COMMON APPLICATION FORM Application No.:



Name & Bro ARN / RI		Sub Broker Agent ARN Co		EUIN*	Internal Code for Sub-Agent/Employee	ISC Date Time Stamp Reference No.
A	RN-96458			E108296		
Declaration for "Execution has been intentionally left advice of in-appropriatenes	Only" Transaction (wher blank by me/us as this s, if any, provided by the	e Employee Unique Identifi transaction is executed wit e employee/relationship ma	cation Number-EUIN* box is left bla thout any interaction or advice by t nager/sales person of the distributor	nk). Please refer instruction he employee/relationship ma /sub broker.	12 of KIM for complete details on EU anager/sales person of the above dis	N. I/We hereby confirm that the EUIN box tributor/sub broker or notwithstanding the
						3ª Applicant / Guardian / sed Signatory /PoA
Please 🕢 Lu	mpsum Investmen	t ()	Micro Applic	ation ()	SIP	Application ()
Applicable transaction c Distributor) based on the	NVESTOR IN MUTU harges will be deduct investor's assessm	IAL FUNDS ted in case your distribut ent of various factors inc		O IAMA Upfront commission shall the ARN Holder.	IN EXISTING INVESTOR IN MU I be paid directly by the investor to to Section 7 - Investment De	o the ARN Holder (AMFI registered
Folio No.			CKYC Identificat	ion No. (KIN)		
dive	_	RMATION [Refer Ins	truction 2] If the 1 st / Sole A	pplicant is Minor, the	n please provide details of	natural / legal guardian
ຊີ້ 1 st SOLE APPLICAN	T Mr. / Ms. / M/s.			Dia in	PAN	for tax purpose / Resident of Canada
CKYC ID No. (KIN)				FIS III		lo ^s (\$Default if not ✓)
<mark>느 GUARDIAN</mark> (In case 및 Mr. / Ms. / M/s.	1 st Applicant is a M	inor)				ip with Minor (Please ✓))Father ◯ Legal Guardian
GUARDIAN CKYC				KYC (Please ✓) ○ Proof Attached	GUARDIAN PAN	
POA / Custodian Na	me:				KY	'C (Please ✓) ○ Proof Attached
POA / Custodian CKYC ID No. (KIN)				I	POA / Custodian PAN	
Contact Person for (Corporate Investo	r: N	lame		Designation:	
3. FIRST APPLIC	ANT AND KYC DE	TAILS				
*Date of Birth/Incor	ooration D D M	-	Proof of Date of Birth (P	lease ✓) ◯ Birt		& 11b - Refer Instruction No. 17] School Leaving Certificate / Mark Sheet
(Individual) / (Non-ir Place of Birth /	dividual)	Country of Birth /	(For minor applicant)	U 1 d		Others (Please specify)
Incorporation:		Incorporation:		Nationality:	I	○ Male ○ Female ○ Other
Type: O Resident In			Trust O Bank / Fls	○ FIIs ○ PIO	- , -	Minor thru Guardian O NRI - NRO
	sted Company () P				rship Firm O FOF - MF Scheme	
a*. Occupation Detai	ls [Please tick (✔)] O Private O Busines		 Government Ser Agriculture 		 Professional Housewife Others (Please specify)
b*. Gross Annual Inc	ome (₹) [Please tio	:k (√)] ○ Below 1	Lakh 🔿 1-5 Lakh	○ 5-10 Lakh	○ 10-25 Lakh	○ >25 Lakh ○ > 1 Crore
	. ,		thorised signatories/Promoters/		,	am Related to PEP O Not Applicable
d*. Net-worth (Manda e*. Non-Individual In	-		oreign Exchange / Money Cl		on _DDMY_Y	(Not older than 1 year
any of the mention	ned services	0 N	loney Lending / Pawning	•	 None of the above 	
4. BANK ACCOU	NT DETAILS - Ma	ndatory [Refer Instru	uction Nos. 3 & 4]			
Core Banking A/c No				A/c. Type	e Pls. (✔) ○ NRE ○ Cl	
Branch Name:			Address:			
Bank Branch City:			State:		Pin C	ode
MICR Code		Plea	se attach a cancelled cheque a clear photo copy of a cheque	IFSC Code (Mano Credit via NEFT/F	datory for RTGS)	

5. JOINT APPLICANTS, IF ANY A	ND THEIR KYC DETA	uls								
Mode of Holding: O Anyone or S	Survivor	○ Single		⊖ Joint	 Joint (Please note that the Default option is Anyone 					
2 nd APPLICANT Mr. / Ms. / M/s. (No	ot Applicable in case of N	linor Applicant)				G	ender 🔿 Male 🔿 Female 🔿 Other			
PAN Details] Pl:	s indicate if US P	erson or a resi	dent for tax purpos	se / Resident of Canad	da Yes No* (*Default if not ✔)			
CKYC ID No. (KIN)				KYC Pls 🖌	> O Proof Atta	ched Date of Bi	rth (Mandatory)			
Place of Birth	Co	untry of Birth				Nationality:				
a*. Occupation Details [Please tick (✓)]		Public SectorRetired	r O Gove O Agrice	rnment Service Ilture	StudentProprietorship	O Professional O Housewife O Others(Please specify)			
b*. Gross Annual Income (₹) [Please	tick (🗸)] 🛛 🔿 Belov	v 1 Lakh	🔾 1-5 Lakh	O 5-10	_akh	🔿 10-25 Lakh	○ >25 Lakh ○ > 1 Crore			
c*. Politically Exposed Person (PEP) Sta	itus 🔿 I am PEP	○ I am Relate	ed to PEP	Not Applicable						
d. Net-worth ₹			as on DD	MM	YYYY	(Not older than 1 y	ear)			
Mode of Holding: O Anyone or S	Survivor	○ Single		⊖ Joint	(Please note that the	e Default option is Anyone or Survivor)			
3 rd APPLICANT Mr. / Ms. / M/s. (No						G	ender 🔿 Male 🔿 Female 🔿 Other			
PAN Details		Pl	s indicate if US P	erson or a resi	dent for tax purpos	se / Resident of Canad	da Yes			
				KYC Pls 🖌	Proof Atta	ched Date of Bi	rth (Mandatory) D D M M Y Y Y Y			
Place of Birth	Co	untry of Birth				Nationality:				
a*. Occupation Details [Please tick (Public SectorRetired	r O Gove	mment Service	StudentProprietorship	 Professional Housewife Others (Please specify) 			
b*. Gross Annual Income (₹) [Please	tick (✓)] O Belov	v 1 Lakh	◯ 1-5 Lakh	O 5-10 I	_akh	🔘 10-25 Lakh	○ >25 Lakh ○ > 1 Crore			
c*. Politically Exposed Person (PEP) Sta		◯ I am Relate	-	Not Applicable						
d. Net-worth ₹			as on DD	MM	YYYY	(Not older than 1 y	ear)			
6a. MAILING ADDRESS [Please pr	rovide your E-mail ID	and Mobile N	Number to help	o us serve yo	ou better]					
Local Address of 1 st Applicant										
		City		St	ate	F	Pin Code			
Tel. Off.			Resi.			Mobile				
E - Mail^^										
^^Please Use Block Letters. Investors p6b. Mandatory for NRI / FII Applic										
Overseas Correspondence Address										
7. INVESTMENT AND PAYMENT	DETAILS (For comp	lete informat	ion on Investm	ent Details	olease refer to I	nstructions No. 6.)			
Scheme		-	Regular Plan Direct Plan	⊖ Growth	(Default)	Dividend* Payout () Reinv	estment			
Payment Type [Please (✓)] □	Self (Non-Third Pa	1.0	1		. , , , , , , , , , , , , , , , , , , ,		ent Declaration Form')			
Cheque / DD / UTR No. & Date	Amount of Chequ RTGS / NEFT in figu		DD Charge if any	S,	Net Purchase Amount	Drawn on Bran				
*Dividend frequency is applicable only		-		•			an an unutha Dauasitama Dataila			
8. DEMAT ACCOUNT DETAILS - Manda National Securities Depository		viode - Please e	insure that the se			rvices (India) Li	· · · · ·			
DP Name				DP Name						
DP ID I N	Benef. A/C No.			16 Digit A/C	No.					
Enclosures - Please (🗸)	Client Masters List (0		Iding Statement	0	Delivery Instruction Slip (DIS)			
9. NOMINATION DETAILS [Minor						No. 9] VISH TO NOMINAT	E			
		0		<u> </u>						
No. Nominee(s) Name	Date of Bi		Name of the		Relationship	% of Share	Signature of Nominee / Guardian			
No. Nominee(s) Name	(in case of M		Name of the (in case or		Relationship	% of Share	Signature of Nominee / Guardian			
No. Nominee(s) Name 1 2		linor) Y Y Y			Relationship	% of Share	Signature of Nominee / Guardian			

FOR NON-INDIVIDUALS ONLY

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PART	A To be filled	by Fin	ancial	Instit	utions	or Dire	ect R	Repor	ting No	on Finad	ial Enti	ty (NF	Es)											
Ve are	e a, cial institution	\circ	GIIN																					
r				Note: If ye	ou do not l	have a GIIN	N but yo	ou are sp	onsored by	another enti	ty, please pro	ovide your	sponsor's GIII	N above	and indicate	your spo	nsor's na	ame belo	N					
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	Is the Entity (that is, a co traded on an	mpany	whose	share	s are r	regularl	ly		-		exchange		any one sto			1 which	the su		egulari	iy trade	eu)			
2	Is the Entity	a relate	ed entit	y of a	publicl	ly			⊖ Ye	es (If yes	, please s	specify r	name of the	e listed	d compan	y and o	ne sto	ck exch	nange o	on whic	ich the	stock is	regular	ly trad
	traded comp regularly trac							et)	Name	of listed	company:													
	rogalarly trac						name		Natur	e of relatio	on () Si	ubsidiar	v of the Lis	sted Co	ompany o	r C) Cont	rolled b	iv a Lis	ted Co	ompany	v		
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2																								
3	Is the Entity	an activ	ve NFE						-				declaratior			tion.)								
									Natur	e of Busin	iess:													
									Pleas	e specify	the sub-ca	ategory	of Active N	IFE		Mentio	n code	: Refe	instru	ction 1	16(c)			
4				_																				
4	Is the Entity	a passi	ive NFI	=							1	III UBO	declaratior	n in the	e next sec	tion.)								
										e of Busin		-	ion No. 1	6										
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erson(s tateme	s), confirming ALL or ent and Auditor's Lett	countries of ter with re ULTIMA	of tax re equired d TE BE	sidency etails as NEFIC	/ perma s mentio	oned in Fo	idency orm W RS [M PA Iden	/ citize /8 BEN landa N/Tax htificati	enship an E. atory] (Payer ion No./	If the gi Docum Refer in	Identification Identification Ident Spatian Ident Type Instruction	tion Nun ace be Cou I R	nbers for E/ low is no untry of tax esidency/	ot ad	, in the second	pleas y of	i). Own <mark>e atta</mark> U	ier-docu	ultipl de	e deo KY	should clarati 'C (Yes lease a	provide ion fo / NO) ttach	e FFI Ow rms) % of	i benef
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Received Application from Mr. / Ms. / M/s.		For O Lumpsum 'OR' O SI as per details below:
Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
	Amount (Rs.)	
	Cheque / DD No.:	
	Dated	
	Bank & Branch	

12. FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 16)

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? (If Yes, please provide country/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

1 st Applicant	uardian / Non-Individual)		2 nd A	pplicant	3 rd Applicant				
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		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 Birth Citizenship / Nation and Tax Residency	n-Indian 1/ ality O Yes O No			
Country of Birth / Incorporation			Country of Birth			Country of Birth			
Country Citizenship Nationality	1		Country Citizenship Nationality	1		Country Citizenship Nationality	1		
Are you a US specif person?	Are you a US specified Ores No Please provide Tax Payer Id.		Are you a US specified person?		○ Yes ○ No Please provide Tax Payer Id.	Are you a US specif person?	ied OYes No Please provide Tax Payer Id.		
For non-Individual inv	estor in c	ase, if you country of incorporation /	Tax resistance in US, b	out you are	e 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 investor	r have to	fill in below details in case of join	t applicants			
	Countr	y:		Countr	y:		Country:		
Tax Residency Status: 1	No.:		Tax Residency Status: 1 No.: Type:		Tax Residency Status: 1	No.:			
	Туре:						Туре:		
	Countr	y:	Count		y:		Country:		
Tax Residency Status: 2	No.:		Tax Residency Status: 2			Tax Residency Status: 2	No.:		
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Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:		
	Туре:			Туре:			Туре:		
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.

13. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(e)]

To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme(s), I/We hereby apply for units of the scheme(s) 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(s) 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 Lawndering 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 and other detalis with the AMC/Fund Asatt 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 detalis with the Application of my/our transactions. (E) I/We further declare that "The ARN holder has disclosed to me/us and when needed. I/We will indernnify the Fund, AMC, Trustee, RTA and other intermediaries 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 and the commission or any other mode), payable to him for the different competing Schemes of various Mutual Fund. 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 engineer available on the AMC website for transacting online. (H) Rix: I/We have not been offered communicated any indicative profile and or any indicative pride by the scarted out using the RIAcode. (I) Applicable to Foreign Resident's Residing in India: I/We engineer by permit the AMC to share my/our current & historic transaction details t

Signature of 1 st Applicant / Guardian /	Signature of 2 rd Applicant / Guardian /	Signature of 3 [≓] Applicant / Guardian /
Authorised Signatory /PoA/Karta	Authorised Signatory /PoA	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

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.