

COMMON APPLICATION FORM

Application No.:



Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIIN)	ISC Date Time Stamp Reference No.

Declaration for "Execution Only" Transaction (where EUIIN box is left blank). Please refer instruction 12 of KIM for complete details on EUIIN. 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.

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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Please Lumpsum Investment Micro Application SIP Application

TRANSACTION CHARGES (Please any one of the below. Refer Instruction No. 11)

I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

Applicable transaction charges will be deducted in case your distributor has opted for such charges. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investor's assessment of various factors including the services rendered by the ARN Holder.

1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, Name, Section 2 & proceed to Section 7 - Investment Details]

Folio No.

2. APPLICANT(S) NAME AND INFORMATION [Refer Instruction 2] If the 1st / Sole Applicant is Minor, then please provide details of natural / legal guardian

1st SOLE APPLICANT Mr. / Ms. / M/s.

PAN Details KYC Pls Proof Attached Pls indicate if US Person or a resident for tax purpose / Resident of Canada Yes No^s (\$Default if not)

GUARDIAN (In case 1st Applicant is a Minor)

Mr. / Ms. / M/s. Relationship with Minor (Please) Mother Father Legal Guardian

POA Details: Name PAN Details KYC Pls Proof Attached

Mode of Holding: Anyone or Survivor Single Joint (Please note that the Default option is Anyone or Survivor)

Contact Person for Corporate Investor: Name Designation:

3. FIRST APPLICANT AND KYC DETAILS

1st SOLE APPLICANT Individual or Non-Individual [Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. 17]

*Date of Birth/Incorporation (Individual/Non-individual) D D M M Y Y Y Y Proof of Date of Birth (Please) Birth Certificate School Leaving Certificate / Mark Sheet Passport of the Minor Others (Please specify)

Place of Birth / Incorporation: Country of Birth / Incorporation: Nationality: Gender Male Female Other

Type: Resident Individual Sole Prop NRI - NRE Trust Bank / Fls Flls PIO Society/AOP/BOI Minor thru Guardian NRI - NRO HUF LLP Listed Company Private Company Public Ltd. Company Artificial Juridical Person Partnership Firm FOF - MF Schemes Others (Please specify)

a*. Occupation Details [Please tick ()] Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (Please specify)

b*. Gross Annual Income (₹) [Please tick ()] Below 1 Lakh 1-5 Lakh 5-10 Lakh 10-25 Lakh >25 Lakh > 1 Crore

c*. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP Not Applicable

d*. Net-worth (Mandatory for Non-Individuals) ₹ as on D D M M Y Y Y Y (Not older than 1 year)

e*. Non-Individual Investors involved/providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending / Pawing None of the above

4. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4]

Name of the Bank:

Core Banking A/c No. A/c. Type Pls. () NRE CURRENT SAVINGS NRO

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)

* mandatory fields

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

01-2016

FOR NON-INDIVIDUALS ONLY

10. FATCA & CRS DETAILS (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A To be filled by Financial Institutions or Direct Reporting Non Financial Entity (NFEs)

We are a, Financial institution <input type="radio"/>	GIIN <table border="1" style="width: 100%; height: 15px;"></table>	<small>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</small>
or Direct reporting NFE <input type="radio"/> [Please tick (✓)]	Name of sponsoring entity: _____	
GIIN not available [Please tick (✓)] <input type="radio"/> Applied for <input type="radio"/> Not required to apply for - please specify 2 digits sub-category		<input type="radio"/> Not obtained – Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	<input type="radio"/> 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 publicly traded company (a company whose shares are regularly traded on an established securities market)	<input type="radio"/> Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company: _____ Nature of relation <input type="radio"/> Subsidiary of the Listed Company or <input type="radio"/> Controlled by a Listed Company Name of stock exchange: _____
3	Is the Entity an active NFE	<input type="radio"/> Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: _____ Please specify the sub-category of Active NFE <table border="1" style="width: 40px; height: 20px;"></table> Mention code: Refer instruction 16(c)
4	Is the Entity a passive NFE	<input type="radio"/> Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: _____

For details refer instruction No. 16.

11a. DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO] (Refer instruction No. 17)*

*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. Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E.

11b. DETAILS OF ULTIMATE BENEFICIAL OWNERS [Mandatory] (If the given space below is not adequate, please attach multiple declaration forms)

Name of UBO & Address	Address Type ^{§§}	PAN/Tax Payer Identification No./ Equivalent ID No. ^{§§}	Document Type Refer instruction No. 16(d)	Country of tax Residency/ permanent residency*	Country of citizenship	UBO Code (Mandatory)	KYC (Yes / NO) [please attach the KYC acknowledgement copy]	% of beneficial interest

§§ **Address Type: Residential or Business (default)/Residential/Business/Registered Office.** Attached documents should be self certified by the UBO and certified by the applicant or Authorised signatory. In case the above information is not provided, it will be presumed that applicant is the UBO, with no declaration to submit. In such case, MAMF/AMC 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.

If passive NFE, please provide below additional details. (Please attach additional sheets if necessary). Also provide below mandatory details if the UBO does not have a PAN. (Refer Instruction No. 16)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type: Service, Business, Others Nationality: Father's Name: Mandatory if PAN is not available	DOB: Date of Birth Gender: Male, Female, Other
1. PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	Date Of Birth: Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
2. PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	Date Of Birth: Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
3. PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	Date Of Birth: Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India.

* To include US, where controlling person is a US citizen or green card holder

§ In case Tax Identification Number is not available, kindly provide functional equivalent

ACKNOWLEDGEMENT SLIP

Received Application from Mr. / Ms. / M/s. _____ Application No.: _____ For Lumpsum 'OR' SIP as per details below:

Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
	Amount (Rs) _____ Cheque / DD No.: _____ Dated _____ Bank & Branch _____	

Cheque / DD is subject to realisation

The detail of this page should be filled by Non-Individual investors only.

12. FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 16)

(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/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

1 st Applicant (Sole / Guardian / Non-Individual)		2 nd Applicant		3 rd Applicant	
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No
Country of Birth		Country of Birth		Country of Birth	
Country Citizenship / Nationality		Country Citizenship / Nationality		Country Citizenship / Nationality	
Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____
Non-Individual investors fill this section if ticked Yes above.					
Tax Residency Status: 1	Country:	Tax Residency Status: 1	Country:	Tax Residency Status: 1	Country:
	No.:		No.:		No.:
	Type:		Type:		Type:
Tax Residency Status: 2	Country:	Tax Residency Status: 2	Country:	Tax Residency Status: 2	Country:
	No.:		No.:		No.:
	Type:		Type:		Type:
Tax Residency Status: 3	Country:	Tax Residency Status: 3	Country:	Tax Residency Status: 3	Country:
	No.:		No.:		No.:
	Type:		Type:		Type:
Address Type _____		Address Type _____		Address Type _____	

(Address Type: Residential or Business (default) / Residential / Business / Registered Office)

In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily.

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

To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme(s), I/We hereby apply for units of the scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of 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 Global Investments (India) Limited (AMC)/ Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that **"The ARN holder has disclosed to me/us all the 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.** (F) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) **Applicable to Investors availing the online facility:-** I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) **Applicable for NRIs only:-** I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription and for all additional purchases have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/ Ordinary Account. (I) **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 and other applicable laws and regulations. (J) **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)** (J). **FATCA / CRS Certification:** I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept 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.

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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Cheque/DD should be Drawn in favour of the Scheme Name

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

SYSTEMATIC INVESTMENT PLAN (SIP)

Application No.:

MIRAE ASSET

Registration Cum Mandate Form For NACH/ECS/Direct Debit

Mutual Fund

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIIN)	ISC Date Time Stamp Reference No.

Declaration for "Execution Only" Transaction (where EUIIN box is left blank). Please refer instruction 12 of KIM for complete details on EUIIN. 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.

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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Please Enrollment for New Registration (Please fill all sections) **OR** Change my/our bank account for existing SIP(s).

1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Folio No. Name of 1st Unit Holder

2. SIP ENROLMENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for. [Refer Instruction 16 Overleaf]).

Frequency please Monthly (Default) Quarterly

Scheme Regular Plan Direct Plan Growth (Default) Payout Reinvestment Dividend

SIP Date Please 01st 10th (Default) 15th 21st 28th

SIP PERIOD: SIP Start Date : M M Y Y Y Y End Date : Perpetual Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP)

OR Enter SIP End Date : M M Y Y Y Y SIP Amount (₹) 5,000 10,000 25,000 Any other Amount. (₹)

3. SIP PAYMENT DETAILS

3a - Only for Existing Investors - I/We wish to register my/our SIP on the basis of Cancelled Cheque leaf or Photocopy of the Cheque submitted Please

3b - For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed

First SIP Cheque No. Drawn on Bank

Cheque Date A/c. Type NRE CURRENT SAVINGS NRO

4. 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 NACH/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

Bank Name Core Banking A/c. No.

Branch Name & Address City

9 Digit MICR Code Bank Account Type NRE CURRENT SAVINGS NRO

Mandatory Enclosures : Main Application Form and Blank Cancelled Cheque "OR" Copy of Cheque

DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Mutual Fund - I/We have read and understood the contents of the SID of the applied Scheme and the terms & conditions of SIP enrolment and registration through NACH/ECS or Direct Debit (Auto Debit). 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 NACH/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 Rs. 50,000 in a rolling 12 month period or in a financial year".

Signature of 1 st Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS)	Signature of 2 nd Applicant/Guardian /Authorised Signatory/PoA (AS IN BANK RECORDS)	Signature of 3 rd Applicant/Guardian/Authorised Signatory/PoA (AS IN BANK RECORDS)
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Tick(✓)⁷ Create UMRN¹ Date²

Sponsor Bank Code³ Utility Code⁴

I/We, hereby authorize⁵ Mirae Asset Global Investments India Private Limited To Debit (Tick✓)⁵ SB / CA / SB-NRE / SB-NRO / Other

Bank A/c Number⁸

With Bank⁹ Name of Customers Bank IFSC¹⁰ or MICR¹¹

An Amount of Rupees¹² In Words Amount in Figures¹³ ₹

Frequency¹⁴ Mthly Qtly H-Yrly Yrly As & when presented Debit Type¹⁵ Fixed Amount Maximum Amount

Reference 1¹⁶ Folio No Mobile¹⁸

Reference 2¹⁷ Scheme Name Email ID¹⁹

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

From	Period ²⁰											
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Or	<input type="checkbox"/> Until cancelled											

²¹ Signature of the account holder

²² Name of the account holder

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

NACH MANDATE INSTRUCTION FORM (Refer instruction over leaf before filling)

01-2016

General Guidelines

This mandate registration form will be submitted through National Automated Clearing House (NACH).

- This facility is offered to investors having Bank accounts in select banks mentioned in the link <http://www.npci.org.in/>. The Banks in the list may be modified/updated/changed/removed at any time in future entirely at the discretion of National Payments Corporation of India without assigning any reasons or prior notice. Standing instructions for investors in such Banks will be discontinued. We will inform you on such discontinuation.
- Investor/Unitholder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Investor/Unitholder(s) should submit original Cancelled Cheque (or a copy) along with mandate form with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unitholder(s) cheque/bank account details are subject to third party verification.
- Mirae Asset Mutual Fund will not be liable for any transaction failures due to rejection by the investors bank/branch.
- The investor agrees to abide by the terms and conditions of NACH facility of NPCI.
- Investor will not hold Mirae Asset Mutual Fund and its service providers responsible if the transaction is delayed or not effected by the Investor's Bank or if debited in advance or after the specific date due to various reasons or for any bank charges debited by his banker in his account towards NACH Registration/Cancellation/Rejections.
- Mirae Asset Mutual Fund reserves the right to reverse allotments in case the Auto debit is rejected by the bank for any reason whatsoever.
- Mirae Asset Mutual Fund 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 the Auto Debit facility of NACH and takes full responsibility for the same.
- Mirae Asset Mutual Fund/Mirae Asset Trustee Co. Pvt. Ltd / Mirae Asset Global Investments (India) Pvt. Ltd. reserves the right to discontinue or modify this facility at any time in future on a prospective basis. This right also includes the right to discontinue this facility in case Direct Debit through NACH routes are rejected by the investor's bank for any reasons.
- Mirae Asset Mutual Fund reserves the right to reject any application without assigning any reason thereof.
- This facility cancellation can be done separately by submitting the request at least 15 Business days in advance; however the associated NACH mandate can be retained for future investments.
- For intimating the change in bank particulars, please use separate form to modify transaction limit or add/remove banks from the NACH facility. Also fill-up all the relevant details as applicable.
- Requests for any changes/cancellation in the NACH Bank Mandate request should be submitted at least 15 Business days in advance.
- Investors are required to ensure adequate funds in their bank account on the date of investment transaction. Mirae Asset Mutual Fund(MAMF) will endeavor to debit the investor bank account on the date of investment transaction, however if there is any delay all such transactions are debited subsequently MAMF or its authorized banker or agent will initiate the Auto Debit form registrations/debit transactions.
- Investments made through Auto Debit mode are subject to realization of funds from investor bank accounts and the NAV guidelines will be applicable for the transactions which are connected with realization of funds.
- Third Party Cheque / Funds Transfer:** The payment towards investment can happen only from the bank account of 1st holder and therefore the 1st holder need to be one of the holder in the bank account. 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 except 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.

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

Please take note of the Minimum Amount Criteria as under:

Schemes	Monthly Frequency	Quarterly Frequency
Mirae Asset Tax Saver Fund	Rs. 500 - 6 Installments - Multiples of Rs. 500 thereafter	Rs. 500 - 4 Installments - Multiples of Rs. 500 thereafter
All Other Schemes	Rs. 1000 - 6 Installments - Multiples of Rs.1 thereafter	Rs. 1500 - 4 Installments - Multiples of Rs.1 thereafter

Instructions to fill Mandate:

- UMRN - To be left blank.
- Date in DD/MM/YYYY format
- Sponsor Bank IFSC / MICR code, left padded with zeroes where necessary. (Maximum length - 11 Alpha Numeric Characters).
- Utility Code: Unique code of the entity to whom mandate is being given - To be provided by the entity.
- Name of the entity to whom the mandate is being given.
- Account type - SB / CA / CE / SB-NRE / SB-NRO / OTI ICR
- Tick - Select your appropriate Action
 - Create - For New Mandate
 - Modify - For Changes / Amendment on existing Mandate
 - Cancel - For cancelling the existing registered Mandate
- Your Bank Account Number for debiting the amount.
- Name of your bank and branch.
- Your Bank branch IFSC code OR
- Your Bank branch MICR code
- Amount in words.
- Amount in figures.
- Frequency at which the debit should happen.
- Whether the amount is fixed or variable.
- Reference - 1: Any details requested by the entity to whom the mandate is being given
- Reference - 2: Any details requested by the entity to whom the mandate is being given.
- Your phone number.
- Your email-id.
- Period for which the debit mandate is valid
 - Start date
 - End date
 - Or until cancelled
- Signatures of the account holder.
- Name of the account holder.

- The transactions are liable to rejection in case Investor has Multiple Auto Debit Mandate at folio level and Bank Name & Account not mentioned in the request form. 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.
- 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 misspelling 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 requisite declaration separately signed by the investor.
- Mirae Asset Mutual Fund/Sponsor Bank/NPCI are not liable for the bank charges, if any debited from investor's bank account by the destination bank, on account of payment through NACH.
- For further details of the Scheme features like minimum amounts, risk factors etc, investors should, before investment, refer to the Scheme Information Document(s), Key Information Memorandum and Addenda issued available at any of the Investor Service Centers or distributors or from the website www.miraeassetmf.co.in

SIP and MICRO SIP:

- Unitholders can opt to invest SIP on monthly or quarterly frequency on the following dates - 1st, 10th, 15th, 21st and 28th of each month/first month of the quarter. In case the day specified is a non Business Day, the transaction will be effected on the next Business Day. In case the SIP frequency is not specified in NACH form, it will be deemed as an application for monthly SIP frequency and will be processed accordingly. In case the SIP date is not specified or in case of ambiguity, the SIP transaction will be processed for 10th of every month/first month of the every quarter. In case the end date is not specified, the Fund would continue the SIP till it receives termination notice from the investor.
- Please refer the "Minimum Application/Number of units" mentioned in the KIM under the section "Applicable to all schemes" for minimum subscription amount and frequency.
- Please submit the NACH mandate registration form not less than 25 business days before the first installment date. Such of the forms that are received within the period of 25 business days before the 1st installment date, will be considered from the date of following month/quarter, as per the date (1st, 10th, 15th, 21st and 28th) opted by investor.
- If investor is having an account in other than the above mentioned banks then fill normal SIP auto debit form.
- Unitholder has a right to discontinue the SIP facility at any time by sending written request to any Official Points of Acceptance, at least 15 calendar days prior to the next debit. On receipt of such request, the SIP enrollment will be terminated.
- In case any payment instruction for SIP installment is dishonored by the Bankers for three consecutive times for the reason Account Closed or Insufficient Balance, the AMC reserves the right to discontinue the SIP enrollment.
- The facility will be automatically terminated upon receipt of intimation of death of the Unitholder.
- Each SIP installment will be treated as a fresh transaction and shall be subject to applicable exit load structure prevailing on the date of each investment.

Additional for MICRO Systematic Investment Plans (MICRO SIPs)

As per SEBI guidelines, Lumpsum and SIP investments in mutual funds upto Rs. 50,000 per year, per investor, per mutual fund shall be exempted from the requirement of PAN subject to other operational guidelines. Any investment, lumpsum or through Systematic Investment Plans (SIPs) by investors, where aggregate of investments/installments in a rolling 12 months period, does not exceed Rs. 50,000/- per investor will be treated as Micro investments for the above purpose. Micro investments will be accepted subject to PAN exemption in KYC process. This exemption will be applicable ONLY to investments by individuals (not NRI & PIOs), Minors and Sole proprietary firms. HUFs and other categories will not be eligible for Micro Investments. The exemption is applicable to joint holders also. In case under MICRO SIP, the first SIP Instalment is processed (as the cheque may be banked), and the application is found to be defective, the Micro SIP registration will cease for future instalments. No refund to be made for the units already allotted. However redemptions will be allowed based on the submission of normal prescribed Redemption Transaction Slip. Investors may submit any one of the Photo identification documents (please refer paragraph titled PAN under the General instructions) along with KYC form and proof of address (self attested). No separate address proof is required if Photo ID with address mentioned on it is submitted. The photo identification documents have to be current and valid and also to be either self attested or attested by ARN holder (AMFI Registered Distributor). All the applicants including second and third applicant (if any) is mandated to submit any of the above documents.