# **COMMON APPLICATION FORM**

Application No.:



Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for Sub-Agent/Employee	ISC Date Time Stamp Reference No.
ARN-42260			E025630		
Declaration for "Execution Only" Transaction (when has been intentionally left blank by me/us as this idvice of in-appropriateness, if any, provided by the	re Employee Unique Identification Nu transaction is executed without any e employee/relationship manager/sal	umber-EUIN* box is left blank) interaction or advice by the es person of the distributor/su	. Please refer instruction 12 employee/relationship man b broker.	2 of KIM for complete details on EUI ager/sales person of the above dist	N. I/We hereby confirm that the EUIN box tributor/sub broker or notwithstanding the
Authorised Signatory /PoA/Ka  Please  Lumpsum Investmen		Authorised Signato  Micro Application			ed Signatory /PoA Application ()
TRANSACTION CHARGES (Please  IAM A FIRST TIME INVESTOR IN MUTUAL Applicable transaction charges will be deduct Distributor) based on the investor's assessm  1. EXISTING UNIT HOLDER INFOR	UAL FUNDS cted in case your distributor has c nent of various factors including th	ofer Instruction No. 11) OR Opted for such charges. Up the services rendered by the	☐ I AM AN  Ifront commission shall be ARN Holder.	EXISTING INVESTOR IN MUT be paid directly by the investor to	TUAL FUNDS o the ARN Holder (AMFI registered
Folio No.		CKYC Identification	n No. (KIN)		
2. APPLICANT(S) NAME AND INFO  1st SOLE APPLICANT Mr. / Ms. / M/s.  Please write the name as per Aadhaar Card)	RMATION [Refer Instruction	n 2] If the 1 <sup>st</sup> / Sole App	olicant is Minor, then	PAN	
AADHAAR No.				Aadhaar Copy (Plea	
CKYC ID No. (KIN)			Pls indi		for tax purpose / Resident of Canada lo⁵(\$Default if not ✓)
GUARDIAN (In case 1st Applicant is a M	linor)				ip with Minor (Please ✓)
Mr. / Ms. / M/s.  GUARDIAN CKYC D No. (KIN)			KYC (Please ✓) ○ Proof Attached	GUARDIAN PAN	Father C Legal Guardian
GUARDIAN AADHAAR No.				Aadhaar Copy (Plea	se ✓) ○ Enclosed
POA / Custodian Name:				KY	C (Please ✓) ○ Proof Attached
POA / Custodian CKYC ID No. (KIN)			PC	OA / Custodian PAN	
Contact Person for Corporate Investo	or: Name			Designation:	
3. FIRST APPLICANT AND KYC DE	_				
SOLE APPLICANT O Individual o  Date of Birth/Incorporation Individual) (Non-individual)	<u> </u>	fill Ultimate Beneficial C  of of Date of Birth (Plea (For minor applicant)	se ✓)	Certificate S	& 11b - Refer Instruction No. 17] School Leaving Certificate / Mark Shee Others (Please specify)
Please write the Date of birth as per Aadhaar Ca Place of Birth / ncorporation: Please write the Date of birth as per Aadhaar Ca	Country of Birth / Incorporation:	N	ationality:	Gender	○ Male ○ Female ○ Othe
Type: Resident Individual Sole		Trust	○ FIIs ○ PIO	○ Society/AOP/BOI ○ N	// Inor thru Guardian ○ NRI - NRC
☐ HUF ☐ LLP ☐ Listed Company ☐ P	Private Company O Public Ltd C	Company ( ) Artificial Juridi	icial Person   Partners	ship Firm O FOF - MF Schemes	S Others (Please specify)
a*. Occupation Details [Please tick (🗸	O Private Sector	O Public Sector	Government Servi     Agriculture	ce O Student	Professional O Housewife Others (Please specify)
c*. Politically Exposed Person (PEP) Statu	•				m Related to PEP O Not Applicab
o*. Gross Annual Income (₹) [Please ti	ck (✓)] ○ Below 1 Lakh	O 1-5 Lakh	○ 5-10 Lakh	○ 10-25 Lakh	○ >25 Lakh ○ > 1 Crore
d*. Net-worth (Mandatory for Non-Indiv	viduals) ₹		as on	D D M M Y Y	Y Y (Not older than 1 year
e*. Non-Individual Investors involved/ any of the mentioned services	O Money L	Exchange / Money Char ending / Pawning	nger Services	Gaming/Gambling/Lottery/ None of the above	Casino Services
4. BANK ACCOUNT DETAILS - Ma	indatory [Refer Instruction I	Nos. 3 & 4]			
Name of the Bank: Core Banking A/c No.			A/o Tura		IDDENT O SAVINGS O NDC
		Idroop	A/c. Type	Pls. (✓)	JRRENT O SAVINGS O NRC
Branch Name:		Idress:			
Bank Branch City:		ate:	IEEC 0-4: 04: 1	Pin Co	ode
MICR Code		ch a cancelled cheque ohoto copy of a cheque	IFSC Code (Manda Credit via NEFT/RT	atory for	

\* mandatory fields

**MICR Code** 

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

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS										
Mode of Holding: Anyone or S	Survivor	○ Single	e	○ Joint	(	Please note that the	ne Default op	otion is Any	one or Surv	vivor)
2 <sup>nd</sup> APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant) (Please write the name as per Aadhaar Card)  Gender										
AADHAAR No.							Aadhaar (	Copy (Please	e ✓) ○ Enc	losed
PAN Details		Р	ls indicate if US P	erson or a resi	dent for tax purpos	se / Resident of Cana	nda 🔘 Yes	○ No*	(*Default if no	ot <b>√</b> )
CKYC ID No. (KIN)				KYC Pls 🗸	O Proof Attac	ched Date of B	irth (Mandato haar Card)	ory)		
Place of Birth		Country of Birth				Nationality:				
a*. Occupation Details [Please tick (	<b>√</b> )1		Public Secto	Gove	rnment Service	Student     Proprietorshi		ofessional	O House lease specify)	
b*. Gross Annual Income (₹) [Please	, ,		○ 1-5 Lakh	O 5-10		10-25 Lakh	ρ		O >1C	
c*. Politically Exposed Person (PEP) Status										
d. Net-worth ₹			as on	0		(Not older than 1	· · ·			
Mode of Holding: Anyone or S	Survivor	◯ Single	e 	O Joint	(	Please note that the				
3 <sup>rd</sup> APPLICANT Mr. / Ms. / M/s. (Please write the name as per Aadhaar Card)			1				Gender (	Male () F	emale () (	Other
AADHAAR No.							Aadhaar (	Copy (Please	e <b>√</b> ) ○ Enc	losed
PAN Details		P	ls indicate if US P	erson or a resi	dent for tax purpos	se / Resident of Cana			(*Default if no	ot <b>√</b> )
CKYC ID No. (KIN)				KYC Pls 🗸	O Proof Attac	ched Date of B (As per Aad	irth (Mandato haar Card)	ory)		
Place of Birth		Country of Birth				Nationality:			O	
a*. Occupation Details [Please tick (	<b>√</b> )1		<ul><li>Public Secto</li><li>Retired</li></ul>	r	rnment Service ulture	<ul><li>Student</li><li>Proprietorshi</li></ul>		ofessional ners(P	O House lease specify)	
b*. Gross Annual Income (₹) [Please			○ 1-5 Lakh	O 5-10		O 10-25 Lakh	O >25	5 Lakh	O > 1 C	rore
c*. Politically Exposed Person (PEP) Star	tus Olam P	EP	ted to PEP ( )	Not Applicable	9					
d. Net-worth ₹						(Not older than 1	year)			
6a. MAILING ADDRESS [Please pr	ovide your E-m	ail ID and Mobile	Number to help	us serve ye	ou better]					
Local Address of 1 <sup>st</sup> Applicant		City			-1-		<b>.</b>			
		City	Desi		ate		Pin Code			
Tel. Off.			Resi.			Mobile				
^^Please Use Block Letters. Investors pi	roviding email ID	would mandatorily i	receive all Comm	unications S	tatement of Accou	unts and Abridged A	nnual Repor	through e-	mail only	
6b. Mandatory for NRI / FII Applica										
Overseas Correspondence Address										-
7. INVESTMENT AND PAYMENT	DETAILS ( For	complete informa	tion on Investm	ent Details	please refer to I	nstructions No. 6	. )			
Scheme		-	Regular Plan Direct Plan	Growth	(Default)	Dividend* Payout	vestment	O Div fr	equency*	
Payment Type [Please (√)] ○	•	rd Party Payment)			nt (Please attach	n 'Third Party Payr				lo.
Cheque / DD / UTR No. & Date		in figures (Rs.)	DD Charge if any	5,	Amount	Drawn o		1 -	Bank A/c N heque Only	
*Dividend frequency is applicable only						'		'		
8. DEMAT ACCOUNT DETAILS - Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned under section 3 matches as per the Depository Details.  National Securities Depository Limited (NSDL)  Central Depository Services (India) Limited (CDSL)										
DP Name	Limited (NOL	, <u> </u>		DP Name	sepository oc	TVIOCS (IIIdia) E		, o _ ,		
DP ID	Benef. A/C No.			16 Digit A/C	No.					
Enclosures - Please (🗸)	Client Masters	List (CML)	○ Transa	ction cum Ho	Iding Statement	0	Delivery Ir	struction S	lip (DIS)	
9. NOMINATION DETAILS [Minor  PLEASE REGISTER MY/OUR NO						lo. 9] VISH TO NOMINA	ΓE			
No. Nominee(s) Name		of Birth e of Minor)	Name of the	Guardian	Relationship	% of Share		e of Nomin	ee / Guardi	an
1										
2										

## FOR NON-INDIVIDUALS ONLY

10. F	ATCA & CRS DETAILS	S (Please consult your բ	orofession	nal tax a	advisor for furth	er guidance on	FATCA & C	CRS cla	assification)		
PART	A To be filled by Fina	ncial Institutions or Dir	ect Repor	ting No	on Finacial Entity	y (NFEs)					
We are Finance or	e a, cial institution	GIIN Note: If you do not have a GIII	N but you are sp	onsored by	another entity, please prov	vide your sponsor's GIIN at	pove and indicate	your spons	sor's name below		
Direct	reporting NFE ○ e tick (✓)]	Name of sponsoring er	ntity:								
GIIN no	ot available [Please tid	ck (✓)]	l for	○ Not	t required to apply fo	or - please specify 2	digits sub-ca	itegory		O Not obtained -	- Non-participating F
PART	B (please fill any one	as appropriate "to be f	filled by N	FEs otl	her than Direct F	Reporting NFEs"	')				
1 Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)  O Yes (If yes, please specify any one stock exchange on which the stock exchange)  Name of stock exchange:											
2		d entity of a publicly company whose shares al in established securities r		Name	of listed company: _	bsidiary of the Listed					regularly traded)
3	Is the Entity an activ	e NFE		○ Ye	es (If yes, please fill	I UBO declaration in		,			
					e specify the sub-car				code: Refer instruc	ction 16(c)	
4	Is the Entity a passiv	e NFE		○ Ye	es (If yes, please fill	I UBO declaration in	the next sec	tion.)			
					e of Business:						
44-	DECLARATION FOR I	U TIMATE DENEELOIAL	OWNERGI		details refer ins						
*This ded	claration is not needed for Co	LTIMATE BENEFICIAL ( mpanies that are listed on any re	ecognized sto	ock excha	nge or is a Subsidiary	of such Listed Comp	any or is Con	trolled by	such Listed Compar	ny. Please list below th	ne details of controlling
person(s)	), confirming ALL countries of	f tax residency / permanent resiquired details as mentioned in Fo	idency / citize	enship an	d ALL Tax Identification	on Numbers for EACI	H controlling p	person(s).	. Owner-documented	FFI's should provide	FFI Owner Reporting
		E BENEFICIAL OWNER			If the given spac	ce below is not	adequate,	please	attach multipl	e declaration for	rms)
	Name of UBO & Address	Address Type <sup>s</sup>	PAN/Tax Identificat Equivalent	ion No./	Document Type Refer instruction No. 16(d)	Country of tax Residency/ permanent residency*	Country		UBO Code (Mandatory)	KYC (Yes / NO) [please attach the KYC acknowledgement copy]	% of beneficial interest
information that appli information	on is not provided, it will be pre cant has concealed the facts o on as may be required at your e	iness (default)/Residential/Bu sumed that applicant is the UBO, f bene cial ownership. I/We also end. w additional details. (Please at	, with no decla undertake to l	aration to s keep you i	submit. In such case, N nformed in writing abo	MAMF/AMC reserves t ut any changes/modi o	he right to reje cation to the at	ect the app bove infor	olication or reverse the mation in future and a	e allotment of units, if s also undertake to provi	subsequently it is found de any other additiona
Election I	Any other Identification D, Govt. ID, Driving Licence NREGA f Birth - Country of Birth		Nation	nality:	ype: Service, Busine: Mandatory if PAN	,	-		Date of Birth r: Male, Female, 0	Other	<u> </u>
City of Birth: Natio				upation Type: Date Of Birth: er's Name:  Date Of Birth: Gender O Male					Female Other		
City of Birth: Nation				nality:				ender O Male O Female O Other			
3. PAN: Occupat City of Birth: Nationali Country of Birth: Father's				nality:				nte Of Birth:			
# Addition	onal details to be filled by co ude US, where controlling p e Tax Identification Number	ontrolling persons with tax resperson is a US citizen or greer is not available, kindly provid	idency / perr n card holde le functional	manent r	esidency / citizenshi						
T SLIP		from Mr. / Ms. / M/s								For O Lur as per deta	
MEN	Schem	e Name and Plan		-		ment Details			Date & Stam	p of Collection	Centre / ISC
OWLEDGMENT SLIP					unt (Rs.) jue / DD No.: d						

Bank & Branch \_

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)

1st Applicant (Sole / Guardian / Non-Individual)			2 <sup>nd</sup> Applicant			3 <sup>rd</sup> Applicant			
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency  Yes No		Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		○ Yes ○ No	Do you have any no Country(ies) of Birth Citizenship / Nationa and Tax Residency	on-Indian h / ality	○ Yes ○ No		
Country of Birth / Incorporation			Country of Birth			Country of Birth			
Country Citizenship / Nationality			Country Citizenship / Nationality			Country Citizenship / Nationality			
Are you a US specified Please provide Tax Payer Id.		-	Are you a US specified person?		<ul><li>○ Yes</li><li>○ No</li><li>Please provide Tax Payer Id.</li><li>—————————————————————————————————</li></ul>	Are you a US specified person?		○ Yes ○ No Please provide Tax Payer Id.	
For non-Individual inv	estor in c	ase, if you country of incorporation /	Tax resistance in US, b	out you are	e not a specified US person then ple	ase mention exemption	code	(Refer instruction 16(e))	
Individual or Non-In if ticked Yes above.	dividual i	nvestors fill this section	Individual investor	r have to	fill in below details in case of join	t applicants			
	Country	y:	Coun		y:		Country:		
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		
	Туре:			Type:			Туре:		
Tax Residency Status: 2 No.:  Type:			Country:			Country:			
			Tax Residency Status: 2			Tax Residency Status: 2	No.:		
			Туре:			Type:			
Countr		y:		Country:			Country:		
Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:		
	Type:			Туре:			Туре:		
Address Type			Address Type			Address Type			
(Addre	ss Type:	Residential or Business (default)	/ Residential / Busine	ss / Regis	stered Office) (For address mention	oned in form / existing	address a	ppearing in folio)	
In case of applications	with POA	the POA holder should fill senarate:	form to provide the abo	ve detaile	mandatorily				

#### DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(e)]

To The Trustees, Mirae Asset Mutual Fund (The Fund) - (A) Having read and understood the contents of the SID of the Scheme, I/We hereby apply for units of the 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 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 Global Investments (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. In the 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, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trait 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/its 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 registrar or otherwise. (I) Applicable to Foreign Resident's Residing in India:- I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. 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 (i) Applicable to Foreign Resident's Residen 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 provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

x		X	

x	

#### Application No.:

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

Mirae Asset India Opportunities Fund	Mirae Asset Emerging Bluechip Fund	Mirae Asset Cash Management Fund		
Mirae Asset Prudence Fund	Mirae Asset Tax Saver Fund	Mirae Asset Dynamic Bond Fund		
Mirae Asset Savings Fund	Mirae Asset Great Consumer Fund			