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 that the EUIN box has been intentionally left bla notwithstanding the advice of in-appropriateness, the transactions data feed/portfolio holdings/ NAV	" Transaction (where Employee Uniqu ink by me/us as this transaction is ex- if any, provided by the employee/relat etc. in respect of my/our investments u	e Identification Number-EUI ecuted without any interacti ionship manager/sales pers inder Direct Plan of all Sche	N* box is left blank). Please ion or advice by the employ son of the distributor/sub bro mes managed by you, to the	e/refer instruction 12 of KIM for comp ee/relationship manager/sales pers ker. RIA Declaration: "I/We hereby of above mentioned SEBI-Registered	lete details on EUIN. I/We hereby confirm on of the above distributor/sub broker or give you my/our consent to share/provide Investment Adviser/ RIA*.
Signature of 1 [#] Applicant / Guar	rijan (Signature of 2 nd Applica	et / Cuerdian /	Signature of G	[#] Applicant / Guardian /
Authorised Signatory /PoA/K	arta	Authorised Signat	ory /PoA	Authoris	ed Signatory /PoA
Please (Micro Applicat er Instruction No. 11	-	Sir F	Application ()
 IAMA FIRST TIME INVESTOR IN MUT Applicable transaction charges will be deduc Distributor) based on the investor's assess 	cted in case your distributor has op nent of various factors including th		pfront commission shall b he ARN Holder.		the ARN Holder (AMFI registered
1. EXISTING UNIT HOLDER INFOR	MATION [Please fill in your F			Section 7 - Investment De	tails]
Folio No. 2. APPLICANT(S) NAME AND INFO	DRMATION [Refer Instruction	CKYC Identificatio	. ,	please provide details of r	natural / legal guardian
1 st SOLE APPLICANT Mr. / Ms. / M/s. Please write the name as per Aadhaar Card)				PAN	
AADHAAR No.				Aadhaar Copy (Plea	se ✓) () Enclosed
CKYC ID No. (KIN)			Pls indic		or tax purpose / Resident of Canada o ^s (\$Default if not √)
GUARDIAN (In case 1 st Applicant is a M Mr. / Ms. / M/s.	Minor)			Relationshi	p with Minor (Please ✓) → Father ◯ Legal Guardian
GUARDIAN CKYC D No. (KIN)			KYC (Please ✓) ○ Proof Attached	GUARDIAN PAN	
GUARDIAN AADHAAR No.				Aadhaar Copy (Plea	se ✔) () Enclosed
POA / Custodian Name:	· · · · · · · · ·			KY	C (Please ✓) ○ Proof Attached
POA / Custodian CKYC ID No. (KIN)			PC	DA / Custodian PAN	
Contact Person for Corporate Investo	or: Name			Designation:	
3. FIRST APPLICANT AND KYC D	ETAILS				
** SOLE APPLICANT O Individual of	or O Non-Individual [Please	fill Ultimate Beneficial	Ownership (UBO) Dec	laration Form in section 11a	& 11b - Refer Instruction No. 17]
Date of Birth/Incorporation		f of Date of Birth (Plea (For minor applicant)	ase ()		Chool Leaving Certificate / Mark Sheet Others (Please specify)
Place of Birth / ncorporation: Please write the Date of birth as per Aadhaar C	Country of Birth / Incorporation:	1	Nationality:	Gender	O Male O Female O Other
Type: OResident Individual OSol	e Prop O NRI - NRE O 1	Frust O Bank / Fls		○ Society/AOP/BOI ○ M	linor thru Guardian O NRI - NRO
HUF OLLP OListed Company OF	Private Company O Public Ltd. Co	ompany 🔿 Artificial Jurio	dicial Person O Partners	hip Firm O FOF - MF Schemes	O Others (Please specify)
a*. Occupation Details [Please tick (✓)] O Private Sector O Business	 Public Sector Retired 	 Government Servic Agriculture 	ce O Student (O Proprietorship (Professional Others Others
*. Politically Exposed Person (PEP) Statu		-	0		
•*. Gross Annual Income (₹) [Please ti	ick (√)] ○ Below 1 Lakh	O 1-5 Lakh	○ 5-10 Lakh	○ 10-25 Lakh	>25 Lakh O > 1 Crore
d*. Net-worth (Mandatory for Non-Indi a*. Non-Individual Investors involved		xchange / Money Cha		D D M M Y Y Gaming/Gambling/Lottery/	(Not older than 1 year Casino Services
any of the mentioned services 4. BANK ACCOUNT DETAILS - Ma		ending / Pawning los. 3 & 4]	0	None of the above	
Name of the Bank:					
Core Banking A/c No.			A/c. Type	Pls. (✔) ○ NRE ○ CL	
Branch Name:	Ado	dress:			
Bank Branch City:	Sta	te:		Pin Co	ode
MICR Code		n a cancelled cheque hoto copy of a cheque	IFSC Code (Manda Credit via NEFT/RT	tory for GS)	

* mandatory fields

5. JOINT APPLICANTS, IF ANY	AND THEIR KYC	DETAILS								
Iode of Holding: O Anyone o	or Survivor	⊖ Single)	⊖ Joint	(P	lease note that th	e Default o	ption is A	Inyone or	Survivo
nd APPLICANT Mr. / Ms. / M/s . lease write the name as per Aadhaar Ca		se of Minor Applicant)				G	ender 🔾	Male C) Female	O Othe
ADHAAR No.							Aadhaar	Copy (Ple	ease 🗸) 🔿) Enclose
N Details		PI	s indicate if US P	erson or a resid	ent for tax purpose	/ Resident of Cana	da 🔿 Yes	s 🔿 N	o* (*Defau	ult if not 🗸
KYC ID No. (KIN)				KYC Pls 🖌	O Proof Attach	ned Date of Bi (As per Aadh	rth (Mandat naar Card)	ory) D D	мму	YYY
ace of Birth		Country of Birth				Nationality:				
. Occupation Details [Please tic	k (✓)] ○		Public Secto		ment Service	O Student		ofessiona		Housewi
. Gross Annual Income (₹) [Plea		Below 1 Lakh	 ○ Retired ○ 1-5 Lakh 	O Agricul		 Proprietorship 10-25 Lakh 	0	hers 5 Lakh	(Please sp O >	> 1 Crore
. Politically Exposed Person (PEP) Net-worth ₹	Status 🔿 Iam P	-	as on D D	Not Applicable	YYY	(Not older than 1 y	vear)			
ode of Holding: O Anyone o	or Survivor	⊖ Single		⊖ Joint	(P	lease note that th	e Default o	ption is A	Anyone or	Survivo
rd APPLICANT Mr. / Ms. / M/s.	Not Applicable in cas	se of Minor Applicant)				G	ender 🔾	Male C) Female	O Othe
ease write the name as per Aadhaar Ca	rd)]				Aadhaar	Copy (Ple	ease ✔) C) Enclose
AN Details			s indicate if LIS P	erson or a resid	ent for tax purpose	/ Resident of Cana			o* (*Defau	
KYC ID No. (KIN)				KYC Pls 📿	Proof Attach	Date of Bi	rth (Mandat			Y Y Y
ace of Birth		Country of Birth				(As per Aadr	naar Card)			
	0	-	Public Secto	r 🔿 Goverr	ment Service	Student	O Pro	ofessiona	al O I	Housewi
. Occupation Details [Please tic	k (✓)] ○	Business (Retired		ture		o Ot	hers	(Please sp	pecify)
 Gross Annual Income (₹) [Plea Politically Exposed Person (PEP) \$ 		EP O I am Relat	D D	O 5-10 La Not Applicable		() 10-25 Lakh		5 Lakh	0 >	> 1 Crore
Net-worth ₹			as on <u> </u>			(Not older than 1 y	ear)			
ວa. MAILING ADDRESS [Please ocal Address of 1 st Applicant	provide your E-m	iall ID and Mobile I	Number to help	o us serve you	i betterj					
		City		Sta	te		Pin Code			
el. Off.		ony	Resi.			Mobile				
- Mail^^										
Please Use Block Letters. Investor	s providing email ID	would mandatorily r	eceive all Comm	nunications, Sta	tement of Accoun	Its and Abridged Ar	nual Repor	 t through	e-mail or	l ly.
b. Mandatory for NRI / FII App	licant [Please pro	vide Full Address.	P. O. Box No.	may not be su	Ifficient. For Ov	erseas Investors	, Indian Ad	ddress i	s preferre	ed]
verseas Correspondence Addre	ess									
7. INVESTMENT AND PAYMEN	IT DETAILS (For	complete informat	tion on Investn	nent Details pl	ease refer to Ins	structions No. 6.)			
cheme		-	Regular Plan Direct Plan	⊖ Growth (I	Default) 🛛 🔿 P	Dividend* Payout ⊖ Reinv	vestment	Ŭ	v frequen	
ayment Type [Please (✓)]	O Self (Non-Thi	rd Party Payment)	1	·	· · · ·	'Third Party Paym				
Cheque / DD / UTR No. & Date		Cheque / DD /	DD Charge	es,	Net Purchase	Drawn on		-	In Bank A	
	RIGS/NEFT	in figures (Rs.)	if any		Amount	Bran	ch	(For	r Cheque	Only)
Dividend frequency is applicable o 8. DEMAT ACCOUNT DETAILS - Mai	-	5		•		der section 3 match	hes as her th	e Denosi	ory Details	8
ational Securities Deposito			ensure that the se			vices (India) Li			ory Details	5.
PName		-		DP Name						
PID I N	Benef. A/C No.			16 Digit A/C N	o.					
nclosures - Please (🗸)	Client Masters	List (CML)	Transa	ction cum Hold	ling Statement		Delivery I	nstructio	 n Slip (DI	S)
9. NOMINATION DETAILS [Min	or / HUF / POA Ho	older / Non Individ	uals cannot No	ominate - Refe	r Instruction No	o. 9]				•
PLEASE REGISTER MY/OUR				-	WE DO NOT WI	ISH TO NOMINAT	E			
No. Nominee(s) Name		e of Birth e of Minor)	Name of the (in case o		Relationship	% of Share	Signatur	e of Non	ninee / Gu	uardian
1		И Ү Ү Ү Ү								
2	D D M M	A Y Y Y Y								
3	D D M N	IYYYY								

* mandatory fields

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? (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	uardian / Non-Individual)		2 nd Aj	pplicant	3 rd Applicant					
Do you have any no Country(ies) of Birth Citizenship / Nation and Tax Residency	on-Indian h / ality	◯ Yes ◯ No	Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	on-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			Country Citizenship Nationality	1		Country Citizenship Nationality	1			
Are you a US specif person?	e you a US specified O Yo rson? Please pro		Are you a US specified person?		○ Yes ○ No Please provide Tax Payer Id.	Are you a US specif person?	ied O Yes O 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:	Country:			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			Tax Residency Status: 2 No.:			Tax Residency Status: 2	No.:			
	Туре:		Туре:				Туре:			
	Country:			Countr	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 applied for (Including the scheme(s) available during the New Fund Offer period); I/We hereby apply for units of the said such scheme 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 nomine acknowledging receipts of my/our credit will constituted Hull 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 (AMC)/ Fund and undertake to update the information/details with the *AMC* / Fund/Registrars and Transfer Agent (RTA) from time to time. (IV) 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. (New Weilkinder declare that I/We have need) undertake to update the 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 melus. (F) I/We have need, understood and hall be bound by the terms & confilians of the PIN Maker (Term dashall be bound by the terms & confilians of the PIN Maker (D) applicable to Transacting on IIII. (H) RAI: (We have need, understood and hall be bound by the terms & confilians of the PIN Maker (PIN Maker K) and Maker (RIA) through the registrar or otherwise. (I) Applicable to Toreign Resident in India' and are allowed to invest into the Scheme as per K. Residen in India: A rate allowed

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

Application No.: Cheque/DD should be Drawn in favour of the Scheme Name*

Mirae Asset India Equity Fund	Mirae Asset Emerging Bluechip Fund	Mirae Asset Cash Management Fund
Mirae Asset Hybrid-Equity Fund	Mirae Asset Tax Saver Fund	Mirae Asset Dynamic Bond Fund
Mirae Asset Savings Fund	Mirae Asset Great Consumer Fund	Mirae Asset Short Term Fund

*Any new scheme launched by the AMC from time to time

FOR NON-INDIVIDUALS ONLY

PART	A To be filled	<i>"</i> ,					ci Kepi	nung N				=5)										
Ve are	e a, cial institution		GIIN																			
r			1	lote: If you	do not have a	a GIIN b	but you are	sponsored by	y another entit	ty, please pro	ovide your	sponsor's GIIN	above	and indicate	your spon	sor's name	below					
	reporting NFE e tick (✓)]	0	Name	of spo	onsoring	j enti	ity:															
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	B (please fill a		. ,	-											0.90.7				0.000			particit
1		-									· ·	iny one stor	· ·	hange on	which	the stock	is requ	ilarly	traded)			
 Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) 											0			lis regu		(aded)						
2 Is the Entity a related entity of a publicly							ΟY	es (If yes	, please s	pecify n	ame of the	listed	company	and or	e stock	exchang	ge on	which th	e stock i	s regula	arly tra	
	traded comp regularly trac							Name	e of listed of	company:												
							,	Natu	re of relatio	on 🔿 Su	ubsidiar	y of the List	ted Co	ompany or	. 0	Controll	ed by a	Liste	d Compa	iny		
								Name	e of stock e	exchange:	:											
3	Is the Entity	an activ										declaration										
-		an aoth																				
								Natu	re of Busin	ess:												
								Pleas	se specify t	the sub-ca	ategory	of Active NI	FE		Mentior	code: F	lefer ins	structi	on 16(c)			
4	Is the Entity	a passi	ve NFE					ΟΥ	es (If yes	, please fi	ill UBO (declaration	in the	next sect	ion.)							
								-	re of Busin													
								Fo	r details	refer ins	structi	on No. 10	6.									
a. I	DECLARATION	FOR	JLTIM/	TE BE	NEFICIA		WNER	SHIP [UI	BO] (Refe	r instruct	ion No.	17)*										
rson(s) atemer	s), confirming ALL co ent and Auditor's Lett DETAILS OF U	er with re	of tax res equired de	idency / etails as r	nentioned	in Forr	m Ŵ8 BE	NE.							.,							
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	Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
		Amount (Rs.)	
		Cheque / DD No.:	
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·			Cheque / DD is subject to realisation