COMMON APPLICATION FORM Application No.:



			Mutual Fund
Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIN)	ISC Date Time Stamp Reference No.
ARIHANT CAPITAL MARKETS LTD ARN- 15114		E 023534	
Declaration for "Execution Only" Transaction (where as this transaction is executed without any interactio the employee/relationship manager/sales person of the open control of the employee/relationship manager.	n or advice by the employee/relationship manager	2 of KIM for complete details on EUIN. I/We hereby /sales person of the above distributor/sub broker of	y confirm that the EUIN box has been intentionally left blank by me/us r notwithstanding the advice of in-appropriateness, if any, provided by
Signature of 1 [™] Applicant / Guardi Authorised Signatory /PoA/Kart		of 2 nd Applicant / Guardian / orised Signatory /PoA	Signature of 3 st Applicant / Guardian / Authorised Signatory /PoA
Please V Lumpsum Investment		cro Application (SIP Application (
TRANSACTION CHARGES (Please &		••	on Application
1. EXISTING UNIT HOLDER INFORM	ed in case your distributor has opted for such nt of various factors including the services re		TING INVESTOR IN MUTUAL FUNDS directly by the investor to the ARN Holder (AMFI registered
Folio No.			
	RMATION [Refer Instruction 2] If the 1	[™] / Sole Applicant is Minor, then pleas	e provide details of natural / legal guardian
1 st SOLE APPLICANT Mr. / Ms. / M/s.			
PAN Details	KYC Pls 🕢 🔘 I	Droot Attached	S Person or a resident / Resident of Canada
GUARDIAN (In case 1st Applicant is a Min	nor)	Relation	nship with Minor (Please ✓)
Mr. / Ms. / M/s.		○ Moth	er
POA Details: Name	PAN D	etails	KYC Pls 🕢 🔘 Proof Attached
Mode of Holding: Anyone or Surv	vivor Single	O Joint (Pl	ease note that the Default option is Anyone or Survivor)
Contact Person for Corporate Investor	Name		Designation:
3. FIRST APPLICANT AND KYC DET	TAILS		
1 st SOLE APPLICANT O Individual or	O Non-Individual [Please fill Ultimate	Beneficial Ownership (UBO) Declaratio	n Form in section 11a & 11b - Refer Instruction No. 17]
*Date of Birth/Incorporation (Individual) (Non-individual)	(For mi	f of Date of Birth (Please ✓) ○ Birth Connormal Place of Passp	ertificate
Place of Birth / Incorporation:	Country of Birth / Incorporation:	Nationality:	Gender O Male O Female Other
Type: Resident Individual Sole F	Prop NRI - NRE Trust	Bank / Fls	ociety/AOP/BOI O Minor thru Guardian NRI - NRO
○ HUF ○ LLP ○ Listed Company ○ Pri	vate Company O Public Ltd. Company O	Artificial Juridicial Person O Partnership Firm	n O FOF - MF Schemes Others (Please specify)
a*. Occupation Details [Please tick (✓)]	Private SectorBusinessRetir	ic Sector	○ Student ○ Professional ○ Housewife ○ Proprietorship ○ Others (Please specify)
b*. Gross Annual Income (₹) [Please ticl	k (✔)] ○ Below 1 Lakh ○ 1-5 L	Lakh O 5-10 Lakh	○ 10-25 Lakh ○ >25 Lakh ○ > 1 Crore
c*. Politically Exposed Person (PEP) Status	(Also applicable for authorised signatories/F	Promoters/Karta/Trustee/Whole time Directors	s) O I am PEP O I am Related to PEP O Not Applicable
d*. Net-worth (Mandatory for Non-Indivi	duals) ₹	as on	D M M Y Y Y Y (Not older than 1 year
e*. Non-Individual Investors involved/p any of the mentioned services	Foreign Exchange / Money Lending / Par	· · ·	ning/Gambling/Lottery/Casino Services se of the above
	datory [Refer Instruction Nos. 3 & 4]		
Name of the Bank: Core Banking A/c No.		A/c. Type Pls. (✓) O NRE O CURRENT O SAVINGS O NRO
Branch Name:	Address:		
Bank Branch City:	State:		Pin Code
MICR Code	Please attach a cancelle		r
	OR a clear photo copy of	f a cheque Credit via NEFT/RTGS)	

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS							
2 nd APPLICANT Mr. / Ms. / M/s.	(Not Applicable in case of Mir	nor Applicant)					
PAN Details	KYC Pls	Proof Attached		US Person or a resid e / Resident of Canad		○ No* (*Default if not ✓	
Date of Birth (Mandatory)	PIE	ace of Birth					
Country of Birth	Na	tionality:		Gen	ider (Mal	le	
a*. Occupation Details [Please tick (✓)]		Government Service Agriculture	StudentProprietorship	O Profe	_	
b*. Gross Annual Income (₹) [Please	e tick (✓)] ○ Below 1 Lakh	O 1-5 Lakh	5-10 Lakh	O 10-25 Lakh	O >25 I	Lakh O > 1 Crore	
c*. Politically Exposed Person (PEP) Sta	atus O I am PEP O I am Re	lated to PEP O Not A	pplicable				
d. Net-worth ₹		as on D M	M Y Y Y	(Not older than 1 years)	ear)		
3 rd APPLICANT Mr. / Ms. / M/s.	(Not Applicable in case of Min	or Applicant)					
PAN Details	KYC Pls	Proof Attached		US Person or a resid e / Resident of Canad		○ No* (*Default if not ✓	
Date of Birth (Mandatory) D D M	Pla	ace of Birth					
Country of Birth	Na	itionality:		Gen	ider (Mal	le	
a*. Occupation Details [Please tick (Private Sector Business		Government Service Agriculture	StudentProprietorship	O Profe		
b*. Gross Annual Income (₹) [Please	e tick (✓)] ○ Below 1 Lakh	O 1-5 Lakh	5-10 Lakh	O 10-25 Lakh	○ >25 I	Lakh O > 1 Crore	
c*. Politically Exposed Person (PEP) Sta	atus O I am PEP O I am Re	lated to PEP O Not A	pplicable				
d. Net-worth ₹		as on D M	M Y Y Y	(Not older than 1 ye	ear)		
6a. MAILING ADDRESS [Please pi	rovide your E-mail ID and Mobil	e Number to help us s	erve you better]				
Local Address of 1 st Applicant							
City		State		F	Pin Code		
Tel. Off.		Resi.		Mobile			
E - Mail^^							
^^Please Use Block Letters. Investors p	providing email ID would mandatorily	y receive all Communica	tions, Statement of Accou	nts and Abridged An	nual Report ti	hrough e-mail only.	
6b. Mandatory for NRI / FII Applic	ant [Please provide Full Addres	ss. P. O. Box No. may	not be sufficient. For O	verseas Investors	, Indian Add	ress is preferred]	
Overseas Correspondence Address	S						
7. INVESTMENT AND PAYMENT Scheme	DETAILS (For complete inform	nation on Investment I	Details please refer to Ir Regular Plan	nstructions No. 6.)	Dividend	
			~ •	Growth (Default	t) CPa	ayout	
Payment Type [Please (√)]	, , , , , , ,	, , ,	Payment (Please attach				
Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount	Drawn on Bran		Pay-In Bank A/c No. (For Cheque Only)	
8. DEMAT ACCOUNT DETAILS - Manda	atory for units in Demat Mode - Pleas	e ensure that the sequen	ce of names as mentioned u	nder section 3 match	es as per the I	Depository Details.	
National Securities Depository	Limited (NSDL)		entral Depository Ser	rvices (India) Lir	mited (CDS	SL)	
DP Name		DF	Name				
DP ID I N	Benef. A/C No.	16	Digit A/C No.				
Enclosures - Please (🗸)	Client Masters List (CML)	Transaction	cum Holding Statement	0	Delivery Ins	truction Slip (DIS)	
9. NOMINATION DETAILS [Minor PLEASE REGISTER MY/OUR NO	/ HUF / POA Holder / Non Indiv		te - Refer Instruction N		F		
	Date of Birth	Name of the Guard	lian			of Nomince / Guardia	
No. Nominee(s) Name	(in case of Minor)	(in case of Mino	Relationship	% of Share	oignature (of Nominee / Guardian	
2	D D M M Y Y Y Y	Y Y					
3							

FOR NON-INDIVIDUALS ONLY

10. F	ATCA & CRS DETAILS (Please consult your p	rofession	al tax a	advisor for furth	er guidance on	FATCA &	CRS cl	lassification)		
PART	A To be filled by Financ	cial Institutions or Dire	ect Report	ing No	on Finacial Entity	y (NFEs)					
	e a, Gial institution	Note: If you do not have a GIIN	I but you are spo	nsored by	another entity, please prov	vide your sponsor's GIIN at	pove and indica	te your spo	nsor's name below		
	reporting NFE ○ Ne tick (✓)]	ame of sponsoring en	ntity:								
GIIN no	ot available [Please tick	(√)]	for	O Not	t required to apply fo	or - please specify 2	digits sub-c	ategory		O Not obtained -	- Non-participating F
PART	B (please fill any one a	s appropriate "to be f	illed by NF	Es oth	her than Direct F	Reporting NFEs"	')				
1	Is the Entity a publicly that is, a company who traded on an established	ose shares are regularl	у		es (If yes, please sp of stock exchange:	, ,	exchange of	on which	the stock is regularly	y traded)	
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 N	NFE				I UBO declaration in	the next se	ction.)			
					e of Business:				. 5		
4	Is the Entity a passive	NFF		_		tegory of Active NFE I UBO declaration in			n code: Refer instruc	tion 16(c)	
	lo the Entity a passive				e of Business:						
				For	details refer ins	struction No. 16.					
11a. [DECLARATION FOR ULT	IMATE BENEFICIAL (OWNERSH	IIP [UB	BO] (Refer instructi	on No. 17)*					
person(s)	claration is not needed for Compa), confirming ALL countries of ta nt and Auditor's Letter with requir	x residency / permanent resi	dency / citizer	nship an	nge or is a Subsidiary of ALL Tax Identification	of such Listed Comp on Numbers for EACI	any or is Co H controlling	ntrolled b person(s	y such Listed Compar). Owner-documented	y. Please list below th FFI's should provide	ne details of controlling FFI Owner Reporting
	DETAILS OF ULTIMATE				If the given spac	ce below is not a	adequate	, pleas	e attach multiple	e declaration for	rms)
	Name of UBO & Address	Address Type ^{ss}	PAN/Tax I Identification Equivalent	on No./	Document Type Refer instruction No. 16(d)	Country of tax Residency/ permanent residency*	Count	•	UBO Code (Mandatory)	KYC (Yes / NO) [please attach the KYC acknowledgement copy]	% of beneficial interest
information that appli additiona	ess Type: Residential or Busine on is not provided, it will be presur icant has concealed the facts of al information as may be required a ive NFE, please provide below a	ned that applicant is the UBO, beneficial ownership. I/We al at your end.	with no declar so undertake	ation to s to keep	submit. In such case, N you informed in writin	MAMF/AMC reserves t g about any changes/	he right to rej modification	ect the ap to the ab	oplication or reverse the love information in futi	e allotment of units, if s ure and also undertak	subsequently it is found e to provide any othe
Election II	Any other Identification Nu ID, Govt. ID, Driving Licence NREGA Jol f Birth - Country of Birth		Nationa	ality:	ype: Service, Busine: Mandatory if PAN				Date of Birth er: Male, Female, C	Other	
City of Birth: Nation				pation Type: onality: er's Name:				Date Of Birth: Gender			
City of Birth: Nation				ipation Type: onality: er's Name:			Date Of Birth: Gender				
3. PAN: Occupation Type: Date Of Birth:											
City of Birth: Country of Birth: Nation Father				s Name					er O Male O	Female Othe	r
* Io incli	onal details to be filled by contr ude US, where controlling pers e Tax Identification Number is	son is a US citizen or green	i card holder e functional e	equivale	ent	ip / Green Card in ar					
SLIP	Received Application fro	om Mr / Me / M/e					Appli	ication	No ·	_	mpsum 'OR' OSIF
MENT		Name and Plan			Pavr	ment Details	Appli	cauon		p of Collection	
OWLEDGEMENT SLIP	Johnson	Tame did i lali		Amou Cheq	unt (Rs)	Tient Details				, 5556	

Bank & Branch _

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

1 st Applicant (Sole / Guardian / Non-Individual)			pplicant	3 rd Applicant						
Do you have any no Country(ies) of Birth Citizenship / Nationa and Tax Residency	1 /	◯ Yes ◯ No	Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	h /	○ Yes ○ No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		○ Yes ○ No		
Country of Birth			Country of Birth			Country of Birth				
Country Citizenship Nationality	I		Country Citizenship / Nationality			Country Citizenship Nationality) /			
Are you a US specified 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.			
Non-Individual inves	stors fill t	his section if ticked Yes above.								
	Countr	v.		Countr	w.	Country:				
	Counti	y.		Oddita	y. 		Odina	y. 		
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:	No.:		
	Type:			Type:			Type:			
	Country	y:		Countr	y:	Country:		y:		
Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:			
	Туре:			Туре:			Type:			
	Country	y:	Count		y:		Countr	Country:		
Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:			
Туре:		Туре:				Туре:				
Address Type			Address Type			Address Type				
		(Address Type	: Residential or Busin	ness (defa	nult) / Residential / Business / Reg	istered Office)				
In case of applications v	with POA,	the POA holder should fill separate	form to provide the abo	ve details	mandatorily.					
13. DECLARATIO	N AND	SIGNATURES / THUMB IMPR	RESSION OF APPL	ICANT(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(s), I/We hereby apply for units of the scheme(s) and agree to abide by the terms, conditions, rules and regulations governing the scheme (s) like hereby declare that the amount invested in the scheme(s) 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 othe 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 fliabilities of Mirae Asset Mutual Fund. (D) The information given in / with this application form is tru and correct and further agrees to furnish additional information sought by Mirae Asset Global Investments (India) Limited (AMC) Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. IW 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 disput 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 indica										
Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta			Signature of 2 [™] Applicant / Guardian / Authorised Signatory /PoA			Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA				

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

SYSTEMATIC INVESTMENT PLAN (SIP) Application No.: Registration Cum Mandate Form For NACH/ECS/Direct Debit





SIP Date Please O 01" 10" (Default) 15" 21" 28" SIP PERIOD: SIP Start Date: M M Y Y Y End Date: Perpetual Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP) OR Enter SIP End Date: M M Y Y Y SIP Amount (t) 5,000 10,000 25,000 Any other Amount. (t) SIP PAYMENT OF Existing Investors - I/We wish to register my/our SIP on the basis of Cancelled Cheque leaf or Photocopy of the Cheque submitted Please 3a - For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed Please 3b - For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed Please 3b - For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed Please Salar SIP	Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIN)	ISC Date Time Stamp Reference No.
Responses of *Applicant O Claridan / Multiple Control			E023534	
Authorated Signatory ProcNo. Authorated Signatory Signa	Declaration for "Execution Only" Transaction (wher as this transaction is executed without any interacti the employee/relationship manager/sales person o	re EUIN box is left blank). Please refer instruction tion or advice by the employee/relationship manage of the distributor/sub broker.	12 of KIM for complete details on EUIN. I/We he per/sales person of the above distributor/sub brok	ereby confirm that the EUIN box has been intentionally left blank by me/us er or notwithstanding the advice of in-appropriateness, if any, provided by
SIP SINK DUNT HOLDER NOGRANTON I'm details in our records under the follo number mentioned will apply for this application.)				
Size PRIOLET DETAILS (Please check the Minimum Amount Criteria for the scheme applied for (Refor Instruction 16 Overlearly).		,	- 0,	• ,,
SIP ENTOLIDENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for, [Refer Instruction 16 Overleatil)				ill apply for this application.)
Scheme Regular Plan Growth (Default) Playur Reinvestment Regular Plan Growth (Default) Playur Reinvestment				er Instruction 16 Overleafl).
Direct Please O14" 10" (Default) 15" 21" 28" 28" SIP Date Please O14" 10" (Default) 15" 21" 28" 28" SIP Date Date M M Y Y Y S Fed Date Perpetual Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP) OR Enter SIP Fed Date M M Y Y Y S Fed Date Perpetual Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP) OR Enter SIP Fed Date M M Y Y Y S Fed Date Perpetual Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP) OR Enter SIP Fed Date M Y Y Y SIP Amount (f) 5,000 10,000 25,000 Any other Amount. (f)				
SIP PERIOD: SIP Start Date: M M Y Y Y Y End Date: Perpetutal O Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP) OR Enter SIP End Date: M M Y Y Y SIP Amount (*) SIP PAYMENT DETAILS 3. SIP PAYMENT DETAILS 3. Only for Estating investors: NWe wish to register mylour SIP on the basis of Cancelled Cheque leaf or Photocopy of the Cheque submitted P Please 3b - For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed First SIP Cheque No. Drawn on Bank Cheque Date A/c. Type NRE CURRENT SAVINGS NRO 4. BANK ACCOUNT DETAILS (Mandatory) IVIVe hereby authorise Mirae Asset Global Investments (India) Pvt. Ltd. Investment manager to Mirae Asset Mutual Fund acting through their authorised service providers to debtir mylour following Bank Air. by NACHECS (Auth Debt) Cleaning / Direct Debt) (Pacilly or any other facility for collection of SIP payments. Name of 1*AC. Holder as in Bank Records Bank Name Core Banking A/c. No. Digit MICR Code Bank April Code Bank Account Type NR NRE CURRENT SAVINGS NRO Mandatory Enclosures: Main Application Form and P Bank Cancelled Cheque O OR Copy of Cheque O EDECLARATION & SIGNATURE: To the Tustuse, Mirae Assett Mutual Fund when were and understood the contests of the SID of the application will be payments and the signature of the Account Mandatory Enclosures: Main Application Form and P Bank Cancelled Cheque O OR Copy of Cheque O EDECLARATION & SIGNATURE: To the Tustuse, Mirae Assett Mutual Fund when were and understood the contests of the SID of the application of the Sidnature Signatory Power of the Signatory Mirae Asset Mutual Fund when were and understood the contests of the SID of the application from the Common Mandatory and Industrial Endos Power and Endos Power in this SIP Application from the contest on the date of execution of the account on the date of execution of the account on the date of execution of the account on the date of execution of the	Scheme			
OR Enter SIP End Date: M N Y Y SIP Amount (R) 5,000 10,000 25,000 Any other Amount. (R) 3. SIP PAYMENT DETAILS 3 Only for Existing Investors - IWW wish to register my/our SIP on the basis of Cancelled Cheque leaf or Photocopy of the Cheque submitted Please 3. For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and Cheque Providers SIP details in the form and the cheque and the commission of the SIP details in the sip	SIP Date Please O 01st	O 10 th (Default)) 15 th	○ 28 th
OR Enter SIP End Date: M N Y Y SIP Amount (R) 5,000 10,000 25,000 Any other Amount. (R) 3. SIP PAYMENT DETAILS 3 Only for Existing Investors - IWW wish to register my/our SIP on the basis of Cancelled Cheque leaf or Photocopy of the Cheque submitted Please 3. For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and ACH mandate. Cheque leaf enclosed 5. For New Investors - Please Providers SIP details in the form and Cheque Providers SIP details in the form and the cheque and the commission of the SIP details in the sip	SIP PERIOD: SIP Start Date: M M	W Y Y Y End Date : Perpe	tual O Dec 2099 (Till you instruct N	Mirae Asset Mutual Fund to discontinue your SIP)
3. SIP PAYMENT DETAILS 3 Only for Existing Investors - IWe wish to register my/our SIP on the basis of Cancelled Cheque leaf or Photocopy of the Cheque submitted Please 3 3 For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed First SIP Cheque No. Drawn on Bank Cheque Date A.C. Type NRE CURRENT SAVINGS NRO 3. BANK ACCOUNT DETAILS (Mandatory) Whe hereby authorises Mirae Asset Global Investments (India) PVL Ltd., Investment manager to Mirae Asset Mutual Fund acting through their authorised service providers to debit my/our following Bank AC. by NACHECS (Auto Debit Clearing / Direct Debit) Facility or any other facility for collection of SIP payments. Bank Name Core Banking A/c. No. Bank Name Core Banking A/c. No. Bank Name Banch Name & Core Banking A/c. No. Bank Account Type No. DECLARATION & SIGNATURE-To The Trustees, Mises Asset Mutual Fund Account Type No. NRE CURRENT SAVING NRO DECLARATION & SIGNATURE-To The Trustees, Mises Asset Mutual Fund - Mice have read and understood the contents of the SID of the Graphical Scripe and papella Scripe and the sums A conditions of SIP environment or registration from And Microsoft Closed Investment (SIP environment or agreed and solve through participation in NACHEC Scriped Debit Facility INVe also agree that if the transaction is delayed or not efficiated for reasons of incomplete or incorrect or any other man correct and application from an accordance of Debat Debit Pacific Manual Scripe (SIP environment or agreed and solve through participation in NACHEC Scriped Debit Facility INVe also agree that if the transaction is delayed or not efficiated for reasons of incomplete or incorrect or any other man correct and application in relationship in the Sipple Control of the Account Scriped or incomplete or incorrect or any other progression of incomplete or incorrect or any other progression of incomplete or incorrect or any other progression of incomplete or incorre		<u> </u>		
3a - Only for Existing Investors - I/We wish to register my/our SIP on the basis of Cancelled Cheque leaf or Photocopy of the Cheque submitted			-,	,
3b - For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed First SIP Cheque No. Drawn on Bank Cheque Date		wish to register my/our SIP on the b	asis of Cancelled Cheque leaf or Ph	otocopy of the Cheque submitted Please
Cheque Date A/c. Type NRE CURRENT SAVINGS NRO A-BANK ACCOUNT DETAILS (Mandatory) NRO NRO NRO NRO NRO NRO NRO NR			· · · · · · · · · · · · · · · · · · ·	
## BANK ACCOUNT DETAILS (Mandatory) ## We hereby authorised Mirae Asset Global Investments (India) Pvt. Ltd., Investment manager to Mirae Asset Mutual Fund acting through their authorised service providers to debit mylour following Bank Air. by NACH/ECS (Auto Debit Clearing / Direct Debit) Facility or any other facility for collection of SIP payments. Name of 1" A/c. Holder as in Bank Records	First SIP Cheque No.	Drawn on Bank		
I/We hereby authorise Mirae Asset Global Investments (India) Pvt. Ltd., Investment manager to Mirae Asset Mutual Fund acting through their authorised service providers to debit my/our following Bank A/c. by NACH/ECS (Auto Debit Cleaning / Direct Debit) Facility or any other facility for collection of SIP payments. Name of 1" A/c. Holder as in Bank Records Bank Name Core Banking A/c. No. Branch Name & Address City Digit MICR Code Bank Account Type NRE CURRENT SAVINGS NRO Mandatory Enclosures: Main Application Form and Bank Account Type NRE CURRENT SAVINGS NRO Mandatory Enclosures: Main Application Form and Bank Account Type NRE CURRENT SAVINGS NRO Mandatory Enclosures: Main Application Form and Bank Account Type NRE CURRENT SAVINGS NRO Mandatory Enclosures: Main Application Form and Bank Account Type NRE CURRENT SAVINGS NRO Mandatory Enclosures: Main Application Form and Payment Saving Signature of Tome Type Saving Signature of Tome Signature of T	Cheque Date	A/c. Type	O NRE O CURRE	NT O SAVINGS O NRO
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9 Digit MICR Code Bank Account Type	Bank Name	Core Bank	ing A/c. No.	
Mandatory Enclosures: Main Application Form and	Branch Name & Address			City
DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Mutual Fund - I/We have read and understood the contents of the SID of the applied Scheme and the terms & conditions of SIP enrolmen and registration through NACHECS or Direct Debit (Auto Debit). I/We hereby declare that the particulars given in this SIP Application Form are correct and express mylour willingness to make payments referred above through participation in NACHECS of Direct Debit (Facility. I/We also agree that if the transaction is delayed or not effected for reasons of incomplete or incorrect or any other operations of the special payments of the participation of the special payments of the pay	9 Digit MICR Code	Bank Acco	unt Type 🕢 🔘 NRE	CURRENT O SAVINGS O NRO
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