutual fund products to quote the EUIIN obtained by him / her from AMFI in the Application Form. EUIIN, particularly in advisory transactions, would assist in addressing any instance of mis-selling even if the employee / relationship manager/sales person later leaves the employment of the distributor. Individual ARN holders including senior citizens distributing mutual fund products are also required to obtain and quote EUIIN in the Application Form. Hence, if your investments are routed through a distributor please ensure that the EUIIN is correctly filled up in the Application Form. However, if your distributor has not given you any advice pertaining to the investment, the EUIIN box may be left blank. In this case, you are required to tick mark the box provided above the signature box. However, in case of any exceptional cases where there is no interaction by the employee/sales person/relationship manager of the distributor/sub broker with respect to the transaction, AMCs shall take the following declaration separately signed by the investor.

# Declaration for Ultimate Beneficial Ownership [UBO]

(Mandatory for Non-Individual Applicants/Investors)

This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company

<b>A: Applicant details:</b>																								
Applicant Name:																								
PAN																								

<b>B: Category [tick applicable category]:</b>																								
<input type="checkbox"/> Unlisted Company					<input type="checkbox"/> Partnership Firm					<input type="checkbox"/> Limited Liability Partnership					<input type="checkbox"/> Unincorporated association / body of individuals									
<input type="checkbox"/> Public Charitable Trust					<input type="checkbox"/> Religious Trust					<input type="checkbox"/> Private Trust/Trust created by a Will					<input type="checkbox"/> Others _____ [please specify]									

C: Details of Ultimate Beneficial Owners		(If the given space below is not adequate, please attach multiple declaration forms)											
Sr. No.	Name of Beneficial Owners (Natural Persons/Listed company with non controlling interest)	PAN (for Residents/NRIs) ID Proof (Foreign/PAN Exempt Individuals) Nature of Ownership	Type of Beneficial Ownership (control or Benefit directly or indirectly through a chain of controls or ownerships)										
		PAN <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> ID Proof : _____ Nature : _____											<input type="checkbox"/> >25% control of company <input type="checkbox"/> >15% control of Partnership/LLP/Trust/AoP/Bol
		PAN <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> ID Proof : _____ Nature : _____											<input type="checkbox"/> >25% control of company <input type="checkbox"/> >15% control of Partnership/LLP/Trust/AoP/Bol
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<p>I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may liable for it. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has 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 and also undertake to provide any other additional information as may be required at your end.</p>	<p><b>Authorized Signatories</b> [with Company/Trust/Firm/Body Corporate seal]</p>
Place : _____ Date : _____	

## BACKGROUND

Pursuant to SEBI master circular vide ref. No.CIR/ISD/AML/3/2010 dated December 31, 2010 on anti money laundering standards and guidelines on identification of Beneficial Ownership issued by SEBI vide its circular ref. No.CIR/MIRSD/2/2013 dated January 24, 2013, investors (other than Individuals) are required to provide details of Ultimate Beneficial Owner(s) ("UBO(s)") and submit proof of identity (viz. PAN with photograph or any other acceptable proof of identity prescribed in common KYC form) of UBO(s).

The Ultimate Beneficial Owner means:

- For Investor other than Trust:**

A 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest.

Controlling ownership interest means ownership of / entitlements to:

- more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

In cases where there exists doubt as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control

through ownership interests, the identity details should be provided of the natural person who is exercising control over the juridical person through other means (i.e. control exercised through voting rights, agreement, arrangements or in any other manner). However, where no natural person is identified, the identity of the relevant natural person who holds the position of senior managing official should be provided.

- For Trust:**

The settler of the trust, the trustees, the protector, the beneficiaries with 15% or more of interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

**Exemption in case of listed companies:**

The provisions w.r.t. Identification of UBO are not applicable to the investor or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company.

**Applicability for foreign investors:**

The identification of beneficial ownership in case of Foreign Institutional Investors (FIIs), their sub-accounts and Multilateral Funding Agencies / Bodies Corporate incorporated outside India with the permission of Government of India / Reserve Bank of India may be guided by the clarifications issued vide SEBI circular CIR/ MIRSD/11/2012 dated September 5, 2012.