COMMON APPLICATION FORM

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

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.
ARN-64917			E434563		
EUIN Declaration: Declaration for Execution Only the EUIN box has been intentionally left blank by meiadvice of in-appropriateness, if any, provided by the efeed/portfolio holdings/NAV etc. in respect of my/our in	/us as this transaction is executed withou mployee/relationship manager/sales per	It any interaction or advice by son of the distributors/sub bro	the employee/relationship mar ker. RIA/Declaration: "I/We he	nager/sales person of the above distrib ereby give you my/our consent to share	utor/sub broker or notwithstanding the
Sign of 1st Applicant / Guardian / Auth. Signator		of 2 nd Applicant / Guardian / Application			Guardian / Auth. Signatory / PoA
Please Lumpsum Investment		Micro Applicati	_	SIF	Application
TRANSACTION CHARGES (Please © I AM A FIRST TIME INVESTOR IN MI Applicable transaction charges will be ded registered Distributor)based on the investor	UTUAL FUNDS lucted in case your distributor h or's assessment of various factor	OR as opted for such char ors including the servic	☐ I AM AN ges. Upfront commissices rendered by the ARI	N Holder.	e investor to the ARN Holder(AMFI
1. EXISTING UNIT HOLDER INFOR				•	
Folio No.				Ned alongside will apply for the KYC credentials may be filled	s application.All Unit Holders in the lin the below sections.
2. APPLICANT(S) NAME AND IN IN	FORMATION [Refer Instruc	tion 2] If the 1 st / Sole	Applicant is Minor, t	then please provide details	s of natural / legal guardian
1 st SOLE APPLICANT Mr. / Ms. /M/s.				PAN	
(Please write the name as per PAN Card) LEI Code for entities					
			Ple indi	cate if US Person or a resident	for tax purpose / Resident of Canada
CKYC ID No. (KIN)			1 13 11101	Yes N	No ^{\$} (\$Default if not ✓)
GUARDIAN (In case 1 st Applicant is a Min Mr. / Ms. / M/s.	nor)				ip with Minor (Please √) ☐ Father ☐ Legal Guardian
GUARDIAN CKYC ID No. (KIN)			KYC (Please ✓) ☐ Proof Attached	GUARDIAN PAN	
POA / Custodian Name:					YC (Please ✓) ☐ Proof Attached
POA / Custodian CKYC ID No. (KIN)			PO	A / Custodian PAN	
Contact Person for Corporate Investo	r: Name			Designation:	
3. FIRST APPLICANT AND KYC DE	TAILS All fields i	marked as (*) are	Mandatory		
1st SOLE APPLICANT Individual or *Date of Birth/ Incorporation Moderation (Non-Individual)		of Date of Birth (Plea (For minor applicant)	ase ✓) ☐ Birth	Certificate Sch	11b - Refer Instruction No. 17] nool Leaving Certificate / Mark Shee
(Please write the Date of birth as per Aadhaar Ca Place of Birth / Incorporation:	Country of Birth / Incorporation:		Nationality:		Male Female Other
(Please write the Date of birth as per Aadhaar Ca Type: Resident Individual Sol		rust Bank / Fls	Fils PIO S	Society/AOP/BOI Minor	through Guardian NRI - NRO
HUF LLP Listed Company Priv	· · · · ·	mpany⊡ Artificial Juri	idicial Person Partne	rship Firm FOF - MF Scher	mes Other (Please specify)
NPO Registration Number of DARPA	Private Sector	Public Sector	Government Servi	ce Student	Professional Housewife
a*. Occupation Details [Please (✓)]	Business	Retired	Retired	☐ Proprietorship	Others (Please specify)
b*. Politically Exposed Person (PEP) Statu	us (Also applicable for authorised	signatories/Promoters/Ka	rrta/Trustee/Whole time Di	rectors) 🗌 I am PEP 🗌 I am	Related to PEP Not Applicable
c*. Gross Annual Income (₹) [Please (✓)]	☐ Below 1 Lakh	1-5 Lakhs	5-10 Lakhs	☐ 10-25 Lakhs	>25 Lakhs > 1 Crore
d*. Net-worth (Mandatory for Non-Individue e*. Non-Individual Investors involved/provany of the mentioned services	viding Foreign E	xchange / Money Cha		Gaming/Gambling/Lottery/	(Not older than 1 year) Casino Services
4. BANK ACCOUNT DETAILS - N		ending / Pawning		1.40110 of the above	
Name of the Bank:	Manuatory [Keler Instructi	on Nos. 5 & 4]			
Core Banking A/c No.			A/c.	e Pls. (🗸) 🗌 NRE 🗌 CURRE	NT SAVINGS NRO Other
Branch Name:	Add	dress:		5o. (*)	
Bank Branch City:	Sta	te:		Pin Co	ode
MICR Code		ch a cancelled cheque bhoto copy of a cheque	IFSC Code (Mandate Credit via NEFT/RTC		

Mode of Holding:	KYC DETAILS All fields marked	as (*) are Mandatory					
Mode of Holding: Anyone or Survivor 2 nd APPLICANT Mr. / Ms. / M/s. (Not Applicable)	☐ Single in case of Minor Applicant) (Please write the r	Joint name as per PAN Card)	(Please note that the Default o	ption is Anyone or Survivor)			
PAN Details	Pls indicates if U	S Person or a resident for tax purp	ose / Resident of Canada Yes	No* (*Default if not ✓)			
CKYC ID No. (KIN)		KYC Pls 🕢 🗌 Proof Atta	ched Date of Birth(Mandatory (As per PAN Card)	<i>D</i>			
Place of Birth	Country of Birth		Nationality:				
a*. Occupation Details [Please(✓)]	Private Sector Public Sector Business Retired	Government Service Agriculture	Student Profession Proprietorship Others	nal Housewife (Please specity)			
b*. Politically Exposed Person (PEP) Status	m PEP	EP Not Applicable					
c*. Gross Annual Income (₹) [Please(✔)]	Below 1 Lakh	5-10 Lakhs	☐ 10-25 Lakhs ☐ >25 Lakhs	s 🗆 > 1 Crore			
d*. Net-worth ₹	as on —		(Not older than 1 year)				
Mode of Holding: Anyone or Survivor 3 rd APPLICANT Mr. / Ms. / M/s. (Not Applicable)	Single in case of Minor Applicant) (Please write the n	☐ Joint ame as per PAN Card)	(Please note that the Default o Gender Ma	ption is Anyone or Survivor) ale			
PAN Details	Pls indicates if U	S Person or a resident for tax purpo	ose / Resident of Canada Yes	No* (*Default if not ✓)			
CKYC ID No. (KIN)		KYC Pls 🕢 🗌 Proof Atta	ched Date of Birth(Mandatory (As per PAN Card)	/) D D M M Y Y Y Y			
Place of Birth	Country of Birth		Nationality:				
a*. Occupation Details [Please(✓)]	☐ Private Sector ☐ Public Sector	☐ Government Service	Student Profession	nal Housewife			
a . Occupation Details [Flease()]	Business Retired	☐ Agriculture	Proprietorship Others	(Please specity)			
b*. Politically Exposed Person (PEP) Status	m PEP	EP Not Applicable					
c*. Gross Annual Income (₹) [Please(✓)]	☐ Below 1 Lakh ☐ 1-5 Lakhs	5-10 Lakhs	☐ 10-25 Lakhs ☐ >25 Lakhs	s 🗌 > 1 Crore			
d*. Net-worth ₹	as on	D M M Y Y Y	- (Not older than 1 year)				
6. MAILING ADDRESS [Please provide yo	our E-mail ID and Mobile Number to I	nelp us serve you better Refe	r Instructions 6]				
Local Address of 1st Applicant	City	State	Pin Code				
Tel. Off.	Resi.	State	Mobile				
Mobile No specified above belongs to ☐ Self or Fam	illy, due to Investor being(Please tick any on	'					
☐ Spouse ☐ Guardian(for Minor Investment	Dependent Children	Dependent Parents □ De	ependent Siblings				
^^Please Use Block Letters Investors providing ema	il IDldd-tibi all Carrer	ications Statement of Accounts and	d Abridged Annual Report through e-r	mail only.Incase if physical			
^^Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only.Incase if physical copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or Family, due to Investor being(Please tick any one option from below.)							
copies are required kindly refer instruction no. 6(g)	•						
copies are required kindly refer instruction no. 6(g) Email address specified above belongs to □ Self or □ Spouse □ Guardian(for Minor Investmen	Family, due to Investor being(Please tick an	y one option from below.) Dependent Parents □ De	ependent Siblings	dress is preferredl			
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Signature of 1" Applicant / Guardian / Auth. Signatory / PoA / Karta (AS IN BANK RECORDS)

Signature of 2rd Applicant / Guardian / Auth. Signatory / PoA (AS IN BANK RECORDS) Signature of 3rd Applicant / Guardian / Auth. Signatory / PoA (AS IN BANK RECORDS)

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10. FATCA & CRS DETAILS (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)															
PART A To be filled by Financial Institutions or Direct Reporting Non Financial Entity (NFEs)															
We are a, Financial institution GIIN Note: If you do not have a GIIN but you				N but you are sponsere	d by another entity please.	provide vour sponsor's GI	IN above and it	ndicate your	sponsor's na	ame below					
	or Direct reporting NFE ☐ [Please tick (✓)] 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-partici								rticipa	tina FI						
PART B (please fill any one as appropriate "to be filled by NFEs other then Direct Reporting NFEs")															
1	W		•		Yes (If yes, please spe		change on u	which the	etock is roc	aularly tra	dod)				
ls the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)				v	ne of stock exchange:	•	•		Stock is reg	guiarry tra	ueu)				
2 Is the Entity a related entity of a publicy					Yes (If yes, please spe	cify name of the lister	d company a	and one st	ock excha	nge on w	hich the st	ock is regu	ılarly tra	ided)	
	traded company (a cregularly traded on				ne of Listed compnay: _										
				Natu	re of relation S	ubsidiary of the Listed	d Company o	or \square	Controlled	d by a List	ed Compa	ny			
				Nam	ne of stock exchange:					•		•			
3		NEE													
3	Is the Entity an activ	ve NFE			Yes (If yes, please fill U			•							
				Natu	re of Business:										_
				Plea	se specify the sub-cat	egory of Active NFE		Mentior	code: Ref	fer instruc	ction 15(c)				
4	le the Entity on Deep	since NEE			Yes (If yes, please fill U	IRO declaration in the	o poyt soctio	n)							
4	Is the Entity an Pass	SIVE NFE		_		DDO deciaration in the	e next sectio	,,,,							
					re of Business: or details refer ins	struction no. 15									
11 D	ECLARATION FOR U	LTIMATE E	BENEFICIAL OW												
*This ded	claration is not needed for C	ompanies tha	at are listed on any re	cognized stock excl	nange or is a Subsidiary	of such Listed Comp									
), confirming ALL countries on and Auditor's Letter with rec				and ALL Tax Identification	on Numbers for EAC	H controlling	person(s)	. Owner-do	cumented	d FFI's sho	ould provid	FFI O	wner R	eporting
11a. D	ETAILS OF ULTIMATE	BENEFIC	CIAL OWNERS [N	/landatory] (If tl	ne given space be	low is not adequ	ate, pleas	e attach	multiple	e declar	ation for	rms)			
	Name of UBO & Addres	is													
		~	Address Type ^{ss}	PAN/Tax Payer Identification No. Equivalent ID No		Country of tax Residency/ permanent residency*	Count citizen		UBO ((Manda		[pleas the acknowl	res / NO) e attach KYC ledgemen		f bene interes	
			Address Type"	Identification No.	Refer instruction	Residency/ permanent					[pleas the acknowl	e attach KYC			
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#Additional details to be filled by controlling persons with tax residency/permanent residency/citizenship/Green Card in any country other than India.
*To include US, where controlling person is a US citizen or green card holder
% 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

FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 15) (FOR INDIVIDUALS & NON-INDIVIDUAL 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 Yes ☐ No Yes No Yes No Tax Residency 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 Are you a US specified Yes No Are you a US specified Yes ☐ No Please provide Tax Payer Id. Please provide Tax Payer Id. Please provide Tax Payer 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) | 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. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF 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 agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) IWNe 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 mylour credit will constitute full discharge of liabilities of 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 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 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 pided by the Fund/AMC/fix 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. We have not been offered/communicated any indicative portfolio and and shall be bound by the terms & conditions of the PIN agreement available on the AMC we besite for transacting online. (I) RIA: I/We hereby agree to consent the AMC to share my transaction distills to the registered investment advisor (RIA) through the registrar or otherwise. (I) Applicable to Foreign Resident's Resi 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) Aadhaars 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 1st Applicant / Guardian /
Sign of 3st Applicant / Guardian /
Authorized Signatory / ReA

			For Lumpsum 'OR' SII
Recei	ved 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.:	
		DatedBank & Branch	