



Investor must read the instructions section before completing this form. First time investors need to submit this form along with the main application form.

| Distributor Name & Broker Code / ARN / RIA Code | Sub Broker / Agent ARN Code RIA No. | Sub Agent Code | EUIN* | Internal Code for AMC | ISC Date Time Stamp, Sign, Reference No. |
|-------------------------------------------------|-------------------------------------|----------------|-------|-----------------------|------------------------------------------|
|                                                 |                                     |                |       |                       |                                          |

EUIN Declaration: Declaration for "Execution Only" Transaction (where Employee Unique Identification Number-EUIN" box is left blank). Please refer instruction 12 of KIM for complete details on EUIN. I/we hereby confirm that the EUIN 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 an appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. RIA Declaration: I/we hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/ RIA".

|                                                                        |                                                                  |                                                                  |
|------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| Signature of 1st Applicant/Guardian/<br>Authorised Signatory/PoA/Karta | Signature of 2nd Applicant/Guardian/<br>Authorised Signatory/PoA | Signature of 3rd Applicant/Guardian/<br>Authorised Signatory/PoA |
|------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|

|                   |  |                                      |  |
|-------------------|--|--------------------------------------|--|
| <b>Folio No.:</b> |  | <b>CKYC Identification No. (KIN)</b> |  |
|-------------------|--|--------------------------------------|--|

Name of 1<sup>st</sup> Unit Holder:

AADHAAR No.: 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

 Aadhaar Copy (Please ☒ ) ☐ Enclose

|                    |                                                                               |                                           |                                                                                              |                                                  |
|--------------------|-------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>From Scheme</b> | <input type="checkbox"/> Regular Plan<br><input type="checkbox"/> Direct Plan | <input type="checkbox"/> Growth           | <input type="checkbox"/> Div. Payout<br><input type="checkbox"/> Div. Reinvestment           | <input type="checkbox"/> Div frequency*<br>..... |
| <b>To Scheme</b>   | <input type="checkbox"/> Regular Plan<br><input type="checkbox"/> Direct Plan | <input type="checkbox"/> Growth (Default) | <input type="checkbox"/> Div. Payout<br><input type="checkbox"/> Div. Reinvestment (Default) | <input type="checkbox"/> Div frequency*<br>..... |

Dividend frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Savings Fund. Default option will be daily frequency if not selected any dividend frequency.

**Please (✓) STP Frequency from the below options** (Transactions will be triggered after 5 days from the date of submission) Please use multiple forms for multiple dates.

☐ Daily (Monday to Friday)    ☐ Weekly (Every Wednesday)    ☐ Fortnightly (Alternate Wednesday)    ☐ Monthly (Default)    ☐ Quarterly

For Daily, Weekly, Fortnightly, Monthly & Quarterly option minimum 5 transfers of ₹ 1000 each.

Please (✓) STP date: ☐ 1<sup>st</sup> ☒ 10<sup>th</sup> (Default) ☐ 15<sup>th</sup> ☐ 21<sup>st</sup> ☐ 28<sup>th</sup>

**Amount per transfer (₹ In Figures):**

STP Start Date from: D D M M Y Y Y Y To: D D M M Y Y Y Y

**Scheme** | ☐ Regular Plan | ☐ Direct Plan | ☒ Growth  
**SWP is allowed only under Growth option**

Please (✓) SWP Frequency from the option (Transactions will be triggered after 5 days from the date of submission) Minimum 5 transaction and ₹ 1000 each and above

☒ Monthly(Default)    ☐ Quarterly    ☐ Semi Annually    ☐ Annually

Start Date from: D D M M Y Y Y Y To: D D M M Y Y Y Y

**Fixed Withdrawal Amount Per installment ₹:**

**Withdrawal Date: Please** ☒ 1<sup>st</sup> ☐ 10<sup>th</sup> (Default) ☐ 15<sup>th</sup> ☐ 21<sup>st</sup> ☐ 28<sup>th</sup>

**On The Trustees, Mirae Asset Mutual Fund The Fund** (—) (Having read and understood the contents of the SID/SAI/MK of the Scheme applied for (including the scheme available during the New Fund Offer period); I/we hereby apply for units of the said scheme 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 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 receipt 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 the Fund/AMC/Global Investments (India) Private 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 authority and other parties for the purpose of the scheme and for the purpose of the 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) **RIA:** I/we hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) **Applicable to Foreign Resident's Residing in India -** I/we confirm that I/we satisfy the KYC requirements of the SEBI (Foreign Resident Investor) Regulations, 2019. (J) **Applicable to Foreign Resident's Residing in India -** I/we confirm that I/we are not a resident of the 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). (K) **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 is presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEB 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

|                                                                        |                                                                  |                                                                  |
|------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|
| Signature of 1st Applicant/Guardian/<br>Authorised Signatory/PoA/Karta | Signature of 2nd Applicant/Guardian/<br>Authorised Signatory/PoA | Signature of 3rd Applicant/Guardian/<br>Authorised Signatory/PoA |
|------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|

Received Application from \_\_\_\_\_ Folio No.: \_\_\_\_\_ as per details below: \_\_\_\_\_

| Scheme Name and Plan | Details                                                                                                  | Date & Stamp of Collection Centre / ISC |
|----------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------|
|                      | <input type="checkbox"/> SWP    Amount (₹) _____<br><br><input type="checkbox"/> STP    Amount (₹) _____ |                                         |

Cheque / DD is subject to realisation