

STANDALONE ONE TIME MANDATE (OTM) FOR SIP APPLICATION.



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" 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 inappropriateness, 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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EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Name of 1st Unit Holder

Folio No. **Mobile No.**

Email ID

Bank Credentials: Please provide Bank Details for which One Time Mandate (OTM) needs to be registered. Kindly note, that if the OTM registration is given for any other bank which is not registered under the folio, the bank will not be automatically added to the list for of bank A/c's and will not be used for purpose of any payout.

Bank Name

Bank Account No.

DECLARATION AND SIGNATURES. ALSO REFER THE TERMS AND CONDITIONS OVERLEAF:

- I / We declare that the particulars furnished here are correct. I / We authorize Mirae Asset Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments through an Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from time to time.
- If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, or for any technical reasons at the banks end, I/We would not hold the user institution / Mirae Asset Mutual Fund responsible for such delay / non processing.
- I/We acknowledge that I/We will need to inform Mirae Asset Mutual Fund about any changes in my bank account and that Mirae Asset Mutual Fund will not be responsible for any rejections / non processing due to any such non information to Mirae Asset Mutual Fund.
- I/We hereby authorize Mirae Asset Mutual Fund to initiate / honour such payments and have signed and endorsed the Mandate Form in lieu of the same.
- Further, I/We authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our bank account.
- I/ We hereby agree to read the respective SID and SAI of the schemes of Mirae Asset Mutual Fund before investing in any scheme of Mirae Asset Mutual Fund using this facility.
- I/ We request you to make provisions for me/ us and/ or an advisor authorized by me to be able to utilize this mandate for SIP in any scheme of Mirae Asset Mutual Fund applied for.
- I/We give my/our consent to Mirae Asset Mutual Fund or its Asset Management Company and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.
- I/ We have read and understood the Terms and Conditions given overleaf for usage of the One Time Mandate Facility.

Signature of 1 Applicant/Guardian/Authorised Signatory/ PoA/Karta (AS IN BANK RECORDS)	Signature of 2 Applicant/Guardian /Authorised Signatory/PoA (AS IN BANK RECORDS)	Signature of 3 Applicant/Guardian/ Authorised Signatory/PoA (AS IN BANK RECORDS)
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MIRAE ASSET Mutual Fund UMRN Bank use Date

Sponsor Bank Code Bank use CREATE MODIFY CANCEL

Utility Code **N A C H 0 0 0 0 0 0 0 0 0 0 5 1 4 8** I/We hereby authorize Mirae Asset Investment Managers (India) Pvt. Ltd.

To Debit (tick ✓) SB CA CC SB-NRE SB-NRO Other Bank A/c

With Bank Name of customers bank IFSC / MICR

An Amount Of Rupees ₹

DEBIT TYPE Fixed Amount Maximum Amount FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented

Reference 1 Folio No. Reference 2 Scheme Name

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3.I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity/ corporate or the bank where I have authorized the debit.

PERIOD

From

To

Or Until Cancelled

Phone No.

Signature Of Primary Account Holder Signature Of Joint Account Holder Signature Of Joint Account Holder

1. Name Of Primary Account Holder 2. Name Of Joint Account Holder 3. Name Of Joint Account Holder

NACH MANDATE INSTRUCTION FORM (Refer guidelines / instruction over leaf before filling)

CU/09/2023

