COMMON APPLICATION FORM Application No.:



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* mandatory fields

5. JOINT APPLICANTS, IF ANY AND T	HEIR KYC DETAILS					
Mode of Holding: O Anyone or Surviv	vor O Single	⊖ Jo	nt (Ple	ease note that the I	Default option is A	nyone or Survivo
2 nd APPLICANT Mr. / Ms. / M/s. (Not App (Please write the name as per PAN Card)				Gen	der 🔿 Male 🔿	Female O Othe
PAN Details	Pls ir	ndicate if US Person or a	resident for tax purpose /	Resident of Canada	◯ Yes ◯ No	* (*Default if not ✔
CKYC ID No. (KIN)		KYC PI	Proof Attache	ed Date of Birtl (As per PAN Ca	n (Mandatory) D D	ММҮҮҮ
Place of Birth	Country of Birth			Nationality:		
a*. Occupation Details [Please tick (✔)]				 Student Proprietorship 	 Professiona Others 	I O Housewif (Please specify)
o*. Gross Annual Income (₹) [Please tick				 Proprietorship 10-25 Lakh 	○ Others ○ >25 Lakh	○ > 1 Crore
*. Politically Exposed Person (PEP) Status	○ I am PEP ○ I am Related	- 11				
d. Net-worth ₹	as	son D D M N	() <u>Y Y Y</u>	Not older than 1 yea	ar)	
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3 rd APPLICANT Mr. / Ms. / M/s. (Not App Please write the name as per PAN Card)	blicable in case of Minor Applicant)			Gen	der 🔿 Male 🔿	Female O Othe
PAN Details	Pls ir	ndicate if US Person or a	resident for tax purpose /			* (*Default if not ✓
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6a. MAILING ADDRESS [Please provid	e your E-mail ID and Mobile Nu	mber to help us serv	e you better]			
ocal Address of 1 st Applicant						
	City		State	Pir	n Code	
el. Off.		Resi.	Мо	bile^^		
- Mail^^						
The primary email address as provided al orm/not available in the transaction feed ^^Please Use Block Letters. Investors provid However, if you still wish to receive physical	I file, the e-mail address/mobile r ding email ID would mandatorily rec	no. of the sole/first ap ceive all Communication	blicant details will be a s, Statement of Account	updated as per the ts and Abridged Ann	KYC data.	
6b. Mandatory for NRI / FII Applicant [Please provide Full Address. P.	O. Box No. may not	be sufficient. For Ove	rseas Investors, I	ndian Address is	preferred]
Overseas Correspondence Address						
7. INVESTMENT AND PAYMENT DET	AILS (For complete informatio	n on Investment Deta	ils please refer to Ins	tructions No. 6.)		
Scheme :		O Regular Plan			Dividend	
Payment Type [Please (✔)] ◯ Se	If (Non Third Douts Doumont)	Direct Plan Direct Plan	Growth (De ment (Please attach '	, 0	Payout O Reinv	
	If (Non-Third Party Payment) mount of Cheque / DD /	DD Charges,	Net Purchase	Drawn on B		n Bank A/c No.
RTC	GS / NEFT in figures (Rs.)	if any	Amount	Branch	n (For	Cheque Only)
8. DEMAT ACCOUNT DETAILS - Mandatory						ory Details.
National Securities Depository Lim	ited (NSDL)		al Depository Serv	ices (India) Lim	ited (CDSL)	
DP Name		DP Na	ne			
PID I N Be	enef. A/C No.	16 Digit	A/C No.			
	ent Masters List (CML)	-	Holding Statement	<u> </u>	elivery Instruction	Slip (DIS)
9. NOMINATION DETAILS [Minor / HU) PLEASE REGISTER MY/OUR NOMIN			Refer Instruction No.			
	Date of Birth	Name of the Guardian			Signature of No.	inco / Guardian
No. Nominee(s) Name	(in case of Minor)	(in case of Minor)	Relationship	% of Share	Signature of Nom	mee / Guardiañ
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2	D M M Y Y Y Y					
3	DMMYYYY					

FOR NON-INDIVIDUALS ONLY

10. F	A To be filled by	Financiali			ест керс	orting ind		inuty	Y (NFE	Es)										
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 Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) 						_	es (If yes, plea e of stock excha								regular	ly tradeo	d)			
2 Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)							es (If yes, plea e of listed compa		1	ame of the	listed	l company	and one	e stock exc	change of	on whicl	h the sto	ock is r	egularly	y trade
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						Pleas	e specify the su	ıb-cat	tegory	of Active N	FE	1	<i>l</i> ention	code: Refe	er instru	ction 16	6(c)			
4	Is the Entity a pa	assive NFE					es (If yes, plea		UBO o	declaration	in the	e next sect	on.)							
							e of Business: _		tructi	on No. 1	6									
a. I	DECLARATION FO	OR ULTIMA	TE BEN		OWNERS		3O1 (Refer inst	ructio	on No.	17)*										
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%In case Tax Identification Number is not available, kindly provide functional equivalent

Application No.:	Cheque/DD should be Drawn in	favour of the Scheme Name*	
Mirae Asset Large Cap Fund	Mirae Asset Emerging Bluechip Fund	Mirae Asset Cash Management Fund	Mirae Asset Focused Fund
Mirae Asset Hybrid Equity Fund	Mirae Asset Tax Saver Fund	Mirae Asset Dynamic Bond Fund	Mirae Asset Midcap 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

2.	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? O Yes O 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 / G	uardian / Non-Individual)		2 nd A	pplicant		3 rd Applicant		
Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	rth / OYes ONo		Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	h/	🔿 Yes 🔿 No	Do you have any no Country(ies) of Birt Citizenship / Nation and Tax Residency	h/ aality OYes ONo		
Country of Birth / Incorporation			Country of Birth			Country of Birth			
Country Citizenship Nationality)/		Country Citizenship Nationality)/		Country Citizenship Nationality	o/		
Are you a US specif person?	fied	○ Yes ○ No Please provide Tax Payer Id.	Are you a US specif person?	fied	○ Yes ○ No Please provide Tax Payer Id.	Are you a US speci person?	fied Ores No Please provide Tax Payer Id.		
For non-Individual inv	estor in c	ase, if you country of incorporation /	l Tax resistance in US, b	out you are	e not a specified US person then ple	ase mention exemptior	n code(Refer instruction 16(e))		
Individual or Non-In if ticked Yes above.	dividual i	nvestors fill this section	Individual investo	r have to	fill in below details in case of join	t applicants			
	Country:			Countr	y:		Country:		
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		
	Туре:		-	Туре:			Туре:		
	Countr	y:		Countr	y:		Country:		
Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		
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	Туре:			Туре:			Туре:		
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, Mirea 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 by 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 lncome 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 mylour 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 obser intermediaries in case of any dispute regarding the eligibility, validity and authorization of mylour 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 have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/fit distributor for this investment. I/We have not wesite for transacting online. (H) RIA: I/We have not been side information sought by any rebate or gifts, directly or indirectly in making this investment. (I/) Applicable to Foreign Resident's Residing in India: I/We con

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

For O Lumpsum 'OR' O SIP

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	

Cheque / DD is subject to realisation