# COMMON APPLICATION FORM Application No.:



	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for Sub-Agent/Employee	ISC Date Time Stamp Reference No.			
130842			E215826					
Declaration for "Execution Only" Transaction (when as been intentionally left blank by me/us as this dvice of in-appropriateness, if any, provided by the	re Employee Unique Identification Nu transaction is executed without any e employee/relationship manager/sale	mber-EUIN* box is left blank interaction or advice by the es person of the distributor/su	. Please refer instruction 1 employee/relationship maib broker.	2 of KIM for complete details on EUI nager/sales person of the above dist	N. I/We hereby confirm that the EUIN b tributor/sub broker or notwithstanding t			
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
Signature of 1 <sup>st</sup> Applicant / Guard Authorised Signatory /PoA/Ka		Signature of 2 <sup>™</sup> Applicar Authorised Signato			Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA			
Please V Lumpsum Investmen	t O	Micro Applicati	on 🔾	SIPA	Application 〇			
TRANSACTION CHARGES (Please  IAM A FIRST TIME INVESTOR IN MUTUAL  Applicable transaction charges will be deduct  istributor) based on the investor's assessm  1. EXISTING UNIT HOLDER INFOR	JAL FUNDS ted in case your distributor has o ent of various factors including th	OR pted for such charges. Up ne services rendered by th	☐ IAM Al ofront commission shall ne ARN Holder.		the ARN Holder (AMFI registered			
Folio No.		CKYC Identificatio						
2. APPLICANT(S) NAME AND INFO	RMATION [Refer Instruction	n 2] If the 1 <sup>st</sup> / Sole App	olicant is Minor, the	n please provide details of r	natural / legal guardian			
1st SOLE APPLICANT Mr. / Ms. / M/s.			Die in d	PAN	Francisco (Danida de Cara			
CKYC ID No. (KIN)			PIS INC		for tax purpose / Resident of Cana os (\$Default if not ✓)			
<b>GUARDIAN</b> (In case 1 <sup>st</sup> Applicant is a M /lr. / Ms. / M/s.	linor)				p with Minor (Please ✓) Father ☐ Legal Guard			
GUARDIAN CKYC D No. (KIN)			KYC (Please ✓)  ○ Proof Attached	GUARDIAN PAN				
POA / Custodian Name:				KY	C (Please ✓) ○ Proof Attach			
POA / Custodian CKYC ID No. (KIN)			P	OA / Custodian PAN				
. , , , , , , , , , , , , , , , , , , ,				Designation:				
	r: Name			3				
Contact Person for Corporate Investo  3. FIRST APPLICANT AND KYC DE	ETAILS							
3. FIRST APPLICANT AND KYC DE  st SOLE APPLICANT  Individual o	r O Non-Individual [Please		, , ,	claration Form in section 11a				
Contact Person for Corporate Investo  3. FIRST APPLICANT AND KYC DE  st SOLE APPLICANT O Individual o  Date of Birth/Incorporation Individual) Mon-individual	r O Non-Individual [Please	of of Date of Birth (Plea (For minor applicant)	sse ✓) ⊝ Birth	claration Form in section 11a  Certificate Seport of the Minor	School Leaving Certificate / Mark Sh Others (Please specify)			
Contact Person for Corporate Investo  3. FIRST APPLICANT AND KYC DE  ** SOLE APPLICANT   Individual o  Date of Birth/Incorporation ndividual)   Mon-individual	r O Non-Individual [Please	of of Date of Birth (Plea (For minor applicant)	ase ✓) ⊝ Birth	claration Form in section 11a	School Leaving Certificate / Mark Sh			
3. FIRST APPLICANT AND KYC DE SOLE APPLICANT O Individual o Date of Birth / Incorporation (Non-individual)	Procedure of Birth / Incorporation:	of of Date of Birth (Plea (For minor applicant)	sse ✓) ⊝ Birth	claration Form in section 11a  Certificate  Sport of the Minor  Gender	School Leaving Certificate / Mark Sh Others (Please specify)  Male   Female   Others			
Contact Person for Corporate Investo  3. FIRST APPLICANT AND KYC DE  St SOLE APPLICANT   Individual o  Date of Birth / Incorporation ndividual)   Non-individual)   Monitorioriorion:  Stype:   Resident Individual   Sole	Prop NRI - NRE Orivate Company Public Ltd. Co	of of Date of Birth (Plea (For minor applicant)  N  Trust	ationality:  ○ FIIs ○ PIO  icial Person ○ Partner	claration Form in section 11a a Certificate Seport of the Minor Gender Society/AOP/BOI Neship Firm FOF - MF Schemes	Chool Leaving Certificate / Mark Shothers (Please specify)  Male Female Ott  Minor thru Guardian NRI - NI  Others (Please specify)			
Contact Person for Corporate Investo  3. FIRST APPLICANT AND KYC DE  ** SOLE APPLICANT   Individual o  Date of Birth / Incorporation (Non-individual)  Place of Birth / Incorporation:  Sole  HUF   Resident Individual   Sole  HUF   LLP   Listed Company   P	Private Sector	of of Date of Birth (Plea (For minor applicant)  N  Trust	Birth Pas  Pas  Pationality:	claration Form in section 11a  Certificate Support of the Minor Gender  Society/AOP/BOI Number Schemes  Ship Firm FOF - MF Schemes  For Student Gender	Chool Leaving Certificate / Mark Shothers (Please specify)  Male Female Ott  Minor thru Guardian NRI - N  Others (Please specify)			
Contact Person for Corporate Investo  3. FIRST APPLICANT AND KYC DE  ** SOLE APPLICANT   Individual o  Date of Birth/Incorporation Individual) (Non-individual)  Place of Birth / Incorporation:  Sype: Resident Individual Sole  HUF   LLP   Listed Company   P   ** Occupation Details [Please tick (**)]	Prop NRI - NRE Private Company Public Ltd. C	of of Date of Birth (Plea (For minor applicant)  N  Trust Bank / Fls  ompany Artificial Jurio  Public Sector	Birth ○ Pas    Pasitionality:   Fils	Claration Form in section 11a  Certificate Support of the Minor Certificate  Society/AOP/BOI Muship Firm FOF - MF Schemestrice Student Certificate	School Leaving Certificate / Mark Shothers (Please specify)  Male Female Ott  Minor thru Guardian NRI - N  Others (Please specify)  Professional Housew Others (Please specify)			
Contact Person for Corporate Investo  3. FIRST APPLICANT AND KYC DE  ** SOLE APPLICANT   Individual o  Date of Birth/Incorporation Individual) (Non-individual)	Prop ONRI - NRE Orivate Company OPublic Ltd. Co. Business  ck ( ) ) Below 1 Lakh	of of Date of Birth (Plea (For minor applicant)  N  Trust Bank / Fls  ompany Artificial Jurio  Public Sector  Retired  1-5 Lakh	Birth ○ Pas    Pasitionality:	claration Form in section 11a  Certificate Seport of the Minor Gender Society/AOP/BOI Ship Firm FOF - MF Schemes rice Student Proprietorship 10-25 Lakh	School Leaving Certificate / Mark Sh Others (Please specify)  Male Female Ott  Minor thru Guardian NRI - N  Others (Please specify)  Professional Housew Others (Please specify)  > 25 Lakh > 1 Cro			
Contact Person for Corporate Investo  3. FIRST APPLICANT AND KYC DE  ** SOLE APPLICANT   Individual o  Date of Birth/Incorporation Individual) (Non-individual)  Place of Birth / Incorporation:  Type:   Resident Individual   Sole   HUF   LLP   Listed Company   P  ** Occupation Details [Please tick (**)  ** Gross Annual Income (*) [Please tick (**)	Prop ONRI - NRE OR Private Company OPublic Ltd. Com	of of Date of Birth (Plea (For minor applicant)  N  Trust Bank / Fls  ompany Artificial Jurio  Public Sector  Retired  1-5 Lakh	Birth Pas  Pas  Pationality:  FIIs PIO  icial Person Partner  Government Serv  Agriculture  5-10 Lakh  rta/Trustee/Whole time	claration Form in section 11a  Certificate Seport of the Minor Gender Society/AOP/BOI Ship Firm FOF - MF Schemes rice Student Proprietorship 10-25 Lakh	School Leaving Certificate / Mark Shothers (Please specify)  Male Female Ott  Minor thru Guardian NRI - N  Others (Please specify)  Professional Housew Others (Please specify)  > 25 Lakh > 1 Crol  m Related to PEP Not Applic			
Contact Person for Corporate Investor  3. FIRST APPLICANT AND KYC DE  ** SOLE APPLICANT ○ Individual or  Date of Birth/Incorporation (Non-individual)  Place of Birth / Incorporation (Non-individual)  Sole  ** Occupation Details [Please tick (✓)  ** Gross Annual Income (₹) [Please tick (✓)  ** Politically Exposed Person (PEP) Status  ** Net-worth (Mandatory for Non-Individual)	r ○ Non-Individual [Please  Proc Country of Birth / Incorporation:  Prop ○ NRI - NRE ○ Private Company ○ Public Ltd. Company ○ Public Ltd. Company ○ Public Ltd. Company ○ Public Ltd. Company ○ Private Sector ○ Business  Ck ( ✓ ) ] ○ Below 1 Lakh  Sk (Also applicable for authorised viduals) ₹  Providing ○ Foreign E	of of Date of Birth (Plea (For minor applicant)  N  Trust Bank / Fls  ompany Artificial Jurio  Public Sector  Retired  1-5 Lakh	ationality:  □ FIIs □ PIO  □ Partner □ Government Serv □ Agriculture □ 5-10 Lakh  rta/Trustee/Whole time □ as on	claration Form in section 11a a Certificate Seport of the Minor Gender Society/AOP/BOI M ship Firm FOF - MF Schemes rice Student Proprietorship ( 10-25 Lakh Directors) I am PEP I a	School Leaving Certificate / Mark Shothers (Please specify)  Male Female Ott  Minor thru Guardian NRI - N  Others (Please specify)  Professional Housew Others (Please specify)  > 25 Lakh > 1 Cro  m Related to PEP Not Applic			
Contact Person for Corporate Investo  3. FIRST APPLICANT AND KYC DE  ** SOLE APPLICANT   Individual or  Date of Birth / Incorporation (Non-individual)  Place of Birth / Incorporation (	r ○ Non-Individual [Please  Proc Country of Birth / Incorporation:  Prop ○ NRI - NRE ○ Private Company ○ Public Ltd. Company ○ Public Ltd. Company ○ Public Ltd. Company ○ Private Sector ○ Business    Prop ○ NRI - NRE ○ Private Sector ○ Business   Prop ○ Relow 1 Lakh	of of Date of Birth (Plea (For minor applicant)  N  Trust Bank / Fls  ompany Artificial Jurio Public Sector Retired 1-5 Lakh signatories/Promoters/Ka	ationality:  □ FIIs □ PIO  □ Partner □ Government Serv □ Agriculture □ 5-10 Lakh  rta/Trustee/Whole time □ as on	claration Form in section 11a  Certificate Seport of the Minor Gender Society/AOP/BOI Ship Firm FOF - MF Schemes Fice Student Proprietorship 10-25 Lakh Directors) I am PEP I am Gaming/Gambling/Lottery/	School Leaving Certificate / Mark Shothers (Please specify)  Male Female Ott  Minor thru Guardian NRI - N  Others (Please specify)  Professional Housew Others (Please specify)  > 25 Lakh > 1 Cro  m Related to PEP Not Applic			
Contact Person for Corporate Investo  3. FIRST APPLICANT AND KYC DE  ** SOLE APPLICANT   Individual or  Date of Birth / Incorporation (Non-individual)   Mon-individual   Mon-in	r ○ Non-Individual [Please  Proc Country of Birth / Incorporation:  Prop ○ NRI - NRE ○ Private Company ○ Public Ltd. Company ○ Public Ltd. Company ○ Public Ltd. Company ○ Private Sector ○ Business    Prop ○ NRI - NRE ○ Private Sector ○ Business   Prop ○ Relow 1 Lakh	of of Date of Birth (Plea (For minor applicant)  N  Trust Bank / Fls  ompany Artificial Jurio Public Sector Retired 1-5 Lakh signatories/Promoters/Ka	ationality:  □ FIIs □ PIO  □ Partner □ Government Serv □ Agriculture □ 5-10 Lakh  rta/Trustee/Whole time □ as on	claration Form in section 11a  Certificate Seport of the Minor Gender Society/AOP/BOI Ship Firm FOF - MF Schemes Fice Student Proprietorship 10-25 Lakh Directors) I am PEP I am Gaming/Gambling/Lottery/	School Leaving Certificate / Mark Sh Others (Please specify)  Male Female Ott  Minor thru Guardian NRI - N  Others (Please specify)  Professional Housew Others (Please specify)  > 25 Lakh > 1 Cro  m Related to PEP Not Applic			
Contact Person for Corporate Investor  3. FIRST APPLICANT AND KYC Dest SOLE APPLICANT   Individual of Date of Birth / Incorporation (Non-individual)   Marcorporation:  Place of Birth / Incorporation (Non-individual)   Sole of Birth / Incorporation:  Place of Birth / Incorporation (Non-individual)   Sole of Birth / Incorporation:  Place of Birth / Incorporation (Non-individual)   Sole of Birth / Incorporation:  Place of Birth / Incorporation   Sole of Birth / Incorporation:  Place of Birth / Incorporation   Sole of Birth / Incorporation:  Place of Birth / Incorporation   Sole of Birth / Incorporation:  Place of Birth / Incorporation   Marcorporation   Sole of Birth / Incorporation:  Place of Birth / Incorporation   Marcorporation   Sole of Birth / Incorporation   Sole of Birth / Incorpora	r ○ Non-Individual [Please  Proc Country of Birth / Incorporation:  Prop ○ NRI - NRE ○ Private Company ○ Public Ltd. Company ○ Public Ltd. Company ○ Public Ltd. Company ○ Private Sector ○ Business    Prop ○ NRI - NRE ○ Private Sector ○ Business   Prop ○ Relow 1 Lakh	of of Date of Birth (Plea (For minor applicant)  N  Trust Bank / Fls  ompany Artificial Jurio Public Sector Retired 1-5 Lakh signatories/Promoters/Ka	ationality:  □ FIIs □ PIO  □ Partner □ Government Serv □ Agriculture □ 5-10 Lakh  rta/Trustee/Whole time □ as on	claration Form in section 11a  Certificate Seport of the Minor Gender Society/AOP/BOI Ship Firm FOF - MF Schemes Fore Student Proprietorship 10-25 Lakh Directors) I am PEP I an Gaming/Gambling/Lottery/ None of the above	School Leaving Certificate / Mark Shothers (Please specify)  Male Female Ott  Minor thru Guardian NRI - Ni  Others (Please specify)  Professional Housew Others (Please specify)  > 25 Lakh > 1 Croi  m Related to PEP Not Application			
ontact Person for Corporate Investo  3. FIRST APPLICANT AND KYC DE  **SOLE APPLICANT ○ Individual o  Date of Birth / Incorporation (Non-individual)    lace of Birth / Incorporation (Non-individual) ○ Individual ○	TAILS  r ○ Non-Individual [Please  Proceedings of Birth / Incorporation:  Prop ○ NRI - NRE ○ Private Company ○ Public Ltd. Company ○ Public Ltd. Company ○ Public Ltd. Company ○ Private Sector ○ Business  ck ( ✓ )] ○ Below 1 Lakh  s (Also applicable for authorised Private Sector ○ Private Sector ○ Business  ck ( ✓ )] ○ Below 1 Lakh  s (Also applicable for authorised Private Sector ○ Business  ck ( ✓ )] ○ Below 1 Lakh  s (Also applicable for authorised Private Sector ○ Business ○ Money Logiduals) ₹ ○ Money Logiduals ○ Money Logid	of of Date of Birth (Plea (For minor applicant)  N  Trust Bank / Fls  ompany Artificial Jurio Public Sector Retired 1-5 Lakh signatories/Promoters/Ka	ationality:  □ FIIs □ PIO  icial Person □ Partner □ Government Serv □ Agriculture □ 5-10 Lakh  rta/Trustee/Whole time □ as or	claration Form in section 11a  Certificate Seport of the Minor Gender Society/AOP/BOI Ship Firm FOF - MF Schemes Fore Student Proprietorship 10-25 Lakh Directors) I am PEP I an Gaming/Gambling/Lottery/ None of the above	School Leaving Certificate / Mark Sh Others (Please specify)  Male Female Ott  Minor thru Guardian NRI - N  Others (Please specify)  Professional Housew Others (Please specify)  > 25 Lakh > 1 Cro  m Related to PEP Not Applic  (Not older than 1 ye  Casino Services			

<sup>\*</sup> mandatory fields

5. JOINT APPLICANTS, IF ANY AN	ND THEIR KYC	DETAILS						
Mode of Holding:	Survivor	○ Single	:	○ Joint	(	Please note that t	he Default option is Anyone or Survivor	
2 <sup>nd</sup> APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)  Gender O Male O Female O Other								
PAN Details		PI	s indicate if US Po	erson or a resid	dent for tax purpos	se / Resident of Can	ada ○ Yes ○ No* (*Default if not ✓	
CKYC ID No. (KIN)				KYC Pls 🗸	O Proof Attac	ched Date of E	Birth (Mandatory)	
Place of Birth		Country of Birth				Nationality:		
a*. Occupation Details [Please tick (	✓ )1		Public Sector	Gover	nment Service	<ul><li>Student</li><li>Proprietorsh</li></ul>	<ul> <li>○ Professional ○ Housewif</li> <li>ip ○ Others (Please specify)</li> </ul>	
b*. Gross Annual Income (₹) [Please	tick ( <b>√</b> )] ○	Below 1 Lakh	○ 1-5 Lakh	O 5-10 L	akh	○ 10-25 Lakh	○ >25 Lakh ○ > 1 Crore	
c*. Politically Exposed Person (PEP) State	*. Politically Exposed Person (PEP) Status							
d. Net-worth ₹			as on DDD	M M	Y Y Y	(Not older than 1	year)	
Mode of Holding: Anyone or S	Survivor	○ Single	•	○ Joint	(	Please note that t	he Default option is Anyone or Survivor	
3 <sup>rd</sup> APPLICANT Mr. / Ms. / M/s. (No	t Applicable in cas	se of Minor Applicant)				ı	Gender O Male O Female O Othe	
PAN Details		PI	s indicate if US Po	erson or a resid	dent for tax purpos	se / Resident of Can	ada ○ Yes ○ No* (*Default if not ✓	
CKYC ID No. (KIN)				KYC Pls 🗸	O Proof Attac	ched Date of E	Birth (Mandatory)	
Place of Birth		Country of Birth				Nationality:		
a*. Occupation Details [Please tick (	<b>√</b> )1		Public Sector	Gover	nment Service	<ul><li>Student</li><li>Proprietorsh</li></ul>	○ Professional ○ Housewifip ○ Others (Please specify)	
b*. Gross Annual Income (₹) [Please	tick ( <b>√</b> )] ○	Below 1 Lakh	) 1-5 Lakh	O 5-10 L	.akh	O 10-25 Lakh	○ >25 Lakh ○ > 1 Crore	
c*. Politically Exposed Person (PEP) State	tus O I am P	EP O I am Relat	ed to PEP	Not Applicable				
d. Net-worth ₹			as on DD	M M	YYYY	(Not older than 1	year)	
6a. MAILING ADDRESS [Please pr	ovide your E-m	ail ID and Mobile I	Number to help	us serve yo	u better]			
Local Address of 1 <sup>st</sup> Applicant								
		City		St	ate		Pin Code	
Tel. Off.			Resi.			Mobile		
E - Mail^^								
·	^^Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only.							
6b. Mandatory for NRI / FII Applicant [Please provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address is preferred]  Overseas Correspondence Address								
7. INVESTMENT AND PAYMENT	DETAILS ( For	complete informat	ion on Investm	ent Details r	lease refer to I	nstructions No. 6	5.)	
Scheme			Regular Plan			Dividend*	Oiv frequency*	
		1 9	Direct Plan	○ Growth	, , ,	Payout   Rei		
Payment Type [Please (√)]  Cheque / DD / UTR No. & Date	Amount of C		DD Charge		Net Purchase	Drawn o	ment Declaration Form')  n Bank / Pay-In Bank A/c No.	
	RTGS / NEFT i	in figures (Rs.)	if any		Amount	Bra	nch (For Cheque Only)	
*Dividend frequency is applicable only	for Mirae Asset	Cash Management	Fund & Mirae A	sset Savings	Fund.			
8. DEMAT ACCOUNT DETAILS - Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned under section 3 matches as per the Depository Details.								
National Securities Depository Limited (NSDL)  DP Name  Central Depository Services (India) Limited (CDSL)  DP Name								
DP ID I N	Benef. A/C No.			16 Digit A/C	No.			
Enclosures - Please (🗸)	Client Masters	List (CML)				0	Delivery Instruction Slip (DIS)	
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]  PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS OR I/WE DO NOT WISH TO NOMINATE								
No. Nominee(s) Name	Date	of Birth	Name of the	Guardian	Relationship	% of Share	Signature of Nominee / Guardian	
1	(in case	e of Minor)	(in case of	Minor)	. to action only	,, or onare		
	IVI IV							
2	D D M N	1 Y Y Y Y						

## FOR NON-INDIVIDUALS ONLY

10. F	ATCA & CRS DETAIL	S (Please consult your	profession	nal tax a	advisor for furth	er guidance on	FATCA & (	CRS cl	assification)		
PART	A To be filled by Fina	ancial Institutions or Di	ect Repor	rting No	on Finacial Entity	y (NFEs)					
We are Financ or	e a, sial institution	Note: If you do not have a Gli	N but you are sp	oonsored by	another entity, please prov	vide your sponsor's GIIN at	pove and indicate	e your spor	sor's name below		
Direct	reporting NFE ○ e tick ( ✓ )]	Name of sponsoring e	ntity:								
GIIN no	ot available [Please ti	<b>ck</b> (✓)]	d for	○ Not	t required to apply fo	or - please specify 2	digits sub-ca	ategory		O Not obtained -	- Non-participating I
PART	B (please fill any one	e as appropriate "to be	filled by N	FEs otl	her than Direct F	Reporting NFEs"	')				
1		ly traded company whose shares are regular shed securities market)	ly		es (If yes, please sp of stock exchange:					,	
2 Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market)			Name Nature	es (If yes, please sp of listed company: _ e of relation  Sul of stock exchange:	bsidiary of the Listed	·				regularly traded)	
3	Is the Entity an activ	re NFE			es (If yes, please fill		the next sec	ction.)			
				Nature	e of Business:						
				Please	e specify the sub-car	tegory of Active NFE		Mentior	n code: Refer instruc	ction 16(c)	
4	Is the Entity a passi	ve NFE			es (If yes, please fill	I UBO declaration in	the next sec	ction.)			
					e of Business: details refer ins	struction No. 16.					
11a.	DECLARATION FOR U	JLTIMATE BENEFICIAL	OWNERS								
person(s) Statemer	), confirming ALL countries on nt and Auditor's Letter with re	mpanies that are listed on any r of tax residency / permanent res quired details as mentioned in F	sidency / citize form W8 BEN	enship an I E.	d ALL Tax Identification	on Numbers for EAC	H controlling	person(s)	. Owner-documented	FFI's should provide	FFI Owner Reporting
11b.		TE BENEFICIAL OWNER	1								
	Name of UBO & Address	Address Type <sup>ss</sup>	PAN/Tax Identificat Equivalen	tion No./	Document Type Refer instruction No. 16(d)	Country of tax Residency/ permanent residency*	Countr		UBO Code (Mandatory)	KYC (Yes / NO) [please attach the KYC acknowledgement copy]	% of beneficial interest
information that appli information	on is not provided, it will be pre cant has concealed the facts o on as may be required at your	siness (default)/Residential/Busumed that applicant is the UBO of bene cial ownership. I/We also end.  w additional details. (Please at	, with no decla undertake to	aration to s keep you i	submit. In such case, N nformed in writing abo	MAMF/AMC reserves t ut any changes/modi	he right to reject cation to the a	ect the ap bove info	plication or reverse the rmation in future and a	e allotment of units, if s also undertake to provid	subsequently it is found de any other additiona
Election I	Any other Identification D, Govt. ID, Driving Licence NREG. F Birth - Country of Birt		Nation	nality:	ype: Service, Busine: Mandatory if PAN				Date of Birth r: Male, Female, C	Other	
City of Birth: Nation			nality:					ate Of Birth:			
	l: of Birth: ntry of Birth:		Nation	Nationality:					Date Of Birth:  Gender		
_	City of Birth: Nationality:					ate Of Birth:					
# Addition	onal details to be filled by c ude US, where controlling e Tax Identification Numbe	ontrolling persons with tax resperson is a US citizen or greer is not available, kindly provide	sidency / per n card holde de functional	manent r	esidency / citizenshi						
SLIP		from Mr. / Ms. / M/s								_	mpsum 'OR' () SIF
ENT		ne Name and Plan			Payr	nent Details			Date & Stam	p of Collection	
OWLEDGMENT SLIP					unt (Rs.) jue / DD No.:						

Bank & Branch \_

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

ride country/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

1 <sup>st</sup> Applicant (Sole / Guardian / Non-Individual)			pplicant	3 <sup>rd</sup> Applicant					
Do you have any no Country(ies) of Birth Citizenship / Nationa and Tax Residency	h /	○ Yes ○ No	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	1 /	○ Yes ○ No	
Country of Birth / Incorporation			Country of Birth			Country of Birth			
Country Citizenship Nationality	1		Country Citizenship / Nationality			Country Citizenship Nationality	1		
Are you a US specifiperson?	fied	○ Yes ○ No Please provide Tax Payer Id.	Are you a US specified Please provide Tax Payer Id.		Are you a US specified Yes Please provide		○ 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	ease mention exemption code(Refer instruction 16(e			
Individual or Non-In if ticked Yes above.	dividual i	nvestors fill this section	Individual investor	have to	fill in below details in case of join	t applicants			
	Country	y:		Countr	у:		Country:		
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		
	Туре:			Type:			Type:		
	Country	y:		Countr	y:		Country	r:	
Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		
	Туре:			Туре:			Type:		
	Country	y:		Countr	y:	Countr		r:	
Tax Residency Status: 3			Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:	No.:	
Туре:		Туре:				Туре:			
Address Type		Address Type		Address Type					
(Addre	ess Type:	Residential or Business (default)	/ Residential / Busines	ss / Regis	stered Office) (For address mention	oned in form / existing	address	appearing in folio)	
case of applications	with POA,	the POA holder should fill separate	form to provide the abo	ve details	mandatorily.				
3. DECLARATIO	ON AND	SIGNATURES / THUMB IMPR	ESSION OF APPLI	CANT(s	s) [Refer Instructions 2(e)]				
3) I/We hereby declare that t	the amount ir	vested in the scheme(s) is through legitimate	sources only and does not in	volve and is	s), I/We hereby apply for units of the scheme(s) not designed for the purpose of the contraver	ntion of any provisions of the I	ncome Tax A	ct, Anti Money Laundering Laws or any other	

applicable laws in accorded and further agrees to furnish additional information sought by Mirae Assertion information sought by Mirae Assertion information and other details with the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) and and undertake to update the information information and other details with the RNA (Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) hereby confirm that the AMC/Fund/Registrars and Transfer Agent ( competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/fus. (F) IWNe hereby confirm that IWNe have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/fits distributor for this investment. (I/O) Applicable to Investors availing the noline facility: -IWNe have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transaction goinine. (H) RIA: -IWNe hereby permit the AMC to share my/our current & historic transaction details to the Registered Investment Advisor (RIA), if any transactions are carried out using the RIA code. (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 am/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 & 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& CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant be negligible provided by the requirement of this first the provided by the requirement of the provided provided by the requirement of the requirement of the read of the provided provided by the requirement of the requiremen applicant 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.

(H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the register or otherwise.

Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 <sup>rd</sup> Applicant / Guardia Authorised Signatory /PoA

### 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	Mirae Asset Dynamic Bond Fund