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. |
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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 1 st Applicant | | , , | / Karta | | Sign of 2 | | | n / Auth. Sigr | natory / Po/ | A | Sigr | n of 3 rd A | | | | ignatory / P | oA |
|--|---|---|--|---|--|--|---|--|--|--|--|---|--|---|--|--|---|
| Please 🖌 🛛 🛛 | umpsum Invest | ment 📋 | | | | Mic | ro Applic | ation | | | | | SIP | Applica | tion 📋 | | |
| TRANSACTION | CHARGES (Ple | ase ⊘ an | y one o | f the bel | ow. Refer | KIM pag | e no 318 | &32, Instr | ructions | No. 11) | | | | | | | |
| I AM A FIRST TI Applicable transactio registered Distributo | on charges will b | e deducted | l in case | your dist | | | | | ofront con | nmission | | | | | | | lder(AMFI |
| 1. EXISTING U | NIT HOLDER IN | IFORMATI | ION- Pl | ease fill | in your F | olio Num | ber, PA | N, KIN in | below S | ections : | 2, 3, 4 & pr | oceed | to Sec | ction 7 | for Inve | stment I | Details. |
| Folio No. | | | | | | | | | | | d alongside v YC credentia | | | | | | lers in the |
| 2. APPLICANT | S) NAME AND | IN INFOR | MATION | N [Refer | KIM page | no 31&3 | 2, Instru | ction 2] I | lf the 1 st / | / Sole Ap | plicant is I | Minor, | then p | lease p | rovide | details c | f natural . |
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| LEI Code for entities | | | | | | | | | | | | | | | | | |
| CKYC ID No. (KIN) | | | | | | | | | | Pls indicat | te if US Perso | | | t for tax µ No ^s (\$De | | | of Canada |
| GUARDIAN (In cas Mr. / Ms. / M/s. | e 1 st Applicant is | a Minor) | | | | | | | | | | Rel /lother | _ | hip with Fathe | | (Please | ✓) al Guardian |
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| POA / Custodian M | lame: | | | | | | | | | | | | ۲ | (YC (Ple | ease√) | Proc | f Attached |
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| | | | | | | | | | | | | | | | | | |
| Contact Person fo | r Corporate Inv | estor: | | | | | | | | I | Designation | | | | | | |
| | r Corporate Inv CANT AND KY | | S | | | arked as | (*) a | re Manda | tory | l | Designation | | | | | | |
| 3. FIRST APPL 1 st SOLE APPLICA | CANT AND KY | C DETAIL | | Al | l <mark>fields m</mark> I [Please II | Ultimate | Benefici | al Owners | hip (UBC |)) Declara | tion Form in | | | | | | |
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| 5. JOINT APPLICANTS, IF ANY AND THEIR | KYC DETAILS | All fields marked as | s 🚓 are Ma | andatory | | | | | | | | |
|--|--|---|------------------------------|--|--------------------------------|---------------------------|----------------------------|-------------------------|--------------------|-------------------|-----------------|--------------|
| Mode of Holding: Anyone or Survivor 2 nd APPLICANT Mr. / Ms. / M/s. (Not Applicable) | | Single ant) (Please write the nan | Joint Joint De as per PAN Ca | ard) | (Plea | | | | | | | Survivor |
| PAN Details | | Pls indicates if US I | Person or a res | dent for tax purpo | se / Reside | nt of Ca | nada | Yes | | lo* (*De | efault i | if not 🗸 |
| CKYC ID No. (KIN) | | | KYC Pls 🖌 | Proof Attac | ched (/ | ate of s per PA | Birth (M N Card) | andato | ory) D | DM | ΜY | ΥΥΥ |
| Place of Birth | Country of | Birth | | | Nati | onality: | | | | | | |
| a*. Occupation Details [Please(✓)] | | Public Sector Retired | Governr | | Student | orship | _ | ofessi thers <u></u> | | ase sp | House ecity) | ewife |
| | | I am Related to PEF | _ | | _ | | _ | | | _ | | |
| c*. Gross Annual Income (₹) [Please(✓)] [d*. Net-worth ₹ | Below 1 Lakh |] 1-5 Lakhs as on | 5-10 La | akhs L | 10-25 L | | ⊥ >2 | 25 Lak | hs | ∐ > | • 1 Cr | ore |
| Mode of Holding: Anyone or Survivor | | Single ant) (Please write the nam | Joint ne as per PAN Ca | ard) | | se note t | hat the l | | · · _ | _ * | | Survivor |
| PAN Details | | Pls indicates if US I | Person or a resi | dent for tax purpo | se / Reside | nt of Ca | nada 🗌 |] Yes | | lo* (*De | efault i | if not 🧹 |
| CKYC ID No. (KIN) | | | KYC Pls 🖌 | Proof Attac | hed (A | ate of I s per PA | Birth(M N Card) | andato | ory) D | DM | ΜY | ΥΥΥ |
| Place of Birth | Country of | Birth | | | Nati | onality: | | | | | | |
| a*. Occupation Details [Please(✓)] | Business | Public Sector Retired | Agricultu | ire | Student Propriet | orship | Pr O | ofessi thers <u></u> | | ase sp | House ecity) | ewife |
| b*. Politically Exposed Person (PEP) Status | _ | I am Related to PEF | | | | | _ | | | _ | | |
| c*. Gross Annual Income (₹) [Please(✓)] [d*. Net-worth ₹ | Below 1 Lakh |] 1-5 Lakhs as on | 5-10 La | akhs YYYY | 10-25 L | | vear) | 25 Lak | hs | □ > | • 1 Cr | ore |
| 6. MAILING ADDRESS [Please provide yo | our E-mail ID and M | | lp us serve y | ou better Refer | 、 、 | | | tructi | ons 6 | 9] | | |
| Local Address of 1 st Applicant | | | | | | | | | | | | |
| | City | | Sta | ate | | | Pin Co | de | | | | |
| Tel. Off. | | Resi. | | | Mobile | | | | | | | |
| Mobile No specified above belongs to Self or Fan Spouse Guardian(for Minor Investmen E - Mail^^ APlease Use Block Letters. Investors providing emails | t) | Children 🗆 De | pendent Parer | nts De | pendent Si Abridged A | | eport thr | ough e | -mail o | nly. | | |
| Email address specified above belongs to Self or Spouse Guardian(for Minor Investment | Family, due to Investor | being(Please tick any o | | below.) | pendent S | | | 0 | | | | |
| 6a. Mandatory for NRI / FII Applicant [Plea | ase provide Full Ad | dress. P. O. Box No. | may not be | sufficient. For (| Overseas | Investo | ors, Ind | ian A | ddress | s is pr | eferr | ed] |
| Overseas Correspondence Address | | | | | | | | | | | | |
| 7. INVESTMENT AND PAYMENT DETAILS | S (For complete inf | ormation on Investn | nent Details p | olease Refer Kll | M page no | 31&32 | , to Ins | tructi | ons No | o. 6.) | | |
| Scheme - | | | Regul | | owth (Defau | ilt) | IDCW I | | | | | /* iency^ |
| *IDCW is applicable only for Mirae Asset Cash Managem *Income Distribution cum Capital Withdrawal. IDCW ^Fre | ent Fund, Mirae Asset O quency can be Daily or V | vernight Fund & Mirae As Weekly or Monthly; If not s | set Savings Fund | d. Default option her | e will be Da is default, re | ly if frequ fer SID fo | iency not | selecte | | | . roqu | |
| Chaque / DD / UTP No. & Date Amou | n-Third Party Payment Int of Cheque / DD / NEFT in figures (Rs | DD Charg | | (Please attach 'T Net Purchase Amount | |) rawn c | | | Pay | /-In Ba or Che | | |
| | <u></u> | .,, | | | | Dit | | | | | 1 | |
| 8. DEMAT ACCOUNT: Mandatory for units | in Demat Mode -Ple | ease Ensure the sequ | uence of nam | es as mentione | d under s | ec-3 ma | tches a | as per | the D | eposit | ory D | Details. |
| National Securities Depository Limited (NSD) | -) | | Central De | pository Service | es (India) | Limited | (CDSL | .) | | | | |
| DP Name | | | DP Name | | | | | | | | | |
| DP ID I N Benef. A | /C No. | | 16 Digit A/C N | lo. | | | | | | | | |
| Enclosures - Please (✓) ☐ Client Masters 9. NOMINATION DETAILS MANDATORY [I | | Transaction o | | | | elivery | | | | | n No | 201 |
| PLEASE REGISTER MY/OUR NOMINEE A | | | _ | I/WE DO NOT W | | | | iiiiau | | uucuc | | J. 20] |
| No. Nominee(s) Name | Date of Birth (in case of Minor) | Name of the G | Buardian | Relationship | % of Share | | ignatur | | lomine ut not N | | | an |
| 1 | DD/MM/YYYY | | | | Share | | (| 2 | | 3 | , | |
| 2 3 | DD/MM/YYYY DD/MM/YYYY | | | | | | | | | | | |
| 3 I / We hereby confirm that I / We do not wish to appoint any nominee(account holder(s), my / our legal heirs would need to submit all the re- | | d in my / our mutual fund folio a | and understand the is | ssues involved in non ap | pointment of n | ominee(s) | and further | are awa | re that in o | case of de | eath of a | all the |
| | | court or other outer competent d | aalong, based on th | | . alo mutuar iul | | | | | | | |
| Signature of 1 [#] Applicant / Guardian / Auth. Signatory / Po (AS IN BANK RECORDS) | A / Karta Signa | | | tory / PoA | | | | | | | | |

FOR NON-INDIVIDUALS ONLY

| 10. <mark>F</mark> A | 10. FATCA & CRS DETAILS (Please consult your professional tax advisor for further guidance on FATCA & CRS classification) | | | | | | | | | | | | | | | | | | | | |
|----------------------------|---|----------------------------|------------------------|-----------------------|------------|--|----------|-----------------------------------|------------|-------------|---|---------------|--------------------|----------|------------------------|------------------------------|--------|---------------------------|---|------------|-------------------------|
| PART | PART A To be filled by Financial Institutions or Direct Reporting Non Financial Entity (NFEs) | | | | | | | | | | | | | | | | | | | | |
| We ar Finan | e a, cial institution 🔲 | GIIN | e: If you do | not have a GI | IN but you | are sponsere | ed by an | other entity | . please p | provide voi | ur sponsor's (| GIIN above a | nd indica | ate vour | sponsor's | name belov | w | | | | |
| | t reporting NFE | | | soring en | | | | | , r r | | | | | , | | | | | | | |
| | not available [Please t | ick (✓)] | | Applied for | or 🗌 |] Not req | uired | to apply | for - p | lease s | specify 2 | digits sul | o-cate | gory | | [| | lot obta | ained - I | lon-par | ticipating FI |
| PART | PART B (please fill any one as appropriate "to be filled by NFEs other then Direct Reporting NFEs") | | | | | | | | | | | | | | | | | | | | |
| 1 | Is the Entity a public | | | | | | Yes (If | yes, plea | ise spec | cify any o | one stock e | xchange of | on which | h the s | stock is r | egularly t | radeo | d) | | | |
| | (that is, a company w traded on an establis | | | | ly | Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange: | | | | | | | | | | | | | | | |
| 2 | Is the Entity a related traded company (a c | | | | | | Yes (If | yes, plea | ise spec | cify name | e of the list | ed compa | ny and o | one sto | ock exch | nange on | whick | h the sto | ock is reg | ularly tra | ded) |
| | regularly traded on a | | | | |) Nan | ne of L | isted com | ipnay: _ | | | | | | | | | | | | |
| | | | | | | Nati | ure of r | relation | Su Su | ubsidiary | of the Liste | ed Compai | ny or | | Controll | ed by a Li | isted | Compar | ıy | | |
| | | | | | | Nan | ne of s | tock exch | ange: | | | | | | | | | | | | |
| 3 | Is the Entity an active | e NFE | | | | | Yes (If | yes, plea | ise fill U | IBO decl | aration in t | he next se | ction.) | | | | | | | | |
| | | | | | | Natu | ure of I | Business: | | | | | | | | | | | | | |
| | | | | | | Plea | ase sp | ecify the s | sub-cate | egory of | Active NFE | | М | lention | code: F | Refer instr | uctio | n 15(c) | | | |
| 4 | Is the Entity an Pass | ive NFE | | | | | Yes (If | yes, plea | ise fill U | IBO decl | aration in t | he next se | ction.) | | | | | | | | |
| | | | | | | Nati | ure of I | Business: | | | | | | | | | | | | | |
| | | | | | | | | | | | n no. 15. | | | 1 | | | | | | | |
| | ECLARATION FOR UL | | | | | | | | | | | | | | such Lis | ted Comr | hanv | Please I | ist below | the detai | s of controlling |
| person(s) |), confirming ALL countries of and Auditor's Letter with requ | f tax reside | ncy / perr | manent resi | dency / c | itizenship a | and AL | L Tax Ide | ntificatio | on Numb | ers for EA | CH control | ing pers | son(s). | Owner- | document | ted Fl | FI's shou | uld provid | e FFI Ov | vner Reporting |
| | ETAILS OF ULTIMATE | | | | | | he giv | ven spa | ce bel | low is ı | not adeq | uate, ple | ase a | ttach | multip | le decla | arati | ion for | ms) | | |
| | Name of UBO & Address | | Addre | ss Type ^{⁵⁵} | Identifi | Tax Payer ication No. Ilent ID No | / Re | ocument efer instru No. 15(| uction | Res peri | try of tax idency/ nanent dency* | | untry o zenshij | | | D Code Idatory) | | [please the cknowle | es / NO) e attach KYC edgemer oy] | i | f beneficial nterest |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| information that applie | ss Type: Residential or Busin on is not provided, it will be pre- cant has concealed the facts of l information as may be require | sumed that f beneficial | applicant ownership | is the UBO, | with no d | eclaration t | o subn | nit. In such | n case, N | /AMFIA! | MC reserves | s the right t | o reject t | the app | olication | or reverse | the a | allotment | of units, i | subsequ | ently it is found |
| | ive NFE, please provide below | | | | - | | | | - | | w mandato | ry details i | f the UB | 30 doe | s not ha | ve a PAN. | (Refe | er Instruc | ction No. | 16) | |
| Election ID | Any other Identification Nu D, Govt. ID, Driving Licence NREGA Job Birth - Country of Birth | | Aadhaar, Pas | sport, | Nat | cupation T ionality: her's Nam | | , | | | abla | | | | ate of Bi : Male, F | rth ⁻ emale, O | ther | | | | |
| 1. PAN: | | | | | | cupation T | | nuatory II | | not avdl | | | + | | | | | | | | |
| | of Birth | | | | | ionality: | , | | | | | | Da | ate of | Birth: | | | | | | |
| Cour | Country of Birth: Father's Name: Gender Male Female Other | | | | | | | | | | | | | | | | | | | | |
| 2. PAN: | : | | | | Oco | cupation T | ype: | | | | | | | | D 1 (1) | | | | | | |
| City | of Birth | | | | | ionality: | | | | | | | | ate of | _ | - | _ | | _ | | |
| Cour | ntry of Birth: | | | | Fat | her's Nam | e: | | | | | | G | ender | | /lale | _ Fe | emale | Othe | er | |
| 3. PAN: | : | | | | Oco | cupation T | ype: | | | | | | D | ate of | Birth: | | | | | | |
| | of Birth | | | | | ionality: | | | | | | | | ender | _ | Aale F | | male | Othe | r | |
| Cour | ntry of Birth: | | | | Fat | her's Nam | e: | | | | | | 9 | enuer | | | _ re | andle | | a | |
| #Additio | 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 persons will be solve in tax result to the solve in type in the interview of the solve in the solve

Application No.:

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

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

| FOR NON-INDIVIDUAL | . S: Is the 'E | Entity" a tax resident o | f any country othe | nt for tax purposes and the er than India? | Yes | No | mbers below. | | | | |
|---|-----------------------|---------------------------|---|---|-------------|----------------------------|---|--------------------------------------|----------|-------------------------------------|--|
| 1 st Applican | uardian / Non-Indivi | dual | | pplicant | | 3 rd Applicant | | | | | |
| Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency | | | Do you have any non- Country(ies) of Birth / Citizenship / Nationali Tax Residency | Indian ty and | Yes | No | Do you have any non- Country(ies) of Birth / Citizenship / Nationali Tax Residency | Indian ty and | Yes No | | |
| Country of Birth / Incorporation | | | Country of Birth | | | | Country of Birth | | | | |
| Country Citizenship / Nationality | | | | Country Citizenship / Nationality | | | | Country Citizenship / Nationality | | | |
| Are you a US specifie person? | ed | Ves Please provide | No Tax Payer Id. | Are you a US specified person? | b | Ves Please provide | N ₀ Tax Payer Id. | Are you a US specified person? | d | Yes No Please provide Tax Payer Id. | |
| For non-Individual inv | estor in ca | I use your country of inc | corporation / Tax re | L esidence is US, but you a | re not a sr | L Decified US person th | en please mentior | exemption code | F | Refer instruction 15(e)) | |
| Individual or Non-In if ticked Yes above. | | , , | | | | ill in below details i | | | <u> </u> | | |
| | Count | y: | | Count | ry: | | | Country: | | | |
| Tax Residency Status: 1 | No.: | No.: | | Tax Residency Status: 1 | No.: | | Tax Residency Status: 1 | No.: | | | |
| | Туре: | | | Туре: | | | | Туре: | | | |
| | Count | ry: | | | Country: | | | Cou | | у: | |
| Tax Residency Status: 2 | No.: | | | Tax Residency Status: 2 No.: | | | | Tax Residency Status: 2 No.: | | | |
| | Туре: | | Туре | | | | | Туре: | Туре: | | |
| | Count | y: | Count | | ry: | | | Count | y: | | |
| Tax Residency Status: 3 | No.: | | | Tax Residency Status: 3 No.: | | | | Tax Residency Status: 3 No.: | | | |
| | Туре: | | | Туре: | | | | | | | |

(Address Type: Residential or Business (default) | Residential | Business | Registered Office) (For address mentioned in form | existing address appearing in folio)

Address Type

In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily.

Address Type

13. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(f) of KIM]

FATCA AND CRS DETAILS (Self Certification) (Refer KIM page no 31&32, instruction No. 15)

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 agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) IWA 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 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 Investement Managers (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. I//We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We hereby confirm that I/We have not been offered/communicated any indicative portfolio and/ or any indicative givel by the Fund/AMC/fits distributor for this investment. II. We have not been offered/communicated any indicative portfolio and and and shall be bound by the terms & conditions of the PNN agreement available on the AMC website for transacting online. (I) RIA: UWe have read consent the AMC to share my transaction define advisor (RIA) through the registerar or otherwise. (I) Applicable to Foreign Resident's Residing in India: I/We easify the Residency test as prescribed under FEMAprovisions. IWe further declare that I/We ana/are "Person Resident's nearesting online. (I) RIA: UWe and regulations and other applicable laws and regulations. (J) I/We confirm that I/W have not received the information requirements of this FOM received the sthrough the information requirements of this FOM 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 & also undertake to provide any other additional information as may be required at your end. (L) Aadhaar. I/We hereby voluntarily submit Aadhar card to the Fund/AMC for updating the same in my folio.

| 1 | Sign of 1 st Applicant / Guardian / Authorised Signatory / PoA | Sign of 2 rd Applicant / Guardian / Authorised Signatory / PoA | Sign of 3 rd Ap Authorised |
|---|--|--|--|

Address Type

(FOR INDIVIDUALS & NON-INDIVIDUAL

For Lumpsum 'OR' SIP

| S S | Received Application from Mr. / Ms. / M/s. | | as per details below: |
|-------------|--|--|---|
| EN I | Scheme Name and Plan | Payment Details | Date & Stamp of Collection Centre / ISC |
| ACKNOWLEDGN | | Amount (Rs) Cheque/ DD No.: Dated Bank & Branch | |