

**SYSTEMATIC INVESTMENT PLAN (SIP)** Registration Cum Mandate Form For NACH/Direct Debit  
With Goal SIP & Top-Up Facility



Application No.:

Name & Broker Code / 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 (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 distributor/sub broker.

Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory / PoA / Karta	Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory / PoA	Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory / PoA
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Please  Enrollment for New Registration (Please fill all sections) OR  SIP Top-up Facility OR  Goal Based SIP

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

Name of 1<sup>st</sup> Unit Holder: \_\_\_\_\_ Folio No. \_\_\_\_\_  
Aadhaar No. \_\_\_\_\_ Aadhaar Copy (Please  Enclosed)

**2. SIP ENROLMENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for. [Refer Instruction 17 Overleaf].)**

Frequency Please  Monthly (Default)  Quarterly  Regular Plan  Direct Plan  Growth (Default)  Dividend Reinvestment (Please  Daily  Weekly  Monthly  Dividend Payout  
\*For Mirae Asset Cash Management Fund & Mirae Asset Savings Fund

Scheme \_\_\_\_\_  
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 Amount (₹)  5,000  10,000  25,000  Any other Amount. (₹) \_\_\_\_\_

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

**2a. Goal SIP - Do you want to assign a goal for your SIP. Yes  No  If yes please select (✓) your goal [Refer Instruction 24 Overleaf].**

Please specify your goal amount ₹ \_\_\_\_\_  
 Kids Marriage  Kids Education  Retirement Planning (Default)  
 Tax Savings  Dream House  Dream Car  Dream Vacation  Others \_\_\_\_\_

**2b. SIP TOP-UP FACILITY (You can start SIP Top-up facility after minimum 6 months from 1st SIP) Refer Instruction No. 23 on the reverse on SIP Top-up**

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure. (Not available for micro SIPs)

Top-up Amount (₹) \_\_\_\_\_ (minimum ₹ 500/- and in multiples of ₹ 1/- only) Top-up Start Date M M Y Y Y Y  
Frequency Please  Half Yearly  Yearly (Default) Top-up End Date M M Y Y Y Y

For Existing Investors: Original SIP details - SIP Date - SIP Amount (₹)- Scheme -

**3. SIP PAYMENT DETAILS (New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and NACH mandate.)**

Cancelled cheque Leaf First SIP Cheque No. \_\_\_\_\_ Drawn on Bank \_\_\_\_\_  
Cheque Date \_\_\_\_\_ A/c. Type  NRE  CURRENT  SAVINGS  NRO

**4. BANK ACCOUNT DETAILS (Mandatory)**

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

**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 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 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". Aadhaar: I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios

Signature of 1 <sup>st</sup> Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS)	Signature of 2 <sup>nd</sup> Applicant/Guardian /Authorised Signatory/PoA (AS IN BANK RECORDS)	Signature of 3 <sup>rd</sup> Applicant/Guardian/Authorised Signatory/PoA (AS IN BANK RECORDS)
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**NACH MANDATE INSTRUCTION FORM (Refer instruction over leaf before Filing)**

Tick(✓) Create  Modify  Cancel

UMRN<sup>1</sup> \_\_\_\_\_ Date<sup>2</sup> DD MM YYYY \_\_\_\_\_  
Sponsor Bank Code<sup>3</sup> \_\_\_\_\_ Utility Code<sup>4</sup> \_\_\_\_\_  
I/We, hereby authorize<sup>5</sup> Mirae Asset Global Investments (India) Pvt. Ltd. To Debit (Tick✓)<sup>6</sup> SB / CA / CC / SB-NRE / SB-NRO / Other  
Bank A/c Number<sup>8</sup> \_\_\_\_\_  
Bank Name<sup>9</sup> \_\_\_\_\_ IFSC<sup>10</sup> \_\_\_\_\_ or MICR<sup>11</sup> \_\_\_\_\_  
Amount in words<sup>12</sup> \_\_\_\_\_ Amount in Figures<sup>13</sup> ₹ \_\_\_\_\_  
Frequency<sup>14</sup>  Mthly  Qtly  H-Yrly  Yrly  As & when presented Debit Type<sup>15</sup>  Fixed Amount  Maximum Amount  
Ref 1<sup>16</sup>: Folio No. \_\_\_\_\_ Mobile<sup>18</sup> \_\_\_\_\_  
Ref 2<sup>17</sup>: Scheme \_\_\_\_\_ 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.

21 Signature of primary account holder 22 Name of primary account holder

Signature of joint account holder Name of joint account holder

Signature of joint account holder Name of joint account holder

Period<sup>20</sup> D D M M Y Y Y Y  
From \_\_\_\_\_  
To \_\_\_\_\_  
Or  Until cancelled

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.

03-2018