COMMON APPLICATION FORM

Application No.:



Name & Brol		e/					oker N Co			Sul	b Ag	gent	Cod	e		E	UIN*	*		Inter	mal C	ode	for A	AMC	;		IS			Time		mp
ARN/RIA	Code			<u> </u>	Ayen			ue																		-			Here	nce	NO.	
EUIN Declaration: Declar the EUIN box has been inte advice of in-appropriateness feed/portfolio holdings/NAV e	ntionally left , if any, prov	ft blank b vided by	by me	e/us as this employee/	s trans /relatio	action	is exec manage	cuted w er/sales	/ithout s perso	any in on of th	terac he di	ction or stributo	advic ors/sul	e by t b brol	the em ker. RI /	ployee VDec	e/relati laratio	ionshij on: "I/\	p mana We hei	ager/sale eby give	es perse e you m	on of t y/our	, he abo consei	ove d	listribu	utor/s	sub br	roker	or not	withsta	Inding	
Sign of 1 st Applicant / G	uardian / A	uth. Sig	nator	ry / PoA /	Karta			S	ign of	2 nd Ap	plica	ant / Gi	uardia	an / A	Auth. S	ignato	ory / P	PoA			Si	gn of	3 rd Ap	plica	nt / G	Juar	·dian /	Auth	ı. Sigr	natory	/ Po/	A
Please 🕢 🛛 Lur	mpsum Ir	nvestn	nent	t 🔲							Μ	licro A	Appl	icati	on 🗌]								S	IP A	۱pp	licatio	on				
TRANSACTION CH	ARGES	(Plea	ise (⊘ any	one	of th	ne bel	low.	Refe	r KIN	/l pa	age n	o 31	&32	2, Ins	struc	ction	s No	o. 11)													
I AM A FIRST TIME Applicable transaction registered Distributor)b	charges ased on	will be the inv	e ded vesto	ducted in or's ass	in cas sessn	se yo nent	of var	rious 1	facto	rs inc	clud	for su ing th	ie se	ervic	es rei	nder	ont co ed by	omm y the	issio ARN	Holde	be pa er.	aid d	irectl	y by	/ the	e inv	vesto	or to	the A	ARN I		·
1. EXISTING UNIT	HOLDE		FOR	RMATIC	DN- F	leas	se fill	_																								
Folio No.																				ed aloi KYC ci												rs in th
2. APPLICANT(S)	NAME	AND I	N IN	FORM		ον Γ	Refer	KIM	page	e no	318	32.1	nstr	ucti	ion 2	l lf t	he 1'	st /S	ole A	pplic	ant is	Mir	nor, f	her	n ple	eas	e pr	ovi	de di	etails	s of	natura
1 st SOLE APPLICAN									page				- Iou	aou		1				ppno		_				T					_	
(Please write the name as			5.																		PA											
LEI Code for entities																																
CKYC ID No. (KIN)					Τ	Τ		Τ										Pls	indic		_		or a r	_	_						ent o	f Cana
GUARDIAN (In case	1 st Applic	antis	a Mi																	L	_ Y	es	Rela				\$Defa with I			✓) Pleas	e 🗸)
Mr. / Ms. / M/s.																						Mot					ather		· · ·	_		, Guardi
GUARDIAN CKYC ID No. (KIN)																	ease Attacl			GU/	ARDIA PA											
POA / Custodian Nar	ne:																								KY	(C	(Plea	ise 1	/) [] Pr	oof	Attach
POA / Custodian CKYC ID No. (KIN)																			POA	/ Cus	stodia P/											
Contact Person for C	corporat	te Inve	esto	ər:			Ν	Name												Desi	gnatic	n:										
3. FIRST APPLIC	ANT AN	D KYO	C DE	ETAILS	5		A	ll fiel	ds m	narke	ed a	as (*	6 7 a	are I	Mand	latoi	ry															
			or		Nor	ו-Ind	ividua	· ·									o (UB			ration		in se	ectior									
*Date of Birth/ Incorr (Individual) (Non-I (Please write the Date of b	ndividual	I)	M ar Ca	M Y Y	ΥY	Y		Pro				of Bir nor ap			ise 🗸)		_		Certifion port of		/inoi		_	Sche Othe			· ·		tificat ase sp		lark Sl
Place of Birth / Incorporation: (Please write the Date of b	·						of Bir ation:							N	Natio	nalit	y:						G	iend	ler] Ma	ale		Fema	ale	🗌 Ot
Type: Resident		_		le Prop		NRI	- NR	E] Tru	ust		Bank	: / Fl	s [FI	s	PI	10	<u> </u>	ociety/	AOP	BOI		Mir	nor t	hro	ugh (Gua	ırdiar	ו [N	ri - NF
	ed Comp	any	Priv	vate Co	mpar					npan								_		-				FS	chem	_		Othe		<u> </u>	_	pecify)
a*. Occupation Details	[Please ((✓)]					rivate usine:	ss Sect	or			blic S tired	Secto	or		Sove Retire		ent S	Servio	e [uder oprie	nt etors	hip	L [Profe Othei			Please	_	ousew cify)
b*. Politically Exposed	Person ((PEP) \$	Statı	us (Also	o appli	icable	e for a	uthoris	sed si	gnato	ories	/Prom	noter	s/Ka	rta/Tru	istee	/Who	le tin	ne Dir	ectors)		am F	PEP [am				PEP		ot A	oplicat
c*. Gross Annual Incon	ne (₹) [Pl	ease (√)]			Be	elow 1	1 Lakl	h		1-5	Lakh	IS		5-	-10 L	akhs	s		C	_ 10	-25	akh	s	[_>	>25 L	_akł	าร] >	1 Cro
d*. Net-worth (Mandato	ry for No	on-Indi	ividu	uals)₹_														a	s on										(No	t olde	er tha	an 1 ye
e*. Non-Individual Inve any of the mentioned s		olved/	prov	viding				Foreig Money			•			Cha	inger	Serv	vices	i		Gami None				otte	əry/C	Cas	ino S	Serv	rices			
4. BANK ACCOL	INT DE	TAILS	S - N	Man <u>da</u>	itory	[Re	fe <u>r K</u>	IM pa	age n	10 <u>31</u>	&3	2, <u>In</u> s	stru	ctic	on No	os. (3 & 4	4]														
Name of the Bank:																																
Core Banking A/c No																			A/c. Type	Pls. (√)□	NRI		CUF	REI	NT	S.	AVI	NGS		IRO	Otl
Branch Name:	<u> </u>					-			Addı	ress:	:									(

branch Name:	Address:											
Bank Branch City:	State:	Pin Code										
	e attach a cancelled cheque clear photo copy of a cheque Credit via NEFT/RTGS)											

5. JOINT APPLICANTS, IF ANY AND THEIR	KYC DETAILS	All fields marked as	s 🚓 are Ma	andatory								
Mode of Holding: Anyone or Survivor 2 nd APPLICANT Mr. / Ms. / M/s. (Not Applicable)		Single ant) (Please write the nan	Joint Joint De as per PAN Ca	ard)	(Plea							Survivor
PAN Details		Pls indicates if US I	Person or a res	dent for tax purpo	se / Reside	nt of Ca	nada	Yes		lo* (*De	efault i	if not 🗸
CKYC ID No. (KIN)			KYC Pls 🖌	Proof Attac	ched (/	ate of s per PA	Birth (M N Card)	andato	ory) D	DM	ΜY	ΥΥΥ
Place of Birth	Country of	Birth			Nati	onality:						
a*. Occupation Details [Please(✓)]		Public Sector Retired	Governr		Student	orship	_	ofessi thers <u></u>		ase sp	House ecity)	ewife
		I am Related to PEF	_		_		_			_		
c*. Gross Annual Income (₹) [Please(✓)] [d*. Net-worth ₹	Below 1 Lakh] 1-5 Lakhs as on	5-10 La	akhs L	10-25 L		U >₂	25 Lak	hs	∐ >	• 1 Cr	ore
Mode of Holding: Anyone or Survivor		Single ant) (Please write the nam	Joint ne as per PAN Ca	ard)		se note t	hat the l		· · _	_ *		Survivor
PAN Details		Pls indicates if US I	Person or a resi	dent for tax purpo	se / Reside	nt of Ca	nada 🗌] Yes		lo* (*De	efault i	if not 🧹
CKYC ID No. (KIN)			KYC Pls 🖌	Proof Attac	hed (A	ate of I s per PA	Birth(M N Card)	andato	ory) D	DM	ΜY	ΥΥΥ
Place of Birth	Country of	Birth			Nati	onality:						
a*. Occupation Details [Please(✓)]	Business	Public Sector Retired	Agricultu	ire	Student Propriet	orship	Pr O	ofessi thers <u></u>		ase sp	House ecity)	ewife
b*. Politically Exposed Person (PEP) Status	_	I am Related to PEF					_			_		
c*. Gross Annual Income (₹) [Please(✓)] [d*. Net-worth ₹	Below 1 Lakh] 1-5 Lakhs as on	5-10 La	akhs YYYY	10-25 L		vear)	25 Lak	hs	□ >	• 1 Cr	ore
6. MAILING ADDRESS [Please provide yo	our E-mail ID and M		lp us serve y	ou better Refer	、 、			tructi	ons 6	9]		
Local Address of 1 st Applicant												
	City		Sta	ate			Pin Co	de				
Tel. Off.		Resi.			Mobile							
Mobile No specified above belongs to Self or Fan Spouse Guardian(for Minor Investmen E - Mail^^ APlease Use Block Letters. Investors providing emails	t)	Children 🗆 De	pendent Parer	nts De	pendent Si Abridged A		eport thr	ough e	-mail o	nly.		
Email address specified above belongs to Self or Spouse Guardian(for Minor Investment	Family, due to Investor	being(Please tick any o		below.)	pendent S			0				
6a. Mandatory for NRI / FII Applicant [Plea	ase provide Full Ad	dress. P. O. Box No.	may not be	sufficient. For (Overseas	Investo	ors, Ind	ian A	ddress	s is pr	eferr	ed]
Overseas Correspondence Address												
7. INVESTMENT AND PAYMENT DETAILS	S (For complete inf	ormation on Investn	nent Details p	olease Refer Kll	M page no	31&32	, to Ins	tructi	ons No	o. 6.)		
Scheme -			Regul		owth (Defau	ilt)	IDCW I					/* iency^
*IDCW is applicable only for Mirae Asset Cash Managem *Income Distribution cum Capital Withdrawal. IDCW ^Fre	ent Fund, Mirae Asset O quency can be Daily or V	vernight Fund & Mirae As Weekly or Monthly; If not s	set Savings Fund	d. Default option her	e will be Da is default, re	ly if frequ fer SID fo	iency not	selecte			. roqu	
Chaque / DD / UTP No. & Date Amou	n-Third Party Payment Int of Cheque / DD / NEFT in figures (Rs	DD Charg		(Please attach 'T Net Purchase Amount) rawn c			Pay	/-In Ba or Che		
	<u></u>	.,,				Dit					1	
8. DEMAT ACCOUNT: Mandatory for units	in Demat Mode -Ple	ease Ensure the sequ	uence of nam	es as mentione	d under s	ec-3 ma	tches a	as per	the D	eposit	ory D	Details.
National Securities Depository Limited (NSD)	-)		Central De	pository Service	es (India)	Limited	(CDSL	.)				
DP Name			DP Name									
DP ID I N Benef. A	/C No.		16 Digit A/C N	lo.								
Enclosures - Please (✓) ☐ Client Masters 9. NOMINATION DETAILS MANDATORY [I		Transaction o				elivery					n No	201
PLEASE REGISTER MY/OUR NOMINEE A			_	I/WE DO NOT W				iiiiau		uucuc		J. 20]
No. Nominee(s) Name	Date of Birth (in case of Minor)	Name of the G	Buardian	Relationship	% of Share		ignatur		lomine ut not N			an
1	DD/MM/YYYY				Share		(2		3	,	
2 3	DD/MM/YYYY DD/MM/YYYY											
3 I / We hereby confirm that I / We do not wish to appoint any nominee(account holder(s), my / our legal heirs would need to submit all the re-		d in my / our mutual fund folio a	and understand the is	ssues involved in non ap	pointment of n	ominee(s)	and further	are awa	re that in o	case of de	eath of a	all the
		court or other outer competent d	aalong, based on th		. alo mutuar iul							
Signature of 1 ^{et} Applicant / Guardian / Auth. Signatory / Po (AS IN BANK RECORDS)	A / Karta Signa			tory / PoA								

FOR NON-INDIVIDUALS ONLY

10. <mark>F</mark> A	ATCA & CRS DETAILS	(Please c	onsult y	our pro	fessio	nal tax	adviso	or for fu	ther g	uidance	on FAT	CA &	CRS o	lassifi	catio	n)							
PART	A To be filled by Fir	ancial Ins	titution	s or Dire	ct Rep	orting	Non F	inancial	Entity	(NFEs)				_									
We ar Finan	e a, cial institution	GIIN	y If you do u	not have a GI	IN but you		cored by	another optit			coopeor's	GIIN abov	vo and inv	dicato vou	r chonce		bolow						
	t reporting NFE 🗌 se tick (✓)]		-	oring en			Sered by		y, picado p		aponaor a				гарона		Delow						
-	not available [Please	tick (🗸)]		Applied for	or [□ Not re	eauire	d to apply	v for - p	lease s	oecify 2	diaits s	sub-ca	tegory				Not o	btained	- No	n-partio	cipatir	na Fl
PART					-	_	÷																
1	Is the Entity a public	cly traded	compa	ny			Yes (If yes, plea	ase spec	cify any o	ne stock e	exchang	ge on wi	hich the	stock	s regula	arly tra	ded)					
	(that is, a company traded on an estable				ly	N	lame of	stock excl	nange:														_
2	Is the Entity a relate traded company (a				ro		Yes (lf yes, plea	ase spec	cify name	of the list	ed com	pany ar	nd one st	tock e	kchange	e on wł	nich the	stock is	regula	rly trade	d)	
	regularly traded on					t) Name of Listed compnay: Nature of relation Subsidiary of the Listed Company or Controlled by a Listed Company													-				
						N	lature o	f relation	🗌 Si	ubsidiary	of the List	ed Com	pany or		Cont	olled by	a List	ed Com	pany				
						Name of stock exchange:													_				
3	Is the Entity an activ	/e NFE				Yes (If yes, please fill UBO declaration in the next section.)																	
						Nature of Business:													_				
						Please specify the sub-category of Active NFE Mention code: Refer instruction 15(c)																	
4	Is the Entity an Pass	sive NFE					Yes	lf yes, ple	ase fill U	BO decla	ration in f	he next	section	ı.)									
						N	lature o	f Business	:														_
11	For details refer instruction no. 15. 1 DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO] (Refer KIM page no 31&32, instruction No. 17)*																						
	claration is not needed for C														y such	Listed C	Compai	ny. Plea:	se list bel	ow the	details	of cont	rolling
), confirming ALL countries nt and Auditor's Letter with re-						ip and A	ALL Tax Ide	entificatio	on Numbe	ers for EA	CH cont	trolling p	person(s)). Own	er-docu	menteo	FFI's s	hould pro	ovide F	FI Own	er Rep	orting
11a. D	ETAILS OF ULTIMATE				Manda	tory] (I	f the g	iven spa	ace bel	ow is n	ot adeq	uate, p	please	attach	ı mul	tiple d	eclar	ation f	orms)	-			
	Name of UBO & Addres	S	Addres	ss Type ^{⁵⁵}	Identi	/Tax Pay fication I alent ID	No./ F	Documen Refer instr No. 15	uction	Resi pern	ry of tax dency/ anent lency*		Country citizens		-	BO Coo landato		[ple t	(Yes / N ase attache KYC wledger cpoy]	ch	% of b int	enefic erest	cial
L																							
information that appli	ass Type: Residential or Bus on is not provided, it will be pr cant has concealed the facts I information as may be requ	esumed that of beneficial	applicant ownership	is the UBO,	with no	declaratio	on to sub	omit. In suc	h case, N	/AMFIAN	IC reserve	s the rigl	ht to reje	ect the ap	plication	on or rev	erse th	e allotm	ent of uni	ts, if su	bsequer	ntly it is	
-	ive NFE, please provide belo								-		v mandato	ory detai	ls if the	UBO doe	es not	have a F	PAN. (R	efer Ins	truction I	No. 16)			
Election II	Any other Identification N D, Govt. ID, Driving Licence NREGA J Birth - Country of Birth		adhaar, Pass	sport,	Na	tionality	:	Service, E andatory if			ible			DOB: D Gender			le, Oth	er					
1. PAN:	:					cupation																	\neg
						tionality								Date of	_	-	_		_				
Country of Birth: Fathe						ther's Na	er's Name:							Gender 🗌 Male 📄 Female 🛄 Other									
2. PAN: Occuj							pation Type:							Date of	f Rirth								
City of Birth Nation						tionality	:								_	-		Eom-!)the-			
Country of Birth: Father's								r's Name:						Gender		Male		Female		Juner			
3. PAN	:				Oc	cupatio	n Type:							Date of	f Birth								
							nality:						Gender	_] Male		Female		Other				
Coui	ntry of Birth:				Fa	ther's Na	ame:							Conucl	· _			- cmait		20101			
#Additio	nal details to be filled by conti	ollina person	s with tax	residencv/p	ermane	nt resider	ncy/citize	enship/Gre	en Card i	in any cou	ntry other	than Indi	lia.										

*To include US, where controlling person is a US of titzen or green card holder % In case Tax Identification Number is not available, kindly provide functional equivalent Application No.: Cheque/DD s

Application No.:

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

Cheque/DD should be Drawn in favour of the Scheme Name

FOR NON-INDIVIDUAL	. S: Is the 'E	Entity" a tax resident o	f any country othe	nt for tax purposes and the er than India?	Yes	No	mbers below.								
1 st Applican	it (Sole / G	uardian / Non-Indivi	dual		2 nd A	pplicant		3 rd Applicant							
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency			Do you have any non- Country(ies) of Birth / Citizenship / Nationali Tax Residency	Indian ty and	Yes	No	Do you have any non- Country(ies) of Birth / Citizenship / Nationali Tax Residency	Indian ty and	Yes No						
Country of Birth / Incorporation			Country of Birth				Country of Birth								
Country Citizenship / Nationality	Country Citizenship / Jationality			Country Citizenship / Nationality				Country Citizenship / Nationality							
Are you a US specifie person?	ed	Ves Please provide	No Tax Payer Id.	Are you a US specified person?	b	Ves Please provide	□N₀ Tax Payer Id.	Are you a US specified person?	d	Yes No Please provide Tax Payer Id.					
For non-Individual inv	estor in ca	I use your country of inc	corporation / Tax re	L esidence is US, but you a	re not a sr	L Decified US person th	en please mentior	exemption code	F	Refer instruction 15(e))					
Individual or Non-In if ticked Yes above.		, ,				ill in below details i			<u> </u>						
	Count	y:			Count	ry:			Countr	у:					
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:			Tax Residency Status: 1	No.:							
	Туре:				Туре:				Туре:						
	Count	ry:			Count	ry:			Countr	у:					
Tax Residency Status: 2	No.:			Tax Residency Status: 2	No.:			Tax Residency Status: 2	No.:						
	Туре:				Туре:				Туре:						
	Count	y:			Count	ry:			Count	y:					
Tax Residency Status: 3	No.:			Tax Residency Status: 3	No.:			Tax Residency Status: 3	No.:						
	Туре:				Туре:				Туре:						

(Address Type: Residential or Business (default) | Residential | Business | Registered Office) (For address mentioned in form | existing address appearing in folio)

Address Type

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

Address Type

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

FATCA AND CRS DETAILS (Self Certification) (Refer KIM page no 31&32, instruction No. 15)

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 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 agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) IWA 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 Investment Managers (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 other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/ or any indicative givel by the Fund/AMC/fits distributor for this investment. II. We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (A) Applicable to Investors availing the online facility: (RIA) through the registerar or therwise. (I) Applicable to Foreign Resident's Residing in India: I/We explicitude to the Scheme as per the said FEMAregulations and other applicable laws and regulations. (J) I/We confirm that I/We have not received the information requirements of this FOM registers or otherwise. (I) Applicable to Foreign Resident's Residing in India: I/We easify the Residency test as prescribed under FEMAprovisions. IWe further declare that I/We ana/are "Person Resident's new of the Scheme as per the said FEMAregulations and other a 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.

1	Sign of 1 st Applicant / Guardian / Authorised Signatory / PoA	Sign of 2 rd Applicant / Guardian / Authorised Signatory / PoA	Sign of 3 rd Ap Authorised

Address Type

(FOR INDIVIDUALS & NON-INDIVIDUAL

For Lumpsum 'OR' SIP

S S	Received Application from Mr. / Ms. / M/s.		as per details below:
EN .	Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
ACKNOWLEDGN		Amount (Rs) Cheque/ DD No.: Dated Bank & Branch	