

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- 154960					
UIN Declaration: Declaration for "Execution Onla at the EUIN box has been intentionally left blai twithstanding the advice of in-appropriateness, e transactions data feed/portfolio holdings/ NAV	Transaction (where Employee Unin k by me/us as this transaction is e if any, provided by the employee/rela etc. in respect of my/our investments	que Identification Number-EUI xecuted without any interacti- tionship manager/sales perso under Direct Plan of all Schei	N* box is left blank). Plea on or advice by the emp on of the distributor/sub b mes managed by you, to	se refer instruction 12 of KIM for com loyee/relationship manager/sales per roker. RIA Declaration: "I/We hereby the above mentioned SEBI-Registered	lolete details on EUIN. I/We hereby confision of the above distributor/sub broker give you my/our consent to share/provid Investment Adviser/ RIA".
Authorised Signatory /PoA/Karlease Lumpsum Investmen		Authorised Signate Micro Applicati			sed Signatory /PoA Application
TRANSACTION CHARGES (Please I AMA FIRST TIME INVESTOR IN MUTU pplicable transaction charges will be deduct istributor) based on the investor's assessm EXISTING UNIT HOLDER INFOR	UAL FUNDS cted in case your distributor has o nent of various factors including t	OR opted for such charges. Up the services rendered by the	☐ I AM / ofront commission sha ne ARN Holder.		to the ARN Holder (AMFI registered
olio No.	MATION [Flease III III your		cation No. (KIN)	to Section 7 - Investment De	statis]
2. APPLICANT(S) NAME AND INFO	RMATION [Refer Instruction	n 2] If the 1 st / Sole Ap _l	plicant is Minor, the	en please provide details of	natural / legal guardian
1st SOLE APPLICANT Mr. / Ms. / M/s. Please write the name as per PAN Card)				PAN	
EKYC ID No. (KIN)			Pls ir		for tax purpose / Resident of Cana
GUARDIAN (In case 1st Applicant is a N	linor)				No ^s (\$Default if not ✓) ip with Minor (Please ✓)
fr. / Ms. / M/s.			_KYC (Please ✓)	Mother GUARDIAN	Father Legal Guard
O No. (KIN)			Proof Attached	PAN	
GUARDIAN AADHAAR No.				Aadhaar Copy (Plea	ase ✓) L Enclosed
OA / Custodian Name:					C (Please ✓) ☐ Proof Attacl
CKYC ID No. (KIN)				POA / Custodian PAN	
3. FIRST APPLICANT AND KYC DE				Designation:	
st SOLE APPLICANT Individual o	_	fill Ultimate Beneficial (Ownership (UBO) D	eclaration Form in section 11a	& 11b - Refer Instruction No.
Date of Birth/Incorporation (Non-individual) Delease write the Date of birth as per Aadhaar Ca		of of Date of Birth (Plea (For minor applicant)	, <u> </u>		School Leaving Certificate / Mark Sl Others (Please specify)
lace of Birth / icorporation: Please write the Date of birth as per Aadhaar Ca	Country of Birth / Incorporation:		lationality:	Gender	Male Female O
ype: Resident Individual Sole	Prop NRI - NRE T	rust Bank / Fls	FIIs PIO	Society/AOP/BOI Mine	or through Guardian NRI - N
HUF LLP Listed Company P				ership Firm FOF - MF Scheme	
*. Occupation Details [Please tick (✓	Private Sector Business	Public Sector Retired	Government Sei Agriculture	vice Student Proprietorship	Professional House Others (Please specify)
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	s (Also applicable for authorised	signatories/Promoters/Ka	rta/ rrustee/whole time		am Related to PEP Not Appli
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*. Politically Exposed Person (PEP) Statu *. Gross Annual Income (₹) [Please ti *. Net-worth (Mandatory for Non-Indiv *. Non-Individual Investors involved/ any of the mentioned services	ck (√)] ☐ Below 1 Lakh viduals) ₹ /providing ☐ Foreign	1-5 Lakh Exchange / Money Cha	5-10 Lakh as 6	10-25 Lakh on D M M Y Y Gaming/Gambling/Lottery	>25 Lakh
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	KYC DETAILS							
Mode of Holding: Anyone or Survivor	Single		Joint	ı	(Please note t	hat the Default or	otion is Any	one or Survivor)
2 nd APPLICANT Mr. / Ms. / M/s. (Not Applicable (Please write the name as per PAN Card)						Gender	Male F	emale Other
PAN Details	Pls	s indicate if US Pe	rson or a resi	dent for tax purpo	se / Resident of	Canada Yes	No* ((*Default if not ✓)
CKYC ID No. (KIN)			KYC Pls 🗸	Proof Atta	ched Date (As pe	of Birth (Mandato er PAN Card)	ory) D D N	I M Y Y Y Y
Place of Birth	Country of Birth				Nationa	lity:		
a*. Occupation Details [Please tick (✓)]	Private Sector Business	Public Sector Retired	Gove	nment Service	Student Propriet	=	ofessional ners(Pl	Housewife ease specify)
b*. Gross Annual Income (₹) [Please tick (✔)]	Below 1 Lakh	1-5 Lakh	5-10 I	_akh	10-25 L	akh	5 Lakh	2 > 1 Crore
c*. Politically Exposed Person (PEP) Status	am PEP I am Relate	ed to PEP	Not Applicable					
d. Net-worth ₹		as on	IVI IVI	Y Y Y	(Not older the	an 1 year)		
Mode of Holding: Anyone or Survivor	Single		Joint	-	(Please note t	hat the Default or	otion is Any	one or Survivor)
3 rd APPLICANT Mr. / Ms. / M/s. (Not Applicable (Please write the name as per PAN Card)	in case of Minor Applicant)					Gender	Male F	emale Other
PAN Details	Pls	s indicate if US Pe	rson or a resi	dent for tax purpo				(*Default if not √)
CKYC ID No. (KIN)			KYC Pls 🗸	Proof Atta	(As pe	of Birth (Mandato er PAN Card)	ory) D D N	I M Y Y Y Y
Place of Birth	Country of Birth	7 Dublic C+	По	mmont Camile	Nationa		foodier -!	- Hansmit
a*. Occupation Details [Please tick (✓)]	Private Sector Business	Public Sector Retired	Gove	nment Service ulture	Student	orship Oth	ofessional ners(Pl	Housewife
b*. Gross Annual Income (₹) [Please tick (✓)] c*. Politically Exposed Person (PEP) Status	Below 1 Lakh am PEP I am Relate	1-5 Lakh	5-10 I Not Applicable		☐10-25 L	akh	5 Lakh	> 1 Crore
d. Net-worth ₹		as on DD	M M	YYY	(Not older the	an 1 year)		
6a. MAILING ADDRESS [Please provide you	r E-mail ID and Mobile N	Number to help	us serve yo	ou better]				
Local Address of 1st Applicant								
	City		St	ate		Pin Code		
Tel. Off.		Resi.			Mobile^^			
E 88 1188								
E - Mail^^								
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^{*} mandatory fields

Mirae Asset Great Consumer Fund

Mirae Asset Short Term Fund

Mirae Asset Savings Fund

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FOR NO	N-INDIVIDUAI	LS: Is the	cate all countries in which you are re "Entity" a tax resident of any countries in which the entity is a resident fo	ry other than India?	Yes		below.		
	1 st Applicant	(Sole / G	uardian / Non-Individual)		2 nd A	pplicant		3 rd Ap	oplicant
Count Citizer	u have any no try(ies) of Birth nship / Nation ax Residency	1 /	Yes No	Do you have any no Country(ies) of Birt Citizenship / Nation and Tax Residency	h /	Yes No	Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	h /	☐ Yes ☐ No
	try of Birth / poration			Country of Birth			Country of Birth		
Count	try Citizenship nality	1		Country Citizenship Nationality	0/		Country Citizenship Nationality) [
Are yo	ou a US specif n?	ïed	Yes No Please provide Tax Payer Id.	Are you a US speci- person?	fied	Yes No Please provide Tax Payer Id.	Are you a US specific person?	fied	Yes No Please provide Tax Payer Id.
For no	n-Individual inv	estor in c	case, if you country of incorporation	/ Tax resistance in US, b	out you are	e not a specified US person then ple	ease mention exemption	code	(Refer instruction 16(e))
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In case of	of applications v	with POA,	, the POA holder should fill separate	form to provide the abo	ve details	mandatorily.			
			SIGNATURES / THUMB IMP						
agree to ab provisions Asset Mutt information !/We will in the form o communic Investors to the regis "Person Re Canada. In Form (read accept the reverse the	of the Income Tax A ual Fund, (D) The Income Tax A ual Fund, (D) The Income Tax A demnify the Fund, A for trail commission cated any indicati availing the online stered investment a sesident in India" and n case of change t along with the FAT same. In case hat same ln case Hat	onditions, rul Act, Anti Mor information MC / Fund/Ro MMC, Trustee or any othe ve portfolio e facility: I/W ddvisor (RIA) d are allower oo this status CA& CRS II above inform if subsequer	les and regulations governing the scheme. (B ney Laundering Laws or any other applicable given in / with this application form is true a egistrars and Transfer Agent (RTA) from time e, RTA and other intermediaries in case of any er mode), payable to him for the different cand/ or any indicative yield by the Fund/A ve have read, understood and shall be bound it hrough the registrar or otherwise. (I) Applic d to invest into the Scheme as per the said FE s, I / We shall notify the AMC, in which even instructions) and hereby confirm that the information is not provided, it will be presumed the	I I/We hereby declare that the a laws enacted by the Governme and correct and further agrees to time. I/We hereby confirm the dispute regarding the eligibility impeting Schemes of various MC/its distributor for this in by the terms & conditions of the table to Foreign Resident's MA regulations and other appin int the AMC reserves the righ mation provided by me I us on the it applicant is the ultimate bene facts of beneficial ownership. I	umount investent of India from the AMC/From the AMC/From the AMC/From the AMC/From the India from the India fro	pplied for (Including the scheme(s) available d ted in the scheme is through legitimate source om time to time. (C) Signature of the nominee additional information sought by Mirae Asset Fund shall have the right to share my informatic authorization of my/our transactions. (E) I/We hads from amongst which the Scheme is bei We have not received nor have been induced enta available on the AMC website for transactindia:- I/ We confirm that I/We satisfy the Res nd regulations. (J) I/We confirm that I am I/W y / our investments in the Scheme(s). (K) ue, correct, and complete. I/We also confirm twith no declaration to submit. In such case, the trake to keep you informed in writing about an I/C for updating the same in my folio.	s only and does not involve and acknowledging receipts of my Global Investments (India) Pon and other details with the refurther declare that "The ARN in grecommended to mefus. (by any rebate or gifts, directly ng online. (H) RIA: I/We hereb idency test as prescribed und Ve are not United States per FATCA /CRS Certification: I hat I /We have read and under ne concerned SEBI registered	d is not design /our credit wi rivate Limite- gulatory and I holder has F) I/We here or indirectly y agree to co er FEMA pro- son(s) unde- / We have ur stood the FA I intermediany	ned for the purpose of the contravention of any II constitute full discharge of liabilities of Mirae d (AMC)/ Fund and undertake to update the government authorities as and when needed. disclosed to me/ux all the commissions (in by confirm that I/We have not been offered/ in making this investment. (G) Applicable to nsent the AMC to share my transaction details visions. I/We further declare that I/We am/are r the laws of United States or resident(s) of derstood the information requirements of this TCA& CRS Terms and Conditions and hereby y reserves the right to reject the application or
			oplicant / Guardian / natory /PoA/Karta			pplicant / Guardian / Signatory /PoA			opplicant / Guardian / Signatory /PoA For □ Lumpsum 'OR' □ SIP
CKNOWLEDGMENT SLIP	Received A	-	on from Mr. / Ms. / M/s						_ as per details below:
WEN.		Sche	eme Name and Plan			ayment Details	Date & S	tamp of	f Collection Centre / ISC
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SYSTEMATIC INVESTMENT PLAN (SIP) Registration Cum Mandate Form For NACH/Direct Debit

MIRAE ASSET
Mutual Fund

With Goal SIP & Top-	Up Facility
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Application No.:

	er Code / Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for Al	MC ISC Date Time Stamp Reference No.
ARN-15	34960					
UIN Declaration: Declaration the EUIN box has been otwithstanding the advice one transactions data feed/pr	on for "Execution Only' n intentionally left blant f in-appropriateness, if ortfolio holdings/ NAV e	Transaction (where Employee U of by me/us as this transaction is any, provided by the employee/r tc. in respect of my/our investmen	nique Identification Number-EU e executed without any interact elationship manager/sales pers nts under Direct Plan of all Sche	IIIN* box is left blank). Plea ion or advice by the emp ion of the distributor/sub te emes managed by you, to	ase refer instruction 12 of KIM for loyee/relationship manager/sales roker. RIA Declaration: "I/We he the above mentioned SEBI-Regis	complete details on EUIN. I/We hereby complete details on EUIN. I/We hereby compension of the above distributor/sub brolereby give you my/our consent to share/protected investment Adviser/ RIA".
Signature of 1st Applicant / G	suardian / Authorised Sig	natory / PoA / Karta Sign	nature of 2 nd Applicant / Guardian /	Authorised Signatory / PoA	Signature of 3 rd Appli	cant / Guardian / Authorised Signatory / PoA
Please 🕢 🔲 Enr	ollment for New Re	egistration (Please fill all se	ctions) OR S	SIP Top-up Facility	OR Goal SIP	
		MATION (The details in o	ur records under the fol	lio number mention	ed will apply for this app	olication.)
lame of 1 st Unit Holde		se check the Minimum A	mount Criteria for the s	cheme applied for	Folio No. Refer Instruction 17 Over	orleafl)
requency Please	Monthly (E		Regular Plan		Growth (Default)	Dividend Reinvestment (Pleas
Scheme:		, ,	<u> </u>			Dividend Payout
		Date from 1st till 28th of the		(₹) □5.000 □1	0,000	v other Amount. (₹)
		be considered as the defau	uit date)			```
SIP Start Month (MM/) 2a. Goal SIP - Do ye	,	SIP End Month (MM a goal for your SIP.	<u> </u>		Jec 2099 (Till you instruct Mira	ae Asset Mutual Fund to discontinue you
lease specify your go	<u> </u>		Kids Marriage		ucation	Retirement Planning (Default)
☐ Tax Savings 🔊	Dream Ho	use 💮 🔲 Dream		eam Vacation 🎤	Others-	Please specify
-0			fter minimum 6 months	from 1st SIP) Refe	r Instruction No. 23 on th	ne reverse on SIP Top-up
II Applicants have to	submit NACH ma	indate and will need to fill	the maximum amount i	n line with Top Up a	mount, SIP amount & ten	ure. (Not available for micro SIP
op-up Amount (₹)	(minimu	m ₹ 500/- & in multiples of	₹ 1/- only) Top-up Start I	Month (MM/YY)	M Y Y Top-up En	d Month (MM/YY) M M Y
kisting Investors Ava	iling Top-Up: Plea	ase provide current SIP II	I Number as per SOA		Frequency Please 🕢	Half Yearly Yearly (De
_	•		copy of cancelled chec	que and mention re		form and NACH mandate.)
Cancelled cheque L	eaf	First SIP Cheque No.	-	-	Drawn on Bank	
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ame of 1 st A/c. Holder						
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ranch Name & Addres Digit MICR Code CLARATION & SIGNATURE: ch scheme and agree to abide to assons of incomplete or incorrect the date of execution of the said tongst which the Scheme is b	To The Trustees, Mirae Ass y the terms, conditions, rule or any other operational res standing instructions. "The eing recommended to me	et Mutual Fund - Having read and under se and regulations governing the schem sons, I/We would not hold Mirae Asset (+ ARN holder has disclosed to me/us	Bank Account Type stood the contents of the SID of the S e & conditions of SIP enrolment and r Slobal Investments (India) Pvt. Ltd., th all the commissions (in the form off lifter application [including Lumps	cheme applied for (Including the registration through NACH/EC-leir appointed service providers ir ail commission or any other sum + SIPs] which together v	CURRENT SA' se scheme(s) available during the New F or Direct Debit (Auto Debit). I/We also or representatives responsible. I/We al mode), payable to him for the differer ith the current application would res	VINGS NRO Fund Offer period); I/We hereby apply for units of agree that if the transaction is delayed or not effe so undertake to keep sufficient funds in my bank troomeeting Schemes of various Mutual Fun
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