

COMMON APPLICATION FORM

MIRAE ASSET
Mutual Fund

Appl. No. MA

Broker Name / ARN NJ India Invest / ARN-0155	Sub Broker Code / ARN 55537	ISC Date Time Stamp Reference No.
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*Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

(Please Lumpsum Investment Micro SIP (≤ Rs. 50,000 per annum) Non Micro SIP (> Rs. 50,000 per annum)

1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, Name, Section 2 & proceed to Section 8 - Investment Details]

Folio No.	Name of 1st Unit Holder
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2. PAN AND KYC COMPLIANCE STATUS DETAILS - Mandatory [Refer Instruction Nos. 2(d) & 2(e)]

For Lumpsum Investment / Non - Micro SIP	PAN # (refer instruction)	KYC Compliance Status** (if yes, attach proof)	§(For Micro SIP) [Refer SIP Instruction xv]
First / Sole Applicant*	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>	<input type="checkbox"/> Document Type _____
Second Applicant	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>	<input type="checkbox"/> Document Reference No. _____
Third Applicant	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>	§Please indicate the same in section 10 on the reverse

If the first/sole applicant is a Minor, then please provide details of Natural / Legal Guardian. # Please attach PAN proof. **Refer instruction 2(e).

3. APPLICANT(S) INFORMATION [Refer Instruction 2]

NAME OF FIRST / SOLE APPLICANT / CORPORATE INVESTOR / MINOR		DATE OF BIRTH (Mandatory in case of Minor & Preferred in case of Micro SIP)	D D / M M / Y Y Y Y
Mr. Ms. M/s.	<input type="text"/>	<input type="text"/>	
Contact Name	(In case of Corporate Investor)	Designation	<input type="text"/>
NAME OF SECOND APPLICANT			
Mr. Ms. M/s.	<input type="text"/>		
NAME OF THIRD APPLICANT			
Mr. Ms. M/s.	<input type="text"/>		
NAME OF THE GUARDIAN (In case First Applicant is a Minor)		Relationship with Minor Please (✓)	
Mr. Ms. M/s.	<input type="text"/>	Mother <input type="radio"/> Father <input type="radio"/> Legal Guardian <input type="radio"/>	

Mode of Holding	Anyone or Survivor <input type="radio"/>	Single <input type="radio"/>	Joint <input type="radio"/>	(Default option is Anyone or Survivor)		
Occupation	Business <input type="radio"/>	Service <input type="radio"/>	Professional <input type="radio"/>	Retired <input type="radio"/>	Student <input type="radio"/>	Housewife <input type="radio"/>
Status	Resident Individual <input type="radio"/>	NRI - NRO <input type="radio"/>	Trust <input type="radio"/>	HUF <input type="radio"/>	Bank / Fls <input type="radio"/>	NRI - NRE <input type="radio"/>
	Minor thru Guardian <input type="radio"/>	Company <input type="radio"/>	Fls <input type="radio"/>	Partnership Firm <input type="radio"/>	AOP / BOI <input type="radio"/>	Society <input type="radio"/>
						Others <input type="radio"/> Please specify

4. MAILING ADDRESS [Please provide Full Address. P. O. Box No. may not be sufficient. Overseas Investors will have to provide Indian Address]

Local Address of 1st Applicant -	
<input type="text"/>	
Please give landmark if any -	
City	State
<input type="text"/>	<input type="text"/>
Tel.Off.	Resi.
<input type="text"/>	<input type="text"/>
E-Mail	Mobile
<input type="text"/>	<input type="text"/>
Overseas Correspondence Address (Mandatory for NRI / FII Applicant)	
<input type="text"/>	
City	Country
<input type="text"/>	<input type="text"/>
	ZIP
<input type="text"/>	<input type="text"/>

5. COMMUNICATION (Please ✓)

<input type="checkbox"/> I / We wish to receive Account Statements / Annual Reports / Quarterly Statements / Newsletter / Updates or any other Statutory Information via E-mail / SMS alerts in lieu of Physical Documents.	<input type="checkbox"/> I / We wish to transact On-line through Mirae Asset e-Fund Market Facility
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6. TRANSACT ON-LINE (Refer instruction No. 8)

7. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3, 4 & 5]	
Name of the Bank	<input type="text"/>
Account No.	<input type="text"/>
Branch Address	<input type="text"/>
Bank Branch City	State
<input type="text"/>	<input type="text"/>
MICR Code	Pin Code
<input type="text"/>	<input type="text"/>
Please attach a cancelled cheque OR a clear photo copy of a cheque	
IFSC Code	<input type="text"/>
(Mandatory for Credit via NEFT/RTGS)	
Direct Credit facility is available as per instruction No. 4. However, if you wish to receive a cheque payout, please tick here (✓). <input type="checkbox"/>	
Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓). <input type="checkbox"/>	

Received an application from Mr. / Ms. / Mrs. _____
as Lumpsum Investment or through SIP or for SWP or through STP as per details below

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ACKNOWLEDGEMENT SLIP (to be filled in by the investor)	Scheme Name and Plan	Option	Sub-Option	Payment Details (1st Cheque / DD in case of SIP)	Collection Centres Stamp & Receipt, Date and Time
		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus <input type="checkbox"/> PF (✓ only if applicable)	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Dividend Transfer <input type="checkbox"/> ACAPO (M/Q/HY/Y) <input type="checkbox"/> DMDO & Date <input type="checkbox"/> AARO (Please Specify Scheme / Plan)	Amt. : _____ Cheque/DD No. : _____ Dated : _____ Bank & Branch : _____	

Cheque/DD is subject to realisation

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8 INVESTMENT DETAILS AND PAYMENT DETAILS (Payment through Cash/Non-MICR Cheques/Outstation Cheques not accepted)

Please issue separate cheque/demand draft in favour of respective scheme name. Kindly fill up the scheme name(s), plan/option and sub-option.
#For complete information on Investment Details please refer to Instructions No. 6.

Scheme Name:		Plan	Option & Sub option
Investment Amount (Rs.)	DD Charges# if any (Rs.)	Net Amount (Rs.)	Mode of Payment Cheque / DD / Funds Transfer <i>Strike out whichever is not applicable</i>
Chq. / DD No. _____ Date _____ Drawn on Bank _____		Branch & City _____	
Ac Type - (✓) S/B <input type="checkbox"/> NRE <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> *Kindly provide photocopy of the payment Instrument of Foreign Inward remittance Certificate (FIRC) evidencing source of funds.			

Only for Application under Mirae Asset Gilt Fund - Provident Fund Sub Plan

- A Automatic Annual Reinvestment Option (AARO) Amount Rs. _____ /- AARO will Trigger on last Friday of the month of March of every Financial Year
 B Defined Maturity Date Option (DMDO) Amount Rs. _____ /- Date _____ DMDO will Trigger on Specified Date.
 C Automatic Capital Appreciation Payout Option (ACAPO) Please Tick (✓) Option
 • C-i - Monthly Option Last Friday of Every Month • C-ii - Quarterly Option Last Friday of the quarters ending Mar, Jun, Sep & Dec
 • C-iii - Half Yearly Option Last Friday of the half year ending Mar and Sep • C-iv - Annual Option Last Friday of the month of March of every Financial Year

8.A. SIP ENROLMENT DETAILS

SIP Amount (Rs.)	Enrolment Period Start Month <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> End Month <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Frequency Please (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
PAYMENT MECHANISM (✓) <input type="checkbox"/> Option I : Debit through ECS / Auto Debit facility (Tick this box and fill up SIP ECS / Auto Debit Facility Form) <input type="checkbox"/> Option II : Through Post Dated Cheques - Total Cheques _____ Cheque Nos. From <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> To <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
Drawn on Bank _____ Branch & City _____	

9. NOMINATION DETAILS (OPTIONAL) [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 9]

I / We, the Applicant(s) do here by nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. (Please ✓) Fresh Nomination Cancellation Change in Nominees

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship	% of Share	Signature of Nominee / Guardian
1		D D M M Y Y Y Y				
2		D D M M Y Y Y Y				
3		D D M M Y Y Y Y				

#If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

10. DOCUMENTS ENCLOSED (Please ✓)

- For Lumpsum Investment / Non-Micro SIP Applications:** Memorandum & Articles of Association
 Resolution / Authorisation to Invest PAN Proof List of Authorised Signatories & Specimen Signature(s)
 KYC Compliance Status Proof Trust Deed Power of Attorney Bye-Laws Partnership Deed
 FIRC Cancelled Cheque Copy
- For Micro SIP Applications:** Voter Identity Card Driving License Government / Defense identification card
 Passport Photo Ration Card Photo Debit Card Employee ID cards issued by companies registered with ROC
 Photo Identification issued by designated authorities ID card issued to employees of specified banks
 Senior Citizen / Freedom Fighter ID card Cards issued by educational institutions
 PRAN card issued to NPS subscribers by CRA (NSDL). Any other photo ID card issued by certain Government authorities.

11. APPLICATIONS ENCLOSED (Please ✓)

- Systematic Investment Plan
 ≤ Rs. 50,000 > Rs. 50,000
 Cheques
 SIP Auto Debit Facility
 STP Enrolment Form
 SWP Enrolment Form

12. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S) [Refer Instructions 2(f)]

To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to, will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. 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 Act, Rules, Regulations, Notifications or Directions of the 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. I/We have understood the details of the scheme (s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum.

"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 do not have any existing Micro 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".

Applicable for NRIs only: - I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

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.

The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them.
I/We confirm that the details provided by me/us are true and correct.

⊗ Signature of 1st Applicant / Guardian / Authorised Signatory /PoA	⊗ Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA	⊗ Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA
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**For more information
visit us at www.miraeassetmf.co.in**

**E-mail us at customercare@miraeassetmf.co.in
Call us at 1-800-1020-777 (Toll Free)**