

## Key Information Memorandum & Common Application Form

Ongoing Offer of units of various schemes at Net Asset value (NAV) based prices.

**SPONSOR :**

**Mirae Asset Global Investments Company Limited**

Registered Office : East Tower 26F, Mirae Asset CENTER1, 67, Suha - dong, Jung - gu, Seoul, Korea - 100 - 210.

**TRUSTEE :**

**Mirae Asset Trustee Company Private Limited**

CIN: U65191MH2007FTC170231

Registered Office : Unit No.606, Windsor Building, Off. C.S.T Road, Kalina, Santacruz (East), Mumbai - 400 098.

**ASSET MANAGEMENT COMPANY :**

**Mirae Asset Global Investments (India) Private Limited**

CIN: U65993MH2006FTC165663

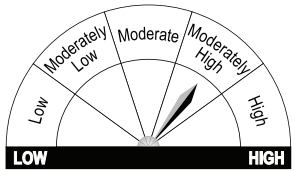
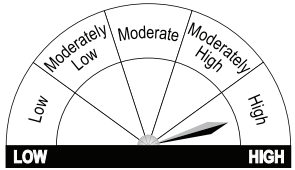
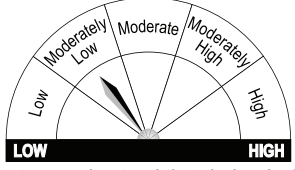
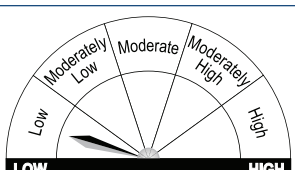
Registered Office : Unit No. 606, Windsor Building, Off. C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400 098.

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing.

For further details of the Schemes / Mutual Fund, due diligence certificate by the AMC, Key Personnel, Investor rights & services, Risk factors, Penalties & pending litigations, etc. investors should, before investment, refer to the Scheme Information Document(s)/Statement of Additional Information available free of cost at any of our Investor Services Centers or Distributors or from the website: [www.miraeassetmf.co.in](http://www.miraeassetmf.co.in)

The Schemes' particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM.

**Product Labeling**

| Scheme Name                                     | This product is suitable for investors who are seeking*   | Riskometer  |
|---|---|---|
| <b>Mirae Asset India Opportunities Fund</b>     | <ul style="list-style-type: none"> <li>long-term capital appreciation</li> <li>Investments in equities, equity related securities</li> </ul>  |  <p>Investors understand that their principal will be at Moderately High risk</p> |
| <b>Mirae Asset Emerging Bluechip Fund</b>       | <ul style="list-style-type: none"> <li>long-term capital appreciation</li> <li>predominantly investments in Indian equities and equity related securities of companies which are not part of the top 100 stocks by market capitalization</li> </ul>   |   |
| <b>Mirae Asset Prudence Fund</b>                | <ul style="list-style-type: none"> <li>capital appreciation along with current income over long term.</li> <li>Investment predominantly in equity and equity related instruments with balance exposure to debt and money market instruments</li> </ul>  |   |
| <b>Mirae Asset India China Consumption Fund</b> | <ul style="list-style-type: none"> <li>long-term capital appreciation</li> <li>Investment in equity and equity related securities of companies benefiting directly or indirectly from consumption led demand in India/China</li> </ul>  |  <p>Investors understand that their principal will be at High risk</p>           |
| <b>Mirae Asset China Advantage Fund</b>         | <ul style="list-style-type: none"> <li>long term capital appreciation</li> <li>Investment predominantly in units of MACSLEF (Mirae Asset China Sector Leader Equity Fund) and/or units of other mutual fund schemes, ETFs, that focus on investing in equities and equity related securities of companies domiciled in or having their area of primary activity in China and Hong Kong</li> </ul> |   |
| <b>Mirae Asset Global Commodity Stocks Fund</b> | <ul style="list-style-type: none"> <li>long term capital appreciation</li> <li>Investment in equity and equity related securities of companies that are engaged in commodity and commodities related sectors/sub sectors/industries, with at least 65% of the corpus invested overseas in Asia Pacific and Emerging Markets</li> </ul>  |   |
| <b>Mirae Asset Short Term Bond Fund</b>         | <ul style="list-style-type: none"> <li>Optimal returns over short to medium term</li> <li>Investment in an actively managed diversified portfolio of debt and money market instruments</li> </ul>   |  <p>Investors understand that their principal will be at Moderately Low risk</p> |
| <b>Mirae Asset Ultra Short Term Bond Fund</b>   | <ul style="list-style-type: none"> <li>Optimal returns over medium term</li> <li>Investment in a portfolio of debt and money market instruments</li> </ul>  |   |
| <b>Mirae Asset Cash Management Fund</b>         | <ul style="list-style-type: none"> <li>Optimal returns over short term</li> <li>Investment in a portfolio of short duration money market and debt instruments.</li> </ul> <p style="text-align: center;"><b>Contact: Save Tax Get Rich<br/>+91 94 8300 8300</b></p>   |  <p>Investors understand that their principal will be at Low risk</p>            |

\*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

COMMON APPLICATION FORM



| Name & Broker Code / ARN | Sub Broker / Sub Agent ARN Code | Employee Unique Identification Number (EUIIN) | ISC Date Time Stamp Reference No. |
|--------------------------|---------------------------------|---|-----------------------------------|
| ARN -74461               |                                 | E 063566                                      |                                   |

Declaration for "Execution Only" Transaction (where EUIIN box is left blank). Please refer instruction 12 of KIM for complete details on EUIIN. I/We hereby confirm that the EUIIN 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 distributor/sub broker.

|  |  |  |
|--|--|--|
| Signature of 1 <sup>st</sup> Applicant / Guardian /<br>Authorised Signatory /PoA/Karta | Signature of 2 <sup>nd</sup> Applicant / Guardian /<br>Authorised Signatory /PoA | Signature of 3 <sup>rd</sup> Applicant / Guardian /<br>Authorised Signatory /PoA |
|--|--|--|

Please  Lumpsum Investment  Micro Application  SIP Application

**TRANSACTION CHARGES (Please  any one of the below. Refer Instruction 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, Name, Section 2 & proceed to Section 7 - Investment Details]**

Folio No.

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

**1<sup>st</sup> SOLE APPLICANT** Mr. / Ms. / M/s.

PAN Details  KYC Pls  Proof Attached  Pls indicate if US Person or a resident for tax purpose / Resident of Canada  Yes  No<sup>s</sup> (\$Default if not )

**GUARDIAN** (In case 1<sup>st</sup> Applicant is a Minor) Mr. / Ms. / M/s. Relationship with Minor (Please )  Mother  Father  Legal Guardian

**POA Details:** Name  PAN Details  KYC Pls  Proof Attached

**Mode of Holding:**  Anyone or Survivor  Single  Joint (Please note that the Default option is Anyone or Survivor)

**Contact Person for Corporate Investor:** Name  Designation:

**3. FIRST APPLICANT AND KYC DETAILS**

**1<sup>st</sup> SOLE APPLICANT**  Individual or  Non-Individual [Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. 17]

\*Date of Birth/Incorporation (Individual/Non-individual) D D M M Y Y Y Y Proof of Date of Birth (Please )  Birth Certificate  School Leaving Certificate / Mark Sheet  Passport of the Minor  Others (Please specify)

Place of Birth / Incorporation: Country of Birth / Incorporation: Nationality: Gender  Male  Female  Other

Type:  Resident Individual  Sole Prop  NRI - NRE  Trust  Bank / Fls  Flls  PIO  Society/AOP/BOI  Minor thru Guardian  NRI - NRO  HUF  LLP  Listed Company  Private Company  Public Ltd. Company  Artificial Juridical Person  Partnership Firm  FOF - MF Schemes  Others (Please specify)

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

b\*. Gross Annual Income (₹) [Please tick ()]  Below 1 Lakh  1-5 Lakh  5-10 Lakh  10-25 Lakh  >25 Lakh  > 1 Crore

c\*. 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

d\*. Net-worth (Mandatory for Non-Individuals) ₹  as on D D M M Y Y Y Y (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

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)

\* mandatory fields

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

01-2016

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### 5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS

2<sup>nd</sup> APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)

PAN Details  KYC Pls  Proof Attached  Pls indicate if US Person or a resident for tax purpose / Resident of Canada  Yes  No\* (\*Default if not)

Date of Birth (Mandatory)           Place of Birth

Country of Birth  Nationality:  Gender  Male  Female  Other

a\*. Occupation Details [Please tick (✓)]  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  
 Business  Retired  Agriculture  Proprietorship  Others (Please specify)

b\*. Gross Annual Income (₹) [Please tick (✓)]  Below 1 Lakh  1-5 Lakh  5-10 Lakh  10-25 Lakh  >25 Lakh  > 1 Crore

c\*. Politically Exposed Person (PEP) Status  I am PEP  I am Related to PEP  Not Applicable

d. Net-worth ₹  as on         (Not older than 1 year)

3<sup>rd</sup> APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)

PAN Details  KYC Pls  Proof Attached  Pls indicate if US Person or a resident for tax purpose / Resident of Canada  Yes  No\* (\*Default if not)

Date of Birth (Mandatory)           Place of Birth

Country of Birth  Nationality:  Gender  Male  Female  Other

a\*. Occupation Details [Please tick (✓)]  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  
 Business  Retired  Agriculture  Proprietorship  Others (Please specify)

b\*. Gross Annual Income (₹) [Please tick (✓)]  Below 1 Lakh  1-5 Lakh  5-10 Lakh  10-25 Lakh  >25 Lakh  > 1 Crore

c\*. Politically Exposed Person (PEP) Status  I am PEP  I am Related to PEP  Not Applicable

d. Net-worth ₹  as on         (Not older than 1 year)

### 6a. MAILING ADDRESS [Please provide your E-mail ID and Mobile Number to help us serve you better]

Local Address of 1<sup>st</sup> Applicant

City  State  Pin Code

Tel. Off.  Resi.  Mobile

E - Mail^^

^^Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only.

### 6b. Mandatory for NRI / FII Applicant [Please provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address is preferred]

Overseas Correspondence Address

### 7. INVESTMENT AND PAYMENT DETAILS ( For complete information on Investment Details please refer to Instructions No. 6. )

Scheme **Mirae Asset Tax Saver Fund**  Regular Plan  Direct Plan  Growth (Default)  Payout  Reinvestment  Dividend

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

| Cheque / DD / 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) |
|------------------------------|--|----------------------|----------------------|------------------------|---------------------------------------|
| <input type="text"/>         | <input type="text"/>                                 | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>                  |

### 8. DEMAT ACCOUNT DETAILS - Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned under section 3 matches as per the Depository Details.

National Securities Depository Limited (NSDL) Central Depository Services (India) Limited (CDSL)  
DP Name  DP Name

DP ID  Benef. A/C No.  16 Digit A/C No.

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

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

PLEASE REGISTER MY/OUR NOMINEE AS PER BELOW DETAILS  OR  I/WE DO NOT WISH TO NOMINATE

| 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   | <input type="text"/> | <input type="text"/>             | <input type="text"/>                    | <input type="text"/> | <input type="text"/> | <input type="text"/>            |
| 2   | <input type="text"/> | <input type="text"/>             | <input type="text"/>                    | <input type="text"/> | <input type="text"/> | <input type="text"/>            |
| 3   | <input type="text"/> | <input type="text"/>             | <input type="text"/>                    | <input type="text"/> | <input type="text"/> | <input type="text"/>            |

\* mandatory fields

**10. FATCA & CRS DETAILS (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)**

**PART A To be filled by Financial Institutions or Direct Reporting Non Financial Entity (NFEs)**

We are a,  **Financial institution** or  **Direct reporting NFE** [Please tick (✓)]

**GIIN** \_\_\_\_\_  
 Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

**Name of sponsoring entity:** \_\_\_\_\_

**GIIN not available** [Please tick (✓)]  Applied for  Not required to apply for - please specify 2 digits sub-category \_\_\_\_\_  Not obtained – Non-participating FI

**PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")**

|   |   |  |
|---|---|--|
| 1 | Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)            | <input type="radio"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)<br>Name of stock exchange: _____  |
| 2 | Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) | <input type="radio"/> Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)<br>Name of listed company: _____<br>Nature of relation <input type="radio"/> Subsidiary of the Listed Company or <input type="radio"/> Controlled by a Listed Company<br>Name of stock exchange: _____ |
| 3 | Is the Entity an active NFE   | <input type="radio"/> Yes (If yes, please fill UBO declaration in the next section.)<br>Nature of Business: _____<br>Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> Mention code: Refer instruction 16(c)   |
| 4 | Is the Entity a passive NFE   | <input type="radio"/> Yes (If yes, please fill UBO declaration in the next section.)<br>Nature of Business: _____  |

For details refer instruction No. 16.

**11a. DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO] (Refer instruction No. 17)\***

\*This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company. Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E.

**11b. DETAILS OF ULTIMATE BENEFICIAL OWNERS [Mandatory] (If the given space below is not adequate, please attach multiple declaration forms)**

| Name of UBO & Address | Address Type <sup>\$\$</sup> | PAN/Tax Payer Identification No./ Equivalent ID No. <sup>%%</sup> | Document Type Refer instruction No. 16(d) | Country of tax Residency/ permanent residency* | Country of citizenship | UBO Code (Mandatory) | KYC (Yes / NO) [please attach the KYC acknowledgement copy] | % of beneficial interest |
|-----------------------|------------------------------|---|---|--|------------------------|----------------------|---|--------------------------|
|                       |                              |   |   |  |                        |                      |   |                          |
|                       |                              |   |   |  |                        |                      |   |                          |
|                       |                              |   |   |  |                        |                      |   |                          |

**\$\$ Address Type: Residential or Business (default)/Residential/Business/Registered Office.** Attached documents should be self certified by the UBO and certified by the applicant or Authorised signatory. In case the above information is not provided, it will be presumed that applicant is the UBO, with no declaration to submit. In such case, MAMF/AMC 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 and also undertake to provide any other additional information as may be required at your end.

**# If passive NFE, please provide below additional details. (Please attach additional sheets if necessary). Also provide below mandatory details if the UBO does not have a PAN. (Refer Instruction No. 16)**

| PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others) | City of Birth - Country of Birth | Occupation Type: Service, Business, Others<br>Nationality:<br>Father's Name: Mandatory if PAN is not available | DOB: Date of Birth<br>Gender: Male, Female, Other  |
|--|----------------------------------|--|--|
| 1. PAN:<br>City of Birth:<br>Country of Birth:   |                                  | Occupation Type:<br>Nationality:<br>Father's Name:   | Date Of Birth:<br>Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other |
| 2. PAN:<br>City of Birth:<br>Country of Birth:   |                                  | Occupation Type:<br>Nationality:<br>Father's Name:   | Date Of Birth:<br>Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other |
| 3. PAN:<br>City of Birth:<br>Country of Birth:   |                                  | Occupation Type:<br>Nationality:<br>Father's Name:   | Date Of Birth:<br>Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other |

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India.

\* To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent

ACKNOWLEDGEMENT SLIP

Received Application from Mr. / Ms. / M/s. \_\_\_\_\_ Application No.: \_\_\_\_\_ For  Lumpsum 'OR'  SIP as per details below:

| Scheme Name and Plan | Payment Details   | Date & Stamp of Collection Centre / ISC |
|----------------------|---|---|
|                      | Amount (Rs) _____<br>Cheque / DD No.: _____<br>Dated _____<br>Bank & Branch _____ |   |

The detail of this page should be filled by Non-Individual investors only.

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**12. FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 16)**

**(FOR INDIVIDUALS & NON-INDIVIDUALS)**

**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?  Yes  No

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

| 1 <sup>st</sup> Applicant (Sole / Guardian / Non-Individual)                                   |   | 2 <sup>nd</sup> Applicant  |   | 3 <sup>rd</sup> Applicant  |   |
|--|---|--|---|--|---|
| Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency | <input type="radio"/> Yes <input type="radio"/> No  | Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency | <input type="radio"/> Yes <input type="radio"/> No  | Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency | <input type="radio"/> Yes <input type="radio"/> No  |
| Country of Birth   |   | Country of Birth   |   | Country of Birth   |   |
| Country Citizenship / Nationality  |   | Country Citizenship / Nationality  |   | Country Citizenship / Nationality  |   |
| Are you a US specified person?   | <input type="radio"/> Yes <input type="radio"/> No<br>Please provide Tax Payer Id.<br>_____ | Are you a US specified person?   | <input type="radio"/> Yes <input type="radio"/> No<br>Please provide Tax Payer Id.<br>_____ | Are you a US specified person?   | <input type="radio"/> Yes <input type="radio"/> No<br>Please provide Tax Payer Id.<br>_____ |
| Non-Individual investors fill this section if ticked Yes above.                                |   |  |   |  |   |
| Tax Residency Status: 1  | Country:  | Tax Residency Status: 1  | Country:  | Tax Residency Status: 1  | Country:  |
|  | No.:  |  | No.:  |  | No.:  |
|  | Type:   |  | Type:   |  | Type:   |
| Tax Residency Status: 2  | Country:  | Tax Residency Status: 2  | Country:  | Tax Residency Status: 2  | Country:  |
|  | No.:  |  | No.:  |  | No.:  |
|  | Type:   |  | Type:   |  | Type:   |
| Tax Residency Status: 3  | Country:  | Tax Residency Status: 3  | Country:  | Tax Residency Status: 3  | Country:  |
|  | No.:  |  | No.:  |  | No.:  |
|  | Type:   |  | Type:   |  | Type:   |
| Address Type _____   |   | Address Type _____   |   | Address Type _____   |   |

(Address Type: Residential or Business (default) / Residential / Business / Registered Office)

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 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) Limited (AMC)/ Fund and undertake to update the information/details with the AMC / Fund/Registrars and 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 details with the regulatory and government authorities as and when needed. I/We will indemnify 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 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.** (F) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its 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) **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 and for all additional purchases have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/ Ordinary Account. (I) **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 and other applicable laws and regulations. (J) **I/We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s)** (J). **FATCA / CRS Certification:** I/We have understood the information requirements of this Form (read 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 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 and also undertake to provide any other additional information as may be required at your end.

|  |  |  |
|--|--|--|
| Signature of 1 <sup>st</sup> Applicant / Guardian /<br>Authorised Signatory /PoA/Karta | Signature of 2 <sup>nd</sup> Applicant / Guardian /<br>Authorised Signatory /PoA | Signature of 3 <sup>rd</sup> Applicant / Guardian /<br>Authorised Signatory /PoA |
|--|--|--|

Cheque/DD should be Drawn in favour of the Scheme Name

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

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| Name & Broker Code / ARN | Sub Broker / Sub Agent ARN Code | Employee Unique Identification Number (EUIIN) | ISC Date Time Stamp Reference No. |
|--------------------------|---------------------------------|---|-----------------------------------|
| ARN -74461               |                                 | E 063566                                      |                                   |

Declaration for "Execution Only" Transaction (where EUIIN box is left blank). Please refer instruction 12 of KIM for complete details on EUIIN. I/We hereby confirm that the EUIIN 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

|  |  |  |
|--|--|--|
| Signature of 1 <sup>st</sup> Applicant / Guardian /<br>Authorised Signatory /PoA/Karta | Signature of 2 <sup>nd</sup> Applicant / Guardian /<br>Authorised Signatory /PoA | Signature of 3 <sup>rd</sup> Applicant / Guardian /<br>Authorised Signatory /PoA |
|--|--|--|

Please  Enrollment for New Registration (Please fill all sections) OR  Change my/our bank account for existing SIP(s).

### 1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Folio No. \_\_\_\_\_ Name of 1<sup>st</sup> Unit Holder \_\_\_\_\_

### 2. SIP ENROLMENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for. [Refer Instruction 16 Overleaf]).

Frequency please  Monthly (Default)  Quarterly

Scheme **Mirae Asset Tax Saver Fund**

Regular Plan  Direct Plan  Growth (Default)  Payout  Reinvestment

SIP Date Please  01<sup>st</sup>  10<sup>th</sup> (Default)  15<sup>th</sup>  21<sup>st</sup>  28<sup>th</sup>

SIP PERIOD: SIP Start Date : M M Y Y Y Y End Date : Perpetual  Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP)

OR Enter SIP End Date : M M Y Y Y Y SIP Amount (₹)  5,000  10,000  25,000  Any other Amount. (₹) \_\_\_\_\_

### 3. SIP PAYMENT DETAILS

3a - Only for Existing Investors - I/We wish to register my/our SIP on the basis of Cancelled Cheque leaf or Photocopy of the Cheque submitted  Please

3b - For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed

First SIP Cheque No. \_\_\_\_\_ Drawn on Bank \_\_\_\_\_

Cheque Date \_\_\_\_\_ A/c. Type  NRE  CURRENT  SAVINGS  NRO

### 4. BANK ACCOUNT DETAILS (Mandatory)

I/We hereby authorise Mirae Asset Global Investments (India) Pvt. Ltd., Investment manager to Mirae Asset Mutual Fund acting through their authorised service providers to debit my/our following Bank A/c. by NACH/ECS (Auto Debit Clearing / Direct Debit) Facility or any other facility for collection of SIP payments.

Name of 1<sup>st</sup> A/c. Holder as in Bank Records \_\_\_\_\_

Bank Name \_\_\_\_\_ Core Banking A/c. No. \_\_\_\_\_

Branch Name & Address \_\_\_\_\_ City \_\_\_\_\_

9 Digit MICR Code \_\_\_\_\_ Bank Account Type  NRE  CURRENT  SAVINGS  NRO

Mandatory Enclosures : Main Application Form and  Blank Cancelled Cheque  "OR" Copy of Cheque

**DECLARATION & SIGNATURE:** To The Trustees, Mirae Asset Mutual Fund - I/We have read and understood the contents of the SID of the applied Scheme and the terms & conditions of SIP enrolment and registration through NACH/ECS or Direct Debit (Auto Debit). I/We hereby declare that the particulars given in this SIP Application Form are correct and express my/our willingness to make payments referred above through participation in NACH/ECS/Direct Debit Facility. I/We also agree that if the transaction is delayed or not effected for reasons of incomplete or incorrect or any other operational reasons: I/We would not hold Mirae Asset Global Investments (India) Pvt. Ltd., their appointed service providers or representatives responsible. I/We will also inform Mirae Asset Global Investments (India) Pvt. Ltd. (Investment Managers to Mirae Asset Mutual Fund) about any change in my/our bank account and also undertake to keep sufficient funds in my bank account on the date of execution of the said standing instructions. "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 have not made any other Micro application [including Lumpsum + 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".

|  |   |  |
|--|---|--|
| Signature of 1 <sup>st</sup> Applicant/Guardian/Authorised Signatory/PoA/Karta<br>(AS IN BANK RECORDS) | Signature of 2 <sup>nd</sup> Applicant/Guardian /Authorised Signatory/PoA<br>(AS IN BANK RECORDS) | Signature of 3 <sup>rd</sup> Applicant/Guardian/Authorised Signatory/PoA<br>(AS IN BANK RECORDS) |
|--|---|--|

Tick() Create  Modify  Cancel

UMRN<sup>1</sup> \_\_\_\_\_ For office use only \_\_\_\_\_ Date<sup>2</sup> DD MM YYY Y

Sponsor Bank Code<sup>3</sup> \_\_\_\_\_ For office use only \_\_\_\_\_ Utility Code<sup>4</sup> \_\_\_\_\_ For office use only \_\_\_\_\_

I/We, hereby authorize<sup>5</sup> Mirae Asset Global Investments India Private Limited To Debit (Tick )<sup>5</sup> SB / CA / €€ / SB-NRE / SB-NRO / Other \_\_\_\_\_

Bank A/c Number<sup>6</sup> \_\_\_\_\_

With Bank<sup>9</sup> \_\_\_\_\_ Name of Customers Bank \_\_\_\_\_ IFSC<sup>10</sup> \_\_\_\_\_ or MICR<sup>11</sup> \_\_\_\_\_

An Amount of Rupees<sup>12</sup> \_\_\_\_\_ In Words \_\_\_\_\_ Amount in Figures<sup>13</sup> ₹ \_\_\_\_\_

Frequency<sup>14</sup>  Mthly  Qlty  H-Yrly  Yrly  As & when presented Debit Type<sup>15</sup>  Fixed Amount  Maximum Amount

Reference 1<sup>16</sup> \_\_\_\_\_ Folio No \_\_\_\_\_ Mobile<sup>18</sup> \_\_\_\_\_

Reference 2<sup>17</sup> **Mirae Asset Tax Saver Fund** Email ID<sup>19</sup> \_\_\_\_\_

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

Period<sup>20</sup>

|      |  |    |      |    |
|------|--|----|------|----|
| From | DD                                       | MM | YYYY | YY |
| To   | DD                                       | MM | YYYY | YY |
| Or   | <input type="checkbox"/> Until cancelled |    |      |    |

<sup>21</sup> Signature of the account holder \_\_\_\_\_ Signature of the account holder \_\_\_\_\_ Signature of the account holder \_\_\_\_\_

<sup>22</sup> Name of the account holder \_\_\_\_\_ Name of the account holder \_\_\_\_\_ Name of the account holder \_\_\_\_\_

This is to confirm that declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized debit.