

Investor must read the instructions section before completing this form. First time investors need to submit this form along with the main application form.

Distributor Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code RIA No.	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp, Sign, Reference No.

EUIN Declaration: 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 an appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. RIA Declaration: I/we hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/ RIA".

Signature of 1st Applicant/Guardian/ Authorised Signatory/PoA/Karta	Signature of 2nd Applicant/Guardian/ Authorised Signatory/PoA	Signature of 3rd Applicant/Guardian/ Authorised Signatory/PoA
--	--	--

[illegible]Name of 1st Unit Holder:[illegible]

Aadhaar Copy (Please ☒) ☐ Enclosed

From Scheme	☐ Regular Plan ☐ Direct Plan	☐ Growth	☐ Div. Payout ☐ Div. Reinvestment	☐ Div frequency*
To Scheme	☐ Regular Plan ☐ Direct Plan	☐ Growth (Default)	☐ Div. Payout ☐ Div. Reinvestment (Default)	☐ Div frequency*

Dividend frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Savings Fund. Default option will be daily frequency if not selected any dividend frequency.

Please (✓) STP Frequency from the below options (Transactions will be triggered after 5 days from the date of submission) Please use multiple forms for multiple dates.

☐ Daily (Monday to Friday) ☐ Weekly (Every Wednesday) ☐ Fortnightly (Alternate Wednesday) ☐ Monthly (Default) ☐ Quarterly

For Daily, Weekly, Fortnightly, Monthly & Quarterly option minimum 5 transfers of ₹ 1000 each.

Please (✓) STP date: ☒ 1st ☐ 10th (Default) ☐ 15th ☐ 21st ☐ 28th

Amount per transfer (₹ In Figures): STP Start Date from: To:

Scheme | ☐ Regular Plan ☐ Direct Plan | ☒ Growth
SWP is allowed only under Growth option

Please (✓) SWP Frequency from the option (Transactions will be triggered after 5 days from the date of submission) Minimum 5 transaction and ₹ 1000 each and above

☒ Monthly(Default) ☐ Quarterly ☐ Semi Annually ☐ Annually

Start Date from: D D M M Y Y Y Y To: D D M M Y Y Y Y Fixed Withdrawal Amount Per installment ₹:

Withdrawal Date: Please (✓) ☒ 1st ☐ 10th (Default) ☐ 15th ☐ 21st ☐ 28th

To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) Having read and understood in the contents of the SID/SAL/KIM of the Scheme applied for (including the scheme's(s)) available during the New Fund Offer period; I/we hereby apply for units of the said security 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 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 Laundering 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 sought by Mirae Asset Global Investments (India) Private Limited (AMGCI Fund) and undertake to update the information/details with the AMGCI Fund Registrars and Transfer Agent (RTA) from time to time. I/we hereby confirm that the AMGCI Fund shall have the right to share my information and other details with the regulatory authorities and other parties as may be required for the purposes of KYC, AML, FATCA/CRS and/or for trail commission or any other mode, payable to him for the different competent Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (F) I/we hereby confirm that I/we have not been offered communicated any indicative portfolio and/ or any indicative yield by the Fund/AMGCI distributor for this investment. I/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 online facility: I/we have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RTIA: I/we hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) Applicable to Foreign Resident's Residing in India:- I/we confirm that I/we satisfy the requirements of FEMA, FEMA Regulations and FEMA Circulars issued by the Reserve Bank of India and I/we are not a resident of the United States of America. (J) Applicable to Foreign Resident's Residing outside India:- I/we confirm that I/we are a resident of the United States or resident(s) of Canada. In case of change to 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 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 you understand the applicability of the FATCA/CRS and you are providing the information voluntarily without any coercion or undue influence. I/we acknowledge that if we do not provide the information, we may be subject to penalties under the FATCA/CRS and we understand that we would incur tax liability based on our own declaration to the above. In such case, we shall remain responsible for any adverse tax consequences in any country where we are a resident or originate. (L) Aadhaar: We hereby acknowledge that we have agreed to the FATCA/CRS and we understand that we would incur tax liability based on our own declaration to the above.

Signature of 1st Applicant/Guardian/ Authorised Signatory/PoA/Karta	Signature of 2nd Applicant/Guardian/ Authorised Signatory/PoA	Signature of 3rd Applicant/Guardian/ Authorised Signatory/PoA
--	--	--

Received Application from _____ Folio No.: _____ as per details below: _____

Scheme Name and Plan	Details	Date & Stamp of Collection Centre / ISC
	☐ SWP Amount (₹) _____ ☐ STP Amount (₹) _____	

Cheque / DD is subject to realisation