SYSTEMATIC INVESTMENT PLAN (SIP) Application No.: Registration Cum Mandate Form For NACH/ECS/Direct Debit



Name & B	roker Code / ARN		Sub Broker / Sub Agent ARN Code			Employee Unique Identification Number (EUIN)				ISC Date Time Stamp Reference No.						
SMC GLOB	AL ARN - 29345															
Declaration for "Exast his transaction the employee/relati	ecution Only" Transaction (v s executed without any inter onship manager/sales person	where EUIN box is left blan raction or advice by the er on of the distributor/sub br	nk). Please refer instruction 1 nployee/relationship manage oker.	2 of KIM for com r/sales person of	plete details on the above distr	EUIN. I/We he ibutor/sub brok	reby confirm ter or notwiths	that the E tanding th	UIN box h	as been in	ntentiona priatene	ly left bla ss, if any,	nk by me/us provided by			
					pplicant / Guardian / Signature of 3 rd Applicant / Guardian / Signatory /PoA Authorised Signatory /PoA											
Please 🕢	Enrollment for Ne	nange my/ou	r bank acco	unt for exi	sting SII	P(s).										
		•	ails in our records un		• •				. ,	on.)						
Folio No.			Name of 1 st Unit Hol	der						Í						
2. SIP ENRO	DLMENT DETAILS (P	lease check the Mir	nimum Amount Criteri	a for the sch	neme applie	d for. [Refe	r Instructi	on 16 O	verleaf]).						
Frequency please Monthly (Default)						○ Quarterly										
Scheme					RegulDirect	ar Plan Plan	○ Growth (Default) ○ Payout ○ Reinvestm						nvestment			
SIP Date Please O 01st						'	○ 28 th									
SIP PERIOD: SIP Start Date: M M Y Y Y End Date: Perpetual O Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP)																
OR Enter SIP End Date : M M Y Y Y SIP Amount (₹) ○ 5,000 ○ 10,000 ○ 25,000 ○ Any other Amount. (₹)																
3. SIP PAYN	IENT DETAILS															
			my/our SIP on the bas										se 🔾			
First SIP Chequ	e No.		Drawn on Bank													
Cheque Date			A/c. Type	O NRE	(CURRE	NT	0	SAVING	SS		0 N	IRO			
4. BANK A	CCOUNT DETAILS (N	Mandatory)														
I/We hereby authorise Mirae Asset Global Investments (India) Pvt. Ltd., Investment manager to Mirae Asset Mutual Fund acting through their authorised service providers to debit my/our following Bank A/c. by NACH/ECS (Auto Debit Clearing / Direct Debit) Facility or any other facility for collection of SIP payments.																
Name of 1st A/c	Holder as in Bank Re	ecords														
Bank Name Core Banking A/c. No.																
Branch Name & Address								City								
9 Digit MICR Code Bank Account Type 🗸 NRE CURRENT SAVINGS NRO													1			
Mandatory E	nclosures : Main A	pplication Form a	nd 🕢 Blank Cance	elled Chequ	e O "OF	R" Copy of	Cheque ()								
DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Mutual Fund - I/We have read and understood the contents of the SID of the applied Scheme and the terms & conditions of SIP enrolment and registration through NACH/ECS or Direct Debit (Auto Debit). I/We hereby declare that the particulars given in this SIP Application Form are correct and express my/our willingness to make payments referred above through participation in NACH/ECS/Direct Debit Facility. I/We also agree that if the transaction is delayed or not effected for reasons of incomplete or incorrect or any other operational reasons; I/We would not hold Mirae Asset Global Investments (India) Pvt. Ltd., their appointed service providers or representatives responsible. I/we will also inform Mirae Asset Global Investments (India) Pvt. Ltd., (Investment Managers to Mirae Asset Mutual Fund) about any change in my/our bank account and also undertake to keep sufficient funds in my bank account on the date of execution of the said standing instructions. "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". "I/We have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding Rs. 50,000 in a rolling 12 month period or in a financial year".																
Signature of 1 st Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS)																
	UMRN¹										20 20					
Create				_ <u> </u>	Litility Cod	4			Date ²	1717	141 14		- 1 1			
Modify Modify	Sponsor Bank Cod		-1-01-1-21	<u></u>	Utility Code		Debit /T: 1	Z\6 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 1	20 / 65	NDE (1			
Cancel	I/We, hereby autho		et Global Investments Ir	ndia Private Li	mited	l ol	Debit (Tick v	7) SE	s / CA /+	SE/SB	NRE / S	PR-NKO) / Other			
	Bank A/c Number ⁸			710								$\perp \perp$				
With Bank ⁹		ne of Customers B	ank	IFSC ¹⁰					IICR11			$\perp \perp \perp$				
An Amount of Rupees ¹² In Words Amount in Figures ¹³ ₹																
Frequency ¹⁴	requency ¹⁴ Mthly Qtly H-Yrly Yrly As & when preser						Debit Type ¹⁵ ☐ Fixed Amount ☐ Maximum Amount									
Reference 1 ¹⁶			Mobile ¹⁸													
Reference 2 ¹⁷ Scheme Name Email ID ¹⁹																
I agree		late processing char	ges by the bank whom	I am authori	zing to debit	my accoun	ts as per la	atest sch	nedule	of charg	es of th	e bank				
From D D	Period ²⁰	Signature of	the account holder	5	Signature of	the accour	nt holder		Sig	gnature	of the	accour	nt holder			
To D D	til cancelled	Name of 41	a account halden		Name of th		holder			lomo -	i tha	200117	la a l al a u			