

COMMON APPLICATION FORM

Application No.:



Name & Broker Code/ ARN/RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributors/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".

Sign of 1st Applicant / Guardian / Auth. Signatory / PoA / Karta

Sign of 2nd Applicant / Guardian / Auth. Signatory / PoA

Sign of 3rd Applicant / Guardian / Auth. Signatory / PoA

Please ☒ Lumpsum Investment ☐ Micro Application ☐ SIP Application ☐

TRANSACTION CHARGES (Please ☒ any one of the below. Refer Instructions No. 11)

☐ I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS OR ☐ I AM AN EXISTING INVESTOR IN MUTUAL FUNDS

Applicable transaction charges will be deducted in case your distributor has opted for such charges. Upfront commission shall be paid directly by the investor to the ARN Holder(AMFI registered Distributor)based on the investor's assessment of various factors including the services rendered by the ARN Holder.

1. EXISTING UNIT HOLDER INFORMATION- Please fill in your Folio Number, PAN, KIN in below Sections 2, 3, 4 & proceed to Section 7 for Investment Details.

Folio No. The details in our records under the Folio No. mentioned alongside will apply for this application.All Unit Holders in the given Folio should be KYC compliant.Any updation in KYC credentials may be filled in the below sections.

2. APPLICANT(S) NAME AND IN INFORMATION [Refer Instruction 2] If the 1st/ Sole Applicant is Minor, then please provide details of natural / legal guardian

1st SOLE APPLICANT Mr. / Ms. /M/s.

PAN

(Please write the name as per PAN Card)

LEI Code for entities

CKYC ID No. (KIN) Pls indicate if US Person or a resident for tax purpose / Resident of Canada ☐ Yes ☐ No^s (\$Default if not ☒)

GUARDIAN (In case 1st Applicant is a Minor)
Mr. / Ms. / M/s.

Relationship with Minor (Please ☒)
☐ Mother ☐ Father ☐ Legal Guardian

GUARDIAN CKYC ID No. (KIN) KYC (Please ☒)
☐ Proof Attached

GUARDIAN PAN

POA / Custodian Name: KYC (Please ☒) ☐ Proof Attached

POA / Custodian CKYC ID No. (KIN) POA / Custodian PAN

Contact Person for Corporate Investor: Name Designation:

3. FIRST APPLICANT AND KYC DETAILS All fields marked as **✳** are Mandatory

1st SOLE APPLICANT ☐ Individual or ☐ Non-Individual [Please II Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. 17]

*Date of Birth/ Incorporation

DDMMYYYY

 Proof of Date of Birth (Please ☒) ☐ Birth Certificate ☐ School Leaving Certificate / Mark Sheet
(Individual) (Non-Individual) (For minor applicant) ☐ Passport of the Minor ☐ Others (Please specify)

(Please write the Date of birth as per Aadhaar Card)

Place of Birth / Country of Birth / Nationality: Gender ☐ Male ☐ Female ☐ Other
Incorporation: (Please write the Date of birth as per Aadhaar Card)

Type: ☐ Resident Individual ☐ Sole Prop ☐ NRI - NRE ☐ Trust ☐ Bank / FIs ☐ FIs ☐ PIO ☐ Society/AOP/BOI ☐ Minor through Guardian ☐ NRI - NRO
☐ HUF ☐ LLP ☐ Listed Company ☐ Private Company ☐ Public Ltd. Company ☐ Artificial Juridicial Person ☐ Partnership Firm ☐ FOF - MF Schemes ☐ Other (Please specify)
☐ NPO Registration Number of DARPAN Portal (Mandatory)

a*. Occupation Details [Please ☒] ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife
☐ Business ☐ Retired ☐ Proprietorship ☐ Others (Please specify)

b*. Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

c*. Gross Annual Income (₹) [Please ☒] ☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ >25 Lakhs ☐ > 1 Crore

d*. Net-worth (Mandatory for Non-Individuals) ₹ as on

DDMMYYYY

 (Not older than 1 year)

e*. Non-Individual Investors involved/providing any of the mentioned services ☐ Foreign Exchange / Money Changer Services ☐ Gaming/Gambling/Lottery/Casino Services
☐ Money Lending / Pawning ☐ None of the above

4. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4]

Name of the Bank:

Core Banking A/c No. A/c. Type Pls. ☒ NRE ☐ CURRENT ☐ SAVINGS ☐ NRO ☐ Other

Branch Name: Address:

Bank Branch City: State: Pin Code

MICR Code Please attach a cancelled cheque OR a clear photo copy of a cheque IFSC Code (Mandatory for Credit via NEFT/RTGS)

All fields marked as * are Mandatory

Mode of Holding: <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Single <input type="checkbox"/> Joint 3rd APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant) (Please write the name as per PAN Card)		(Please note that the Default option is Anyone or Survivor) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
PAN Details <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Pls indicates if US Person or a resident for tax purpose / Resident of Canada <input type="checkbox"/> Yes <input type="checkbox"/> No* (*Default if not <input checked="" type="checkbox"/>)	
CKYC ID No. (KIN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		KYC Pls <input checked="" type="checkbox"/> <input type="checkbox"/> Proof Attached Date of Birth (Mandatory) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (As per PAN Card)	
Place of Birth <input type="text"/>		Country of Birth <input type="text"/>	
a*. Occupation Details [Please<input checked="" type="checkbox"/>]		<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others_____ (Please specify)	
b*. Politically Exposed Person (PEP) Status		<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable	
c*. Gross Annual Income (₹) [Please<input checked="" type="checkbox"/>]		<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakhs <input type="checkbox"/> 5-10 Lakhs <input type="checkbox"/> 10-25 Lakhs <input type="checkbox"/> >25 Lakhs <input type="checkbox"/> > 1 Crore	
d*. Net-worth ₹ _____		as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Not older than 1 year)	

Local Address of 1st Applicant[illegible]

Overseas Correspondence Address

Scheme -		Regular Plan	Growth (Default)	IDCW Payout	IDCW* Frequency^
<input type="checkbox"/>	Direct Plan			<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	

*IDCW frequency is applicable only for Mirae Asset Liquid Fund, Mirae Asset Overnight Fund & Mirae Asset Low Duration Fund. Default option here will be Daily if frequency not selected.
*Income Distribution cum Capital Withdrawal. IDCW ^Frequency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default, refer SID for more details

Payment Type [Please (✓)] ☐ **Self** (Non-Third Party Payment) ☐ **Third Party Payment** (Please attach 'Third Party Payment Declaration Form')

Payment Mode: Please (☒) ☐ Cheque / DD ☐ OTM (One Time Mandate) ☐ RTGS / NEFT **Core Banking A/c No.**

Cheque / DD / UMRN No / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)

National Securities Depository Limited (NSDL)										Central Depository Services (India) Limited (CDSL)															
DP Name										DP Name															
DP ID I N Benef. A/C No.										16 Digit A/C No.															

Enclosures - Please (✓) ☐ Client Masters List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

☒ I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Nomination can be made upto three nominees in the account.	Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee
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Mandatory Details

1 Name of the nominee(s) (Mr./Ms.)*				
2 Share of each Nominee	Equally <small>[If not equally, please specify percentage]</small>	%	%	%
		Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3 Relationship With the Applicant				
Date of Birth (in case of Minor)				
Name of Guardian (in case of Minor)				

Non -Mandatory Details

4 Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country: PIN Code			
5 Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor			
6 Email ID of nominee(s)/ Guardian in case of Minor			
7 Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input checked="" type="checkbox"/> Saving Bank account no. Proof of Identity Demat Account ID			

☒ Declaration for opting-out of nomination

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.

Name and Signature of Holder(s)*

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

Signature of witness, along with name and address are required, if the account holder affixes thumb impression,instead of signature

Note:
This nomination shall supersede any prior nomination made by the account holder(s), if any.
The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)