COMMON APPLICATION FORM

Application No.:



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.
ARN-146822					
EUIN Declaration: Declaration for Execution Only the EUIN box has been intentionally left blank by me/, advice of in-appropriateness, if any, provided by the er feed/portfolio holdings/NAV etc. in respect of my/our in	us as this transaction is executed withou mployee/relationship manager/sales per	ut any interaction or advice by son of the distributors/sub bro	the employee/relationship mar oker. RIA/Declaration: "I/We he	nager/sales person of the above distribu ereby give you my/our consent to share	utor/sub broker or notwithstanding the
Sign of 1st Applicant / Guardian / Auth. Signatory	/ / PoA / Karta Sign o	of 2 nd Applicant / Guardian / <i>i</i>	Auth. Signatory / PoA	Sign of 3 [™] Applicant / G	Guardian / Auth. Signatory / PoA
Please V Lumpsum Investment		Micro Applicat	ion 🗌	SIPA	application
TRANSACTION CHARGES (Please @	any one of the below. Ref	er Instructions No. 1	1)		
☐ I AM A FIRST TIME INVESTOR IN MU		OR	_	N EXISTING INVESTOR IN N	MUTUAL FUNDS
Applicable transaction charges will be deduregistered Distributor) based on the investo					investor to the ARN Holder(AMFI
1. EXISTING UNIT HOLDER INFOR			·		ion 7 for Investment Details
				·	s application.All Unit Holders in the
Folio No.				KYC credentials may be filled	
2. APPLICANT(S) NAME AND IN IN	FORMATION [Refer Instruc	tion 2] If the 1 st / Sole	e Applicant is Minor, t	then please provide details	of natural / legal guardian
1st SOLE APPLICANT Mr. / Ms. /M/s.				PAN	
(Please write the name as per PAN Card)				17.1.	
LEI Code for entities					
CKYC ID No. (KIN)			Pls indi		for tax purpose / Resident of Canada lo ^s (\$Default if not ✓)
GUARDIAN (In case 1st Applicant is a Mirr	nor)			Relationshi	p with Minor (Please ✓)
Mr. / Ms. / M/s. GUARDIAN CKYC			KYC (Please ✓)		Father Legal Guardian
ID No. (KIN)			Proof Attached	GUARDIAN PAN	
POA / Custodian Name:			DO.		'C (Please ✓) ☐ Proof Attached
POA / Custodian CKYC ID No. (KIN)			PO/	A / Custodian PAN	
Contact Person for Corporate Investor	Name			Designation:	
3. FIRST APPLICANT AND KYC DE		marked as (*) are	•		
1st SOLE APPLICANT Individual or *Date of Birth/ Incorporation D M		of Date of Birth (Plea			11b - Refer Instruction No. 17] ool Leaving Certificate / Mark She
(Individual) (Non-Individual)————————————————————————————————————		(For minor applicant)	uoo • , _		ers(Please specify)
Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Car	Country of Birth / Incorporation:		Nationality:	Gender	☐ Male ☐ Female ☐ Othe
Type: Resident Individual Sole	e Prop 🔲 NRI - NRE 🔲 T	rust Bank / Fls			hrough Guardian NRI - NRO
HUF LLP Listed Company Privil NPO Registration Number of DARPA		mpany∐ Artificial Jur	idicial Person ∐Partnei	rsnip Firm∐ FOF - MF Schen	nes Other (Please specify)
	Private Sector	Public Sector	Government Servi	ce Student	Professional Housewife
a*. Occupation Details [Please (✓)]	Business	Retired	Proprietorship	Others_(Please	specify)
b*. Politically Exposed Person (PEP) Statu	s (Also applicable for authorised	signatories/Promoters/Ka	arta/Trustee/Whole time Di	rectors) 🗌 I am PEP 🗌 I am	Related to PEP Not Applicable
c*. Gross Annual Income (₹) [Please (✔)]	☐ Below 1 Lakh	☐ 1-5 Lakhs	5-10 Lakhs	☐ 10-25 Lakhs	>25 Lakhs > 1 Crore
d*. Net-worth (Mandatory for Non-Individu	als) ₹		as on		Y Y (Not older than 1 year)
e*. Non-Individual Investors involved/prov any of the mentioned services		exchange / Money Cha ending / Pawning	anger Services	Gaming/Gambling/Lottery/0 None of the above	Casino Services
4. BANK ACCOUNT DETAILS - M	landatory [Refer Instruct	ion Nos. 3 & 4]			
Name of the Bank:					
Core Banking A/c No.			A/c. Typ	e Pls. (✓) ☐ NRE ☐ CURRE	NT SAVINGS NRO Othe
Branch Name:	Add	dress:			
Bank Branch City:	Sta	te:		Pin Co	ode
MICR Code		ch a cancelled cheque choto copy of a cheque	IFSC Code (Mandate Credit via NEFT/RTC		

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

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DET	All ficials marked to	s (*) are Mandatory	
Mode of Holding: Anyone or Survivor 2 nd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Not Applicable in Case of	Single Minor Applicant) (Please write the na		ease note that the Default option is Anyone or Survivor) Gender
PAN Details	Pls indicates if US	Person or a resident for tax purpose / Res	dent of Canada 🔲 Yes 🔲 No* (*Default if not 🧹)
CKYC ID No. (KIN)		KYC Pls Proof Attached	Date of Birth(Mandatory) (As per PAN Card)
Place of Birth	Country of Birth	N	ationality:
a*. Occupation Details [Please(✓)] □ Private □ Busines	_	☐ Government Service ☐ Stude ☐ Agriculture ☐ Propi	ent Professional Housewife eietorship Others (Please specity)
b*. Politically Exposed Person (PEP) Status	EP	P Not Applicable	
c*. Gross Annual Income (₹) [Please(✔)] ☐ Below	I Lakh 🔲 1-5 Lakhs	☐ 5-10 Lakhs ☐ 10-25	Lakhs
d*. Net-worth ₹	as on D	Not c	lder than 1 year)
Mode of Holding: Anyone or Survivor 3rd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of N	☐ Single Minor Applicant) (Please write the na	_	ease note that the Default option is Anyone or Survivor) Gender
PAN Details	Pls indicates if US	Person or a resident for tax purpose / Res	dent of Canada ☐ Yes ☐ No* (*Default if not ✔)
CKYC ID No. (KIN)		KYC Pls O Proof Attached	Date of Birth(Mandatory) (As per PAN Card)
Place of Birth (Country of Birth	N	ationality:
a*. Occupation Details [Please(✓)] □ Private □ Busines		Government Service Stude Agriculture Propi	ent Professional Housewife eietorship Others (Please specity)
b*. Politically Exposed Person (PEP) Status	EP	P Not Applicable	
c*. Gross Annual Income (₹) [Please(✓)] ☐ Below	I Lakh 🔲 1-5 Lakhs	☐ 5-10 Lakhs ☐ 10-25	Lakhs
d*. Net-worth ₹	as on	O M M Y Y Y Y (Not c	lder than 1 year)
6. MAILING ADDRESS [Please provide your E-mai	I ID and Mobile Number to h	elp us serve you better Refer Instruc	tions 6]
Local Address of 1st Applicant			
Local Address of 1 Applicant			
	City	State	Pin Code
Tel. Off.	Resi.	Mobil	
Tel. Off. Mobile No specified above belongs to □ Self or Family, due to □ □ Spouse □ Guardian(for Minor Investment) □ □	Resi.	Mobil	e
Tel. Off. Mobile No specified above belongs to □ Self or Family, due to I	Resi. nvestor being(Please tick any one bependent Children	option from below.) ependent Parents Dependent	Siblings
Tel. Off. Mobile No specified above belongs to □ Self or Family, due to I □ Spouse □ Guardian(for Minor Investment) □ □ E - Mail^^ ^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or Family, due	Resi. nvestor being(Please tick any one dependent Children Dependent Dep	option from below.) ependent Parents Dependent ations, Statement of Accounts and Abridge one option from below.)	Siblings d Annual Report through e-mail only.Incase if physical
Tel. Off. Mobile No specified above belongs to □ Self or Family, due to I □ Spouse □ Guardian(for Minor Investment) □ □ E - Mail^^ ^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or Family, due	Resi. nvestor being(Please tick any one dependent Children Dependent Dep	option from below.) ependent Parents Dependent ations, Statement of Accounts and Abridge	Siblings d Annual Report through e-mail only.Incase if physical
Tel. Off. Mobile No specified above belongs to □ Self or Family, due to I □ Spouse □ Guardian(for Minor Investment) □ □ E - Mail^^ ^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or Family, due	Resi. nvestor being(Please tick any one bependent Children D mandatorily receive all Communic to Investor being(Please tick any Dependent Children D	option from below.) ependent Parents	Siblings d Annual Report through e-mail only.Incase if physical t Siblings
Tel. Off. Mobile No specified above belongs to □ Self or Family, due to □ Spouse □ Guardian(for Minor Investment) □ □ E - Mail^^ ^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or Family, due □ Spouse □ Guardian(for Minor Investment) □ □ 6a. Mandatory for NRI / FII Applicant [Please provided]	Resi. nvestor being(Please tick any one bependent Children D mandatorily receive all Communic to Investor being(Please tick any Dependent Children D	option from below.) ependent Parents	Siblings d Annual Report through e-mail only.Incase if physical t Siblings
Tel. Off. Mobile No specified above belongs to □ Self or Family, due to □ Spouse □ Guardian(for Minor Investment) □ □ E - Mail^^ ^^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or Family, due □ Spouse □ Guardian(for Minor Investment) □ □	Resi. nvestor being(Please tick any one bependent Children D mandatorily receive all Communic to Investor being(Please tick any Dependent Children D	option from below.) ependent Parents	Siblings d Annual Report through e-mail only.Incase if physical t Siblings
Tel. Off. Mobile No specified above belongs to Self or Family, due to Spouse Guardian(for Minor Investment) E - Mail^^ ^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to Self or Family, due Spouse Guardian(for Minor Investment) 6a. Mandatory for NRI / FII Applicant [Please provided to Self or	Resi. nvestor being(Please tick any one bependent Children Dependent	option from below.) ependent Parents	Siblings d Annual Report through e-mail only.Incase if physical d Siblings as Investors, Indian Address is preferred]
Tel. Off. Mobile No specified above belongs to Self or Family, due to Spouse Guardian(for Minor Investment) E - Mail^^ ^^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to Self or Family, due Spouse Guardian(for Minor Investment) 6a. Mandatory for NRI / FII Applicant [Please provided and Self or Self or Family of Self or Self or Family of Self or Fa	Resi. nvestor being(Please tick any one bependent Children Dependent	option from below.) ependent Parents Dependent ations, Statement of Accounts and Abridge one option from below.) ependent Parents Dependent one may not be sufficient. For Overses ment Details please Refer to Instruc	Siblings d Annual Report through e-mail only.Incase if physical t Siblings as Investors, Indian Address is preferred]
Tel. Off. Mobile No specified above belongs to Self or Family, due to I Spouse Guardian(for Minor Investment) E - Mail^^ ^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to Self or Family, due Spouse Guardian(for Minor Investment) 6a. Mandatory for NRI / FII Applicant [Please provided overseas Correspondence Address 7. INVESTMENT AND PAYMENT DETAILS (For correspondence -	Resi. nivestor being(Please tick any one dependent Children Dependent	option from below.) ependent Parents	Siblings d Annual Report through e-mail only.Incase if physical siblings sis Investors, Indian Address is preferred] tions No. 6.) fault)
Tel. Off. Mobile No specified above belongs to Self or Family, due to Spouse Guardian(for Minor Investment) E - Mail^^ ^^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to Self or Family, due Spouse Guardian(for Minor Investment) 6a. Mandatory for NRI / FII Applicant [Please provided and Self or Self or Family of Self or Self or Family of Self or Fa	Resi. Investor being(Please tick any one dependent Children Downward Dependent Children Depende	option from below.) ependent Parents	Siblings d Annual Report through e-mail only.Incase if physical si Siblings as Investors, Indian Address is preferred] tions No. 6.) fault)
Tel. Off. Mobile No specified above belongs to Self or Family, due to Spouse Guardian(for Minor Investment) E - Mail^^ ^^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to Self or Family, due Spouse Guardian(for Minor Investment) 6a. Mandatory for NRI / FII Applicant [Please provided] Overseas Correspondence Address 7. INVESTMENT AND PAYMENT DETAILS (For correspondence) Scheme - *IDCW frequency is applicable only for Mirae Asset Liquid Fund, Mirae Income Distribution cum Capital Withdrawal. IDCW *Frequency can be selected by the control of the c	Resi. nvestor being(Please tick any one dependent Children	option from below.) ependent Parents Dependent ations, Statement of Accounts and Abridge one option from below.) ependent Parents Dependent Dependent Parents Dependent Depe	Siblings d Annual Report through e-mail only.Incase if physical si Siblings as Investors, Indian Address is preferred] tions No. 6.) fault)
Tel. Off. Mobile No specified above belongs to Self or Family, due to I Spouse Guardian(for Minor Investment) CE - Mail^^ ^^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to Self or Family, due Spouse Guardian(for Minor Investment) CE 6a. Mandatory for NRI / FII Applicant [Please provided and the self-self-self-self-self-self-self-self-	Resi. nvestor being(Please tick any one dependent Children	option from below.) ependent Parents Dependent ations, Statement of Accounts and Abridge one option from below.) ependent Parents Dependent Dependent Parents Dependent Dependent Parents Dependent	Siblings d Annual Report through e-mail only.Incase if physical siblings sis Investors, Indian Address is preferred] tions No. 6.) fault)
Tel. Off. Mobile No specified above belongs to □ Self or Family, due to □ Spouse □ Guardian(for Minor Investment) □ □ E - Mail^^ ^^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or Family, due □ Spouse □ Guardian(for Minor Investment) □ □ 6a. Mandatory for NRI / FII Applicant [Please provided above selection of the provided	Resi. nvestor being(Please tick any one bependent Children DD mandatorily receive all Communic to Investor being(Please tick any Dependent Children DD de Full Address. P. O. Box Notes and Dependent Children DD mplete information on Investor be Asset Overnight Fund & Mirae Asset De Daily or Weekly or Monthly; If not ty Payment) Third (One Time Mandate) RTGS / NE Amount of Cheque / DD RTGS / NEFT in figures (R	option from below.) ependent Parents	Siblings d Annual Report through e-mail only.Incase if physical d Siblings as Investors, Indian Address is preferred] tions No. 6.) fault)
Tel. Off. Mobile No specified above belongs to □ Self or Family, due to □ Spouse □ Guardian(for Minor Investment) □ □ E - Mail^^ ^^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or Family, due □ Spouse □ Guardian(for Minor Investment) □ □ 6a. Mandatory for NRI / FII Applicant [Please provided above sease Correspondence Address 7. INVESTMENT AND PAYMENT DETAILS (For considerable of the payment of the paymen	Resi. nvestor being(Please tick any one bependent Children DD mandatorily receive all Communic to Investor being(Please tick any Dependent Children DD de Full Address. P. O. Box Notes and Dependent Children DD mplete information on Investor be Asset Overnight Fund & Mirae Asset De Daily or Weekly or Monthly; If not ty Payment) Third (One Time Mandate) RTGS / NE Amount of Cheque / DD RTGS / NEFT in figures (R	option from below.) ependent Parents	Siblings d Annual Report through e-mail only.Incase if physical it Siblings as Investors, Indian Address is preferred] tions No. 6.) fault)
Tel. Off. Mobile No specified above belongs to □ Self or Family, due to □ Spouse □ Guardian(for Minor Investment) □ □ E - Mail^^ ^^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or Family, due □ Spouse □ Guardian(for Minor Investment) □ □ 6a. Mandatory for NRI / FII Applicant [Please provided and the self-self-self-self-self-self-self-self-	Resi. nvestor being(Please tick any one bependent Children DD mandatorily receive all Communic to Investor being(Please tick any Dependent Children DD de Full Address. P. O. Box Notes and Dependent Children DD mplete information on Investor be Asset Overnight Fund & Mirae Asset De Daily or Weekly or Monthly; If not ty Payment) Third (One Time Mandate) RTGS / NE Amount of Cheque / DD RTGS / NEFT in figures (R	ment Details please Refer to Instructure Regular Plan Growth (Dependent Direct Plan Parety Payment (Please attach 'Third Par FT Core Banking A/c No. DD Charges, if any Mobile Dependent Parents September 19 Parety Payment (Please attach 'Third Par Payment (Please attach 'Third P	Siblings d Annual Report through e-mail only.Incase if physical it Siblings as Investors, Indian Address is preferred] tions No. 6.) fault)
Tel. Off. Mobile No specified above belongs to □ Self or Family, due to I □ Spouse □ Guardian(for Minor Investment) □ □ E - Mail^^ ^^Please Use Block Letters. Investors providing email ID would copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or Family, due □ Spouse □ Guardian(for Minor Investment) □ □ 6a. Mandatory for NRI / FII Applicant [Please provid Overseas Correspondence Address 7. INVESTMENT AND PAYMENT DETAILS (For constance Distribution cum Capital Withdrawal. IDCW ^Frequency can be Payment Type [Please (✓)] □ Self (Non-Third Par Payment Mode: Please (✓) □ Cheque / DD □ OTM Cheque / DD / UMRN No / UTR No. & Date 8. DEMAT ACCOUNT: Mandatory for units in Demat National Securities Depository Limited (NSDL)	Resi. nvestor being(Please tick any one bependent Children DD mandatorily receive all Communic to Investor being(Please tick any Dependent Children DD de Full Address. P. O. Box Notes and Dependent Children DD mplete information on Investor be Asset Overnight Fund & Mirae Asset De Daily or Weekly or Monthly; If not ty Payment) Third (One Time Mandate) RTGS / NE Amount of Cheque / DD RTGS / NEFT in figures (R	option from below.) ependent Parents	Siblings d Annual Report through e-mail only.Incase if physical it Siblings as Investors, Indian Address is preferred] tions No. 6.) fault)

			michaetien (tel 25)
☐ I/We wish to make a nominatio my / our death.	n and do hereby nominate the following perso	on(s) who shall receive all the assets he	d in my / our account in the event of
Nomination can be made u three nominees in the accoun		Details of 2 nd Nominee	Details of 3 rd Nominee
	Mandato	ry Details	
1 Name of the nominee (Mr./Ms.)*	(s)		
2 Share of Equally each [If not equally		%	%
Nominee please speci percentage]		ision shall be transferred to the first nominee mention	ed in the form.
3 Relationship With the Applicant			
Date of Birth (in case of Minor)			
Name of Guardian (in case of Minor)			
	Non -Man	datory Details	
4 Address of Nominee(s)/ Guardian in case of Mino			
City / Place: State & Country:			
PIN Code			
5 Mobile / Telephone No. nominee(s)/ Guardian in c of Minor			
6 Email ID of nominee(s)/ Guardian in case of Minor			
7 Nominee/ Guardian (in confideration) Identificate details – [Please tick any of following and provide de of same]	tion one		
☐ Photograph & Signature ☐ PAN ☐ Aadhaar ☐ Saving Bank account Proof of Identity Demat Accou	no.		
☐ Declaration for opting	out of nomination		
urther are aware that in case of deatl	ot wish to appoint any nominee(s) in my / our n of all the account holder(s), my / our legal heir so include documents issued by Court or other	s would need to submit all the requisite do	cuments / information for claiming of assets
	Name and Signat	ure of Holder(s)*	
	Signatur	re of 2 [™] Applicant	

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Note: This nomination shall supersede any prior nomination made by the account holder(s), if any. The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

FOR NON-INDIVIDUALS ONLY

_	ATCA & CRS DETAILS				·							ГСА 8	CRS c	lassific	ation)						
PART	A To be filled by Fi			itutions	or Direct	Repo	rting No	on Financ	ial Ent	ity (NFE	(s)										
We and Finant or	re a, icial institution 🔲	GIIN		If you do not	have a GIIN I	out you a	e sponsered	d by another e	entity, plea	se provide y	our sponsor's	GIIN abo	ove and ind	icate your s	sponsor's n	ame belov	w				
Direc	t reporting NFE ☐ se tick (✓)]	Naı	me of	sponso	ring entit	y:															
GIIN	GIIN not available [Please tick (✓)] ☐ Applied for ☐ Not required to apply for - please specify 2 digits sub-category ☐ Not obtained - Non-participating F																				
PART	PART B (please fill any one as appropriate "to be filled by NFEs other then Direct Reporting NFEs")																				
Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) Sthe Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange:																					
2 Is the Entity a related entity of a publicy Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)								ed)													
traded company (a company whose shares are regularly traded on an established securities market)					arket)	Nam	e of Listed	compnay	/:												
						Natu	re of relation	n \square	Subsidia	y of the Lis	ted Cor	mpany or		Controlled	d by a Li	isted Co	ompan	у			
							Nam	e of stock e	exchange	:											
3	Is the Entity an act	ive NF	E				□ Y	Yes (If yes,	p l ease fi	II UBO de	claration in	the nex	xt section	.)							
							Natu	re of Busin	ess:												
							Plea	se specify	he sub-	category o	f Active NF	E		Mention	code: Re	fer instr	uction 1	15(c)			
4	Is the Entity an Pas	ssive N	IFE					Yes (If yes,	please fi	II UBO de	claration in	the nex	xt section	.)							
	,						Natu	re of Busin	ess: —												
										nstruct	on no. 15	i.									
# If pass	ive NFE, please provide be	low addi	itional d	letails. (Ple	ease attach	addition	al sheets	if necessar	y). Also p	rovide be	low mandat	ory deta	ails if the l	JBO does	s not have	a PAN.	(Refer I	Instruc	tion No. 1	6)	
PAN / A	Any other Identification In D., Govt. ID., Driving Licence NREGA	Number Job Card, ((PAN, Aad Others)	dhaar, Passpo	rt,	1	upation Type: Service, Business, Others onality:					DOB: Date of Birth									
City of	Birth - Country of Birth						•	e: Mandato	ry if PAN	in not av	ailable			Gender:	Male, Fe	male, O	ther				
1. PAN	1. PAN: Oc				Оссі	pation Type:					Date of Birth:										
*	of Birth						ionality:					Gender Male Female Other									
Cou	ntry of Birth:					Fath	er's Name	e: 						Condo		alo L					
2. PAN							pation Type:					Date of Birth:									
	of Birth ntry of Birth:						-	nality: r's Name:						Gender							
3. PAN	:						pation Ty	ype:						Date of I	Birth:						
*	of Birth						onality: er's Name:						Gender	☐ Ma	ale [☐ Fem	nale	Other			
	ntry of Birth:	ter III e e e			-14				2				ar-								
* To inclu	nal details to be filled by con ide US, where controlling pe e Tax Identfication Number i	erson is a	ı US citiz	zen or gree	en card holde	er		ciuzensnip/d	oreen Ca	ira in any c	ountry other	ınan in	idia.								
11 D	ECLARATION FOR U	LTIMA	TE BE	ENEFICIA	AL OWNE	RSHI	P [UBO]														
person(s	daration is not needed for 0), confirming ALL countries nt and Auditor's Letter with re	of tax r	esidenc	cy / permar	nent resider	cy / citi	zenship ai	ange or is a nd ALL Tax	Subsidi Identific	ary of suc ation Num	Listed Cor bers for EA	npany o	or is Conti ntrolling pe	olled by serson(s).	such Liste Owner-do	d Comp ocumente	any. Ple ed FFI's	ease lis s shoul	st below th ld provide	ne detai l s FFI Own	of control er Repor
_	company is a Listed C							ndia / Sub	sidiary	of a or C	ontrolled	by a L	isted Co	ompany	[If this car	tegory is	selecte	ed, no n	eed to pro	vide UBO	details].
Name of	the Stock Exchange who	ere it is l	isted.											_	Secu	ırity ISIN	N				
	the Listed Company (ap				_																
Unli	isted Company 🔲 Pa	rtnershi	p Firm	/ LLP	Uninc	corpora	ited asso	ciation / bo	ody of in	dividuals	. ∐ P	ublic (Charitable	e Trust	□ P	rivate T	rust		Religious	Trust	
	st created by a Will.			•					-												
	Itimate Beneficiary C		` '				,	Ĭ													
-	our company/entity ha - We hereby declare that t									-			•						ual(s) are		low.
	declare that no individual pre provided below.	person (directly	/ indirectl	y) holds co	ntrolling	ownershi	ip in our en	tity abov	e the pre	scribed thre	shold li	imit. Deta	ils of the	individua	l who ho	olds the	e positi	on of Ser	nior Mana	ging Offi
, ΣΟ , α	p 1.000 201011.																				
Applic	cation No.:				Che	que/[DD sho	uld be [rawn	in favo	ur of th	e Sch	neme N	lame							

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

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO / SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
UBO / SMO Country of Tax Residency#			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country	Place of Birth	Place of Birth	Place of Birth
of Birth#	Country of Birth	Country of Birth	Country of Birth
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP#	I am PEP. Related to PEP. Not a PEP.	I am PEP. □ Related to PEP. □ Not a PEP. □	I am PEP. Related to PEP. Not a PEP.
UBO / SMO Address Type	Residence Business Registered Office	Residence Business Registered Office	Residence Business Registered Office
UBO / SMO Occupation	Public Service	Public Service	Public Service
SMO Designation#			
UBO / SMO KYC Complied**. If not complied, please complete KYC process independently and then submit the proof.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.

#Mandatory column.
** In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be

translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information.

Instructions

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

- (i) The identity of the 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/entitlement to:
- -more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
- more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership or or who exercises control through other means."

For the purpose of this clause, "Control" shall include the right to control the management or policy decision.

- 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.

(ii) In cases where there exists doubt under dause (i) above 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 of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.

(iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

The client 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, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the darifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s)/ SMO(s).
In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and

should be attested by Indian Embassy of that country

FATCA AND CRS DETAILS (Self Certification) (Refer 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 3rd Applicant 2nd 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 Tax Residency ☐ Yes □ No Yes □No Yes □No Country of Birth / Incorporation Country of Birth Country of Birth Country Citizenship / Nationality Country Citizenship / Nationality Country Citizenship / Nationality Are you a US specified Are you a US specified person? Are you a US specified person? Yes ☐ No Yes ☐ No 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 if ticked Yes above. Individual investor have to fill in below details in case of joint applicants 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. 13. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(f) 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 agnied for being the scheme, (B) I/We hereby apply for units of the said such scheme applied for (Including the scheme); available during the New Fund Offer period); I/We hereby apply for units of the said such scheme and 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 Mirae Asset Mutual Fund. (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by Mirae Asset Investment Managers (India) Private Limited (AMC) / Fund/Registrars and Transfer Agent (RTA) from time to time. (We have needed. I/We will indemnify the Fund, AMC, Turstee, RTAand other intermedianes 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 meius 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 meius. (F) I/We hereby confirm that I/We have not 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 hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registerar or therwise. (I) Applicable to Foreign Resident's Residing in India: -I 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) Aadhaar: I/We hereby voluntarily submit Aadhar card to the Fund/AMC for updating the same in my folio. For Lumpsum 'OR' SIP ACKNOWLEDGMENT SLIP Received Application from Mr. / Ms. / M/s. as per details below: Scheme Name and Plan **Payment Details** Date & Stamp of Collection Centre / ISC

Amount (Rs) Cheque/ DD No.: Dated_ Bank & Branch

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE (OTM) FORM with Goal SIP & Top - Up Facility Registration Cum Mandate Form For NACH/Direct Debit

with Goal SIP & Top - Up Facility

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

MIRAE ASSE Mutual Fund

Application No.:

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.
ARN-146822					
EUIN Declaration: Declaration for "Execution Only that the EUIN box has been intentionally left blank notwithstanding the advice of in-appropriateness, if the transactions data feed/portfolio holdings/NAV et	Transaction (where Employee Unique to y me/us as this transaction is exe any, provided by the employee/relatic. in respect of my/our investments ur	ue Identification Number-El cuted without any interacti onship manager/sales pers nder Direct Plan of all Schen	uln* box is left blank). Please on or advice by the employe son of the distributor/sub brok nes managed by you, to the a	e refer instruction 12 of KIM for comp se/relationship manager/sales perso ter, RIA/Declaration: "I/We hereby bove mentioned SEBI-Registered In	the details on EUIN. I/We hereby confirm on of the above distributor/sub broker or give you my/our consent to share/provide ovestment Adviser/RIA".
					Guardian / Authorised Signatory / PoA
Signature of 1 st Applicant / Guardian / Authorised Signature of 1 st Applicant / A		re of 2 nd Applicant / Guardian /	SIP Top-up		Guardian / Authorised Signatory / PoA
1. EXISTING UNIT HOLDER INFO	, , ,				s application.)
Name of 1 st Unit Holder (as per PAN card)	·		ı	Folio No.	
2. SIP ENROLMENT DETAILS (PI	ease check the Minimum	Amount Criteria for	the scheme applied	l for. [Refer General Instr	
Frequency Please 🕢 🗌 Monthly (De	efault)	Regular Plan	Direct Plan	Growth IDCW Pay	Erocuonou/
Scheme:					investment Frequency^
*IDCW frequency is applicable only for Mirae Asse *Income Distribution cum Capital Withdrawal. IDC					
	Date from 1 st till 28 th of the mo be considered as the default o		(₹) □ 5,000 □ 10,0	000	her Amount. (₹)
SIP Start Month (MM/YY) M M Y	Y SIP End Month (MM/YY)	M M Y Y			
2a. Goal SIP - Do you want to assi	· · · · · · · · · · · · · · · · · · ·		·		Instruction No. 24 Overleaf]
If Goal & SIP amount is same default wil					irement Planning (Default)
☐ Tax Savings ☐ Dream House			☐ Kids Marriage	Others- Please sp	
2b. SIP TOP-UP FACILITY (You can All Applicants have to submit NACH marks)			· -		<u>-</u>
	₹ 500/- & in multiples of ₹ 1/-			Y Y Top-up End Mo	·
Existing Investors Availing Top-Up: Plea	·		` 1		If Yearly Yearly (Default)
3. SIP PAYMENT DETAILS (New In	•	·			
Cancelled cheque Leaf Fi	rst SIP Cheque No.	• •	D	rawn on Bank	·
DECLARATION & SIGNATURE: To The Trustees, M scheme and agree to abide by the terms, condition transaction is delayed or not effected for reasons of representatives responsible. I/We also undertake to k of trail commission or any other mode), payable other Micro application [including Lumpsum + SIF	eep sufficient funds in my bank accour, o him for the different competing S Ps] which together with the current a	nt on the date of execution of chemes of various Mutual	the said standing instructions IF Junds from amongst which aggregate investments exc	. "The ARN holder has disclosed to hthe Scheme is being recommenceeding ₹50,000 in a rolling 12 mon	ome/us all the commissions (in the form led to me/us". "I/We have not made any
MIRAE ASSET		Bank use		Date	
Mutual Fund Utility Code N A		0 0 0 0 0		CREATE X MO	
Sponsor Bank Cod	e Bahk us	e	autho		ent Managers (India) Pvt. Ltd.
To Debit (tick ✓) SB CA C	C SB-NRE SB-NR	O Other Bank A	Vc		
With Bank	Name of customers	bank		IFSC / MICR	
An Amount Of Rupees				₹	
DEBIT TYPE X Fixed Amount	✓ Maximum Amount	FREQUENCY X	Mthly X Qtly	X H-Yrly X Yrly	✓ As & when presented
Reference 1	Folio No.		ference 2	Scheme Na	ame
1.1 agree for the debit of mandate processing charead, understood & made by me/us. I am authoriz this mandate by appropriately communicating the PERIOD	rges by the bank whom I am authori ing the user entity/Corporate to deb cancellation / amendment request t	zing to debit my account as it my account, based on th o the user entity / corporate	s per latest schedule of chan le instructions as agreed an e or the bank where I have au	ges of the bank, 2. This is to confirm d signed by me, 3.1 have understoc uthorized the debit.	
From D D M M Y Y Y	Υ Maximum	period of validity of th	is mandate is 40 years	only	
To DDMMYYYY Maximum period of validity of					
mandate is 40 years only	Signature C	Of Primary Account Hold	Signature Of C	Joint Account Holder S	Signature Of Joint Account Holder