

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE (OTM) FORM
with Goal SIP & Top Facility

Registration Cum Mandate Form For NACH/Direct Debit

Application No.:



Form header section containing Name & Broker Code, Sub Broker, Sub Agent Code, EUIN, Internal Code for AMC, and ISC Date Time Stamp Reference No.

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.

Signature lines for 1st, 2nd, and 3rd Applicant/Guardian/Authorised Signatory/PoA/Karta.

Please SIP ENROLMENT with One Time Mandate (OTM) (Please fill all sections) SIP Top-up Facility Goal SIP

1. 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.

2. SIP ENROLMENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for. [Refer General Instruction 17 Overleaf]).

Frequency Monthly (Default) Quarterly Regular Plan Direct Plan Growth IDCW Payout IDCW* Frequency

Scheme: *IDCW is applicable only for Mirae Asset Cash Management Fund, Mirae Asset Overnight Fund & Mirae Asset Savings Fund. Default option here will be Daily if frequency not selected.

SIP Date SIP Amount 5,000 10,000 25,000 Any other Amount.

SIP Start Month SIP End Month OR Perpetual Dec 2099

2a. Goal SIP - Do you want to assign a goal for your SIP. Yes No If yes please select your goal

If Goal & SIP amount is same default will be taken as ₹ 1 crore Goal Amount Kids Education Retirement Planning

Tax Savings Dream House Dream Car Dream Vacation Kids Marriage Others- Please specify

2b. SIP TOP-UP FACILITY (You can start SIP Top-up facility after minimum 6 months from 1st SIP) [Refer General Instruction No. 23 Overleaf].

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure. (Not available for micro SIPs)

Top-up Amount (minimum ₹ 500/- & in multiples of ₹ 1/- only) Top-up Start Month Top-up End Month

Existing Investors Availing Top-Up: Please provide current SIP IH Number as per SOA Frequency Half Yearly Yearly

3. SIP PAYMENT DETAILS (New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and One Time Mandate.)

Cancelled cheque Leaf First SIP Cheque No. Drawn on Bank

4. OTM BANK ACCOUNT DETAILS (Mandatory) Name of 1st A/c. Holder as in Bank Records

Bank Name Core Banking A/c.

Branch Name & City Bank Account Type NRE CURRENT SAVINGS NRO

DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s)); 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 & conditions of SIP enrolment and registration through NACH/ECS or Direct Debit (Auto Debit).

Signature lines for 1st, 2nd, and 3rd Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS).

NACH MANDATE INSTRUCTION FORM (Refer guidelines / Instruction over leaf before filling) MIRAE ASSET Mutual Fund UMRN Bank use Date Sponsor Bank Code Bank use CREATE MODIFY CANCEL Utility Code Bank use 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 3 1 1 2 2 0 9 9 Or Until Cancelled Phone No. 1. Name Of Primary Account Holder 2. Name Of Joint Account Holder 3. Name Of Joint Account Holder