COMMON APPLICATION FORM Application No.:



GUARDIAN (In case 1 Applicant is a Minor) Mr. / Ms. / Ms. PAN Details: PEase note that the Default option is Anyone or Survivor Designation: Besignation: Besignation: Besignation Form in section 11a & 11b - Refer Instruction No. 11a & 1	TRANSACTION CHARGES (Rease 2) my one of the below. Refer Instruction No. 11) IMAN AFRET TIME INVESTOR IN MUTUAL FUNDS OR JAMAN EXISTING IN MUTUAL FUNDS OR JAMAN	Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	ISC Date Time Stamp Reference No.
a beer referriorably ell bank by more depthylopholishorably provided by the depthylopholishorably the depthylopholishorably provided by the depthylopholishorably the depthylopholishorably provided by the depthylopholishorably the depthylopholishorabl	a beer referriorably led bank by my hot provided by the employee intended by the employee intend					
Autocrace Separatory Provides (Seeder C. Lumpsum Investment C. Micro Application C. SIP A	Autocase Signatury Prox. **Micro Application SIP Application	as been intentionally left blank by me/us as this trans	action is executed without any inte	eraction or advice by the employee/re	er instruction 12 of KIM for complet lationship manager/sales person c	e details on EUIN. I/We hereby confirm that the EUIN I f the above distributor/sub broker or notwithstanding
TRANSACTION CHARGES (Picase ② any one of the below. Refer instruction No. 11) AMA FIRST TIME INVESTOR IN MUTUAL FUNDS	TRANSACTION CHARGES (Picase ② any one of the below. Refer instruction No. 11) MAIA FIRST TIME INVESTOR IN MUTUAL FUNDS Page of Pitch	Authorised Signatory /PoA/Karta		Authorised Signatory /PoA	n/	Authorised Signatory /PoA
Expectable transaction changes will be deducted in case your distributor has colled for such changes. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFi regist institution based on the investor's assessment of various factors including the Services redered by the ARN Holder (AMFi regist institution) and the services redered by the ARN Holder (AMFi regist institution) and the services redered by the ARN Holder (AMFi regist institution) and the services redered by the ARN Holder (AMFi regist institution). 1. EXESTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, KIN, Section 2 & proceed to Section 7 - Investment Details] 2. APPLICANT(S) NAME AND INFORMATION [Refer instruction 2] if the 1" / Sole Applicant is Minor, then please provide details of natural / legal guardian of the section of t	Expectable transaction charges will be deducted in case your distributor has opted for such charges. Unfront commission shall be paid directly by the investor to the ARN Holder (AMFi regist institution based on the investor's assessment of various factors including the evidence for the investor's assessment of various factors including the services redired by the ARN Holder (AMFi regist institution) and the investor's assessment of various factors including the services redired by the ARN Holder (AMFi regist institution) and the investor's investment Details 1. EXESTING UNIT HOLDER INFORMATION [Perass fill in your Folio Number, KIN, Section 2 & proceed to Section 7 - Investment Details] 2. APPLICANT(S) NAME AND INFORMATION [Refer instruction 2] if the 1" Sole Applicant is Minor, then please provide details of natural / legal guardian of the please provide details of natural / legal guardian of the please provide details of natural / legal guardian of the please provide details of natural / legal guardian of the please of the please of the please of a please provide details of natural / legal guardian of the please of the please of the please of a please provide details of natural / legal guardian of the please of a please		ny one of the below. Refer	••		он , фр исалон О
CKYC Identification No. (KIN) 2. APPLICANT(S) NAME AND INFORMATION [Refer instruction 2] if the 1" / Sole Applicant is Minor, then please provide details of natural / legal guardian 1" SOLE APPLICANT Mr. / Ms. / Ms. AND obtails	CKYC Identification No. (KIN) 2. APPLICANT (S) NAME AND INFORMATION [Refer Instruction 2] if the 1" / Sole Applicant is Minor, then please provide details of natural / legal guardian 1" SOLE APPLICANT Mr. / Ms. / Ms. 2. APPLICANT Mr. / Ms. / Ms. 2. APPLICANT (S) NAME AND INFORMATION [Refer Instruction 2] if the 1" / Sole Applicant is Minor, then please provide details of natural / legal guardian 1" SOLE APPLICANT Mr. / Ms. / Ms. 2. APPLICANT Mr. / Ms. / Ms. 2. AND Details KYC Pis Proof Attached Pis indicate if US Person or a resident for Canada Yes No. (SDefault if for tax purpose) / Resident of Canada Yes No. (SDefault if for tax purpose) / Resident of Canada Yes No. (SDefault if for tax purpose) / Resident of Canada Yes No. (SDefault if for tax purpose) / Resident of Canada Yes No. (SDefault if for tax purpose) / Resident of Canada Yes No. (SDefault if for tax purpose) / Resident of Canada Yes No. (SDefault if for tax purpose) / Resident of Canada Yes No. (SDefault if for tax purpose) / Resident of Canada Yes No. (SDefault if for tax purpose) / Resident individual proof of Surpose No. (SDefault if for tax purpose) / Resident individual of No. NoIndividual (Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. (Person of Special Surpose) Proof of Date of Birth / Incorporation: No. (Person of Special Surpose) Proof of Date of Birth / Proofessional Proofessional Proofessional Proofessional Proo	Applicable transaction charges will be deducted in Distributor) based on the investor's assessment of	n case your distributor has opte f various factors including the s	d for such charges. Upfront comm services rendered by the ARN Hol	nission shall be paid directly by der.	the investor to the ARN Holder (AMFI registered
2. APPLICANT(S) NAME AND INFORMATION [Refer Instruction 2] If the 1" / Sole Applicant is Minor, then please provide details of natural / legal guardian 1" SOLE APPLICANT Mr. / Ms. / M/s. PAN Details	2. APPLICANT(S) NAME AND INFORMATION [Refer Instruction 2] If the 1" / Sole Applicant is Minor, then please provide details of natural / legal guardian 1" SOLE APPLICANT Mr. / Ms. / Ms. AND Details					/estment Details]
*** SOLE APPLICAN** Mr. / Ms. / M/s. **PAN Details	*** SOLE APPLICAN** Mr. / Ms. / M/s. **AN Details			·		e details of natural / legal guardian
AND Letails KYC Pis	AND Letails KYC Pis					
Relationship with Minor (Please Mother Father Legal Gui Mother Proof Attribution Mother Legal Gui Mother Father Le	Relationship with Minor (Please Art. / Ms. / Ms. / Ms. Art. / M	AN Details	KYC Pls (Proof Attached		() Voc. () No. (SDotault it not
PAN Details: PAN Details	PAN Details: PAN Details	GUARDIAN (In case 1st Applicant is a Minor)			
PAN Details: PAN Details	PAN Details: PAN Details	Лr. / Ms. / M/s.				
Contact Person for Corporate Investor: 3. FIRST APPLICANT Individual or Non-Individual [Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. Date of Birth / Incorporation Proof of Date of Birth (Please /) Birth Certificate School Leaving Certificate / Mark Passport of the Minor Others Place of Birth / Incorporation Proof of Date of Birth (Please /) Birth Certificate School Leaving Certificate / Mark Passport of the Minor Others Place of Birth / Incorporation: Country of Birth / Incorporation: Nationality: Gender Male Female Passport of the Minor Others Others Place of Birth / Incorporation: Nationality: Gender Male Female Passport of the Minor Others Others Place of Birth / Incorporation: Nationality: Gender Male Female Passport of the Minor Others Others Place of Birth / Incorporation: Nationality: Gender Male Female Passport of the Minor Others Others Place of Birth / Incorporation: Nationality: Gender Male Female Passport of the Minor Others Others Place of Birth / Incorporation: Nationality: Gender Male Female Passport of the Minor Others Others Place of Birth / Incorporation: Nationality: Gender Male Female Passport of the Minor Others Others Passport of the Minor Others Others Passport of the Minor Others Others Passport of the Minor Others Others Others Pas	Contact Person for Corporate Investor: 3. FIRST APPLICANT Individual or Non-Individual [Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. Date of Birth / Incorporation Proof of Date of Birth (Please /) Birth Certificate School Leaving Certificate / Mark Passport of the Minor Others Passport of the Minor Others Passport of the Minor Others Passport of the Minor Others Passport of the Minor Others Passport of Birth / Incorporation: Resident Individual Sole Prop NR1 - NRE Trust Bank / Fls Fils PIO Society/AOP/BOI Minor thru Guardian NRI PHUF LLP Listed Company Private Company Public Ltd. Company Artificial Juridicial Person Pathership Firm FOF - MF Schemes Others Proof of Date of Birth / Incorporation: Nationality: Gender Male Female Passport of the Minor Others Others Phus Professional NRI Phus LLP Listed Company Private Company Public Ltd. Company Artificial Juridicial Person Pathership Firm FOF - MF Schemes Others Professional Hour Professional Professional Professional Professional Professional Pro			PAN Details		KYC Pls 🕢 🔘 Proof Attach
3. FIRST APPLICANT AND KYC DETAILS **SOLE APPLICANT Individual or Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual School Leaving Certificate School Leaving Certificate Mark Peassport of the Minor Others Declaration Peassport Pe	3. FIRST APPLICANT AND KYC DETAILS **SOLE APPLICANT Individual or Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual Please proceed Please fill Ultimate Beneficial Ownership (IBO) Declaration Please proceed Please fill Ultimate Beneficial Ownership (IBO) Declaration Please proceed Please fill Ultimate Beneficial Ownership Professional Please proceed Proprietorship Others P	Mode of Holding: Anyone or Survivo	r Singl	e	(Please note	that the Default option is Anyone or Surviv
**SOLE APPLICANT Individual or Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual Non-Individual Please Proof of Date of Birth Please Passport of the Minor Others	**SOLE APPLICANT Individual or Non-Individual Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction Non-Individual Non-Individual Please Professional Professional Place of Birth / Incorporation: Passport of the Minor Others Others Place of Birth / Incorporation: Nationality: Gender Male Penale Others Place of Birth / Incorporation: Nationality: Gender Male Penale Others Place of Birth / Incorporation: Nationality: Gender Male Penale Others Place of Birth / Incorporation: Nationality: Gender Male Penale Others Place of Birth / Incorporation: Nationality: Gender Male Penale Others Place of Birth / Incorporation: Nationality: Gender Male Penale Others Place of Birth / Incorporation: Nationality: Gender Male Penale Others Place of Birth / Incorporation: Nationality: Gender Male Penale Others Place of Birth / Incorporation: Nationality: Gender Male Penale Others Place of Birth / Incorporation: Nationality: Gender Male Penale Others Place of Birth / Incorporation: Nationality: Gender Male Penale Others Place of Birth / Incorporation: Nationality: Gender Nationality: Others Place of Birth / Incorporation: Place of Birth / Incorporation: Nationality: Others Professional Nationality: Nationality: Others Professional Nationality: Others Professionality: Others Professionality: Others Professionality:	Contact Person for Corporate Investor:			Designa	ation:
Date of Birth / Incorporation (Non-individual) Proof of Date of Birth (Please) Birth (Please) Birth Certificate School Leaving Certificate / Mark (For minor applicant) Pace of Birth / Incorporation: Nationality: Gender Male Female Female O Resident Individual Sole Prop NRI - NRE Trust Bank / Fls Flls PlO Society/AOP/BOI Minor thru Guardian NRI HUF LLP Listed Company Private Company Public Ltd. Company Artificial Juridicial Person Partnership Firm FOF - MF Schemes Others Private Sector Public Sector Government Service Student Proprietorship Others Proprie	Date of Birth / Incorporation M M Y Y Y Proof of Date of Birth (Please V) Birth Certificate School Leaving Certificate / Mark Passport of the Minor Others Other					
Country of Birth / Incorporation:	Country of Birth / Incorporation:	Date of Birth/Incorporation D D M	<u> </u>	Proof of Date of Birth (Plea		section 11a & 11b - Refer Instruction No. 1
Incorporation:	Incorporation:	Individual) / (Non-individual)		(For minor applicant)	O Passport of the	Minor Others (Please specify)
HUF ☐ LLP ☐ Listed Company ☐ Private Company ☐ Public Ltd. Company ☐ Artificial Juridicial Person ☐ Partnership Firm ☐ FOF - MF Schemes ☐ Others ☐ Professional ☐ House at Cocupation Details [Please tick (✓)] ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ House at Cocupation Details [Please tick (✓)] ☐ Business ☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others ☐ Professional ☐ House at Cocupation Details [Please tick (✓)] ☐ Below 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ > 25 Lakh ☐ > 10 Lakh ☐ 10-25 Lakh ☐ > 25 Lakh ☐ > 10 Lakh ☐ 10-25 Lakh ☐ > 25 Lakh ☐ > 10 Lakh ☐ 10-25 Lakh ☐ > 25 Lakh ☐ > 10 Lakh ☐ 10-25 Lakh ☐ > 25 Lakh ☐ > 10 Lakh ☐ 10-25 Lakh ☐ > 25 Lakh ☐ > 10 Lakh ☐ 10-25 Lakh ☐ > 26 Lakh ☐ > 27 Lakh ☐ > 28 Lakh	HUF ☐ LLP ☐ Listed Company ☐ Private Company ☐ Public Ltd. Company ☐ Artificial Juridicial Person ☐ Partnership Firm ☐ FOF - MF Schemes ☐ Others ☐ Professional ☐ House at *. Occupation Details [Please tick (✓)] ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ House at *. Occupation Details [Please tick (✓)] ☐ Business ☐ Retired ☐ Agriculture ☐ Proprietorship ☐ Others ☐ Professional ☐ House at *. Gross Annual Income (₹) [Please tick (✓)] ☐ Below 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ > 25 Lakh ☐ > 10 Lakh ☐ 10-25 Lakh ☐ > 25 Lakh ☐ > 10 Lakh ☐ 10-25 Lakh ☐ 10-2	Place of Birth / ncorporation:	Country of Birth / Incorporation:	Nationality:		Gender O Male O Female O Ot
Private Sector ○ Public Sector ○ Government Service ○ Student ○ Professional ○ House Sector ○ Proprietorship ○ Others ○ Public Sector ○ Government Service ○ Student ○ Professional ○ House Specific Others ○ Proprietorship ○ Others ○ Public Sector ○ Proprietorship ○ Others ○ Proprietorship ○ Others ○ Proprietorship ○ Others ○ Public Sector ○ Public Sector ○ Public Sector ○ Proprietorship ○ Others ○ Others ○ Proprietorship ○ Others ○ Ot	Private Sector ○ Public Sector ○ Government Service ○ Student ○ Professional ○ House Specific Or*. Gross Annual Income (₹) [Please tick (✔)] ○ Below 1 Lakh ○ 1-5 Lakh ○ 5-10 Lakh ○ 10-25 Lakh ○ >25 Lakh ○ >10 Lakh ○ 10-25 Lakh ○ >25 Lakh ○ >10 Lakh ○ 10-25 Lakh ○ >10 Lakh ○ 10 Lakh ○ 10-25 Lakh ○ >10 Lakh ○ 10-25 La	ype: Resident Individual Sole Prop	○ NRI - NRE ○ Tru:	st Bank / Fls Flls	O PIO O Society/AOF	P/BOI
a*. Occupation Details [Please tick (✓)]	a*. Occupation Details [Please tick (✓)]	→ HUF → LLP → Listed Company → Private	Company O Public Ltd. Comp	pany O Artificial Juridicial Person		
**. Non-Individual Investors involved/providing any of the mentioned 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. (*) Address:	**. Net-worth (Mandatory for Non-Individuals) ₹	a*. Occupation Details [Please tick (✓)]				
as on ☐ ☐ M M Y Y Y Y (Not older than each of the mentioned services any of the mentioned services	as on D M M Y Y Y Y (Not older than as on D D M M Y Y Y Y (Not older than between the mentioned services any of the mentioned services	o*. Gross Annual Income (₹) [Please tick ()] O Below 1 Lakh	O 1-5 Lakh O 5-10 L	akh	Lakh O >25 Lakh O > 1 Cro
**. Non-Individual Investors involved/providing any of the mentioned services	**. Non-Individual Investors involved/providing any of the mentioned services	*. Politically Exposed Person (PEP) Status (Al	so applicable for authorised sig	natories/Promoters/Karta/Trustee/	Whole time Directors) O I ar	m PEP O I am Related to PEP O Not Applic
any of the mentioned services	any of the mentioned services	d*. Net-worth (Mandatory for Non-Individua	_			M Y Y Y Y (Not older than 1 y
Name of the Bank: Core Banking A/c No. A/c. Type Pls. (*) NRE CURRENT SAVINGS Branch Name: Address:	Name of the Bank: Core Banking A/c No.				-	•
Branch Name: Address:	Branch Name: Address:		tory [Refer Instruction Nos	s. 3 & 4]		
		Core Banking A/c No.			A/c. Type Pls. (✓)	NRE O CURRENT O SAVINGS O N
Bank Branch City: State: Pin Code	Bank Branch City: State: Pin Code	Branch Name:	Addre	ess:	_	
		Bank Branch City:	State:			Pin Code

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS			
2 nd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case			
PAN Details KY0	Pls Proof Attached	Pls indicate if US Person or a resid for tax purpose / Resident of Canar	
Date of Birth (Mandatory)	Place of Birth		
Country of Birth	Nationality:	Ger	nder
a*. Occupation Details [Please tick (✓)]	or O Public Sector O Gover	rnment Service	Orofessional O Housewife O Others (Please specify)
b*. Gross Annual Income (₹) [Please tick (√)] ○ Below 1 Lak	h O 1-5 Lakh O 5-10 I	akh 0 10-25 Lakh	○ >25 Lakh ○ > 1 Crore
c*. Politically Exposed Person (PEP) Status O I am PEP O I a	m Related to PEP ONot Applicable	•	
d. Net-worth ₹	as on DDMM	(Not older than 1 y	ear)
3 rd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case	of Minor Applicant)		
PAN Details KY0	Proof Attached	Pls indicate if US Person or a resid for tax purpose / Resident of Canada	
Date of Birth (Mandatory)	Place of Birth		
Country of Birth	Nationality:	Ger	nder O Male O Female O Other
a*. Occupation Details [Please tick (✓)]	or O Public Sector O Gover	rnment Service Student ulture Proprietorship	O Professional O Housewife O Others (Please specify)
b*. Gross Annual Income (₹) [Please tick (✓)] ○ Below 1 Lal	h O 1-5 Lakh O 5-10 I	_akh	○ >25 Lakh ○ > 1 Crore
c*. Politically Exposed Person (PEP) Status \bigcirc I am PEP \bigcirc I a	m Related to PEP O Not Applicable	•	
d. Net-worth ₹	as on D D M M	(Not older than 1 y	ear)
6a. MAILING ADDRESS [Please provide your E-mail ID and M	lobile Number to help us serve yo	ou better]	
Local Address of 1st Applicant			
Ci	y St	ate F	Pin Code
Tel. Off.	Resi.	Mobile	
E - Mail^^ ^Please Use Block Letters. Investors providing email ID would mand	atarily reasive all Communications St	ratement of Associate and Abridged An	nual Panart through a mail anly
6b. Mandatory for NRI / FII Applicant [Please provide Full Acount	dress. P. O. Box No. may not be s	sufficient. For Overseas investors	, indian Address is preferredj
Overseas correspondence Address			
7. INVESTMENT AND PAYMENT DETAILS (For complete in	formation on Investment Details	please refer to Instructions No. 6	1
Scheme	Regular Plan	Dividend*	Div frequency*
	O Direct Plan O Growth	. , , , , ,	
Payment Type [Please (\checkmark)] Self (Non-Third Party Pa		nt (Please attach 'Third Party Paym Net Purchase Drawn on	
Cheque / DD / UTR No. & Date RTGS / NEFT in figures (F	,	Amount Bran	
*Dividend frequency is applicable only for Mirae Asset Cash Mana	gement Fund & Mirae Asset Savings	Fund.	
8. DEMAT ACCOUNT DETAILS - Mandatory for units in Demat Mode -	-		es as per the Depository Details.
National Securities Depository Limited (NSDL)		Depository Services (India) Li	
Tational Scouling Depository Limited (NODE)	Central I	bepository Services (india) Lii	mited (CDSL)
DP Name	DP Name	repository services (ilitia) Lii	mited (CDSL)
			mited (CDSL)
DP Name	DP Name	No.	Delivery Instruction Slip (DIS)
DP Name DP ID I N Benef. A/C No. Enclosures - Please () Client Masters List (CML) 9. NOMINATION DETAILS [Minor / HUF / POA Holder / Non	DP Name 16 Digit A/C Transaction cum Ho ndividuals cannot Nominate - Ref	No. Iding Statement Orier Instruction No. 9]	Delivery Instruction Slip (DIS)
DP Name DP ID I N Benef. A/C No. Enclosures - Please () Client Masters List (CML) 9. NOMINATION DETAILS [Minor / HUF / POA Holder / Non O PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW D	DP Name 16 Digit A/C Transaction cum Ho ndividuals cannot Nominate - Ref ETAILS OR	No. Iding Statement	Delivery Instruction Slip (DIS)
DP Name DP ID I N Benef. A/C No. Enclosures - Please () Client Masters List (CML) 9. NOMINATION DETAILS [Minor / HUF / POA Holder / Non	DP Name 16 Digit A/C Transaction cum Ho ndividuals cannot Nominate - Ref	No. Iding Statement Orier Instruction No. 9]	Delivery Instruction Slip (DIS)
DP Name DP ID I N Benef. A/C No. Enclosures - Please () Client Masters List (CML) 9. NOMINATION DETAILS [Minor / HUF / POA Holder / Non PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW D No. Nominee(s) Name Date of Birth</th <th>DP Name 16 Digit A/C Transaction cum Ho ndividuals cannot Nominate - Ref ETAILS OR Name of the Guardian (in case of Minor)</th> <th>No. Iding Statement Cer Instruction No. 9] I/WE DO NOT WISH TO NOMINAT</th> <th>Delivery Instruction Slip (DIS)</th>	DP Name 16 Digit A/C Transaction cum Ho ndividuals cannot Nominate - Ref ETAILS OR Name of the Guardian (in case of Minor)	No. Iding Statement Cer Instruction No. 9] I/WE DO NOT WISH TO NOMINAT	Delivery Instruction Slip (DIS)

FOR NON-INDIVIDUALS ONLY

The results of the control of the co	10. PART	10. PARCA & CRS DETAILS (Flease consult your professional tax advisor for unner guidance on FALCA & CRS dassilication). PARTA To be filled by Financial Institutions or Direct Reporting Non Finacial Entity (NFEs)	nancial Inst	titutions or Dire	ect Reporting N	on Finacial Entity	r (NFEs)	Alca a cross	assification)		
State Control of State Con	We ar	institution		If you do not have a GIIN		another entity, please provi	ide your sponsor's GIIN abc	ove and indicate your spor	nsor's name below		
And a contained whether please lost (*) (*) Coupled by MEs other than Dreed Reporting WEE**) In the Entity a contained with the growth with a contained by MEs other than Dreed Reporting WEE**) In the Entity a contained with the growth with a contained with the growth of the growt	Direct [Pleas		Name of	sponsoring en							
The Ending of the control works make a control of the control of	GIIN n	tot available [Please ti	tick (V)]	O Applied	for O No	nt required to apply for her than Direct R	r - please specify 2 d	ligits sub-category		Not obtained	Non-participating F
The first periodic control for the control for	-	Is the Entity a public (that is, a company traded on an establic	icly traded of whose shallished secu	company irres are regularly rities market)	Name	es (If yes, please sp.	ecify any one stock (exchange on which	the stock is regular	iy traded)	
1 1 1 1 1 1 1 1 1 1		Is the Entity a relate traded company (a regularly traded on	ed entity of company w	a publicly whose shares an hed securities n		es (If yes, please sp. of listed company: e of relation Sut. of stock exchange:	ecify name of the list	ed company and or	ne stock exchange	on which the	regularly traded)
The DECARDION FOR ULTIMATE BENEFIC CANADISTICS AND PROPERTY OF COUNTS AND PROPERTY OF COU		Is the Entity an acti			Natur	es (If yes, please fill e of Business:	UBO declaration in the open of Active NEE	the next section.)	n code. Refer instri	rdion 16(c)	
The occurrence of the control of the		the Entity a			X O III	es yearing une sub-cate es (If yes, please fill es of Business:	UBO declaration in t	he next section.)			
The content of the co			1 1		- O	details refer inst	truction No. 16.				
Address Type: Residential or Business information is not provided, will be presumed information as may be required at your end. ### passive NFE, please provide below addiportation as may be required at your end. ### passive NFE, please provide below addiportation as may be required at your end. ### passive NFE, please provide below addiportation to the panning of Birth in the panning of Birth: City of Birth: Country of Bir	*This de person(s Stateme	DECLARATION FOR I claration is not needed for C. S), confirming ALL countries on an and Auditor's Letter with re	ULTIMATE Companies that of tax residen equired details	BENEFICIAL or are listed on any recy / permanent resises as mentioned in Fo	ownership (UB) cognized stock excha dency / citizenship ar rm W8 BEN E.	3O] (Refer instructioninge or is a Subsidiary and ALL Tax Identification	on No. 17)* of such Listed Compa on Numbers for EACH	ny or is Controlled by controlling person(s	y such Listed Compa). Owner-documente	iny. Please list below th d FFI's should provide	e details of controllin FFI Owner Reportin
Standards Type Residential or Business (default)(Residential Business Registered Office, Allached Cocument (and property as application or Business (Residential or Busines	g l	Name of UBO & Addres			PAN/Tax Payer Identification No./	f the given spac Document Type Refer instruction No. 16(d)	Country of tax Residency/ permanent residency*	dequate, pleas. Country of citizenship	(Mandatory)	KYC (Yes / NO) [please attach the KYC acknowledgement copy]	E
PAN Anny other Identification Number (PAN, Acades, Passport, Passport) PAN Anny other Identification Number (PAN, Acades, Passport) Patientification Number (PAN, Acades) Patientification Number (PAN, Acad	\$\$ Addr informat that appl informat.	ess Type: Residential or Bu ion is not provided, it will be pr licant has concealed the facts ion as may be required at your ive NFE in lease provide ball	usiness (defarences) defarences (defarences) so bene cial over trend.	ult)/Residential/Bus pplicant is the UBO, i wnership. I/Ne also u	iness/Registered O with no declaration to ndertake to keep you	ffice. Attached docume submit. In such case, M informed in writing abou is finecessary). Alson	ents should be self cert AMF/AMC reserves th utany changes/modi ci.	i ed by the UBO and i eright to reject the ap ation to the above info	certi ed by the application or reverse the transition in future and an about a southware and a southware and the southwa	ant or Authorised signate a allotment of units, if su also undertake to provice	ory. In case the above the sequently it is found any other additional No. 16)
Occupation Type: Nationality: Father's Name: Occupation Type: Occupation Type: Nationality: Father's Name: Occupation Type: Occupation	PAN / Election	Any other Identification ID, Govt. ID, Driving Licence NREG MEITH - Country of Birt	n Number (P/ GA Job Card, Othr rth	AN, Aadhar, Passport, ers)	Occupation T Nationality: Father's Nam	ype: Service, Busin. e: Mandatory if PAN	ess, Others	DOB: Gende	Date of Birth er: Male, Female,	Other	
Occupation Type: Nationality: Father's Name: Occupation Type: Nationality: Father's Name: Red C Birth: Occupation Type: Nationality: Father's Name: Is a US citizen or green card holder available, kindly provide functional equivalent Mr. / Ms. / M/s. Amount (Rs.) Cheque / DD No: Dated Bank & Branch Bank & Branch Date & Stamp of C	1. PAI City	of Birth try of E			Occupation T Nationality: Father's Nam	ype: e:		Date C Gende	Male	0	
Occupation Type: Nationality: Father's Name: Gender O Male O Female Father's Name: Gender O Male O Female Gender O Male O Female Is a US citizen or green card holder available, kindly provide functional equivalent Mr. / Ms. / M/s. Amount (Rs.) Cheque / DD No: Dated Bank & Branch Bank & Branch	2. PAI City Cou	N: y of Birth: untry of Birth:			Occupation T Nationality: Father's Nam	.: e:		Date C Gende	Birth:	Female	
ris a US citizen or green card holder available, kindly provide functional equivalent Mr. / Ms. / M/s. Mr. / Ms. / M/s. Amount (Rs.) Cheque / DD No.:	3. PAI City	N: y of Birth: untry of Birth:			Occupation T Nationality: Father's Nam	ype:		Date C Gende	Sirth:	Female	
Received Application from Mr. / Ms. / M/s. Scheme Name and Plan Payment Details Date & Stamp of C Amount (Rs.) Cheque / DD No: Dated Bank & Branch	# Additi * To inc %In cas	onal details to be filled by c lude US, where controlling se Tax Identification Numbe	controlling pe g person is a l er is not avail	rsons with tax resi JS citizen or green able, kindly provide	dency / permanent i card holder functional equivale	esidency / citizenship ent	o / Green Card in an	y country other than	ı India.		
Scheme Name and Plan Payment Details Date & Stamp of Amount (Rs.) Cheque / DD No.: Cheque / DD No.: Dated Bank & Branch	L SLIP	Received Application	n from Mr.	/ Ms. / M/s.							npsum 'OR' O SIF
Cheque / DD No.: Dated Bank & Branch	ЗМЕИТ	Schen	me Name	and Plan	\ \	Payn	nent Details		∞ఠ	ठ	Centre / ISC
Bank & Branch	OMFED				Chec Date	unt (KS.) que / DD No.:					
	РСКИС				Bank	α «& 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? 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)

(ii 100, piodoo piovido i	Journal y/100	on which the chary is a resident for	tax purposo and the ac	ooolatoa l	ax ruoritinoation rio. bolow)			
1⁵¹ Applicant	(Sole / Gı	uardian / Non-Individual)		2 nd A _I	oplicant	3 rd Applicant		
Do you have any no Country(ies) of Birth Citizenship / Nationa and Tax Residency	1/	◯ Yes ◯ No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		○ Yes ○ No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		○ Yes ○ No
Country of Birth / Incorporation			Country of Birth			Country of Birth		
Country Citizenship Nationality	1		Country Citizenship / Nationality			Country Citizenship Nationality) I	
Are you a US specif person?	ied	○ Yes ○ No Please provide Tax Payer Id.	Are you a US specific person?	fied	Yes No Please provide Tax Payer Id.	Are you a US specific person?	ried	○ Yes ○ No Please provide Tax Payer Id.
For non-Individual inv	estor in ca	ase, if you country of incorporation /	Tax resistance in US, b	out you are	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 investo	r have to	fill in below details in case of join	t applicants		
	Country	y:		Countr	y:		Country	<i>y</i> :
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:	
	Type:			Type:			Туре:	
Country:			Country:		Country:		<i>y</i> :	
Tax Residency Status: 2	No.:		Tax Residency Status: 2 No.:			Tax Residency Status: 2	No.:	
	Type:						Туре:	Туре:
	Country	y:	Country:		Country:		<i>y</i> :	
Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:	
	Type:			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 a	appearing in folio)
In case of applications	with POA,	the POA holder should fill separate	form to provide the abo	ve details	mandatorily.			
13. DECLARATIO	N AND	SIGNATURES / THUMB IMPR	RESSION OF APPL	ICANT(s) [Refer Instructions 2(e)]			
(B) I/We hereby declare that the applicable laws enacted by the true and correct and further aghereby confirm that the AMC/regarding the eligibility, validiff competing Schemes of varifund/AMC/its distributor for bound by the terms & conditionarried out using the RIA code into the Scheme as per the sain notify the AMC, in which evenereby confirm that the inform provided, it will be presumed the gapplicant has concealed the fa	he amount ir e Governmen rees to furnis Frees to furnis by and autho ous Mutual r this investins of the PIN (I) Applicated GEMA reguent the AMC enation providuat applicant locts of benefic	In the Fund) — (A) Having read and understo wested in the scheme(s) is through legitimate to findia from time to time. (C) Signature of the didditional information sought by Mirae Asseave the right to share my information and othe rization of mylour transactions. (E) I/We furth Funds from amongst which the Scheme is ment. I/We have not received nor have been i agreement available on the AMC website for let of Foreign Resident's Residing in India: liations and other applicable laws and regulation reserves the right to redeem my Jour invessed by me / us on this Form is true, correct, and is the utilimate beneficial owner, with no declar cial ownership. I/We also undertake to keep yo MMC to share my transaction details to the regis	e sources only and does not in the nominee acknowledging rei (Global Investments (India) Liver details with the regulatory a fer declare that "The ARN he is being recommended to me induced by any rebate or gifts, transacting online. (H) RIA-: I. I/We confirm that I law eatisfy sons. (J) I / We confirm that I attents in the Scheme(s). (K of complete. I / We also confirm attents in the scheme(s) action to submit. In such case, I ation to submit in nuch case, I ation to submit in writing about any uniformed in writing about any	nvolve and is ceipts of my/cimited (AMC) imited (AMC) in and governme bolder has dis e/us. (F) I/W. directly or in/We hereby p y the Residen m / We are no I/Y FATCA/CR in that I / We I the concernery changes/mo	not designed for the purpose of the contravel jur credit will constitute full discharge of liability frund and undertake to update the information ent authorities as and when needed. I/We will sclosed to me/us all the commissions (in hereby confirm that I/We have not been directly in making this investment. (G) Applica ermit the AMC to share my/our current & histo cy test as prescribed under FEMA provisions. to United States person(s) under the laws on S Certification: I / We have understood the in nave read and understood the FATCA& CRS d SEBI registered intermediary reserves the ri- odification to the above information in future & odification to the above information in future & deficitation to the above information in future & continuous services and the continuous provided the provided the prov	ntion of any provisions of the I lies of Mirae Asset Mutual Fun Mirdetalis with the AMC / Fund/findemnify the Fund, AMC, Truthe form of trail commission offered communicated any able to Investors availing the ric transaction details to the R. We further declare that I/We further declare that I/We further declare that I/We further declare that I/We formation requirements of this Terms and Conditions and her by the fundament of the second conditions and her by the fundament of the second conditions and her by the fundament of the second conditions and her by the fundament of the second conditions and her by the fundament of the second conditions and her by the fundament of the second conditions and her by the fundament of the second conditions and her by the second conditions and her by the second conditions and her by the second conditions are second conditions and her by the second conditions are second conditions and her by the second conditions are second conditions and her by the second conditions are second conditions and her by the second conditions are second conditions and her by the second conditions are second conditions and her by the second conditions are second conditions and her by the second conditions are second conditions are second conditions and her by the second conditions are sec	Income Tax Add. (D) The info Registrars and ustee, RTA an n or any othe indicative pt e online facili egistered Inve am/are "Perso) of Canada. I. Form (read a reby accept the	ct, Anti Money Laundering Laws or any other prmation given in / with this application form is I Transfer Agent (RTA) from time to time. I/We d other intermediaries in case of any dispute er mode), payable to him for the different ortfolio and/ or any indicative yield by the ity:-I/We have read, understood and shall be estment Advisor (RIA), if any transactions are no Resident in India" and are allowed to invest in case of change to this status, I/We shall long with the FATCA& CRS Instructions) and le same. In case the above information is not to tent of units, if subsequently it is found that
(i.i. i.i. i.i. i.i. i.i. i.i. i.i. i.i	oonsontuie <i>t</i>	and to share my narroadulon details to the regis	Stored investing it advisor (NI)	, unough the	riogiouai di duloi wido.			

Application No.:

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

Mirae Asset India Opportunities Fund	Mirae Asset Emerging Bluechip Fund	Mirae Asset Great Consumer Fund
Mirae Asset Prudence Fund	Mirae Asset Tax Saver Fund	Mirae Asset Cash Management Fund
Mirae Asset Savings Fund	Mirae Asset China Advantage Fund	