## **COMMON APPLICATION FORM**



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Rs.150 will be deducted as transaction charges for transaction of Rs.10,000 and more   Rs.100 will be deducted as transaction charges for transaction of Rs.10,000 and more   Please Specify Allotment Preference-Units in Physical Mode (Default Option) - Please (🗸) OR Units in Demat Mode* Please (🗸)																						
*Please provide details in section 8. In case of any ambiguity in the details provided, the units shall be allotted in the physical mode (Default option)																						
1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, Name, Section 2 & proceed to Section 7 - Investment Details]																						
Folio No.			_		t Unit F																	$\overline{}$
2. PAN AND KYC I	DETAILS M	andatar					0/4/ 9	2/5\**1														
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1st / SOLE APPLICANT - Mr.   Ms.   M/s.  DATE OF BIRTH    Mandatory if prolicent in Minor)   D   M   M   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Y   Y   Y   Proof of Date of Birth (Please✓)   D   D   M   M   Y   Y   Y   Y   Y   Y   Y   Y																						
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GUARDIAN (In case 1st Applicant is a Minor)  Mr   Ms   M/s																						
Mr.   Ms.   M/s.															_		•					_
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	Wataa I	una											
6. BANK ACCOUNT DETAILS - Mandatory [Refer Instr	uction Nos. 3 & 4]												
Name of the Bank													
Core Banking A/c No.	A/c. Type Pls. (/) NRE CURRENT SAVINGS	SO NROO											
Branch Name	Address												
Bank Branch City	State Pin Code												
MICR Code	Please attach a cancelled cheque OR a clear photo copy of a cheque Credit via NEFT/RTGS)												
	plete information on Investment Details please refer to Instructions No. 6.)												
Special instructions for NRI Applicants: 1. It is mandatory for NRIs to attach a copy of the payment cheque / FIRC / Debit Certificate to ascertain the repatriation status of the amount invested. 2. The AMC and the Registrar may ascertain the repatriation status purely based on the details provided under Investment and Payment details and will not be liable for any incorrect information provided by the applicant(s). 3. In case the source of funds through Non Domestic Account is not validated/provided, AMC will not be in a position to repatriate redemption proceeds.													
Scheme Name:	Plan Option & Sub option												
Investment DD Charges# Amount (Rs.) any (Rs.)	# if												
Chq. / DD No. Date Draw	n on Bank Branch & City												
Please (🗸) Source of Funds:- *A/c Type - S/B 🗆 NRE* 🗆 Current 🗀 NRO 🗀 Others (Please specify) Bank A/c No.:													
**	gn Inward remittance Certificate (FIRC) or Account Debit Certificate from Bankers evidencing source of funds.  Party Cheque / Transfer will not be accepted for Investment (Refer Inst	ruction No. 6)											
EXCEPTION TO THIRD PARTY PAYMENT (i.e. paymer		ruction No. 6)											
	cheque provided above pertains to my/our own bank account in my/our name	No*											
*If No, my relationship with the bank account holder is	(Please specify) (Application Form without this Information may be re	-											
8. DEMAT ACCOUNT DETAILS – Mandatory for units in	in Demat Mode -Please ensure that the sequence of names as mentioned under section 3 matches as per the De	pository Details.											
National Securities Depositary Limit	ited (NSDL) Central Depository Services (India) Limited (CDSL	.)											
DP Name -	DP Name -												
DP ID _ I N 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]												
I/We DO NOT WISH TO NOMINATE (OR) I / We, the Applicant(s) do here by nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. Nomination in respect of the units stands rescinded upon Registration of Fresh/Change in Nomination and the AMC shall not be under any obligation to transfer the units in favour of the erstwhile Nominee(s). If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s).													
No. Nominee(s) Name Date of Birth (in ca													
1 D D M M Y	YYY												
2 D D M M Y	Y Y Y												
3 D D M M Y	YYYY												
10. DOCUMENTS ENCLOSED (Please ✓)													
$ \begin{tabular}{lllllllllllllllllllllllllllllllllll$	elled Cheque Copy	rney											
10 A. APPLICATIONS ENCLOSED (Please (✓)													
☐ Systematic Investment Plan through -	☐ STP Enrolment Form ☐ TRIP (Trigger Enrolment Form)												
☐ Post Dated Cheques (PDCs) ☐ Auto Debit / EC	S Mandate SWP Enrolment Form VTP (Variable Transfer Plan Enrol	ment Form)											
11. DECLARATION AND SIGNATURES / THUMB IMPR To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents that the investments are exposed to market risks. IMDs confirm that all the risks which the		heme. I/We understand											
To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to; will be borne by mefus and that there is no guarantee given by the Fund of any returns including repayment of principal. 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 Act, Rules, Regulations, Notifications or Directions of the 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. I/We have understood the details of the scheme(s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to mefus. I/We have by nominate the above nominee to receive all the amounts to myour credits in the event of mylour death and have read the instructions formorination. I hereby declare that if the Nomination section is the tomorized and deemed that I do not wish to nominate for the above investments. Signature of the nominee acknowledging receipts of mylour credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. I/We confirm that will constitute full discharge of liabilities of Mirae Asset Mutual Fund. We confirm that I/We have read, understood the Know Your Customer' (KYC) norms as mentioned under the General Instructions in pion I/Qe) of this Key Information Memorandum. Applicable to Investors availing the e-fund market facility: I/We have not make a disclosed to mefus. If the Normal Regulation is a disclosed to mefus. I/We have not made any other Mirae Asset e-fund market facil													
Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 <sup>nd</sup> Applicant / Guardian / Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA Authorised Signatory /PoA	an /											
Mutual Fund investments are subject to market risks, read all scheme related documents carefully.													

For more information

visit us at www.miraeassetmf.co.in

E-mail us at customercare@miraeasset.com
Call us at 1-800-1020-777 (Toll Free)