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.
	_				
UTIITSL-4483					
EUIN Declaration: Declaration for Execution Only the EUIN box has been intentionally left blank by me/	us as this transaction is executed withou	ut any interaction or advice by	the employee/relationship ma	nager/sales person of the above distribu	utor/sub broker or notwithstanding the
advice of in-appropriateness, if any, provided by the er feed/portfolio holdings/NAV etc. in respect of my/our in					/provide the transactions data
Sign of 1st Applicant / Guardian / Auth. Signatory	y / PoA / Karta Sign o	of 2 nd Applicant / Guardian / A	Auth. Signatory / PoA	Sign of 3 rd Applicant / G	Guardian / Auth. Signatory / PoA
Please V Lumpsum Investment		Micro Applicat	ion 🗌	SIPA	application
TRANSACTION CHARGES (Please	any one of the below. Ref	er Instructions No. 1°	1)		
I AM A FIRST TIME INVESTOR IN MU	JTUAL FUNDS	OR	I AM A	N EXISTING INVESTOR IN N	
Applicable transaction charges will be deduregistered Distributor) based on the investo					investor to the ARN Holder(AMFI
4 EVICTING UNIT HOLDED INFOR	MATION Places Siling	Falia Namela - Batta	KIN in halanger time	2 2 4 8	ion 7 for large twent Date !
1. EXISTING UNIT HOLDER INFOR					ion 7 for Investment Details. s application.All Unit Holders in the
Folio No.				n KYC credentials may be filled	
2. APPLICANT(S) NAME AND IN IN	FORMATION (Refer Instruc	tion 2] If the 1st/ Sole	Applicant is Minor t	then please provide details	of natural / legal guardian
1 st SOLE APPLICANT Mr. / Ms. /M/s.			Topicant io inition,		Or natarary rogal guardian
(Please write the name as per PAN Card)				PAN	
LEI Code for entities					
CKYC ID No. (KIN)			Pls ind		for tax purpose / Resident of Canada lo ^{\$} (\$Default if not ✓)
GUARDIAN (In case 1st Applicant is a Mir Mr. / Ms. / M/s.	nor)			Relationshi	p with Minor (Please ✓) Father Legal Guardian
GUARDIAN CKYC ID No. (KIN)			KYC (Please ✓) Proof Attached	GUARDIAN PAN	
POA / Custodian Name:			I Tool Attached		'C (Please ✓) Proof Attached
POA / Custodian			РО	A / Custodian	
CKYC ID No. (KIN) Contact Person for Corporate Investor	r: Name			Designation:	
3. FIRST APPLICANT AND KYC DE		marked as (*) are	Mandatony		
1st SOLE APPLICANT Individual or	_			aration Form in section 11a &	11b - Refer Instruction No. 17]
*Date of Birth/ Incorporation D D M (Individual)		of Date of Birth (Plea	, H	=	ool Leaving Certificate / Mark Shee
Please write the Date of birth as per Aadhaar Car Place of Birth / Incorporation:	Country of Birth /		Nationality:	sport of the MinorOth	Male Female Other
(Please write the Date of birth as per Aadhaar Car		· , 🖂 - · · - · · ·		Pasiaty/AOD/DOL TAX:	hrough Cuardian Director
	e Prop NRI - NRE T ate CompanyPublic Ltd. Co	rust Bank / Fls mpany Artificial Jur	<u> </u>	Society/AOP/BOI Minor testing	hrough Guardian NRI - NRO nes Other (Please specify)
	Private Sector	Public Sector	Government Serv		Professional Housewife
a*. Occupation Details [Please tick (✓)]	Business	Retired	Retired	Proprietorship	Others (Please specify)
b*. Politically Exposed Person (PEP) Statu	_		_		
c*. Gross Annual Income (₹) [Please tick (d*. Net-worth (Mandatory for Non-Individu	<i>"</i>	1-5 Lakhs	5-10 Lakhs		>25 Lakhs
e*. Non-Individual Investors involved/prov		Exchange / Money Cha	as on anger Services	Gaming/Gambling/Lottery/0	(Not older than 1 year) Casino Services
any of the mentioned services	Money Le	ending / Pawning		None of the above	
4. BANK ACCOUNT DETAILS - N	landatory [Refer Instruct	ion Nos. 3 & 4]			
Name of the Bank:		1 1 1	A /-		_ <u>_</u>
Core Banking A/c No.			A/c Typ	e Pls. (/) NRE CURRE	NT SAVINGS NRO Other
Branch Name:	Ad	dress:			
Bank Branch City:	Sta	te:		Pin Co	de
MICR Code		ch a cancelled cheque photo copy of a cheque	IFSC Code (Mandate Credit via NEFT/RT)		

Please Read All Instruments as given in KIM, to help you complete the Application Form Correctly.

5. JOINT APPLIC	ANTS, IF ANY A	AND THEIR K	CYC DETAILS	All fields marked a	s (*) are N	landatory				
Mode of Holding:	Anyone or	Survivor		Single	Joint		(Please note th	nat the Default	toption is Any	one or Surviv
2 nd APPLICANT Mr. (Please write the name a							C	Gender 🔲 I	Male Fer	male Oth
PAN Details				Pls indicates if US	Person or a re	sident for tax purpos	se / Resident of Can	ada Yes	No* (*□	Default if not
CKYC ID No. (KIN)					KYC Pls	Proof Attac	hed Date of E (As per PAI	Birth (Mandato N Card)	ory) D D M	MYYY
Place of Birth			Country of	f Birth			Nationality:			
a*. Occupation Deta	ails [Please tick	: (✓)]	Private Sector	or Public Sector Retired	=	overnment Service riculture	Student Proprietorsl	. =	ofessional ners <u>(Plea</u>	Housev ase specity)
b*. Politically Expose	d Person (PEP) S	Status	m PEP	I am Related to	PEP No	t Applicable	_	_		
c*. Gross Annual In	come (₹) [Pleas	se tick (✓)]	Below 1 Lak	_		-10 Lakhs	10-25 Lakh	s	5 Lakhs	☐ > 1 Cror
d*. Net-worth ₹				as on	IVI IVI	<u>Y Y Y Y</u>	(Not older than 1	year)		
Mode of Holding:	Anyone or	Survivor		Single	Joint		(Please note the	nat the Default	option is Any	one or Surviv
3 rd APPLICANT Mr. (Please write the name a		Not Applicable	in case of Minor App	plicant)			(Gender 🔲	Male Fer	male Oth
PAN Details				Pls indicates if US	Person or a re	sident for tax purpos	se / Resident of Can	ada 🔲 Yes	■ No* (*E	Default if not
CKYC ID No. (KIN)					KYC Pls	Proof Attac	hed Date of B (As per PAI		ory) D D M	MYYY
Place of Birth			Country of	f Birth			Nationality:			
a*. Occupation Deta	ails [Please tick	· (·)]	Private Sector	or Public Sector Retired	=	overnment Service priculture	Student Proprietors	. =	ofessional ners <u>(Plea</u>	Housev ase specity)
b*. Politically Expos	sed Person (PEF	P) Status	I am PEP	I am Related to	PEP No	t Applicable	_			
c*. Gross Annual In	come (₹) [Pleas	se tick (✓)]	Below 1 Laki	h 1-5 Lakhs	5	-10 Lakhs	10-25 Lakh		5 Lakhs	> 1 Cror
d*. Net-worth ₹	DESS IDIAGO	provide ver	ır E mail ID and I	as on	In us conto	vou bottorl	(Not older than 1	year)		
6. MAILING ADD		provide you		Mobile Number to he	ip us serve	you better]				
Local Address of 1 A	Аррисані									
			City	у	S	tate		Pin Code		
Tel. Off.				Resi.			Mobile			
E - Mail^^										
^^Please Use Block Le	etters. Investors pr	roviding email	ID would mandatoril	ly receive all Communica	ations, Stateme	ent of Accounts and	Abridged Annual Re	port through e	e-mail onlyy.	
6a. Mandatory fo	or NRI / FII Appl	licant [Pleas	se provide Full Ad	ddress. P. O. Box No	. may not be	sufficient. For C	Overseas Investo	rs, Indian A	ddress is p	referred]
Overseas Correspond	dence Address _									
7. INVESTMENT	Γ AND PAYMEN	IT DETAILS	(For complete in	formation on Investi	nent Details	please refer to l	nstructions No. 6	5.)		
Scheme -			Regular Plan	Growth (Default)		out of income Dis				istribution cu
Daymont Time (Disease	- (/ \7		Direct Plan		I.	n capital withdraw		•	wal option ([Default)
Payment Type [Pleas			Third Party Payment			Net Purchase	hird Party Payment Drawn o		· ·	ank A/c No.
Cheque / DD / UT	K No. & Date		IEFT in figures (R		-	Amount	Bra			eque Only)
8. DEMAT ACCO	DUNT <u>DETAILS</u>	- Ma <u>ndator</u> v	for units in Dema			sequence of nam	es as mentioned	under section	on 3 matche	es as per
National Securities				the Deposi	tory Details. Central D	epository Service	es (India) Limited	(CDSL)		
DP Name	.,		•		DP Name	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·/		
DP ID I N		Benef. A/0	S No		16 Digit A/C	No I				$\overline{+}$
Enclosures - Please	. /	ent Masters I	` ′		cum Holding			Instruction S	lip (DIS)	
			OA Holder / Non In S PER BELOW DE	ndividuals cannot No TAILS OR	minate - Refe		. 9] /ISH TO NOMINAT	ΓE		
	ee(s) Name		Date of Birth	Name of the		Relationship	% of Share	Signature		e / Guardian
		(i	n case of Minor)	(in case	ואו וע iviinor)			(Preterr	red but not M	ianuatory)
1		+								
2		+								
3		1		1		1	1			

FOR NON-INDIVIDUALS ONLY

10. <mark>F</mark>						na Non	ո Financial Entity	(NEEs)									
PART	To be filled by Fire	nancial Ins	stitutions or I	Direct	t Reportin	19 11011		y (INFES)					- 1				
	re a, ncial institution	GIIN	e: If you do not have	a GIIN	but you are sp	oonsered b	by another entity, please	provide your sponsor's	s GIIN ab	bove and indicate	e your spor	nsor's name be	elow				
	ct reporting NFE ☐	Name o	of sponsoring	g entit	ty:												
GIIN	not available [Please	tick (✓)]	Applie	ed for	Not	t requir	red to apply for -	please specify 2	2 digits	s sub-categ	ory		□N	lot obta	nined - N	lon-par	ticipatin
PART	B (please fill any or	ne as appr	opriate "to b	e fille	ed by NFE	s othe	er then Direct Re	porting NFEs"	')								
Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)					,		es (If yes, please spe of stock exchange:			•			•	*			
2 Is the Entity a related entity of a publicy traded company (a company whose shares are						Ye	es (If yes, please spe	cify name of the li	sted co	ompany and o	ne stock	exchange o	n which	h the sto	ck is regu	larly tra	ded)
	regularly traded on					Name	of Listed compnay:										
						Nature	e of relation S	ubsidiary of the Lis	sted Co	ompany or	Cor	ntrolled by a	Listed	Compan	у		
						Name	of stock exchange:										
3	3 Is the Entity an active NFE					Ye	es (If yes, please fill l	JBO declaration in	the ne	ext section.)							
						Nature	e of Business:										
						Please	e specify the sub-car	tegory of Active NF	E	Me	ention cod	de: Refer ins	struction	n 15(c)			
4	Is the Entity an Pas	sive NFE				Ye	es (If yes, please fill l	JBO declaration in	the ne	ext section.)							
						Nature	e of Business: ——										
							r details refer in		5.								
	DECLARATION FOR U			OWN	ERSHIP [UBO]	(Refer instruction	· · · · · · · · · · · · · · · · · · ·									
			at ana liatad an a		اممغم لممستمسم	بممامييم با	nana an in a Cubaidian	or at accept I late of Ca	vinsaniv	v or is Controll	ea by Suc			Please I			
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Cheque/DD should be Drawn in favour of the Scheme Name*

Application No.:

(FOR INDIVIDUALS & NON-INDIVIDUALS) 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 lies in which the entity is a resident for tax purpose and the associated Tax Identi cation No. below) 1st Applicant (Sole / Guardian / Non-Individual 2nd Applicant 3rd Applicant Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency No No Yes No Yes Yes Country of Birth / Incorporation Country of Birth Country of Birth Country Citizenship / Nationality Country Citizenship / Nationality Country Citizenship / Nationality Are you a US specified Are you a US specified Are you a US specified No No No Yes Yes Yes person? person? person? Please provide Tax Paver Id Please provide Tax Paver Id. Please provide Tax Paver Id. For non-Individual investor, in case your country of incorporation / Tax residence is US, but you are not a specified US person then please mention exemption code Refer instruction 15(e)) Individual or Non-Individual investors fill this section if ticked Yes above. Individual investor have to fill in below details in case of joint applicants Country: Country: Country Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 1 Status: 1 Status: 1 Type: Type: Type: Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 2 Status: 2 Status: 2 Type: Type: Type: Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 3 Status: 3 Status: 3 Type: Type: Type: Address Type Address Type Address Type (Address Type: Residential or Business (default) I Residential I Business I Registered Office) (For address mentioned in form I existing address appearing in folio) In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily APPLICANT(s) [Refer Instructions 2(f) of KIM] 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 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 provisions of the information learned, and information given in / with this application of mis 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 government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustee, RTAand other intermedianes in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "The ARR 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 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 registerar or otherwise. (I) Applicable to Foreign Resident's Residing in India:- I/ We confirm that I/We satisfy the Residency test as prescribed under FEMAprovisions. 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 FEMAregulations 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 lour investments in the Scheme(s). (K) FATCA/CRS Certification: I / We have understood the information requirements of this Form (red 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 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. Sign of 1st Applicant / Guardian / Sign of 2nd Applicant / Guardian / Sign of 3rd Applicant / Guardian / Authorised Signatory / PoA Authorised Signatory / PoA Authorised Signatory / PoA For Lumpsum 'OR' SIP ACKNOWLEDGMENT SLIP Received Application from Mr. / Ms. / M/s. as per details below: Scheme Name and Plan **Payment Details** Date & Stamp of Collection Centre / ISC Amount (Rs) Cheque/ DD No.:

Dated. Bank & Branch