

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.
AALPS ARN-181211			E		

**EUN 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributors/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".

Sign of 1 <sup>st</sup> Applicant / Guardian / Auth. Signatory / PoA / Karta	Sign of 2 <sup>nd</sup> Applicant / Guardian / Auth. Signatory / PoA	Sign of 3 <sup>rd</sup> Applicant / Guardian / Auth. Signatory / PoA
Please <b>Lumpsum Investment</b> <input type="checkbox"/>	<b>Micro Application</b> <input type="checkbox"/>	<b>SIP Application</b> <input type="checkbox"/>

**TRANSACTION CHARGES** (Please ☒ any one of the below. Refer KIM page no 31&32, Instructions No. 11)

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS

OR

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

Applicable transaction charges will be deducted in case your distributor has opted for such charges. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investor's assessment of various factors including the services rendered by the ARN Holder.

**1. EXISTING UNIT HOLDER INFORMATION-** Please fill in your Folio Number, PAN, KIN in below Sections 2, 3, 4 & proceed to Section 7 for Investment Details.

<b>Folio No.</b>										The details in our records under the Folio No. mentioned alongside will apply for this application.All Unit Holders in the given Folio should be KYC compliant.Any updation in KYC credentials may be filled in the below sections.
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**2. APPLICANT(S) NAME AND IN INFORMATION [Refer KIM page no 31&32, Instruction 2] If the 1<sup>st</sup> / Sole Applicant is Minor, then please provide details of natural**

<b>1<sup>st</sup> SOLE APPLICANT</b> Mr. / Ms. /M/s. (Please write the name as per PAN Card)															<b>PAN</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>									
<b>LEI Code for entities</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>																								
<b>CKYC ID No. (KIN)</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>															Pls indicate if US Person or a resident for tax purpose / Resident of Canada <input type="checkbox"/> Yes <input type="checkbox"/> No <sup>3</sup> (\$Default if not <input checked="" type="checkbox"/> )									
<b>GUARDIAN</b> (In case 1 <sup>st</sup> Applicant is a Minor) Mr. / Ms. / M/s.															<b>Relationship with Minor (Please <input checked="" type="checkbox"/>)</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian									
<b>GUARDIAN CKYC ID No. (KIN)</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>															KYC (Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Proof Attached									
<b>POA / Custodian Name:</b>															<b>GUARDIAN PAN</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>									
<b>POA / Custodian CKYC ID No. (KIN)</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>															KYC (Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Proof Attached									
<b>POA / Custodian</b>															<b>POA / Custodian PAN</b> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>									
<b>Contact Person for Corporate Investor:</b>															KYC (Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Proof Attached									

### 3. FIRST APPLICANT AND KYC DETAILS All fields marked as '\*' are Mandatory

**1<sup>st</sup> SOLE APPLICANT** ☐ Individual or ☐ Non-Individual [Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. 17]

<b>*Date of Birth/ Incorporation</b> (Individual) (Non-Individual) (Please write the Date of birth as per Aadhaar Card)		<b>Proof of Date of Birth (Please ✓ )</b> (For minor applicant)		<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport of the Minor	<input type="checkbox"/> School Leaving Certificate / Mark Sheet <input type="checkbox"/> Others _____ (Please specify)
<b>Place of Birth / Incorporation:</b> (Please write the Date of birth as per Aadhaar Card)		<b>Country of Birth / Incorporation:</b>		<b>Nationality:</b>	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other					
<b>Type:</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> Sole Prop <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Trust <input type="checkbox"/> Bank / FIs <input type="checkbox"/> FIs <input type="checkbox"/> PIO <input type="checkbox"/> Society/AOP/BOI <input type="checkbox"/> Minor through Guardian <input type="checkbox"/> NRI - NRO					
<input type="checkbox"/> HUF <input type="checkbox"/> LLP <input type="checkbox"/> Listed Company <input type="checkbox"/> Private Company <input type="checkbox"/> Public Ltd. Company <input type="checkbox"/> Artificial Juridicial Person <input type="checkbox"/> Partnership Firm <input type="checkbox"/> FOF - MF Schemes <input type="checkbox"/> Other _____ (Please specify)					
<b>a*. Occupation Details [Please (✓)]</b>		<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Retired <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (Please specify)			
<b>b*. Politically Exposed Person (PEP) Status</b> (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable					
<b>c*. Gross Annual Income (₹) [Please (✓)]</b>		<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakhs <input type="checkbox"/> 5-10 Lakhs <input type="checkbox"/> 10-25 Lakhs <input type="checkbox"/> >25 Lakhs <input type="checkbox"/> > 1 Crore			
<b>d*. Net-worth (Mandatory for Non-Individuals) ₹</b> _____		as on <u>    D    D    M    M    Y    Y    Y    Y    </u> (Not older than 1 year)			
<b>e*. Non-Individual Investors involved/providing any of the mentioned services</b>		<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above			

#### 4. BANK ACCOUNT DETAILS - Mandatory [Refer KIM page no 31&32, Instruction Nos. 3 & 4]

<b>Name of the Bank:</b>																			
<b>Core Banking A/c No.</b>										<b>A/c. Type Pls.</b> (✓) <input type="checkbox"/> NRE <input type="checkbox"/> CURRENT <input type="checkbox"/> SAVINGS <input type="checkbox"/> NRO <input type="checkbox"/> Other									
<b>Branch Name:</b>										<b>Address:</b>									
<b>Bank Branch City:</b>										<b>State:</b>					<b>Pin Code</b>				
<b>MICR Code</b>										Please attach a cancelled cheque OR a clear photo copy of a cheque					<b>IFSC Code</b> (Mandatory for Credit via NEFT/RTGS)				

**5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS** All fields marked as **\*\*\*** are Mandatory

Mode of Holding:

☐ Anyone or Survivor
☐ Single
☐ Joint

(Please note that the Default option is Anyone or Survivor)

2<sup>nd</sup> APPLICANT

Mr. / Ms. / M/s.

(Not Applicable in case of Minor Applicant) (Please write the name as per PAN Card)

Gender

☐ Male
☐ Female
☐ Other

PAN Details

Pls indicates if US Person or a resident for tax purpose / Resident of Canada

☐ Yes
☐ No\* (\*Default if not)

CKYC ID No. (KIN)

KYC Pls

☒
☐ Proof Attached

Date of Birth(Mandatory)  
(As per PAN Card)

DDMMYYYY

Place of Birth

Country of Birth

Nationality:

a\*. Occupation Details [Please✓]]

☐ Private Sector
☐ Public Sector
☐ Government Service
☐ Student
☐ Professional
☐ Housewife

☐ Business
☐ Retired
☐ Agriculture
☐ Proprietorship
☐ Others

b\*. Politically Exposed Person (PEP) Status

☐ m 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 ₹

as on

DDMMYYYY

(Not older than 1 year)

Mode of Holding:

☐ Anyone or Survivor
☐ Single
☐ Joint

(Please note that the Default option is Anyone or Survivor)

3<sup>rd</sup> APPLICANT

Mr. / Ms. / M/s.

(Not Applicable in case of Minor Applicant) (Please write the name as per PAN Card)

Gender

☐ Male
☐ Female
☐ Other

PAN Details

Pls indicates if US Person or a resident for tax purpose / Resident of Canada

☐ Yes
☐ No\* (\*Default if not)

CKYC ID No. (KIN)

KYC Pls

☒
☐ Proof Attached

Date of Birth(Mandatory)  
(As per PAN Card)

DDMMYYYY

Place of Birth

Country of Birth

Nationality:

a\*. Occupation Details [Please✓]]

☐ Private Sector
☐ Public Sector
☐ Government Service
☐ Student
☐ Professional
☐ Housewife

☐ Business
☐ Retired
☐ Agriculture
☐ Proprietorship
☐ Others

b\*. Politically Exposed Person (PEP) Status

☐ m 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 ₹

as on

DDMMYYYY

(Not older than 1 year)

**6. MAILING ADDRESS [Please provide your E-mail ID and Mobile Number to help us serve you better Refer KIM page no 31&32, Instructions 6g ]**

Local Address of 1<sup>st</sup> Applicant

City

State

Pin Code

Tel. Off.

Resi.

Mobile

Mobile No specified above belongs to

☐ Self or Family, due to Investor being(Please tick any one option from below.)
☐ Spouse
☐ Guardian(for Minor Investment)
☐ Dependent Children
☐ Dependent Parents
☐ Dependent Siblings

E - Mail<sup>^^</sup>

^^Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only.

☐ Self or Family, due to Investor being(Please tick any one option from below.)
☐ Spouse
☐ Guardian(for Minor Investment)
☐ Dependent Children
☐ Dependent Parents
☐ Dependent Siblings

**6a. Mandatory for NRI / FI Applicant [Please provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address is preferred]**

Overseas Correspondence Address

**7. INVESTMENT AND PAYMENT DETAILS (For complete information on Investment Details please Refer KIM page no 31&32, to Instructions No. 6. )**

Scheme -

☐ Regular Plan
☐ Direct Plan

☐ Growth (Default)
☐ IDCW Payout
☐ IDCW\* Frequency<sup>A</sup>

\*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.

\*Income Distribution cum Capital Withdrawal. IDCW <sup>A</sup>Frequency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default, refer SID for more details

Payment Type [Please ✓]]

☐ Self (Non-Third Party Payment)
☐ Third Party Payment ( Please attach 'Third Party Payment Declaration Form')

Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)

**8. DEMAT ACCOUNT: Mandatory for units in Demat Mode -Please Ensure the sequence of names as mentioned under sec-3 matches as per the Depository Details.**

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
DP Name	DP Name
DP ID	16 Digit A/C No.

Enclosures - Please (✓)

☐ Client Masters List (CML)
☐ Transaction cum Holding Statement
☐ Delivery Instruction Slip (DIS)

**9. NOMINATION DETAILS MANDATORY [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer KIM page no 31&32, Nomination Instruction No. 20]**

☐ PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS
☐ I/WE DO NOT WISH TO NOMINATE

OR

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship	% of Share	Signature of Nominee / Guardian (Preferred but not Mandatory)
1		DD/MM/YYYY				
2		DD/MM/YYYY				
3		DD/MM/YYYY				

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Signature of 1 <sup>st</sup> Applicant / Guardian / Auth. Signatory / PoA / Karta (AS IN BANK RECORDS)	Signature of 2 <sup>nd</sup> Applicant / Guardian / Auth. Signatory / PoA (AS IN BANK RECORDS)	Signature of 3 <sup>rd</sup> Applicant / Guardian / Auth. Signatory / PoA (AS IN BANK RECORDS)
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**The detail of this page should be filled by Non-Individual investors only.**

12. FATCA AND CRS DETAILS (Self Certification) (Refer KIM page no 31&32, instruction No. 15)

(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? ☐ Yes ☐ No

(If Yes, please provide country lies in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

1 <sup>st</sup> Applicant (Sole / Guardian / Non-Individual)		2 <sup>nd</sup> Applicant		3 <sup>rd</sup> Applicant	
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="checkbox"/> Yes <input type="checkbox"/> No 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					
Tax Residency Status: 1	Country:		Tax Residency Status: 1	Country:		Tax Residency Status: 1	Country:	
	No.:			No.:			No.:	
	Type:			Type:			Type:	
Tax Residency Status: 2	Country:		Tax Residency Status: 2	Country:		Tax Residency Status: 2	Country:	
	No.:			No.:			No.:	
	Type:			Type:			Type:	
Tax Residency Status: 3	Country:		Tax Residency Status: 3	Country:		Tax Residency Status: 3	Country:	
	No.:			No.:			No.:	
	Type:			Type:			Type:	
Address Type _____			Address Type _____			Address Type _____		
(Address Type: Residential or Business (default)   Residential   Business   Registered Office) (For address mentioned in form I 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(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 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 my/our 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 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, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our 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 hereby confirm that I/We have not been offered/communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its 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: I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) Applicable to Foreign Resident's Residing in India:- I/ We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations and other applicable laws and regulations. (J) I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s). (K) FATCA/CRS Certification: I / We have understood the information requirements of this Form (read along with the FATCA& CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has 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) Aadhaar: I/We hereby voluntarily submit Aadhaar card to the Fund/AMC for updating the same in my folio.

<div>Sign of 1<sup>st</sup> Applicant / Guardian / Authorised Signatory / PoA</div>	<div>Sign of 2<sup>nd</sup> Applicant / Guardian / Authorised Signatory / PoA</div>	<div>Sign of 3<sup>rd</sup> Applicant / Guardian / Authorised Signatory / PoA</div>
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ACKNOWLEDGMENT SLIP

For ☐ Lumpsum 'OR' ☐ 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

CU/10/2022