COMMON APPLICATION FORM Application No.:



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-105519					
EUIN Declaration: Declaration for "Execution Only" that the EUIN box has been intentionally left blant notwithstanding the advice of in-appropriateness, if the transactions data feed/portfolio holdings/ NAV e	Transaction (where Employee Unique by me/us as this transaction is exfany, provided by the employee/relate. in respect of my/our investments of the control	e Identification Number-EUI ecuted without any interacti tionship manager/sales pers under Direct Plan of all Sche	N* box is left blank). Please on or advice by the employ son of the distributor/sub bromes managed by you, to the	refer instruction 12 of KIM for compl ee/relationship manager/sales persi ker. RIA Declaration: "I/We hereby of above mentioned SEBI-Registered"	lete details on EUIN. I/We hereby confirm on of the above distributor/sub broker or give you my/our consent to share/provide Investment Adviser/ RIA".
Signature of 1" Applicant / Guard Authorised Signatory /PoA/Kar		Signature of 2 rd Applican Authorised Signat			" Applicant / Guardian / ed Signatory /PoA
Please Lumpsum Investment TRANSACTION CHARGES (Please 6		Micro Applicat		SIPA	Application (
IAM A FIRST TIME INVESTOR IN MUTU Applicable transaction charges will be deduct Distributor) based on the investor's assessment	AL FUNDS ed in case your distributor has o	OR pted for such charges. Up	☐ IAMAN pfront commission shall b	EXISTING INVESTOR IN MUT be paid directly by the investor to	
1. EXISTING UNIT HOLDER INFORM	MATION [Please fill in your l	Folio Number, KIN, Se	ection 2 & proceed to	Section 7 - Investment Det	tails]
Folio No.		CKYC Identificatio			
2. APPLICANT(S) NAME AND INFOR	RMATION [Refer Instruction	2] If the 1" / Sole Ap	plicant is Minor, then		natural / legal guardian
(Please write the name as per Aadhaar Card)				PAN	
AADHAAR No.				Aadhaar Copy (Pleas	
CKYC ID No. (KIN)			Pls indi		for tax purpose / Resident of Canada o⁵ (\$Default if not ✓)
GUARDIAN (In case 1 st Applicant is a Mi Mr. / Ms. / M/s.	inor)				p with Minor (Please V)
GUARDIAN CKYC			KYC (Please ✓)	GUARDIAN	Father C Legal Guardian
ID No. (KIN)			O Proof Attached	PAN Andhan Cany (Plan	an of) O Fredered
GUARDIAN AADHAAR No.				Aadhaar Copy (Pleas	
POA / Custodian Name: POA / Custodian			Pr	DA / Custodian	C (Please ✓) ○ Proof Attached
CKYC ID No. (KIN)			•	PAN	
3. FIRST APPLICANT AND KYC DE				Designation:	
1st SOLE APPLICANT O Individual or		fill Ultimate Beneficial	Ownership (UBO) Dec	laration Form in section 11a	& 11b - Refer Instruction No. 17]
*Date of Birth/Incorporation	<u> </u>	of of Date of Birth (Plea	O Diale		School Leaving Certificate / Mark Sheet
(Please write the Date of birth as per Aadhaar Ca	rd)	(For minor applicant)	O Pass	sport of the Minor O	Others (Please specify)
Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Ca	Country of Birth / Incorporation:	1	Nationality:	Gender	○ Male ○ Female ○ Other
Type: Resident Individual Sole		Trust	○ FIIs ○ PIO	○ Society/AOP/BOI ○ N	finor thru Guardian NRI - NRO
○ HUF ○ LLP ○ Listed Company ○ Pr	ivate Company O Public Ltd. Co	ompany O Artificial Jurio	dicial Person O Partners	hip Firm O FOF - MF Schemes	Others(Please specify)
	O Private Sector	O Public Sector	O Government Servi		Professional O Housewife
a*. Occupation Details [Please tick (✓)]	O Business	Retired	Agriculture		Others (Please specify)
c*. Politically Exposed Person (PEP) Status b*. Gross Annual Income (₹) [Please tic			orta/Trustee/Whole time D		m Related to PEP O Not Applicabl
d*. Net-worth (Mandatory for Non-Indiv		○ 1-5 Lakh		D D M M Y Y	>25 Lakh
e*. Non-Individual Investors involved/s any of the mentioned services	providing	Exchange / Money Cha		Gaming/Gambling/Lottery/G	(recolder than 1 year
4. BANK ACCOUNT DETAILS - Mai					
Name of the Bank:					
Core Banking A/c No.			A/c. Type	Pls. (✓) ONRE OCU	IRRENT O SAVINGS O NRO
Branch Name:	Ad	dress:			
Bank Branch City:	Sta	te:		Pin Co	ode
MICR Code		h a cancelled cheque hoto copy of a cheque	IFSC Code (Manda Credit via NEFT/RT	atory for GS)	

* mandatory fields

ARN-105519

10 de of Holding: Anyone or	Survivor S	ingle C) Joint (P	lease note that the Default o	ption is Anyone or Survivor
2 [™] APPLICANT Mr. / Ms. / M/s.	Not Applicable in case of Minor Applii	cant)			
Please write the name as per Aadhaar Card				Gender (Male Female Othe
ADHAAR No.				Aadhaar	Copy (Please ✓) ○ Enclose
AN Details		Pls indicate if US Person	or a resident for tax purpose	/ Resident of Canada Ye	s ○ No* (*Default if not ✓
CYC ID No. (KIN)		KY	C PIs 🕢 🔾 Proof Attach	ed Date of Birth (Mandat (As per Aadhaar Card)	tory) D D M M Y Y Y
ace of Birth	Country of B	irth		Nationality:	
. Occupation Details [Please tick	○ Private Sector ○ Business		Government Service Agriculture		ofessional O Housewif hers (Please specify)
. Gross Annual Income (₹) [Please	, -		5-10 Lakh		25 Lakh O > 1 Crore
Politically Exposed Person (PEP) St	tatus Olam PEP Olam I		pplicable		
Net-worth ₹		as on D M	MYYYY	(Not older than 1 year)	
ode of Holding: O Anyone or	Survivor OS	ingle) Joint (P	lease note that the Default o	ption is Anyone or Survivo
APPLICANT Mr. / Ms. / M/s. ease write the name as per Aadhaar Card	lot Applicable in case of Minor Appli			Gender 🔘	Male
ADHAAR No.				Aadhaar	Copy (Please ✓) ○ Enclose
AN Details		Pls indicate if US Person	or a resident for tax purpose	/ Resident of Canada	s ONo* (*Default if not •
CYC ID No. (KIN)		KY	C Pls O Proof Attach	ed Date of Birth (Mandar (As per Aadhaar Card)	tory) D D M M Y Y Y
ace of Birth	Country of B	irth		Nationality:	
. Occupation Details [Please tick	○ Private Sector		Government Service		ofessional O Housewi
. Gross Annual Income (₹) [Please	Business)Agriculture ○ 5-10 Lakh		hers (Please specify) 25 Lakh O > 1 Crore
Politically Exposed Person (PEP) St			applicable		S Zukii
Net-worth ₹		as onD D M	M Y Y Y Y	(Not older than 1 year)	
a. MAILING ADDRESS [Please p	revide your E mail ID and Mal				
	provide your E-mail ID and Moi	bile Number to help us s	serve you better]		
	provide your E-mail ID and Mor	bile Number to help us s	serve you better]		
	City	bile Number to help us s	State	Pin Code	
ocal Address of 1st Applicant	-	bile Number to help us s		Pin Code Mobile	
ocal Address of 1st Applicant	-				
el. Off.	City	Resi.	State	Mobile	rt through e-mail only.
el. Off. - Mail^^ Please Use Block Letters. Investors	City	Resi. orily receive all Communica	State State Statement of Accoun	Mobile ts and Abridged Annual Repo	
el. Off. - Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / Fil Applic	City providing email ID would mandate cant [Please provide Full Addr	Resi. orily receive all Communica	State State Statement of Accoun	Mobile ts and Abridged Annual Repo	
ocal Address of 1st Applicant I. Off. Mail^^ Please Use Block Letters. Investors D. Mandatory for NRI / Fil Applicant	City providing email ID would mandate cant [Please provide Full Addr	Resi. orily receive all Communica	State State Statement of Accoun	Mobile ts and Abridged Annual Repo	
el. Off. - Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / Fil Applie	City providing email ID would mandate cant [Please provide Full Addr	Resi. prily receive all Communicatess. P. O. Box No. may	State stions, Statement of Account to the sufficient. For Over	Mobile ts and Abridged Annual Reporterseas Investors, Indian A	
el. Off. - Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / Fil Applications verseas Correspondence Addres	providing email ID would mandate cant [Please provide Full Address	Resi. orily receive all Communicatess. P. O. Box No. may are stated in the communication on Investment Investment In the communication on Investment In the	State Itions, Statement of Account not be sufficient. For Overtheless of the sufficient of the suffin	ts and Abridged Annual Reporterseas Investors, Indian Austructions No. 6.) Dividend*	
el. Off. - Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / Fil Appli verseas Correspondence Addres 7. INVESTMENT AND PAYMENT cheme	City providing email ID would mandate cant [Please provide Full Address	Resi. prily receive all Communicatess. P. O. Box No. may remation on Investment I Regular Plan Direct Plan	State Itions, Statement of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient.	Mobile ts and Abridged Annual Reporterseas Investors, Indian Adstructions No. 6.) Dividend* Payout Reinvestment	ddress is preferred]
el. Off. - Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / Fil Appli verseas Correspondence Addres 7. INVESTMENT AND PAYMENT cheme	City providing email ID would mandate cant [Please provide Full Address F DETAILS (For complete info	Resi. orily receive all Communicatess. P. O. Box No. may remation on Investment I Regular Plan Direct Plan Onent) Third Party	State Itions, Statement of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient of Account not be sufficient not be sufficient.	ts and Abridged Annual Reporterseas Investors, Indian Adstructions No. 6.) Dividend* Payout Reinvestment Third Party Payment Declar	O Div frequency*
ocal Address of 1st Applicant II. Off. Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / FII Applicate Verseas Correspondence Address 7. INVESTMENT AND PAYMENT Cheme Syment Type [Please (√)]	City providing email ID would mandate cant [Please provide Full Address	Resi. prily receive all Communications. P. O. Box No. may remation on Investment I Regular Plan Direct Plan Direct Plan Third Party DD Charges,	State Itions, Statement of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient.	Mobile ts and Abridged Annual Reporterseas Investors, Indian Adstructions No. 6.) Dividend* Payout Reinvestment	ddress is preferred]
ocal Address of 1st Applicant II. Off. Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / FII Applicate Verseas Correspondence Address 7. INVESTMENT AND PAYMENT Cheme Syment Type [Please (√)]	providing email ID would mandate cant [Please provide Full Address DETAILS (For complete info	Resi. prily receive all Communications. P. O. Box No. may remation on Investment I Regular Plan Direct Plan Direct Plan Third Party DD Charges,	State State State State Statement of Account of be sufficient. For Over the sufficient of Account of be sufficient. For Over the sufficient of Account of be sufficient. For Over the sufficient of Account o	ts and Abridged Annual Reporterseas Investors, Indian Adstructions No. 6.) Dividend* Payout Reinvestment Third Party Payment Declar Drawn on Bank /	O Div frequency* ation Form') Pay-In Bank A/c No.
el. Off. - Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / Fil Applicate verseas Correspondence Addres 7. INVESTMENT AND PAYMENT cheme ayment Type [Please (√)] Cheque / DD / UTR No. & Date	City providing email ID would mandate cant [Please provide Full Address DETAILS (For complete information of the	Resi. prily receive all Communications. P. O. Box No. may remation on Investment In Regular Plan Direct Plan Direct Plan Direct Plan DD Charges, if any	State State State State Statement of Account Statement of Acc	ts and Abridged Annual Reporterseas Investors, Indian Adstructions No. 6.) Dividend* Payout Reinvestment Third Party Payment Declar Drawn on Bank /	O Div frequency* ation Form') Pay-In Bank A/c No.
I. Off. Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / FII Applit verseas Correspondence Addres INVESTMENT AND PAYMENT cheme Syment Type [Please (√)] Cheque / DD / UTR No. & Date ividend frequency is applicable onl 3. DEMAT ACCOUNT DETAILS- Manda	City providing email ID would mandate cant [Please provide Full Address F DETAILS (For complete info Self (Non-Third Party Paym Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	Resi. prily receive all Communicatess. P. O. Box No. may remation on Investment In Party Direct Plan	State Itions, Statement of Account not be sufficient. For Overtails please refer to Institute of Account (Default) Payment (Please attach Net Purchase Amount Savings Fund.	ts and Abridged Annual Reporterseas Investors, Indian Abridged Annual Re	Div frequency* ation Form') Pay-In Bank A/c No. (For Cheque Only)
Demat Address of 1st Applicant II. Off. Mail^^ Please Use Block Letters. Investors D. Mandatory for NRI / FII Applicant Verseas Correspondence Address T. INVESTMENT AND PAYMENT Cheme Demat Type [Please ()] Cheque / DD / UTR No. & Date Demat Account Details - Mandational Securities Depository</td <td>City providing email ID would mandate cant [Please provide Full Address F DETAILS (For complete info Self (Non-Third Party Paym Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)</td> <td>Resi. prily receive all Communicatess. P. O. Box No. may in the sequence of t</td> <td>State Attions, Statement of Account not be sufficient. For Overall please refer to Institute of Account (Default) Payment (Please attach Amount Savings Fund. See of names as mentioned understral Depository Services</td> <td>ts and Abridged Annual Reporterseas Investors, Indian Adstructions No. 6.) Dividend* Payout Reinvestment Third Party Payment Declar Drawn on Bank / Branch</td> <td>Div frequency* ation Form') Pay-In Bank A/c No. (For Cheque Only)</td>	City providing email ID would mandate cant [Please provide Full Address F DETAILS (For complete info Self (Non-Third Party Paym Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	Resi. prily receive all Communicatess. P. O. Box No. may in the sequence of t	State Attions, Statement of Account not be sufficient. For Overall please refer to Institute of Account (Default) Payment (Please attach Amount Savings Fund. See of names as mentioned understral Depository Services	ts and Abridged Annual Reporterseas Investors, Indian Adstructions No. 6.) Dividend* Payout Reinvestment Third Party Payment Declar Drawn on Bank / Branch	Div frequency* ation Form') Pay-In Bank A/c No. (For Cheque Only)
I. Off. Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / FII Applie verseas Correspondence Addres INVESTMENT AND PAYMENT Cheme Tyment Type [Please ()] Cheque / DD / UTR No. & Date Invidend frequency is applicable only Investment Securities Depository</td <td>City providing email ID would mandate cant [Please provide Full Address F DETAILS (For complete info Self (Non-Third Party Paym Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)</td> <td>Resi. prily receive all Communicatess. P. O. Box No. may in the sequence of t</td> <td>State Itions, Statement of Account not be sufficient. For Overtails please refer to Institute of Account (Default) Payment (Please attach Net Purchase Amount Savings Fund.</td> <td>ts and Abridged Annual Reporterseas Investors, Indian Abridged Annual Re</td> <td>Div frequency* ation Form') Pay-In Bank A/c No. (For Cheque Only)</td>	City providing email ID would mandate cant [Please provide Full Address F DETAILS (For complete info Self (Non-Third Party Paym Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	Resi. prily receive all Communicatess. P. O. Box No. may in the sequence of t	State Itions, Statement of Account not be sufficient. For Overtails please refer to Institute of Account (Default) Payment (Please attach Net Purchase Amount Savings Fund.	ts and Abridged Annual Reporterseas Investors, Indian Abridged Annual Re	Div frequency* ation Form') Pay-In Bank A/c No. (For Cheque Only)
I. Off. Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / FII Applit Verseas Correspondence Addres INVESTMENT AND PAYMENT Cheme Syment Type [Please (√)] Cheque / DD / UTR No. & Date ividend frequency is applicable only ational Securities Depository P Name	City providing email ID would mandate cant [Please provide Full Address F DETAILS (For complete info Self (Non-Third Party Paym Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	Resi. prily receive all Communicatess. P. O. Box No. may remation on Investment In Party Direct Plan	State Attions, Statement of Account not be sufficient. For Overall please refer to Institute of Account (Default) Payment (Please attach Amount Savings Fund. See of names as mentioned understral Depository Services	ts and Abridged Annual Reporterseas Investors, Indian Abridged Annual Re	Div frequency* ation Form') Pay-In Bank A/c No. (For Cheque Only)
I. Off. Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / FII Applie verseas Correspondence Addres I. INVESTMENT AND PAYMENT Cheme Type [Please (√)] Cheque / DD / UTR No. & Date Ividend frequency is applicable onleading a continual Securities Depository Name III I N	providing email ID would mandate cant [Please provide Full Address DETAILS (For complete information of Cheque / DD / RTGS / NEFT in figures (Rs. ly for Mirae Asset Cash Manager datory for units in Demat Mode - Please y Limited (NSDL) Benef. A/C No.	Resi. orily receive all Communicatess. P. O. Box No. may in the sequence of t	State Itions, Statement of Account not be sufficient. For Overthele sufficient of Account not be sufficient. For Overthele sufficient of Account not be sufficient. For Overthele sufficient of Account not be sufficient of Account Net Purchase Amount Savings Fund. Savings Fund. See of names as mentioned uncentral Depository Service Name Digit A/C No	ts and Abridged Annual Reporterseas Investors, Indian Archivestructions No. 6.) Dividend* Payout Reinvestment Third Party Payment Declar Drawn on Bank / Branch der section 3 matches as per the vices (India) Limited (Ci	Div frequency* ation Form') Pay-In Bank A/c No. (For Cheque Only)
Address of 1st Applicant I. Off. Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / FII Applicant Verseas Correspondence Address INVESTMENT AND PAYMENT Cheme Syment Type [Please (√)] Cheque / DD / UTR No. & Date Ividend frequency is applicable onleading attional Securities Depository Name Inclosures - Please (√) NOMINATION DETAILS [Mino	providing email ID would mandate cant [Please provide Full Address DETAILS (For complete information of Cheque / DD / RTGS / NEFT in figures (Rs. ly for Mirae Asset Cash Manager datory for units in Demat Mode - Please of Chemical (NSDL) Benef. A/C No.	Resi. prily receive all Communicates. P. O. Box No. may in the sequence of th	State Itions, Statement of Account not be sufficient. For Overthele sufficient and the sufficient of Account not be sufficient. For Overthele sufficient of Account not be sufficient. For Overthele sufficient sufficient of Account Net Purchase Amount Savings Fund. Savings Fund. See of names as mentioned uncentral Depository Service Name Digit A/C No	Mobile ts and Abridged Annual Reporterseas Investors, Indian Activations No. 6.) Dividend* Payout Reinvestment Third Party Payment Declar Drawn on Bank / Branch Drawn on Bank / Branch Drawn on Bank / Branch Delivery I	Div frequency* ation Form') Pay-In Bank A/c No. (For Cheque Only) Description of the Depository Details. DSL)
el. Off. - Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / FII Appli verseas Correspondence Addres 7. INVESTMENT AND PAYMENT cheme ayment Type [Please ()] Cheque / DD / UTR No. & Date Dividend frequency is applicable onl 8. DEMAT ACCOUNT DETAILS - Mandational Securities Depository P Name P ID I N</td <td>providing email ID would mandate cant [Please provide Full Address DETAILS (For complete information of Cheque / DD / RTGS / NEFT in figures (Rs. ly for Mirae Asset Cash Manager datory for units in Demat Mode - Please of Chemical (NSDL) Benef. A/C No. Benef. A/C No. Client Masters List (CML) Client Masters List (CML) T / HUF / POA Holder / Non Indo OMINEE AS PER BELOW DETA</td> <td>Resi. rily receive all Communicatess. P. O. Box No. may in the sequence of th</td> <td>State Intions, Statement of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient not be sufficient. For Over the sufficient not be sufficient not</td> <td>ts and Abridged Annual Reporterseas Investors, Indian Adstructions No. 6.) Dividend* Payout Reinvestment Third Party Payment Declar Drawn on Bank / Branch Drawn on Bank / Branch Delivery I</td> <td>Div frequency* ation Form') Pay-In Bank A/c No. (For Cheque Only) be Depository Details. DSL) Instruction Slip (DIS)</td>	providing email ID would mandate cant [Please provide Full Address DETAILS (For complete information of Cheque / DD / RTGS / NEFT in figures (Rs. ly for Mirae Asset Cash Manager datory for units in Demat Mode - Please of Chemical (NSDL) Benef. A/C No. Benef. A/C No. Client Masters List (CML) Client Masters List (CML) T / HUF / POA Holder / Non Indo OMINEE AS PER BELOW DETA	Resi. rily receive all Communicatess. P. O. Box No. may in the sequence of th	State Intions, Statement of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient. For Over the sufficient of Account not be sufficient not be sufficient. For Over the sufficient not be sufficient not	ts and Abridged Annual Reporterseas Investors, Indian Adstructions No. 6.) Dividend* Payout Reinvestment Third Party Payment Declar Drawn on Bank / Branch Drawn on Bank / Branch Delivery I	Div frequency* ation Form') Pay-In Bank A/c No. (For Cheque Only) be Depository Details. DSL) Instruction Slip (DIS)
cal Address of 1st Applicant el. Off. - Mail^^ Please Use Block Letters. Investors bb. Mandatory for NRI / FII Applicant verseas Correspondence Addres 7. INVESTMENT AND PAYMENT cheme ayment Type [Please (✓)] Cheque / DD / UTR No. & Date Dividend frequency is applicable onl 8. DEMAT ACCOUNT DETAILS - Mandational Securities Depository P Name P ID I N	providing email ID would mandate cant [Please provide Full Address DETAILS (For complete information of Cheque / DD / RTGS / NEFT in figures (Rs. ly for Mirae Asset Cash Manager datory for units in Demat Mode - Please of Chemical (NSDL) Benef. A/C No.	Resi. prily receive all Communicates. P. O. Box No. may in the sequence of th	State Itions, Statement of Account not be sufficient. For Overthele sufficient and the sufficient of Account not be sufficient. For Overthele sufficient of Institute of Inst	ts and Abridged Annual Reporterseas Investors, Indian Adstructions No. 6.) Dividend* Payout Reinvestment Third Party Payment Declar Drawn on Bank / Branch Drawn on Bank / Branch Delivery I	Div frequency* ation Form') Pay-In Bank A/c No. (For Cheque Only) Description of the Depository Details. DSL)
el. Off. - Mail^^ Please Use Block Letters. Investors b. Mandatory for NRI / Fil Applicate verseas Correspondence Addres 7. INVESTMENT AND PAYMENT cheme ayment Type [Please (√)] Cheque / DD / UTR No. & Date Dividend frequency is applicable onl 8. DEMATACCOUNT DETAILS - Mandational Securities Depository P Name P ID I N ONMINATION DETAILS [Mino) PLEASE REGISTER MY/OUR No. No. Nominee(s) Name	providing email ID would mandate cant [Please provide Full Address DETAILS (For complete information of Cheque / DD / RTGS / NEFT in figures (Rs. ly for Mirae Asset Cash Manager datory for units in Demat Mode - Please of Limited (NSDL) Benef. A/C No.	Resi. rmation on Investment I Regular Plan Direct Plan Direct Plan DD Charges, if any ment Fund & Mirae Asset asse ensure that the sequence Cee DF Transaction Ividuals cannot Nomina AILS OR Name of the Guar (in case of Minor	State Itions, Statement of Account not be sufficient. For Overthele sufficient and the sufficient of Account not be sufficient. For Overthele sufficient of Institute of Inst	ts and Abridged Annual Reporterseas Investors, Indian Adstructions No. 6.) Dividend* Payout Reinvestment Third Party Payment Declar Drawn on Bank / Branch Drawn on Bank / Branch Delivery I	Div frequency* ation Form') Pay-In Bank A/c No. (For Cheque Only) De Depository Details. DSL) Instruction Slip (DIS)
el. Off. - Mail^^ Please Use Block Letters. Investors ib. Mandatory for NRI / Fil Applie verseas Correspondence Addres 7. INVESTMENT AND PAYMENT cheme ayment Type [Please (*/)] Cheque / DD / UTR No. & Date Dividend frequency is applicable onless. DEMAT ACCOUNT DETAILS- Mandational Securities Depository P Name P ID I N	providing email ID would mandate cant [Please provide Full Address DETAILS (For complete information of Cheque / DD / RTGS / NEFT in figures (Rs. ly for Mirae Asset Cash Manager datory for units in Demat Mode - Please of Mirae (NSDL) Benef. A/C No. Benef. A/C No. Client Masters List (CML) Client Masters List (CML) Date of Birth (in case of Minor)	Resi. rmation on Investment I Regular Plan Direct Plan Direct Plan DD Charges, if any ment Fund & Mirae Asset asse ensure that the sequence Cee DF Transaction Ividuals cannot Nomina AILS OR Name of the Guar (in case of Minor	State Itions, Statement of Account not be sufficient. For Overthele sufficient and the sufficient of Account not be sufficient. For Overthele sufficient of Institute of Inst	ts and Abridged Annual Reporterseas Investors, Indian Adstructions No. 6.) Dividend* Payout Reinvestment Third Party Payment Declar Drawn on Bank / Branch Drawn on Bank / Branch Delivery I	Div frequency* ation Form') Pay-In Bank A/c No. (For Cheque Only) De Depository Details. DSL) Instruction Slip (DIS)

	ATCA & CRS DETAI														on	FAT	CA & (CRS c	lassif	icati	on)							
PART	A To be filled by Fi	nancial	Inst	itutio	ons or	Dire	ct I	Repor	ting N	lon	Finacial I	Entit	y (NF	Es)														
We are Financ	a, ial institution	GIIN																										
or	reporting NFE		Note: If	f you do	not have	a GIIN	but y	ou are sp	onsored b	by ano	other entity, plea	ase prov	vide you	r sponsor's	GIIN ab	bove a	ind indicate	your spo	onsor's n	ame bel	low							
	e tick (🗸)]	Nam	e of	spon	nsorin	g ent	tity	:																				
GIIN no	ot available [Please	tick (√)]		○ Ap	plied f	for		O N	ot re	equired to ap	oply fo	or - ple	ase spec	ify 2	digit	s sub-ca	tegory					O No	t obta	ined -	- Non-	particip	ating F
PART	B (please fill any o	ne as a	ppro	priat	te "to	be fil	lled	l by N	FEs of	the	r than Dir	ect F	Repoi	rting N	FEs"	')												
1	Is the Entity a pub	licly trad	ded c	ompa	any				O 1	r'es	(If yes, plea	ase sp	pecify	any one	stock	excl	hange o	n which	the st	ock is	regula	arly t	raded)					
	(that is, a company whose shares are regularly traded on an established securities market) Name of stock exchange:											_																
2	10 the Entry a relation of a publicly																											
	traded company (a company whose shares are regularly traded on an established securities market) Name of listed company:											—																
									Natu	ire of	f relation () Su	ıbsidia	ry of the	Listed	d Co	mpany o	r C) Cont	rolled	by a L	Listed	d Comp	pany				
	Name of stock exchange:																											
3	3 Is the Entity an active NFE																											
									Natu	ire of	f Business:																	
									Plea	se si	specify the s	ub-ca	tegory	of Active	NFE			Mentio	n code	: Ref	er inst	ructio	on 16(c	c)				
											,																	
4	Is the Entity a pass	sive NF	E								(If yes, plea		II UBO	declarat	ion in	the	next sec	tion.)										
											of Business: etails refe		truct	ion No	16													
11a. [DECLARATION FOR	ULTIM	ATE	BEN	EFICI	AL O	W	IERSI							. 10.													
*This dec	laration is not needed for (Companie	s that	are lis	ted on a	any red	cogn	ized sto	ck exch	ange	e or is a Sub	sidiary	of suc	h Listed														
	, confirming ALL countries at and Auditor's Letter with									and A	ALL Tax Iden	ntification	on Nur	mbers for	EAC	H co	ntrolling	erson(s). Owr	er-doo	cument	ted F	FI's sho	ould p	rovide	FFI O	wner R	eporting
2	DETAILS OF ULTIMA	ATE BE	NEF	ICIAI	LOW	NER	\$ [N	/landa	tory]	$\overline{}$			ce be	low is	not a	ade	quate,	pleas	e atta	ich i	nulti	ple	decla	ratio	n fo	rms)		
	Name of UBO & Addre	ess		Addr	ess Ty	pess		AN/Tax ntificat			Document 1 Refer instru			untry of			Countr			JBO 0 Ianda			KYC (of benefinteres	
								ivalent			No. 16(d		р	ermaner	it		Oluzona	····p	,,,	idirdo	iioiy,		the	e KYC	:		IIICICS	
													, n	esidency	,-							а	cknow c	neage :opy]	ement			
										$^{+}$																		
										+												$^{+}$						
																						+						
CC Addro	ess Type: Residential or B	uninana	(dofou	It\/Da	oi donti	al/Duo	inco	o/Dogie	tored (YES A	Attached a	dooum	onto ob	auld ba a	olf oo	eti od	by the II	PO and	aorti o	d by th	o oppli	icont	or Author	oriood	olano	ton: In	oooo the	o obovo
informatio	on is not provided, it will be p	presumed	thatap	pplican	ntisthe	UBO, v	with r	no de da	ration to	sub	mit. In such o	case, N	MAMF/	AMC rese	erves t	the rig	ghť to reje	ct the a	pplicati	onorn	everse	the a	llotmen	nt of un	its, if s	ubseq	uentlyiti	isfound
	cant has concealed the fact on as may be required at yo		cialow	nersn	ıp. I/We	also ur	nder	take to F	eep you	Into	rmed in writii	ngabo	outany	changes/	modi (cation	n to the a	ove int	ormatio	n in tu	ture an	id als	o under	taketo	provi	deany	otherad	Iditional
#If passi	ve NFE, please provide be	elow addi	tional	details	s. (Plea	se atta	ach a	addition	al shee	tsif	necessary).	Also	provio	de below	mand	lator	y details	if the U	BO do	s not	have a	PAN	l. (Refer	r Instn	uction	nNo.1	6)	
	Any other Identification				haar, Pas	sport,				Туре	e: Service,	Busin	ness, (Others				DOB:	Date	of Birl	th							
	D, Govt. ID, Driving Licence NRE Birth - Country of Bi		rd, Othe	irs)				Nation Father	•	ne: N	Mandatory	if PAN	N is no	ot availal	ole			Gend	er: Ma	le, Fe	emale	, Oth	ner					
1. PAN							+	Occup																				
	of Birth:								onality:							te Of Birth:												
Cou	ntry of Birth:								er's Name:							nder O Male O Female Other												
2 DAN							+	0001110	otion T	Turne	••																	
							upation Type: onality: Date							ate Of Birth:														
													ender O Male O Female O Other															
0. 0411	-						+																					
3. PAN	of Birth:							Occup		Туре	e:							Date	Of Bir	th:								
	ntry of Birth:								ality: 's Name:							nder O Male O Female Other												
	nal details to be filled by	controllin	na ner	reone	with ta	y resid					idency / citiz	renshi	in / Gr	een Carr	l in ar	nv cc	nuntry of	ner tha	n India									
* To inclu	ude US, where controlling Tax Identification Numb	g person	is a U	IS citiz	zen or g	green	card	holder					اان ، پ	_o.i oait	al	.,	y 01	.er aid	arqie	-								
					.,,																		F	For C) Lur	mpsun	n 'OR'	O SIF
WLEDGMENT SLIP	Received Application	n from	Mr. /	Ms.	/ M/s.																						elow:	
IENT	Sche	me Na	me	and	Plan							Payr	ment	Detai	ls				D	ate 8	& Sta	mp	of Co	ollec	tion	Cen	tre / IS	SC
EDG											t (Rs.)																	
DWL	DWL							Cheque / DD No.:																				
Ž									Dall	ou _																		

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 Ap	pplicant	3 rd Applicant						
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		Do you have any no Country(ies) of Birth Citizenship / Nation and Tax Residency	h /	◯ Yes ◯ No	Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	1/ O Yee O Ne						
Country of Birth / Incorporation			Country of Birth			Country of Birth						
Country Citizenship Nationality	I		Country Citizenship Nationality	1		Country Citizenship Nationality	ı I					
Are you a US specified Please provide Tax Payer		○ Yes ○ No Please provide Tax Payer Id.	Are you a US specifiperson?	fied	○ Yes ○ No Please provide Tax Payer Id.	Are you a US specific person?	ied Yes No Please provide Tax Payer Id.					
For non-Individual inv	estor in ca	ase, if you country of incorporation /	Tax resistance in US, b	ut you are	not a specified US person then plea	ase mention exemption	code(Refer instruction 16(e))					
Individual or Non-Indification if ticked Yes above.	dividual i	nvestors fill this section	Individual investor	have to	fill in below details in case of joint	applicants						
	Country	y:		Country	y:		Country:					
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:					
	Type:			Type:			Type:					
	Country	<i>y</i> :	Cou		y:		Country:					
Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:					
	Type:			Type:			Туре:					
	Country:			Country	y:		Country:					
Tax Residency Status: 3			Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:					
				Type:			Type:					
Address Type		Address Type			Address Type							
(Address Type: Residential or Business (default) / Residential / Business / Registered Office) (For address mentioned in form / existing address appearing in folio)												
In case of applications v	vith POA,	the POA holder should fill separate	form to provide the abo	ve details	mandatorily.							
		SIGNATURES / THUMB IMPR										
agree to abide by the terms, co provisions of the Income Tax A Asset Mutual Fund. (D) The i information/details with the AN I/We will indemnify the Fund, A	nditions, rule ct, Anti Mon nformation of IC / Fund/Re MC, Trustee	es and regulations governing the scheme. (B) l ey Laundering Laws or any other applicable la given in / with this application form is true ar gistrars and Transfer Agent (RTA) from time to	We hereby declare that the and the and two enacted by the Government of correct and further agrees to time. I/We hereby confirm that dispute regarding the eligibility	mount invest ent of India fro to furnish a at the AMC/F validity and	ed in the scheme is through legitimate sources on time to time. (C) Signature of the nominee a dditional information sought by Mirae Asset (und shall have the right to share my informatio authorization of my/our transactions. (E) I/We I	only and does not involve and acknowledging receipts of my Global Investments (India) P n and other details with the re further declare that "The ARN	d); NMe hereby apply for units of the said such scheme and is not designed for the purpose of the contravention of any four credit will constitute full discharge of liabilities of Mirae rivate Limited (AMC) Fund and undertake to update the gulatory and government authorities as and when needed. holder has disclosed to me/us all the commissions (in					

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 not obegined for the purpose of the purpose of the purpose of the amount invested in the scheme is through legitimate sources only and does not not will will constitute If the Government of India from time to time. (C) Signature of the nomine a cknowledging receips to finylour or edit full discharge of liabilities of Mirae Asset Mutual Fund. (D) The information given in / with this application from 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 indeals with the AMC. Tustee, RTA and other infarmediaries in case of any dispate regarding the eligibility, validity and authorization of mylour 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/fits distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly 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 confirm that I/We have read in India: I/We have read

Signature of 1*'Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 ^{nt} Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 st Applicant / Guardian / Authorised Signatory /PoA

Application No.:

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

Mirae Asset India Equity Fund	Mirae Asset Emerging Bluechip Fund	Mirae Asset Cash Management Fund
Mirae Asset Hybrid-Equity Fund	Mirae Asset Tax Saver Fund	Mirae Asset Dynamic Bond Fund
Mirae Asset Savings Fund	Mirae Asset Great Consumer Fund	Mirae Asset Short Term Fund

*Any new scheme launched by the AMC from time to time

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