

COMMON APPLICATION FORM

Application No.:



Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIN)	ISC Date Time Stamp Reference No.

Declaration for "Execution Only" Transaction (where 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 distributor/sub broker.

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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Please Lumpsum Investment OR Micro Application OR SIP Application

TRANSACTION CHARGES (Please any one of the below. Refer Instruction 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, Name, Section 2 & proceed to Section 7 - Investment Details]

Folio No.

2. APPLICANT(S) NAME AND INFORMATION [Refer Instruction 2] If the 1st / Sole Applicant is Minor, then please provide details of natural / legal guardian

1st SOLE APPLICANT Mr. / Ms. / M/s.

PAN Details KYC Pls Proof Attached Pls indicate if US Person or a resident for tax purpose / Resident of Canada Yes No^s (\$Default if not

GUARDIAN (In case 1st Applicant is a Minor) Mr. / Ms. / M/s. Relationship with Minor (Please) Mother Father Legal Guardian

POA Details: Name PAN Details KYC Pls Proof Attached

Mode of Holding: Anyone or Survivor Single Joint (Please note that the Default option is Anyone or Survivor)

Contact Person for Corporate Investor: Name Designation:

3. FIRST APPLICANT AND KYC DETAILS

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

*Date of Birth/Incorporation (Individual) / (Non-individual) D D M M Y Y Y Y Proof of Date of Birth (Please) Birth Certificate School Leaving Certificate / Mark Sheet Passport of the Minor Others (Please specify)

Place of Birth / Incorporation: Country of Birth / Incorporation: Nationality: Gender Male Female Other

Type: Resident Individual Sole Prop NRI - NRE Trust Bank / FIs FIs PIO Society/AOP/BOI Minor thru Guardian NRI - NRO HUF LLP Listed Company Private Company Public Ltd. Company Artificial Juridical Person Partnership Firm FOF - MF Schemes Others (Please specify)

a*. Occupation Details [Please tick ()] Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (Please specify)

b*. Gross Annual Income (₹) [Please tick ()] Below 1 Lakh 1-5 Lakh 5-10 Lakh 10-25 Lakh >25 Lakh > 1 Crore

c*. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am Related to PEP Not Applicable

d*. Net-worth (Mandatory for Non-Individuals) ₹ as on D D M M Y Y Y Y (Not older than 1 year)

e*. Non-Individual Investors involved/providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending / Pawning None of the above

4. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4]

Name of the Bank:

Core Banking A/c No. A/c. Type Pls. () NRE CURRENT SAVINGS NRO

Branch Name: Address:

Bank Branch City: State: Pin Code

MICR Code Please attach a cancelled cheque OR a clear photo copy of a cheque IFSC Code (Mandatory for Credit via NEFT/RTGS)

* mandatory fields

Please Read All Instructions as given in KIM, to help you complete the Application Form Correctly.

12-2015

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS

2nd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)

PAN Details KYC Pls Proof Attached Pls indicate if US Person or a resident for tax purpose / Resident of Canada Yes No* (*Default if not)

Date of Birth (Mandatory) Place of Birth

Country of Birth Nationality: Gender Male Female Other

a*. Occupation Details [Please tick (✓)] Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (Please specify)

b*. Gross Annual Income (₹) [Please tick (✓)] Below 1 Lakh 1-5 Lakh 5-10 Lakh 10-25 Lakh >25 Lakh > 1 Crore

c*. Politically Exposed Person (PEP) Status I am PEP I am Related to PEP Not Applicable

d. Net-worth ₹ as on (Not older than 1 year)

3rd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)

PAN Details KYC Pls Proof Attached Pls indicate if US Person or a resident for tax purpose / Resident of Canada Yes No* (*Default if not)

Date of Birth (Mandatory) Place of Birth

Country of Birth Nationality: Gender Male Female Other

a*. Occupation Details [Please tick (✓)] Private Sector Public Sector Government Service Student Professional Housewife Business Retired Agriculture Proprietorship Others (Please specify)

b*. Gross Annual Income (₹) [Please tick (✓)] Below 1 Lakh 1-5 Lakh 5-10 Lakh 10-25 Lakh >25 Lakh > 1 Crore

c*. Politically Exposed Person (PEP) Status I am PEP I am Related to PEP Not Applicable

d. Net-worth ₹ as on (Not older than 1 year)

6a. MAILING ADDRESS [Please provide your E-mail ID and Mobile Number to help us serve you better]

Local Address of 1st Applicant

City State Pin Code

Tel. Off. Resi. Mobile

E - Mail^^

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

6b. Mandatory for NRI / FII 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 to Instructions No. 6.)

Scheme Regular Plan Direct Plan Growth (Default) Payout Reinvestment Dividend

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. DEMAT ACCOUNT DETAILS - Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned under section 3 matches as per the Depository Details.

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

Enclosures - Please Client Masters List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

9. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 9]

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

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
1	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* mandatory fields

12. FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 16)

(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/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

1 st Applicant (Sole / Guardian / Non-Individual)		2 nd Applicant		3 rd Applicant	
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="radio"/> Yes <input type="radio"/> No
Country of Birth		Country of Birth		Country of Birth	
Country Citizenship / Nationality		Country Citizenship / Nationality		Country Citizenship / Nationality	
Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____
Non-Individual investors fill this section if ticked Yes above.					
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)					

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(e)]

To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme(s), I/We hereby apply for units of the scheme(s) 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(s) 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 Global Investments (India) 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) Applicable for NRIs only:- I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription and for all additional purchases have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/ Ordinary Account. (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) (J). **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 and also undertake to provide any other additional information as may be required at your end.

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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Cheque/DD should be Drawn in favour of the Scheme Name

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.