

Registration Cum Mandate Form For NACH/Direct Debit

Mutual Fund

Declaration for "Execution Only" Transaction (where Employee Unique Identification Number-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.

Please ☒ Enrollment for New Registration (Please fill all sections) **OR** ☐ Change my/our bank account for existing SIP(s) **OR** ☐ SIP Top-up Facility

Folio No.										Name of 1 st Unit Holder
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Frequency Please ☒ **Monthly (Default)** ☐ **Quarterly** ☐ **Regular Plan** ☐ **Direct Plan** ☐ **Growth (Default)** ☐ **Dividend Payout** ☐ **Dividend Reinvestment**

DIV frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Ultra Short Term Bond Fund.

SIP Date Please ☒ ☐ 01st ☐ 10th (Default) ☐ 15th ☐ 21st ☐ 28th **SIP Amount (₹)** ☐ 5,000 ☐ 10,000 ☐ 25,000 ☐ Any other Amount. (₹)

SIP Start Date: OR Enter SIP End Date: End Date : Perpetual ☐ Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP)

2a. SIP TOP-UP FACILITY (You can start SIP Top-up facility after minimum 6 months from 1st SIP) Refer Instruction No. 23 on the reverse on SIP Top-up

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure.

Top-up Amount (₹)	(minimum ₹ 500/- and in multiples of ₹ 1/- only)	Top-up Start Date	M	M	Y	Y	Y	Y
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Frequency Please	<input type="radio"/> Half Yearly	<input type="radio"/> Yearly (Default)	Top-up End Date	M	M	Y	Y	Y	Y
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For Existing Investors: Original SIP details - SIP Date -	SIP Amount (₹)-	Scheme -
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3. SIP PAYMENT DETAILS

3a - Only for Existing Investors - I/We wish to register my/our SIP on the basis of Cancelled Cheque leaf or Photocopy of the Cheque submitted ☒ Please ☐

3b - For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and NACH mandate. Cheque leaf enclosed ☐

First SIP Cheque No. _____ Drawn on Bank _____

Cheque Date A/c. Type ☐ NRE ☐ CURRENT ☐ SAVINGS ☐ NRE

4. BANK ACCOUNT DETAILS (Mandatory)

I/We hereby authorise Mirae Asset Global Investments (India) Pvt. Ltd., Investment manager to Mirae Asset Mutual Fund acting through their authorised service providers to debit my/our following Bank A/c. by NACH/ECS (Auto Debit Clearing / Direct Debit) Facility or any other facility for collection of SIP payments.

Name of 1st A/c. Holder as in Bank Records

[illegible][illegible]

9 Digit MICR Code Bank Account Type ☒ ☐ NRE ☐ CURRENT ☐ SAVINGS ☐ NRO

DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Mutual Fund - I/we have read and understood the contents of the SID of the applied Scheme and the terms & conditions of SIP enrolment and registration through NACH/ECS or Direct Debit (Auto Debit). I/we also agree that if the transaction is delayed or not effected for reasons of incomplete or incorrect or any other operational reasons, I/we would not hold Mirae Asset Global Investments (India) Pvt. Ltd., their appointed service providers or representatives responsible. I/we also undertake to keep sufficient funds in my bank account on the date of execution of the said standing instructions. **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.** "I/we have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding Rs. 50,000 in a rolling 12 month period or in a financial year".

Signature of 1 st Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS)	Signature of 2 nd Applicant/Guardian /Authorised Signatory/PoA (AS IN BANK RECORDS)	Signature of 3 rd Applicant/Guardian/Authorised Signatory/PoA (AS IN BANK RECORDS)
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Tick(✓) ⁷	UMRN ¹	For office use only										Date ²	D	D	M	M	Y	Y	Y	Y	
Create		Sponsor Bank Code ³										Utility Code ⁴									
Modify		I/We, hereby authorize ⁵										To Debit (Tick✓) ⁶									
Cancel		Bank A/c Number ⁸										SB / CA / CG / SB-NRE / SB-NRO / Other									

[illegible]

An Amount of Rupees ¹²	In Words	Amount in Figures ¹³	₹
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Frequency¹⁴ ☒ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☒ As & when presented Debit Type¹⁵ ☐ Fixed Amount ☒ Maximum Amount

Reference 1 ¹⁶	Folio No	Mobile ¹⁸
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Reference 2 ¹⁷	Scheme Name	Email ID ¹⁹
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Period ²⁰	I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule
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From	D	D	M	M	Y	Y	Y	Y
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To	D	D	M	M	Y	Y	Y	Y	21	Signature of the account holder	Signature of the account holder	Signature of the account holder
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Or ☐ Until cancelled

This is to confirm that declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized debit.

06-2016