SIP ENROLMENT CUM ONE TIME DEBIT MANDATE (OTM) FORM with Goal SIP & Top Facility Registration Cum Mandate Form For NACH/Direct Debit

MIRAE ASSET Mutual Fund

Application No :					
		No ·	tion	lica	Annl

ARN/RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
AALPS			E		
ARN-181211	Ju" Transaction (whore Employee	Unique Identification Numb	or ELIIN* hovid left blank)	Diagon refer instruction 12 of KIM fo	soomplete detaile en ELIIN, IMA berek
EUIN Declaration: Declaration for "Execution Or confirm that the EUIN box has been intentionally proker or notwithstanding the advice of in-approp to share/provide the transactions data feed/portion	left blank by me/us as this transac irateness, if any, provided by the e olio holdings/NAV etc. in respect	ornique identification Numb stion is executed without any imployee/relationship mana of my/our investments under	er-EUIN BOXIS IEIT DIAIN). interaction or advice by the ger/sales person of the dist er Direct Plan of all Schem	Please refer instruction 12 of Kilwin o e employee/relationship manager/s ributor/sub broker. RIA/Declaration es managed by you, to the above n	complete details on EUIN, 17We hered ales person of the above distributory, 1: "I/We hereby give you my/our conser nentioned SEBI-Registered Investmen
Signature of 1st Applicant / Guardian / Authorised Sig		ture of 2 nd Applicant / Guardian /			Guardian / Authorised Signatory / PoA
Please SIP ENROLMENT with One 1. EXISTING UNIT HOLDER INFO	, , ,	· · · · · · · · · · · · · · · · · · ·	SIP Top-up	,	s application)
lame of 1 st Unit Holder	MinArion (The details i	ir our records drider	the folio number in	Folio No.	s application.)
2. SIP ENROLMENT DETAILS (P	ease check the Minimun	n Amount Criteria fo	r the scheme applie	d for. [Refer General Instr	uction 17 Overleaf]).
requency Please	efault)	Regular Plan	☐ Direct Plan	Growth IDCW Pa	
cheme:				☐ IDCW Re	investment Frequency^
IDCW is applicable only for Mirae Asset Cash M Income Distribution cum Capital Withdrawal. IDC	anagement Fund, Mirae Asset Ov CW ^Frequency can be Daily or W	ernight Fund & Mirae Asset eekly or Monthly; If not sele	Savings Fund. Default opticted Monthly will be consid	on here will be Daily if frequency no ered as default, refer SID for more o	t selected. letails
	Date from 1 st till 28 th of the be considered as the defaul	t date) SIP Amount		,	ner Amount. (₹)
SIP Start Month (MM/YY) M M Y	SIP End Month (MM/Y			311 111 (et Mutual Fund to discontinue your SIF
2a. Goal SIP - Do you want to ass f Goal & SIP amount is same default wi			·		Instruction No. 24 Overleaf irement Planning (Default)
☐ Tax Savings ☐ Dream House	Dream Car	Dream Vacation	─────────────────────────────────────	Others- Please sp	
2b. SIP TOP-UP FACILITY (You can			_		n No. 23 Overleaf].
All Applicants have to submit NACH m					
op-up Amount (₹) (minimum	₹ 500/- & in multiples of ₹	1/- only) Top-up Start l	Month (MM/YY) M	M Y Y Top-up End Mo	onth (MM/YY) M M Y Y
xisting Investors Availing Top-Up: Plea	se provide current SIP IH N	umber as per SOA	Fr	equency Please 🕢 🗌 Ha	If Yearly Yearly (Defaul
3. SIP PAYMENT DETAILS (New I	•	copy of cancelled cl	neque and mention i	elevant SIP details in the f	orm and One Time Mandate.
	irst SIP Cheque No.			Drawn on Bank	
4. OTM BANK ACCOUNT DETAIL	S (Mandatory) Name of 1			Orawn on Bank	
4. OTM BANK ACCOUNT DETAIL Bank Name	S (Mandatory) Name of 1	Core Banking A/c. No.	k Records		
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