## COMMON APPLICATION FORM Application No.:



Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code fo Sub-Agent/Emplo			
165414			E165274				
Declaration for "Execution Only" Transaction (where has been intentionally left blank by me/us as this ladvice of in-appropriateness, if any, provided by the	Employee Unique Identification Nu transaction is executed without any employee/relationship manager/sale	mber-EUIN* box is left blank interaction or advice by the es person of the distributor/su	c). Please refer instruction of employee/relationship maub broker.	I2 of KIM for complete details nager/sales person of the abo	on EUIN. I/We hereby confirm that the EUIN box ove distributor/sub broker or notwithstanding the		
				Signati A	gnature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA		
Please V Lumpsum Investment	0	Micro Applicat	ion ()		SIP Application		
TRANSACTION CHARGES (Please © IAMAFIRST TIME INVESTOR IN MUTU Applicable transaction charges will be deduct Distributor) based on the investor's assessment EXISTING UNIT HOLDER INFORM	AL FUNDS ed in case your distributor has o ent of various factors including th	OR pted for such charges. Un le services rendered by th	☐ IAMA pfront commission shall he ARN Holder.		estor to the ARN Holder (AMFI registered		
Folio No.		CKYC Identificatio	on No. (KIN)				
2. APPLICANT(S) NAME AND INFOR	RMATION [Refer Instruction	1 2] If the 1 <sup>st</sup> / Sole Ap	plicant is Minor, the	n please provide detai	Is of natural / legal guardian		
1 <sup>st</sup> SOLE APPLICANT Mr. / Ms. / M/s.				PAN			
CKYC ID No. (KIN)			Pls inc	licate if US Person or a res	sident for tax purpose / Resident of Canada  ○ No <sup>s</sup> (\$Default if not ✓)		
<b>GUARDIAN</b> (In case 1 <sup>st</sup> Applicant is a Mi Mr. / Ms. / M/s.	nor)			Relati  Mother	onship with Minor (Please √)  ○ Father ○ Legal Guardian		
GUARDIAN CKYC DO No. (KIN)			KYC (Please ✓)  ○ Proof Attached	GUARDIAN PAN			
POA / Custodian Name:					KYC (Please ✓) ○ Proof Attached		
POA / Custodian CKYC ID No. (KIN)			F	POA / Custodian PAN			
Contact Person for Corporate Investor	: Name			Designation:			
3. FIRST APPLICANT AND KYC DE	_						
1st SOLE APPLICANT O Individual or			, , , ,	claration Form in section  1 Certificate	n 11a & 11b - Refer Instruction No. 1/]  School Leaving Certificate / Mark Shee		
*Date of Birth/Incorporation (Individual) (Non-individual)	M Y Y Y Y Proc	of of Date of Birth (Plea (For minor applicant)	-	ssport of the Minor	Others (Please specify)		
Place of Birth / Incorporation:	Country of Birth / Incorporation:	N	lationality:	Ge	ender O Male O Female O Other		
Type: Resident Individual Sole	Prop O NRI - NRE	Trust	○ FIIs ○ PIO	O Society/AOP/BOI	○ Minor thru Guardian ○ NRI - NRC		
○ HUF ○ LLP ○ Listed Company ○ Pri	ivate Company O Public Ltd. C	ompany O Artificial Jurio	dicial Person O Partne	rship Firm O FOF - MF So	chemes Others (Please specify)		
a*. Occupation Details [Please tick (✓)]	<ul><li>Private Sector</li><li>Business</li></ul>	<ul><li>Public Sector</li><li>Retired</li></ul>	O Government Service Agriculture	vice Student O Proprietorshi	Professional O Housewife  Others (Please specify)		
b*. Gross Annual Income (₹) [Please tic	k (✓)] ○ Below 1 Lakh	O 1-5 Lakh	O 5-10 Lakh	O 10-25 Lakh	○ >25 Lakh ○ > 1 Crore		
c*. Politically Exposed Person (PEP) Status	(Also applicable for authorised	signatories/Promoters/Ka	arta/Trustee/Whole time	Directors) O I am PEP	○ I am Related to PEP ○ Not Applicab		
d*. Net-worth (Mandatory for Non-Indiv e*. Non-Individual Investors involved/p any of the mentioned services	providing O Foreign E	Exchange / Money Cha			(Not older than 1 yea		
4. BANK ACCOUNT DETAILS - Mar		ending / Pawning	(	None of the above			
Name of the Bank:							
Core Banking A/c No.			A/c. Type	Pls. (✓) ○ NRE	○ CURRENT ○ SAVINGS ○ NRC		
Branch Name:	Ad	dress:					
Bank Branch City:	Sta	ite:			Pin Code		
MICP Code	Please attac	h a cancelled cheque	IFSC Code (Mano	latory for			

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

<sup>\*</sup> mandatory fields

	D THEIR KYC I							
Mode of Holding: Anyone or Su	ırvivor	○ Single		○ Joint	(P	lease note that the	Default option is An	yone or Survivor)
2 <sup>nd</sup> APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)  Gender  Male  Female  Other							Female Other	
PAN Details		Pl	s indicate if US Per	rson or a resident	for tax purpose	/ Resident of Canad	a O Yes O No*	(*Default if not ✓)
CKYC ID No. (KIN)				KYC Pls 🕢 (	O Proof Attach	ned Date of Bir	th (Mandatory)	MMYYYY
Place of Birth		Country of Birth				Nationality:		
a*. Occupation Details [Please tick (✓	)1		Public Sector Retired	<ul><li>○ Governme</li><li>○ Agriculture</li></ul>		<ul><li>Student</li><li>Proprietorship</li></ul>	Others	O Housewife Please specify)
b*. Gross Annual Income (₹) [Please ti	*. Gross Annual Income (₹) [Please tick (✓)] ○ Below 1 Lakh ○ 1-5 Lakh						○ >25 Lakh	O > 1 Crore
*. Politically Exposed Person (PEP) Status								
d. Net-worth ₹			as on DDD	M M Y	Y Y Y	(Not older than 1 ye	ear)	
Mode of Holding: Anyone or Su	ırvivor	○ Single		○ Joint	(P	lease note that the	Default option is An	yone or Survivor)
3 <sup>rd</sup> APPLICANT Mr. / Ms. / M/s. (Not.	Applicable in case	e of Minor Applicant)				Ge	ender O Male O	Female Other
PAN Details		Pls	s indicate if US Per	rson or a resident	for tax purpose	/ Resident of Canad	a 🔾 Yes 🔘 No*	(*Default if not ✓)
CKYC ID No. (KIN)				KYC Pls 🕢	O Proof Attach	ned Date of Bir	th (Mandatory)	M M Y Y Y
Place of Birth		Country of Birth				Nationality:		
a*. Occupation Details [Please tick (✓	)]		Public Sector Retired	○ Governme		<ul><li>Student</li><li>Proprietorship</li></ul>	Others	O Housewife Please specify)
b*. Gross Annual Income (₹) [Please ti	ick ( <b>√</b> )] ○	Below 1 Lakh	1-5 Lakh	O 5-10 Lakh		O 10-25 Lakh	○ >25 Lakh	○ > 1 Crore
c*. Politically Exposed Person (PEP) Statu	ıs O I am PE	EP O I am Relate	ed to PEP O	Not Applicable				
d. Net-worth ₹			as on DD	M M Y	Y Y Y	(Not older than 1 ye	ear)	
6a. MAILING ADDRESS [Please pro	vide your E-m	ail ID and Mobile I	lumber to help	us serve you b	etter]			
Local Address of 1 <sup>st</sup> Applicant								
		City		State		P	in Code	
Tel. Off.			Resi.			Mobile		
E - Mail^^								
^^Please Use Block Letters. Investors pro 6b. Mandatory for NRI / FII Application		•		•				
Overseas Correspondence Address				,		0.0000 0010.0,		
								preferred
								preferrea
7. INVESTMENT AND PAYMENT D	ETAILS ( For o	complete informat	ion on Investme	ent Details pleas	se refer to In:	structions No. 6. )		preterreaj
7. INVESTMENT AND PAYMENT D	ETAILS ( For o	O F	Regular Plan			Dividend*	O Div	frequency*
Scheme		O F	Regular Plan Direct Plan	Growth (Def	ault)   O P	Dividend* Payout ⊝ Reinv	ostment Div	frequency*
Scheme  Payment Type [Please (√)]  Cheque / DD / UTR No. & Date		d Party Payment)	Regular Plan Direct Plan	Growth (Defarty Payment (F	ault)   O P	Dividend* Payout ⊝ Reinv	estment Div	frequency*
Scheme  Payment Type [Please (√)]  Cheque / DD / UTR No. & Date	Self (Non-Thir	d Party Payment)	Regular Plan ilirect Plan  Third Pa  DD Charges	Growth (Defarty Payment (F	ault)	Dividend* Payout	estment Div	frequency*  ')  Bank A/c No.
Payment Type [Please (🗸)]  Cheque / DD / UTR No. & Date  *Dividend frequency is applicable only for	Self (Non-Thir Amount of C RTGS / NEFT in	d Party Payment) heque / DD / n figures (Rs.)	Regular Plan Direct Plan Third Pa DD Charges if any Fund & Mirae As	Growth (Defarty Payment (Fig. Net	ault) Please attach t Purchase Amount	Dividend* Payout ○ Reinv Third Party Payme Drawn on Brance	estment Div ent Declaration Form  Bank / Pay-In (For 0	frequency*  1')  Bank A/c No.  Cheque Only)
Scheme  Payment Type [Please (√)]  Cheque / DD / UTR No. & Date	Self (Non-Thir Amount of C RTGS / NEFT in or Mirae Asset ory for units in Do	d Party Payment) heque / DD / n figures (Rs.)  Cash Management	Regular Plan Direct Plan Third Pa DD Charges if any Fund & Mirae As	Growth (Defarty Payment (Fig. , Net	ault) Please attach t Purchase Amount  nd. s mentioned un	Dividend* Payout ○ Reinv Third Party Payme Drawn on Brance	estment Div ent Declaration Form Bank / Pay-In (For 0) es as per the Depositor	frequency*  1')  Bank A/c No.  Cheque Only)
Payment Type [Please ( )]  Cheque / DD / UTR No. & Date  *Dividend frequency is applicable only for the desired count DETAILS - Mandato	Self (Non-Thir Amount of C RTGS / NEFT in or Mirae Asset ory for units in Do	d Party Payment) heque / DD / n figures (Rs.)  Cash Management	Regular Plan Direct Plan Third Pa DD Charges if any Fund & Mirae As	Growth (Defarty Payment (Fig. , Net	ault) Please attach t Purchase Amount  nd. s mentioned un	Dividend* Payout Reinv Third Party Payme Drawn on Brance	estment Div ent Declaration Form Bank / Pay-In (For 0) es as per the Depositor	frequency*  1')  Bank A/c No.  Cheque Only)
Payment Type [Please ( )]  Cheque / DD / UTR No. & Date  *Dividend frequency is applicable only for the company of the compan</th <th>Self (Non-Thir Amount of C RTGS / NEFT in or Mirae Asset ory for units in Do</th> <th>d Party Payment) heque / DD / n figures (Rs.)  Cash Management</th> <th>Regular Plan Direct Plan Third Pa DD Charges if any Fund &amp; Mirae As</th> <th>Growth (Definanty Payment (Fig. , Net )  sseet Savings Fur</th> <th>ault) Please attach t Purchase Amount  nd. s mentioned un</th> <th>Dividend* Payout Reinv Third Party Payme Drawn on Brance</th> <th>estment Div ent Declaration Form Bank / Pay-In (For 0) es as per the Depositor</th> <th>frequency*  1')  Bank A/c No.  Cheque Only)</th>	Self (Non-Thir Amount of C RTGS / NEFT in or Mirae Asset ory for units in Do	d Party Payment) heque / DD / n figures (Rs.)  Cash Management	Regular Plan Direct Plan Third Pa DD Charges if any Fund & Mirae As	Growth (Definanty Payment (Fig. , Net )  sseet Savings Fur	ault) Please attach t Purchase Amount  nd. s mentioned un	Dividend* Payout Reinv Third Party Payme Drawn on Brance	estment Div ent Declaration Form Bank / Pay-In (For 0) es as per the Depositor	frequency*  1')  Bank A/c No.  Cheque Only)
Payment Type [Please ( ")]  Cheque / DD / UTR No. & Date  *Dividend frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the	Self (Non-Thir Amount of C RTGS / NEFT in or Mirae Asset of the Asset	d Party Payment) heque / DD / n figures (Rs.)  Cash Management emat Mode - Please e L)	Regular Plan Direct Plan Third Pa DD Charges if any Fund & Mirae As nsure that the seq	Growth (Defarty Payment (Fig. 1)  sseet Savings Furuence of names are Central Deportment of DP Name  16 Digit A/C No. [  tion cum Holding	ault) Please attach t Purchase Amount  nd. s mentioned un ository Serv	Dividend* Payout Reinv Payout Reinv Payout Reinv Payout Reinv Payout Reinv Payout Payo	estment Div ent Declaration Form Bank / Pay-In (For 0) es as per the Depositor	frequency*  Bank A/c No. Cheque Only)
Payment Type [Please ( ) ]  Cheque / DD / UTR No. & Date  *Dividend frequency is applicable only for the second of	Self (Non-Thir Amount of C RTGS / NEFT in or Mirae Asset on ory for units in Do Limited (NSD Benef. A/C No.	d Party Payment) heque / DD / n figures (Rs.)  Cash Management emat Mode - Please e L)  List (CML)	Regular Plan Direct Plan Third Pa DD Charges if any  Fund & Mirae As nsure that the seq  Transact uals cannot Non	Growth (Defa	ault) Please attach t Purchase Amount  nd. s mentioned un ository Serv	Dividend* Payout Reinv Payout Reinv Payout Reinv Payout Reinv Payout Reinv Payout Payo	estment Div ent Declaration Form Bank / Pay-In (For C	frequency*  Bank A/c No. Cheque Only)
Payment Type [Please ( ")]  Cheque / DD / UTR No. & Date  *Dividend frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the frequency in the frequency is applicable only frequency in the f	Self (Non-Thir Amount of C RTGS / NEFT in or Mirae Asset or for units in Do Limited (NSD  Benef. A/C No.  Client Masters HUF / POA Ho MINEE AS PER Date	d Party Payment) heque / DD / n figures (Rs.)  Cash Management emat Mode - Please e L)  List (CML)	Regular Plan Direct Plan Third Pa DD Charges if any  Fund & Mirae As nsure that the seq  Transact uals cannot Non	Growth (Definition of the Control of	ault) Please attach t Purchase Amount  nd. s mentioned un ository Serv	Dividend* Payout Reinv Payout R	estment Div ent Declaration Form Bank / Pay-In (For C	frequency*  Bank A/c No. Cheque Only)  ry Details.
Payment Type [Please ( ")]  Cheque / DD / UTR No. & Date  *Dividend frequency is applicable only frequency in applicable only frequency is applicable only frequency in applicable only freque	Self (Non-Thir Amount of C RTGS / NEFT in or Mirae Asset or for units in Do Limited (NSD  Benef. A/C No.  Client Masters HUF / POA Ho MINEE AS PER Date	d Party Payment) heque / DD / n figures (Rs.)  Cash Management emat Mode - Please e L)  List (CML) Ider / Non Individu BELOW DETAILS of Birth e of Minor)	Regular Plan Direct Plan Third Pa DD Charges if any  Fund & Mirae As Insure that the seq Transact Itals cannot Non OR Name of the 6	Growth (Definition of the Control of	ault) Please attach t Purchase Amount  nd. s mentioned un ository Serv g Statement nstruction No E DO NOT WI	Dividend* Payout Reinv 'Third Party Payme Drawn on Brand  der section 3 match vices (India) Lir  0.9] ISH TO NOMINATI	estment Div ent Declaration Form Bank / Pay-In (For Context as per the Depositor inited (CDSL)  Delivery Instruction	frequency*  Bank A/c No. Cheque Only)  ry Details.

## FOR NON-INDIVIDUALS ONLY

10. F	ATCA & CRS DETAIL	S (Please consult your	professior	nal tax a	advisor for furth	er guidance on	FATCA & C	CRS cla	assification)		
PART	A To be filled by Fina	ancial Institutions or Di	ect Repor	ting No	on Finacial Entity	y (NFEs)					
We are Financ or	a, ial 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	your spon	sor's name below		
Direct	reporting NFE O	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	tegory		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	1 Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)  O Yes (If yes, please specify any one stock exchange on which Name of stock exchange:								,		
2		d entity of a publicly company whose shares a an established securities		Name	es (If yes, please spectrum): _ e of listed company: _ e of relation  Sul e 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	tion.)			
				Nature	e of Business:						
				Please	e specify the sub-car	tegory of Active NFE		Mention	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	tion.)			
					e of Business: details refer ins	struction No. 16					
11a. [	DECLARATION FOR U	JLTIMATE BENEFICIAL	OWNERSI								
person(s)	, confirming ALL countries of	mpanies that are listed on any r f tax residency / permanent res quired details as mentioned in F	sidency / citize	enship an	nge or is a Subsidiary d ALL Tax Identification	of such Listed Comp on Numbers for EACI	any or is Con H controlling p	trolled by person(s)	such Listed Compar . Owner-documented	ny. Please list below th FFI's should provide	ne details of controlling FFI Owner Reporting
11b.		TE BENEFICIAL OWNER	1		1						
	Name of UBO & Address	Address Type <sup>ss</sup>	PAN/Tax Identificat Equivalen	ion No./	Document Type Refer instruction No. 16(d)	Country of tax Residency/ permanent residency*	Country		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 on 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 a	, with no decla undertake to l	aration to s keep you i	submit. In such case, N informed in writing abo	MAMF/AMC reserves t ut any changes/modi o	he right to reje cation to the at	ct the app cove infor	olication or reverse the mation 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:					e Of Birth: nder		
	: of Birth: ntry of Birth:		Nation	lationality:					ate Of Birth: ender O Male O Female O Other		
City	City of Birth: Nationality:						ate Of Birth: ender O Male O Female O Other				
# 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 / peri n card holde de functional	manent r	esidency / citizenshi						
SLIP		from Mr. / Ms. / M/s								_	mpsum 'OR' () SIF
IENT		ne Name and Plan			Payr	nent Details			Date & Stam	p of Collection	
OWLEDGMENT SLIP					unt (Rs.) que / 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.

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

. 71		•			,				
1st 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	1 /	○ Yes ○ No	Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	on-Indian h / ality Yes O 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			
Are you a US specif person?	ied	○ Yes ○ No Please provide Tax Payer Id.	Are you a US specified person?		○ Yes ○ No Please provide Tax Payer Id.	Are you a US specified person?		○ 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	out vou are	not a specified US person then ple	ase mention exemption	code	(Refer instruction 16(e))	
		nvestors fill this section	· ·		fill in below details in case of join	· · · · · · · · · · · · · · · · · · ·			
	Countr	y:		Countr	у:		Country	<i>y</i> :	
Tax Residency Status: 1	No.:		Tax Residency Status: 1			Tax Residency Status: 1	No.:		
	Type:			Type:			Туре:		
	Country	у:	Countr		у:		Country:		
Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		
	Type:		Туре:				Туре:		
	Country:			Countr	y:		Country	Country:	
Tax Residency Status: 3			Tax Residency Status: 3			Tax Residency Status: 3	No.:		
	Туре:		Туре:			Туре		Туре:	
Address Type			Address Type			Address Type			
,		Residential or Business (default)				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	ON AND	SIGNATURES / THUMB IMPR	RESSION OF APPL	ICANT(s	) [Refer Instructions 2(e)]				
(B) I/We hereby declare that the applicable laws enacted by thrue and correct and further aghereby confirm that the AMC/regarding the eligibility, validit competing Schemes of varifund/AMC/its distributor for bound by the terms & conditionarried out using the RIA code into the Scheme as per the sai notify the AMC, in which even	the amount in e Government prees to furnis Fund shall his ty and autho ious Mutual r this invest ns of the PIN (I) Applicate d FEMA reguent the AMC	and (The Fund) — (A) Having read and understo wrested in the scheme(s) is through legitimate to findia from time to time. (C) Signature of th sh additional information sought by Mirae Asse ave the right to share my information and othe rization of my/our transactions. (E) I/We furth Funds from amongst which the Scheme is ment. I/We have not received nor have been in la greement available on the AMC website for lole to Foreign Resident's Residing in India: lations and other applicable laws and regulatic reserves the right to redeem my / our investi	e sources only and does not in the nominee acknowledging ret (Clobal Investments (India) Li or details with the regulatory a per declare that "The ARN he is being recommended to much down or the state or jiffs, transacting online. (H) RIA: I I/We confirm that I/We satisfy, ons. (J) I/We confirm that a tments in the Scheme(s). (K	nvolve and is ceipts of my/v imited (AMC) and governme older has dis e/us. (F) I/W directly or in the hereby p y the Resider m / We are no ) FATCA/CR	not designed for the purpose of the contravel pur credit will constitute full discharge of liability Fund and undertake to update the informatio ent authorities as and when needed. I/We will sclosed to me/us all the commissions (in e hereby confirm that I/We have not been directly in making this investment. (G) Applicate emit the AMC to share my/our current & history test as prescribed under FEMA provisions. to United States person(s) under the laws or S Certification: I //We have understood the in	ntion of any provisions of the I ies of Mirae Asset Mutual Fund, indetails with the AMC / Fund/findeamify the Fund, AMC, Truthe form of trail commission offered/ communicated any able to Investors availing the ric transaction details to the R I/We further declare that I/We; I United States or resident(s formation requirements of this	ncome Tax Aid. (D) The info Registrars and Istee, RTA an In or any othe indicative pe e online facili egistered Inve am/are "Perso of Canada. I Form (read a	ct, Anti Money Laundering Laws or any other prmation given in / with this application form is d 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 on 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	
hereby confirm that the inform	nation provid	ed by me / us on this Form is true, correct, and	d complete. I / We also confirm	n that I / We I	have read and understood the FATCA& CRS	Terms and Conditions and her	eby accept th	ne 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 application or reverse the allotment of units, if subsequently it is found that 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 registerar or otherwise.

Signature of 1 <sup>st</sup> Applicant / Guardian /	Signature of 2 <sup>™</sup> Applicant / Guardian /	Signature of 3 <sup>rd</sup> 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