COMMON TRANSACTION FORM

MIRAE ASSET Mutual Fund

Name & Broker Code/ARN/RIA Code	Sub Broker/Agent ARN Code	Sub Agent Code	EUIN*	ISC Date Time Stamp/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 in-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/Authorised Signatory/PoA/Karta	Signature of 2nd Applicant/Guardian/Authorised Signatory/PoA	Signature of 3rd Applicant/Guardian/Authorised Signatory/PoA

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

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. ADDITIONAL PURCHASE

KYC compliance status: Please (✓) ☐ 1st Applicant ☐ 2nd Applicant ☐ 3rd Applicant

Scheme ☐ Regular Plan ☐ Direct Plan | ☐ Growth (Default) | ☐ Div. Payout ☐ Div. Reinvestment (Default) | ☐ Div frequency* .....

*Dividend frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Savings Fund.

Payment Type: Please (✓) ☐ **Non-Third Party Payment** ☐ **Third Party Payment** (Please attach 'Third Party Payment Declaration Form')

Core Banking A/c No.: | | | | | | | | | | | | | | | | | | **A/c. Type Please (✓)** ☐ NRE ☐ CURRENT ☐ SAVINGS ☐ NRO

Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (₹)	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)

TRANSACTION CHARGES (Refer Instruction No. 11 of the KIM): In case, the additional purchase amount is ₹ 10,000 or above and distributor has opted to receive transaction charges, ₹ 100/- will be deducted from the Purchase amount and paid to the distributor. Units shall be allotted for the balance amount only.

2A. DEMAT ACCOUNT DETAILS – Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned as given in folio, matches as per the Depository Details.

National Securities Depository Limited (NSDL)

DP Name:

DP ID | I | N | | | | | | | Benef. A/C No. | | | | | | | | |

Central Depository Services (India) Limited (CDSL)

DP Name:

16 Digit A/C No. | | | | | | | | | | | | | | | | |

Enclosures: Please (✓) ☐ Client Masters List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

3. REDEMPTION - I WISH TO REDEEM UNITS/AMOUNT AS UNDER

Scheme ☐ Regular Plan ☐ Direct Plan | ☐ Growth | ☐ Div. Payout ☐ Div. Reinvestment | ☐ Div frequency* .....

*Dividend frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Savings Fund.

Amount (in figures) (₹): **Or Units (in figures):** **Or All Units** ☐

Amount (in words) (₹):

Direct Credit to other than Default Bank Account: I / We request you to directly credit the proceeds to my (Bank Name) for this transaction, which is one of the multiple bank already registered under the folio.

4. SWITCH REQUEST - I WISH TO SWITCH UNITS / AMOUNT AS UNDER

From Scheme ☐ Regular Plan ☐ Direct Plan | ☐ Growth | ☐ Div. Payout ☐ Div. Reinvestment | ☐ Div frequency* .....

Amount (in figures) (₹): **Or Units (in figures):** **Or All Units** ☐

Amount (in words) (₹):

To Scheme ☐ Regular Plan ☐ Direct Plan | ☐ Growth (Default) | ☐ Div. Payout ☐ Div. Reinvestment (Default) | ☐ Div frequency* .....

*Dividend frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Savings Fund.

5. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(e) of KIM]

To The Trustees, Mirae Asset Mutual Fund (The Fund)– (A) Having read and understood the contents of the SID/SAI/KIM 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 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 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) 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 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) 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 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). (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 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 & 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.

Signature of 1st Applicant/Guardian/Authorised Signatory/PoA/Karta	Signature of 2nd Applicant/Guardian/Authorised Signatory/PoA	Signature of 3rd Applicant/Guardian/Authorised Signatory/PoA

ACKNOWLEDGEMENT SLIP

Folio No.: _____ ☐ Additional Purchase ☐ Redemption ☐ Switch **Date:** D D M M Y Y Y Y

Scheme: _____ **Amount (₹):** _____ **or Units:** _____

From Scheme (in case of switch): _____ **To Scheme:** _____

06-2019