COMMON APPLICATION FORM Application No.:

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

Bank Branch City:

MICR Code



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.
ARN-183038	ARN-		E		
EUIN Declaration: Declaration for "Execution Only" the EUIN box has been intentionally left blank by me/badvice of in-appropriateness, if any, provided by the feed/portfolio holdings/NAV etc. in respect of my/our i	us as this transaction is executed without employee/relationship manager/sale	out any interaction or advice besperson of the distributor/s	by the employee/relationship sub broker. RIA/Declaration	manager/sales person of the above d : "I/We hereby give you my/our cons	istributor/sub broker or notwithstanding the
Sign of 1' Applicant / Guardian / Auth. Signate		of 2 rd Applicant / Guardian /			Guardian / Auth. Signatory / PoA
					*F
TRANSACTION CHARGES (Please © I AM A FIRST TIME INVESTOR IN MILA Applicable transaction charges will be ded registered Distributor) based on the investor. 1. EXISTING UNIT HOLDER INFOR	JTUAL FUNDS ucted in case your distributor h 's assessment of various factor	OR nas opted for such char rs including the services	☐ I AM A rges. Upfront commissi rendered by the ARN F	Holder.	investor to theARN Holder (AMF
2. APPLICANT(S) NAME AND INFO	given	Folio should be KYC co	ompliant. Any updation i	n KYC credentials may be filled	
1 st SOLE APPLICANT Mr. / Ms. / M/s. Please write the name as per PAN Card)				PAN	
CKYC ID No. (KIN)			Pls ind		for tax purpose / Resident of Canada lo⁵ (\$Default if not ✓)
GUARDIAN (In case 1st Applicant is a Mi	nor)				ip with Minor (Please ✓)
Mr. / Ms. / M/s.				Mother	Father Legal Guardian
GUARDIAN CKYC D No. (KIN)			KYC (Please ✓) ☐ Proof Attached	GUARDIAN PAN	
POA / Custodian Name:				кү	C (Please ✓) ☐ Proof Attached
POA / Custodian CKYC ID No. (KIN)			РО	A / Custodian PAN	
Contact Person for Corporate Investor	: Name			Designation:	
3. FIRST APPLICANT AND KYC	DETAILS All fields ma	rked as '*' are Mar	ndatory		
1 st SOLE APPLICANT Individual o			•	eclaration Form in section 11a	a & 11b - Refer Instruction No. 17
*Date of Birth/ Incorporation (Non-individual) (Non-individual) (Please write the Date of birth as per Aadhaar C		f of Date of Birth (Ple (For minor applicant)		h Certificate Sch ssport of the Minor Oth	ool Leaving Certificate / Mark Shee ers
Place of Birth / Incorporation:	Country of Birth / Incorporation:	1	Nationality:	Gender	☐ Male ☐ Female ☐ Other
Please write the Date of birth as per Aadhaar C Type: Resident Individual Sole		rust Bank / Fls	☐ FIIs ☐ PIO ☐	Society/AOP/BOI Minor t	through Guardian 🔲 NRI - NRO
HUF LLP Listed Company Priva	ate Company 🗌 Public Ltd. Co	mpany 🗌 Artificial Juri	idicial Person 🗌 Partne	ership Firm 🗌 FOF - MF Schen	nes Others (Please specify)
a*. Occupation Details [Please tick (✓)]	Private SectorBusiness	Public SectorRetired	Government Server Retired		Professional Housewife Others
b*. Politically Exposed Person (PEP) Statu	s (Also applicable for authorised	signatories/Promoters/Ka	arta/Trustee/Whole time D	Directors) 🗌 I am PEP 🗌 I am	Related to PEP Not Applicable
c*. Gross Annual Income (₹) [Please tick (√	/)] Below 1 Lakh	☐ 1-5 Lakhs	5-10 Lakhs	☐ 10-25 Lakhs	□ >25 Lakhs □ > 1 Crore
d*. Net-worth (Mandatory for Non-Individu	als) ₹		as or	n D D M M Y Y	Y Y (Not older than 1 year
e*. Non-Individual Investors involved/p any of the mentioned services	•	exchange / Money Cha ending / Pawning	anger Services	Gaming/Gambling/Lottery/0	Casino Services
4. BANK ACCOUNT DETAILS - N	landatory [Refe <u>r Instruct</u>	ion Nos. 3 & 4]			
Name of the Bank:					
Core Banking A/c No.			A/o Typ	c. pe Pls. (√) □ NRE□ CURRE	NT SAVINGS NRO Othe
Branch Name:	Add	dress:			

State:

Please attach a cancelled cheque OR a clear photo copy of a cheque Credit via NEFT/RTGS)

Pin Code

Mode of					A Committee of the Comm		
	Holding: Anyone or Su	ırvivor	Single	J	oint	(Please note that the Defa	ault option is Anyone or Survivor)
	PLICANT Mr. / Ms. / M/s. (Not write the name as per PAN Card)	t Applicable in case	of Minor Applicant)			Gender	Male Female Other
PAN De	etails		PI	s indicate if US Person of	a resident for tax purpose	/ Resident of Canada	'es
CKYC I	D No. (KIN)			KYC	Pls 🕢 🗌 Proof Attach	ped Date of Birth (Mand (As per PAN Card)	atory) D D M M Y Y Y Y
lace of	Birth		Country of Birth			Nationality:	
ı*. Occ	upation Details [Please tick (<u> </u>	rivate Sector usiness	Public Sector Retired	Government Service Agriculture		Professional Housewife Others (Please specify)
	ically Exposed Person (PEP) Sta	/	am PEP	_	Not Applicable		
	ss Annual Income (₹) [Please t worth ₹	B	elow 1 Lakh	1-5 Lakhs L as on D M	5-10 Lakhs 	10-25 Lakhs (Not older than 1 year)	≥25 Lakhs
lode o	f Holding: Anyone or S	urvivor	Single	· 🗆 .	loint (P	lease note that the Default	option is Anyone or Survivor)
	VICANT Mr. / Ms. / M/s. (Not write the name as per PAN Card)					Gender	Male Female Other
PAN De	etails		PI	s indicate if US Person or	a resident for tax purpose		
KYC I	D No. (KIN)			КҮС	Pls Proof Attach	ed Date of Birth (Mand (As per PAN Card)	atory) D D M M Y Y Y Y
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	worth ₹	iick (*)] 🔲 🗈	elow i Lakii 📋	as on D D M	M Y Y Y Y	(Not older than 1 year)	25 Lakris
6. N	IAILING ADDRESS [Please pr	ovide your E-ma	ail ID and Mobile		erve you better]		
ocal A	ddress of 1 st Applicant						
el. Off.			City		State	Pin Code	
				Resi.		Mobile	
- Mail	^^						
^Please	e Use Block Letters. Investors prov	iding email ID woul	d mandatorily recei	ve all Communications, S	tatement of Accounts and A	Abridged Annual Report throu	gh e-mail only.
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6a. N	Mandatory for NRI / FII Applica	ant [Please provi	ide Full Address	. P. O. Box No. may n	ot be sufficient. For Ov	verseas Investors, Indian	
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oversea	Mandatory for NRI / FII Applications as Correspondence Address NVESTMENT AND PAYMENT I	ant [Please provi	ide Full Address omplete informa	tion on Investment Do	etails please refer to In	structions No. 6.) Div. Payout	Address is preferred] Dividend Div. Reinvestment (Default)
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PART	-												3 7								
1	Is the Entity a publi	cly traded	comp	any		- 	Vac	(If yes, please spe	cify any on	na stock a	vchange	on which	h the etc	ock is roa	ılarly tr	adad)	\				
	(that is, a company traded on an establ	whose sh	ares a	re regula	rly			of stock exchange:			•			•		aueu,					
2	Is the Entity a relate					[Yes	(If yes, please spe	cify name	of the liste	ed comp	any and	one stoo	k exchan	ge on w	vhich	the sto	ck is reg	ularly tra	ded)	
	traded company (a regularly traded on)	Name o	of listed company:													_
							Nature o	of relation S	ubsidiary o	of the Liste	ed Comp	any or	□ c	ontrolled	by a Lis	sted (Compan	ıy			
							Name o	of stock exchange:													
3	Is the Entity an acti	ve NFE					Yes	(If yes, please fill L	JBO declar	ration in th	ne next s	section.)									
							Nature (of Business:													
							Please	specify the sub-cat	egory of A	ctive NFE		M	lention c	ode: Refe	r instru	ction	15(c)				
4	Is the Entity a pass	ive NFE				Ι,		(If yes, please fill L				,									
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11. D	ECLARATION FOR U	II TIMATE	DENE	FICIAL	OWNED	CLUD		details refer ins			i.										
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person(s	claration is not needed for C), confirming ALL countries nt and Auditor's Letter with re	of tax reside	ncy / pe	rmanent re	sidency / c	itizensl I F	hip and	ALL Tax Identification	on Number	s for EAC	H contro	olling pers	son(s). C	wner-doo	umente	d FFI	's shoul	ld provid	e FFI Ow	ner Rep	porting
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	Name of UBO & Addres	ss	Addr	ess Type ^{ss}	PAN/	Tax Pa		Document Type Refer instruction		ry of tax dency/		ountry o		UBO Co			YC (Ye	s / NO)		benefi nterest	
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\$\$ Addre	ss Type: Residential or Bus	siness (defau	lt)/Resid	lential/Busir	ness/Regist	tered C	Office. Af	ttached documents	should be	self certifi	ed by the	e UBO ar	nd certific	ed by the	applicar	nt or A	Authoris	ed signa	tory. In c	ase the	above
informati that appli	ess Type: Residential or Bus on is not provided, it will be p cant has concealed the facts	resumed that of beneficial	applicar ownersh	nt is the UBC), with no de	eclarati	ion to su	bmit. In such case, N	иAMF/AMC	C reserves	the right	to reject t	the applic	cation or re	everse th	he allo	otment c	of units, if	subsequ	ently it is	above s found
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Mirae Asset Large Cap 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

FOR NON-INDIVIDUALS: Is the "Entity" a tax resident of any country other than India?

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Yes

No

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(If Yes, please provide country/ies in which the entity is a resident for tax purpose and the associated Tax Identi cation No. below) 3rd Applicant 1st Applicant (Sole / Guardian / Non-Individual) 2nd Applicant Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality Do you have any non-Indian Country(ies) of Birth / Yes Yes No No No Yes Citizenship / Nationality and Tax Residency and Tax Residency and Tax Residency Country of Birth / **Country of Birth Country of Birth** Incorporation Country Citizenship / Nationality Country Citizenship / Nationality Country Citizenship / Nationality Are you a US specified Yes ☐ No Are you a US specified Yes No. Are you a US specified Yes No Please provide Tax Payer Id. Please provide Tax Payer Id. 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 Individual investor have to fill in below details in case of joint applicants if ticked Yes above Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 1 Status: 1 Status: 1 Type: Type: Type: Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 2 Status: 2 Status: 2 Type: Type: Type: Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 3 Status: 3 Status: 3 Type: Type: Type: Address Type Address Type Address Type (Address Type: Residential or Business (default) / Residential / Business / Registered Office) (For address mentioned in form / existing address appearing in folio) In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily. 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 intermedianies 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 form of trail commission or any otner mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (+) If We hereby confirm that If I/We have not 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, understood and shall be bound by the terms & conditions of the I/IN agreement available on the AMC website for transacting online. (H) RIA: I/We hereby agree to consent the AMC to share my fransaction details to the registered investment advisor (RIA) through the registerar 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 an/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's 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's 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 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 Aadhar card to the Fund/AMC for updating the same in my folio. *Securities and Exchange Board of India ("SEBI") vide its letter dated November 20, 2019 bearing reference no. SEBI/HO/IMD/DF5/OW/P/2019/30719/1 ("SEBI NOC") had granted their non-objection to transfer the AMC Business from 'Mirae Asset Global Investments (India) PvtLtd' to 'Mirae Asset Investment Managers (India) Private Limited'. Kindly refer notice cum addendum no. AD/28/2019 dated November 25, 2019 for further details. For Lumpsum 'OR' SIP ACKNOWLEDGMENT SLIP 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

SYSTEMATIC INVESTMENT PLAN (SIP) Registration Cum Mandate Form For NACH/Direct Debit With Goal SIP & Top- Up Facility Application No.

MIRAE ASSET

Name & Broker Code/							
ARN/RIA Code	Sub Bro Agent ARI		Sub Agent Code	EUIN*	Internal Code for A	MC ISC Date Time Reference	
ARN-183038	ARN-			E			
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3. Name Of Joint Account Holder