

COMMON APPLICATION FORM

Application No.:

MIRAE ASSET
Mutual Fund

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-53321			E054731		

EUIN Declaration: Declaration for "Execution Only" Transaction (where Employee Unique Identification Number-EUIN* box is left blank). Please refer instruction 12 of KIM for complete details on EUIN. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. RIA Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/ RIA*.

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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Please ☒ Lumpsum Investment ☐ Micro Application ☐ SIP Application

TRANSACTION CHARGES (Please ☒ any one of the below. Refer Instruction No. 11)

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR ☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

Applicable transaction charges will be deducted in case your distributor has opted for such charges. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investor's assessment of various factors including the services rendered by the ARN Holder.

1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, KIN, Section 2 & proceed to Section 7 - Investment Details]

Folio No.	CKYC Identification No. (KIN)
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2. APPLICANT(S) NAME AND INFORMATION [Refer Instruction 2] If the 1st / Sole Applicant is Minor, then please provide details of natural / legal guardian

1 st SOLE APPLICANT Mr. / Ms. / M/s. (Please write the name as per Aadhaar Card)	PAN
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AADHAAR No.	Aadhaar Copy (Please ☒) ☐ Enclosed
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CKYC ID No. (KIN)	Pls indicate if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No* (\$Default if not ☒)
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GUARDIAN (In case 1 st Applicant is a Minor) Mr. / Ms. / M/s.	Relationship with Minor (Please ☒) ☐ Mother ☐ Father ☐ Legal Guardian
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GUARDIAN CKYC ID No. (KIN)	KYC (Please ☒) ☐ Proof Attached	GUARDIAN PAN
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GUARDIAN AADHAAR No.	Aadhaar Copy (Please ☒) ☐ Enclosed
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POA / Custodian Name:	KYC (Please ☒) ☐ Proof Attached
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POA / Custodian CKYC ID No. (KIN)	POA / Custodian PAN
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Contact Person for Corporate Investor:	Name	Designation:
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3. FIRST APPLICANT AND KYC DETAILS

1st SOLE APPLICANT ☐ Individual or ☐ Non-Individual [Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. 17]

*Date of Birth/Incorporation (Individual) / (Non-individual) D D M M Y Y Y Y (Please write the Date of birth as per Aadhaar Card)	Proof of Date of Birth (Please ☒) (For minor applicant)	☐ Birth Certificate ☐ School Leaving Certificate / Mark Sheet ☐ Passport of the Minor ☐ Others (Please specify)
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Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Card)	Country of Birth / Incorporation:	Nationality:	Gender ☐ Male ☐ Female ☐ Other
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Type:	☐ Resident Individual ☐ Sole Prop ☐ NRI - NRE ☐ Trust ☐ Bank / FIs ☐ FIs ☐ PIO ☐ Society/AOP/BOI ☐ Minor thru Guardian ☐ NRI - NRO
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☐ HUF ☐ LLP ☐ Listed Company ☐ Private Company ☐ Public Ltd. Company ☐ Artificial Juridical Person ☐ Partnership Firm ☐ FOF - MF Schemes ☐ Others (Please specify)
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a*. Occupation Details [Please tick (☒)]	☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Business ☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others (Please specify)
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c*. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)	☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable
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b*. Gross Annual Income (₹) [Please tick (☒)]	☐ Below 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ >25 Lakh ☐ > 1 Crore
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d*. Net-worth (Mandatory for Non-Individuals) ₹	as on D D M M Y Y Y Y Y Y (Not older than 1 year)
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e*. Non-Individual Investors involved/providing any of the mentioned services	☐ Foreign Exchange / Money Changer Services ☐ Gaming/Gambling/Lottery/Casino Services ☐ Money Lending / Pawning ☐ None of the above
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4. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4]

Name of the Bank:

Core Banking A/c No.	A/c. Type Pls. (☒) ☐ NRE ☐ CURRENT ☐ SAVINGS ☐ NRO
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Branch Name:	Address:
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Bank Branch City:	State:	Pin Code
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MICR Code	Please attach a cancelled cheque OR a clear photo copy of a cheque	IFSC Code (Mandatory for Credit via NEFT/RTGS)
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* mandatory fields

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

03-2018

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILSMode of Holding: ☐ Anyone or Survivor ☐ Single ☐ Joint (Please note that the Default option is Anyone or Survivor)**2nd APPLICANT** Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)

(Please write the name as per Aadhaar Card)

Gender ☐ Male ☐ Female ☐ OtherAADHAAR No. Aadhaar Copy (Please ☒) ☐ EnclosedPAN Details Pls indicate if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No* (*Default if not ☒)CKYC ID No. (KIN) KYC Pls ☒ ☐ Proof AttachedDate of Birth (Mandatory) (As per Aadhaar Card)

Place of Birth

Country of Birth

Nationality:

a*. Occupation Details [Please tick (☒)]☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife
☐ Business ☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others (Please specify)b*. Gross Annual Income (₹) [Please tick (☒)]☐ Below 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ >25 Lakh ☐ > 1 Crore

c*. Politically Exposed Person (PEP) Status

☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

d. Net-worth ₹

as on (Not older than 1 year)Mode of Holding: ☐ Anyone or Survivor ☐ Single ☐ Joint (Please note that the Default option is Anyone or Survivor)**3rd APPLICANT** Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)

(Please write the name as per Aadhaar Card)

Gender ☐ Male ☐ Female ☐ OtherAADHAAR No. Aadhaar Copy (Please ☒) ☐ EnclosedPAN Details Pls indicate if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No* (*Default if not ☒)CKYC ID No. (KIN) KYC Pls ☒ ☐ Proof AttachedDate of Birth (Mandatory) (As per Aadhaar Card)

Place of Birth

Country of Birth

Nationality:

a*. Occupation Details [Please tick (☒)]☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife
☐ Business ☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others (Please specify)b*. Gross Annual Income (₹) [Please tick (☒)]☐ Below 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ >25 Lakh ☐ > 1 Crore

c*. Politically Exposed Person (PEP) Status

☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

d. Net-worth ₹

as on (Not older than 1 year)**6a. MAILING ADDRESS [Please provide your E-mail ID and Mobile Number to help us serve you better]**Local Address of 1st Applicant

City

State

Pin Code

Tel. Off.

Resi.

Mobile

E - Mail^^

^^Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only.

6b. Mandatory for NRI / FI Applicant [Please provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address is preferred]

Overseas Correspondence Address

7. INVESTMENT AND PAYMENT DETAILS (For complete information on Investment Details please refer to Instructions No. 6.)

Scheme

☐ Regular Plan☐ Direct Plan☐ Growth (Default)☐ Payout☐ Reinvestment

Dividend*

☐ Div frequency*Payment Type [Please (☒)]☐ Self (Non-Third Party Payment)☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)

*Dividend frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Savings Fund.

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

DP Name

DP ID Benef. A/C No. 16 Digit A/C No. Enclosures - Please (☒)☐ Client Masters List (CML)☐ Transaction cum Holding Statement☐ Delivery Instruction Slip (DIS)**9. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 9]**☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS

OR

☐ I/WE DO NOT WISH TO NOMINATE

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship	% of Share	Signature of Nominee / Guardian
1						
2						
3						

* mandatory fields

PART A To be filled by Financial Institutions or Direct Reporting Non Financial Entity (NFEs)

Name of sponsoring entity:

GIIN not available [Please tick (✓)]	☐ Applied for	☐ Not required to apply for - please specify 2 digits sub-category	☐ Not obtained – Non-participating FI
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1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	☐ Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange: _____
2	Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)	☐ Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company: _____ Nature of relation ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company Name of stock exchange: _____
3	Is the Entity an active 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 16(c)
4	Is the Entity a passive NFE	☐ Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: _____

11a. DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO] (Refer instruction No. 17)*

11b. DETAILS OF ULTIMATE BENEFICIAL OWNERS [Mandatory] (If the given space below is not adequate, please attach multiple declaration forms)

[illegible]

If passive NFE, please provide below additional details. (Please attach additional sheets if necessary). Also provide below mandatory details if the UBO does not have a PAN. (Refer Instruction No. 16)

PAN / Any other Identification Number (PAN, Aadhaar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type: Service, Business, Others Nationality: Father's Name: Mandatory if PAN is not available	DOB: Date of Birth Gender: Male, Female, Other
1. PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	Date Of Birth: Gender ☐ Male ☐ Female ☐ Other
2. PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	Date Of Birth: Gender ☐ Male ☐ Female ☐ Other
3. PAN: City of Birth: Country of Birth:	Occupation Type: Nationality: Father's Name:	Date Of Birth: Gender ☐ Male ☐ Female ☐ Other

%In case Tax Identification Number is not available, kindly provide functional equivalent

For ☐ Lumpsum 'OR' ☐ SIP
as per details below:

Received Application from Mr. / Ms. / M/s.

Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
	Amount (Rs.) _____	
	Cheque / DD No.: _____	
	Dated _____	
	Bank & Branch _____	

Cheque / DD is subject to realisation

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

03-2018

ACKNOWLEDGMENT SLIP

12. FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 16)**(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/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 Applicant		3 rd 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 non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	☐ 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 person?	☐ Yes ☐ No Please provide Tax Payer Id. _____	Are you a US specified person?	☐ Yes ☐ No Please provide Tax Payer Id. _____	Are you a US specified person?	☐ Yes ☐ No Please provide Tax Payer Id. _____

For non-Individual investor in case, if you country of incorporation / Tax residence in US, but you are not a specified US person then please mention exemption code _____ (Refer instruction 16(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		
Tax Residency Status: 1	Country:		Tax Residency Status: 1	Country:	
	No.:			No.:	
	Type:			Type:	
Tax Residency Status: 2	Country:		Tax Residency Status: 2	Country:	
	No.:			No.:	
	Type:			Type:	
Tax Residency Status: 3	Country:		Tax Residency Status: 3	Country:	
	No.:			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 with POA, the POA holder should fill separate form to provide the above details mandatorily.

13. 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 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 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. 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, 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 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/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 FEMA regulations 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 / our investments in the Scheme(s). (K) FATCA/CRS Certification: I / We have understood the information requirements of this Form (read 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 also confirm that 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: 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 records 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.

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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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.