COMMON APPLICATION FORM

Application No.:



Name & B ARN / I									ker V Co		;	Sub	Age	nt C	ode E	EUIN*				Code Emp		e			Date Refer			
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2. APPLICANT(S) NA	ME	AND	INF	ORM	ATIC	DN [I	Refer	Inst	ructi	on 2] If ti	he 1°	¹ / So	le Applicant i	s Minor, th	en plea	se pr	ovid	le det	ails	of r	natu	ral /	legal	guai	rdian	
1 st SOLE APPLICA Please write the name					-													ı	PAN									
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POA / Custodian N	Name																					KY	C (P	leas	e 🗸)	() F	Proof	Attached
POA / Custodian CKYC ID No. (KIN))																POA / C		dian PAN									
Contact Person fo	r Cor	pora	te In	vest	or:				Na	ame								De	esign	ation:								
3. FIRST APPL	ICAN	T AN	D K	YC D	ETA	ILS																						
Date of Birth/Inco	orpor	ation		ual (or C) No	n-In	divid	ual [F	Pleas		of Da	ite of		(Please ✓)	O Bi	rth Certific	cate			() S		ol Lea	ving C		ate / N	Mark Shee
Please write the Date of Place of Birth / ncorporation: Please write the Date of Please write th					Ī	Cou	ntry	of Bir ation:	rth /						Nationalit					1	Gend			Male	. 0	Fem	ale	Othe
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a*. Occupation De	tails [Pleas	se tic	ck (✓			С		ate S		or			c Sec		ernment Se	rvice		Stude		1.1.				ssiona		O F	lousewife
c*. Politically Expos	ed Per	son (PEP)	Stati	ıs (A	lso a	pplic		siness or autl		ed sig	_	Retire ries/P		☐ Agrid ers/Karta/Truste		e Directo	_	. '	rietors m PEI			_	others elated				t Applicab
o*. Gross Annual I	ncom	e (₹)	[Plea	ase t	ick (√)]	C	Bel	ow 1	Lakł	1	0	1-5 L	akh	O 5-10	Lakh		0	10-25	5 Lakh	า	() >	25 L	akh		O >	1 Crore
d*. Net-worth (Man	idatoi	y for	Non	ı-Ind	ividu	als)	₹										on _D_					Υ		Υ	- '		der th	an 1 yea
e*. Non-Individual any of the ment					l/pro	vidiı	ng	0		_	Lenc		_		y Changer Sei	vices		•		ibling. above		ery/	Casi	no S	ervice	3 S		
4. BANK ACC		DET	AILS	S - M	anda	itory	[Re	fer Ir	ıstru	ctio	n No	s. 3	& 4]															
Name of the Bank	Г									_						—		/.										
Core Banking A/c	NO.															A/c. Typ	oe Pls. (v	()		NRE		CL	JRRE	ENT	∪ S —	SAVIN	IGS	O NRO
Branch Name:											Addre													_				
Bank Branch City:	:				-	-			DI-		State		"	ام ا							Piı	n Co	ode	느	\sqsubseteq			
MICR Code									Pleas OR a					d ched a che		Code (Mar it via NEFT/	ndatory fo (RTGS)	or										

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

5. JOINT APPLICANTS, IF ANY AP	ND THEIR KYC	DETAILS								
Mode of Holding:	Survivor	○ Single	•	○ Joint	(Please note that the	ne Default op	otion is Any	one or Sur	rvivor)
2 nd APPLICANT Mr. / Ms. / M/s. (No (Please write the name as per Aadhaar Card)						C	Gender 🔘	Male \bigcirc F	emale 🔾	Other
AADHAAR No.							Aadhaar (Copy (Please	• √) ○ En	iclosed
PAN Details		P	ls indicate if US P	erson or a resi	dent for tax purpos	se / Resident of Cana	ada O Yes	○ No*	(*Default if r	not <mark>√)</mark>
CKYC ID No. (KIN)				KYC Pls 🗸	O Proof Attac	ched Date of B	Birth (Mandato Ihaar Card)	ory)		
Place of Birth		Country of Birth				Nationality:				
a*. Occupation Details [Please tick (√)]		Public Secto	r Gove	rnment Service	Student Proprietorshi		ofessional ners(Pl	O Hous	
b*. Gross Annual Income (₹) [Please	/ 0		○ Retired ○ 1-5 Lakh	O 5-10		10-25 Lakh		5 Lakh	0 > 10	
c*. Politically Exposed Person (PEP) Star	tus O I am P	PEP O I am Rela	ted to PEP	Not Applicable	e					
d. Net-worth ₹			as on			(Not older than 1	year)			
Mode of Holding:	Survivor	○ Single		○ Joint	(Please note that the	ne Default op	otion is Any	one or Sur	rvivor)
3 rd APPLICANT Mr. / Ms. / M/s. (Please write the name as per Aadhaar Card)			1			(Gender 🔘	Male O F	emale O	Other
AADHAAR No.							Aadhaar (Copy (Please	: √) ○ En	closed
PAN Details		P	ls indicate if US P	erson or a resi	dent for tax purpos	se / Resident of Cana	ada O Yes	○ No*	(*Default if r	not ✓)
CKYC ID No. (KIN)				KYC Pls 🕢	O Proof Attac	ched Date of B (As per Aad	Birth (Mandato Ihaar Card)	ory)		
Place of Birth		Country of Birth				Nationality:				
a*. Occupation Details [Please tick (√)]		Public SectoRetired	r ○ Gove ○ Agric	rnment Service ulture	StudentProprietorshi		ofessional ners(Pl	O Hous lease specify	
b*. Gross Annual Income (₹) [Please	tick (√)] ○		○ 1-5 Lakh	O 5-10	_akh	10-25 Lakh	O >25		O >10	
c*. Politically Exposed Person (PEP) Star	tus Olam P	PEP O I am Rela	ted to PEP	Not Applicable	9					
d. Net-worth ₹						(Not older than 1	year)			
6a. MAILING ADDRESS [Please pr	ovide your E-m	nail ID and Mobile	Number to help	o us serve ye	ou better]					
Local Address of 1 st Applicant										_
		City		Si	ate		Pin Code			\sqsubseteq
Tel. Off.			Resi.	<u> </u>		Mobile				\perp
**Please Use Block Letters. Investors pr	roviding omail ID	would mandatorily	raceive all Comm	unications S	tatement of Accou	unts and Abridged A	nnual Pener	t through o	mail only	
6b. Mandatory for NRI / FII Applica										
Overseas Correspondence Address										
7. INVESTMENT AND PAYMENT	DETAILS (For	complete informa	tion on Investm	nent Details	please refer to I	nstructions No. 6	.)			
Scheme			Regular Plan Direct Plan	Growth	(Default)	Dividend* Payout ⊜ Reir	nvestment	O Div fr	equency*	
Payment Type [Please (✓)]	•	rd Party Payment				n 'Third Party Payr		1		
Cheque / DD / UTR No. & Date		Cheque / DD / in figures (Rs.)	DD Charge if any	es,	Net Purchase Amount	Drawn o Bra		1 -	Bank A/c N heque Onl	
*Dividend frequency is applicable only	for Mirae Asset	Cash Managemen	t Fund & Mirae	Asset Saving	s Fund.					
8. DEMAT ACCOUNT DETAILS - Manda			ensure that the se						Details.	
National Securities Depository DP Name	Limited (NSL	DL)		DP Name	Depository Se	rvices (India) L	imited (CL	JSL)		
	Derest A/O No				No.					
DP ID	Benef. A/C No.	Ligt (CML)	O Transa	16 Digit A/C			Dolivonuk	otruction C	lin (DIS)	
9. NOMINATION DETAILS [Minor PLEASE REGISTER MY/OUR NO		older / Non Individ	uals cannot No	ominate - Re		O lo. 9] VISH TO NOMINA		nstruction S	lip (DIS)	
No. Nominee(s) Name	Date	of Birth	Name of the	Guardian	Relationship	% of Share		e of Nomin	ee / Guard	dian
1	(iii cas	e of Minor)	(in case o	i wiiiiOi)						-
2										
							i			

FOR NON-INDIVIDUALS ONLY

10.	ATCA & CRS DETAILS	(Please consult your p	rofession	nal tax	advisor for furth	er guidance on	FATCA & (CRS cla	assification)				
PART	A To be filled by Fina	ncial Institutions or Dire	ect Repor	ting No	on Finacial Entity	y (NFEs)							
We are Finance or	e a, cial institution 🔘	Note: If you do not have a GIIN	N but you are sp	onsored by	another entity, please prov	vide your sponsor's GIIN at	pove and indicate	e your spon	sor's name below				
Direct	reporting NFE ○ e tick (✓)]	Name of sponsoring er	ntity:										
GIIN n	ot available [Please tic	k (√)]	for	○ No	t required to apply fo	or - please specify 2	digits sub-ca	itegory		O Not obtained -	 Non-participating F 		
PART	B (please fill any one	as appropriate "to be f	illed by N	FEs otl	her than Direct F	Reporting NFEs"	')						
1		y traded company rhose shares are regularl hed securities market)	у	_	es (If yes, please sp of stock exchange:	• •							
2		entity of a publicly ompany whose shares ar n established securities n		Name	of listed company: _ e of relation Sul	bsidiary of the Listed	•				regularly traded)		
3	Is the Entity an active	NFE			of stock exchange: es (If yes, please fill		the next sec	ction.)					
				Natur	e of Business:								
				Pleas	e specify the sub-ca	tegory of Active NFE		Mention	ı code: Refer instruc	ction 16(c)			
4	Is the Entity a passive	e NFE		○ Ye	es (If yes, please fill	I UBO declaration in	the next sec	ction.)					
					e of Business:								
11a.	DECLARATION FOR III	LTIMATE BENEFICIAL (WNEDSI		details refer ins								
*This ded	claration is not needed for Con	npanies that are listed on any re	ecognized sto	ck excha	nge or is a Subsidiary	of such Listed Comp	any or is Con	trolled by	such Listed Compar	ny. Please list below th	ne details of controlling		
person(s), confirming ALL countries of	tax residency / permanent resi uired details as mentioned in Fo	dency / citize	enship an	d ALL Tax Identification	on Numbers for EACI	H controlling	person(s)	. Owner-documented	FFI's should provide	FFI Owner Reporting		
11b.		E BENEFICIAL OWNER	1			1				1	1		
	Name of UBO & Address	Address Type ^{ss}	PAN/Tax Identificat Equivalent	ion No./	Document Type Refer instruction No. 16(d)				UBO Code (Mandatory)	KYC (Yes / NO) [please attach the KYC acknowledgement copy]	% of beneficial interest		
informati that appli informati	on is not provided, it will be pres icant has concealed the facts of on as may be required at your e	iness (default)/Residential/Bu sumed that applicant is the UBO, bene cial ownership. I/We also und. w additional details. (Please at	with no decla undertake to k	aration to s keep you i	submit. In such case, N nformed in writing abo	MAMF/AMC reserves t ut any changes/modi o	he right to rejectation to the a	ect the app bove info	plication or reverse the rmation in future and a	e allotment of units, if s also undertake to provi	subsequently it is found ide any other additiona		
Election I	Any other Identification NID, Govt. ID, Driving Licence NREGA F Birth - Country of Birth	Job Card, Others)	Nation	nality:	ype: Service, Busine: Mandatory if PAN				Date of Birth r: Male, Female, C	Other			
1. PAN: Occup City of Birth: Nation				oation Ty nality: 's Name	•				e Of Birth: der				
2. PAN: City of Birth: Country of Birth: Country of Birth: Country of Birth: Country of Birth: Country of Birth: Father's Name: Date Of Birth: Gender							er						
City	3. PAN: City of Birth: Nationality: Gender Male Female Other							er					
	onal details to be filled by co	ntrolling persons with tax resi erson is a US citizen or greer		manent r		ip / Green Card in ar	ny country ot	her than	India.				
%In cas	e lax identification Number	is not available, kindly provid	e functional	equivale	ent					For \bigcirc Lur	mpsum 'OR' () SIF		
SIL		from Mr. / Ms. / M/s e Name and Plan			Pavr	ment Details			Date & Stam	as per deta p of Collection	ails below:		
OWLEDGMENT SLIP	Scriemo	e Haine dilu Pidii			unt (Rs.) jue / DD No.:				Date & Stall	ip or conscitor	Jenue / 100		
ð.				Date				_					

Bank & Branch _

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? O Yes O 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	uardian / Non-Individual)		2 nd A _l	oplicant	3 rd Applicant					
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		◯ Yes ◯ No	Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	n /	○ Yes ○ No	Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	1/			
Country of Birth / Incorporation			Country of Birth			Country of Birth				
Country Citizenship / Nationality			Country Citizenship Nationality	1		Country Citizenship Nationality	I			
Are you a US specified person?		Yes No Please provide Tax Payer Id.	Are you a US specified person?		○ Yes○ NoPlease provide Tax Payer Id.	Are you a US specific person?	ied Yes No Please provide Tax Payer Id.			
For non-Individual inv	estor in c	ase, if you country of incorporation /	Tax resistance in US, b	ut you are	e not a specified US person then ple	ase mention exemption	code(Refer instruction 16(e))			
Individual or Non-In if ticked Yes above.	dividual i	nvestors fill this section	Individual investor	r have to	fill in below details in case of join	t applicants				
	Countr	y:		Countr	y:		Country:			
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:			
	Type:			Type:			Туре:			
	Country:			Countr	y:		Country:			
Tax Residency Status: 2			Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:			
Туре:				Type:			Туре:			
Tax Residency Status: 3 No.: Type:			Countr	у:		Country:				
			Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:			
				Type:			Туре:			
Address Type			Address Type			Address Type				
(Addre	ss Type:	Residential or Business (default)	/ Residential / Busine	ss / Regis	stered Office) (For address mention	oned in form / existing	address appearing in folio)			
In case of applications	with POA.	the POA holder should fill separate	form to provide the abo	ve 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 Scheme, 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 nomine 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) 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/fits 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 and understood due the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: I/We have not received

x		x	
	Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta		Signature of 2 [™] Applicant / Guar Authorised Signatory /PoA

x

Application No.:

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

Mirae Asset India Equity Fund	Mirae Asset Emerging Bluechip Fund	Mirae Asset Cash Management Fund
Mirae Asset Hybrid-Equity Fund	Mirae Asset Tax Saver Fund	Mirae Asset Dynamic Bond Fund
Mirae Asset Savings Fund	Mirae Asset Great Consumer Fund	Mirae Asset Short Term Fund