COMMON APPLICATION FORM Application No.:





ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for Sub-Agent/Employee	ISC Date Time Stamp Reference No.
Declaration for "Execution Only" Transaction (when as been intentionally left blank by me/us as this idvice of in-appropriateness, if any, provided by th	e Employee Unique Identification Nul transaction is executed without any	mber-EUIN* box is left blank	(). Please refer instruction 1.	2 of KIM for complete details on EUI	N. I/We hereby confirm that the EUIN b
dvice of in-appropriateness, if any, provided by the	e employee/relationship manager/sale	es person of the distributor/s	ub broker.		
Authorised Signatory /PoA/Ka		Authorised Signat			ed Signatory /PoA
TRANSACTION CHARGES (Please					
IAMA FIRST TIME INVESTOR IN MUTU Applicable transaction charges will be deduc Distributor) based on the investor's assessm		OR pted for such charges. U le services rendered by t		NEXISTING INVESTOR IN MUT be paid directly by the investor to	
1. EXISTING UNIT HOLDER INFOR	MATION [Please fill in your I	⁻ olio Number, KIN, S	ection 2 & proceed to	Section 7 - Investment De	tails]
Folio No.		CKYC Identificatio			
2. APPLICANT(S) NAME AND INFO 1 st SOLE APPLICANT Mr. / Ms. / M/s.	RMATION [Refer Instruction	12] If the 1" / Sole Ap	plicant is Minor, ther	PAN	hatural / legal guardian
			Pls ind		for tax purpose / Resident of Cana
CKYC ID No. (KIN)					lo ^s (\$Default if not ✓)
SUARDIAN (In case 1 st Applicant is a M //r. / Ms. / M/s.	inor)				p with Minor (Please ✓)) Father ◯ Legal Guard
UARDIAN CKYC D No. (KIN)			KYC (Please ✓) ○ Proof Attached	GUARDIAN PAN	
POA / Custodian Name:				KY	C (Please ✓) ○ Proof Attach
POA / Custodian CKYC ID No. (KIN)			Р	OA / Custodian PAN	
Contact Person for Corporate Investo	r: Name			Designation:	
3. FIRST APPLICANT AND KYC DE	TAILS r O Non-Individual [Please			claration Form in section 11a	
3. FIRST APPLICANT AND KYC DE st SOLE APPLICANT O Individual o Date of Birth/Incorporation Individual)	TAILS r O Non-Individual [Please M Y Y Y Y Proc	of of Date of Birth (Ple (For minor applicant)	ase ✓) ○ Birth ○ Pas	Claration Form in section 11a Certificate Sport of the Minor	School Leaving Certificate / Mark She Others(Please specify)
3. FIRST APPLICANT AND KYC DE st SOLE APPLICANT O Individual o Date of Birth/Incorporation Individual) O D M Place of Birth /	TAILS r O Non-Individual [Please	of of Date of Birth (Ple (For minor applicant)	ase ✓) ◯ Birth	Claration Form in section 11a Certificate Sport of the Minor	School Leaving Certificate / Mark She Dthers(Please specify)
3. FIRST APPLICANT AND KYC DE * SOLE APPLICANT O Individual o Date of Birth/Incorporation Individual) (Non-individual) D D M Place of Birth / ncorporation:	TAILS r O Non-Individual [Please M Y Y Y Y Proce Country of Birth / Incorporation:	of of Date of Birth (Ple (For minor applicant)	ase ✓) ○ Birth ○ Pas	Claration Form in section 11a Certificate Sport of the Minor O	School Leaving Certificate / Mark She Others (Please specify) Male Female Oth
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3. FIRST APPLICANT AND KYC DE ** SOLE APPLICANT ○ Individual o Date of Birth/Incorporation ndividual) Place of Birth / Incorporation: ** Corporation: ** Occupation Details [Please tick (*/)] **. Gross Annual Income (₹) [Please tick **. Net-worth (Mandatory for Non-Individual)	TAILS T ○ Non-Individual [Please M Y Y Y Y Proce Country of Birth / Incorporation: Prop ○ NRI - NRE ○ ^ Tivate Company ○ Public Ltd. Co O Private Sector O Business Ck (✓)] ○ Below 1 Lakh s (Also applicable for authorised riduals) ₹ providing ○ Foreign E	f of Date of Birth (Ple (For minor applicant) I Trust O Bank / Fls ompany Artificial Jurio Public Sector Retired 1-5 Lakh signatories/Promoters/Ka	ase ✓) ○ Birth ○ Pas Nationality: ○ FIIS ○ PIO dicial Person ○ Partner: ○ Government Serv ○ Agriculture ○ 5-10 Lakh arta/Trustee/Whole time I as or	Claration Form in section 11a Certificate Sport of the Minor O Gender Society/AOP/BOI N Ship Firm FOF - MF Schemes ice Student O 10-25 Lakh O Directors) I am PEP I a M M Y Y	School Leaving Certificate / Mark Shothers Others (Please specify) Male Female Oth Male Female Oth Male Female Oth Male Female Oth Male Female NRI - NI Maior thru Guardian NRI - NI S Others (Please specify) Professional Housew Others (Please specify) >25 Lakh > 1 Croin m Related to PEP Not Applica Y (Not older than 1 yet)
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5. JOINT APPLICANTS, IF ANY A	ND THEIR KYC DETA	uls					
Mode of Holding: O Anyone or S	Survivor	○ Single		⊖ Joint	(Please note that the	e Default option is Anyone or Survivor)
2 nd APPLICANT Mr. / Ms. / M/s. (No	ot Applicable in case of N	linor Applicant)				G	ender 🔿 Male 🔿 Female 🔿 Other
PAN Details] PI:	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	mment 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 (1	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

	FATCA & CRS I														IOAU									
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					
	reporting NFE e tick (✔)]		Nam	e of s	ponso	ring en	ntity:																	
	ot available [P	lease ti	ick (🗸	\1	0	Applied	l for			t required	to apply f	for - nle	ase specify	/ 2 dia	its sub-ca	teann				\bigcirc	Not ob	tained .	– Non-p	articin
	B (please fill			-				by N							10 500 00	logory					NOLOD	danieu	Non p	
1		-					meu	by N									414	1. 1			1)			
	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										
a.	DECLARATION				ENEE		014/01	EDOI						0.										
rson(s atemei	claration is not need s), confirming ALL of ent and Auditor's Lett DETAILS OF U	countries of the ter with re	of tax re equired d	sidency etails as	/ perma s mentio	anent resi oned in Fo	idency orm W	/ citize 8 BEN	enship an E.	Id ALL Tax	dentificat	tion Nun	nbers for E/		, in the second		i). Own	ier-docu	imented	d FFI's	should	provide	e FFI Ow	vner R
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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 (Sole / Guardian / Non-Individual)				2 nd A	pplicant	3 rd Applicant			
Do you have any no Country(ies) of Birth Citizenship / Nation and Tax Residency	n-Indian n / ality	◯ Yes ◯ No	Do you have any no Country(ies) of Birth Citizenship / Nation and Tax Residency	n-Indian n / ality	🔿 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?	re you a US specified Ores No erson? 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.:		Tax Residency Status: 1	No.:		
	Туре:		Туре:				Туре:		
	Countr	y:	Count		y:		Country:		
Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		
	Туре:		Туре				Туре:		
	Country:		Count		y:		Country:		
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 APR I 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 commissions (in the form of trail 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 transaction gonine. (H) Rix: I/We have not been offered communicated any indicative portfolio and/ or any indicative pitel by the Fund/AMC/its distributor for this investment. I/We have not received on have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the co

Signature of 1 ^{er} 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.