SYSTEMATIC INVESTMENT PLAN (SIP) Registration Cum Mandate Form For NACH/Direct Debit

With Goal SIP & Top- Up Facility

Application No.:



	Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
ARN-105519					
JIN Declaration: Declaration for "Execution Only"	I Transaction (where Employee Uniqu	e Identification Number-EU	l ĮN* box iş left blank). Ple∶	ase refer instruction 12 of KIM for compl	ete details on EUIN. I/We hereby o
JIN Declaration: Declaration for "Execution Only" at the EUIN box has been intentionally left blain it withstanding the advice of in-appropriateness, e transactions data feed/portfolio holdings/ NAV e	k by me/us as this transaction is exi any, provided by the employee/related in monact of my/our invocatments.	ecuted without any interact tionship manager/sales pers	ion or advice by the em son of the distributor/sub	bloyee/relationship manager/sales pers broker. RIA Declaration: "I/We hereby of the above mentioned SERI Begintered	on of the above distributor/sub bro give you my/our consent to share/pi
e transactions data reed/portiono holdings/ NAV e	tc. In respect of my/our investments t	inder blied. Flan of all Sche	mes managed by you, it	The above mentioned SEBI-Registered	ilivesilieni Adviser/ RTA .
Signature of 1st Applicant / Guardian / Authorised Signature Enrollment for New Re	egistration (Please fill all section	re of 2 nd Applicant / Guardian /	SIP Top-up Facility	OR Goal SIP	Guardian / Authorised Signatory / PoA
1. EXISTING UNIT HOLDER INFORM	<u> </u>			0 000	ion.)
ame of 1st Unit Holder				Folio No.	
adhaar No.				Aadha	ar Copy (Please ✓) ○ Enc
2. SIP ENROLMENT DETAILS (Pleas	se check the Minimum Amo	unt Criteria for the s	cheme applied for.	[Refer Instruction 17 Overlea	f]).
equency Please 🕢 🔘 Monthly (De	fault) O Quarterly	Regular Plan O Direct	Plan Growth	, , ,	estment (Please ✓)
cheme			O Divide	nd Payout O Daily O We	ekly Omonthly lanagement Fund & Mirae Asset Saving
IP Date Please 🕢 🔾 01st 🔾 10th (E	Default) 0 15 th 0 21 st 0) 28 th SIP Amount	(₹) ○ 5,000 ○	10,000 🔾 25,000 🔾 Any oth	er Amount. (₹)
P Start Date: M M Y Y Y Y OR Enter	SIP End Date: M M Y Y Y Y	End Date : Perpetua	Dec 2099 (Till	you instruct Mirae Asset Mutua	I Fund to discontinue your
a. Goal SIP - Do you want to assign	a goal for your SIP. Yes	s ○ No ○lf yes plo	ease select (√) yo	ur goal [Refer Instruction 24 C	verleaf].
ease specify your goal amount ₹		O Kids Marri	age 💍 🔘 K	ids Education 🔲 🔘 Re	tirement Planning (Default
Tax Savings 🐥 🔘 Drear	n House 🗥 🔷 🛚	Dream Car 🙈	O Dream	Vacation ﷺ ○ Ot	hers
b. SIP TOP-UP FACILITY (You can s					
I Applicants have to submit NACH ma	indate and will need to fill the	e maximum amount i	n line with Top Up a	imount, SIP amount & tenure.	Not available for micro SIF
pp-up Amount (₹)	(minimum ₹ 500/-	and in multiples of ₹ 1	/- only)	Top-up Start Date M M	Y Y Y Y
equency Please 🕢 🔘 Half	Yearly (E	Default)		Top-up End Date M M	Y Y Y Y
or Existing Investors: Original SIP deta		Amount (₹)-	Schem		
3. SIP PAYMENT DETAILS (New Inv		py of cancelled chec	que and mention re		and NACH mandate.)
Cencelled cheque Leaf	First SIP Cheque No.		O ND5	Drawn on Bank	0.11/11/100
heque Date 4. BANK ACCOUNT DETAILS (Man		/c. Type	○ NRE	○ CURRENT ○	SAVINGS
	y ₁				
ame of 1st A/c. Holder as in Bank Records	s				
		Core Banking A/c. No.			
ank Name		Core Banking A/c. No.		City	
ame of 1st A/c. Holder as in Bank Records ank Name ranch Name & Address Digit MICR Code	(Core Banking A/c. No.	O NRE (City CURRENT SAVING	S O NRO
ank Name ranch Name & Address Digit MICR Code CLARATION & SIGNATURE: To The Trustees, Mirae Ass	et Mutual Fund - Having read and understoo	k Account Type 🕢	cheme applied for (Including t	CURRENT SAVING	fer period); I/We hereby apply for units of t
ank Name anch Name & Address Digit MICR Code CLARATION & SIGNATURE: To The Trustees, Mirae Assets the Scheme and agree to abide by the terms conditions rule	et Mutual Fund - Having read and understoo	k Account Type dthe contents of the SID of the S	cheme applied for (Including t	CURRENT SAVING he scheme(s) available during the New Fund Off	fer period); I/We hereby apply for units of that if the transaction is delayed or not effe
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