

# COMMON APPLICATION FORM

Application No.:

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIN)	ISC Date Time Stamp Reference No.
ARN – 102841		E	

Declaration for "Execution Only" Transaction (where 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 / Authorized Signatory /PoA/Karta	Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorized Signatory /PoA	Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorized Signatory /PoA
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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.  Name of 1<sup>st</sup> Unit Holder

**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) **Relationship with Minor** (Please )  
Mr. / Ms. / M/s.  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 / FIs  FIs  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.

10-2015

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 (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         (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

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 (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         (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

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  Regular Plan  Direct Plan  Growth (Default)  Payout  Reinvestment  Dividend

Payment Type [Please (✓)]  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 <input type="text"/>	DP Name <input type="text"/>
DP ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Benef. A/C No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Enclosures - Please <input checked="" type="checkbox"/> <input type="checkbox"/> Client Masters List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> 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"/> <input type="text"/> <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"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* mandatory fields

# FOR NON-INDIVIDUALS ONLY

**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 NFEs)**

We are a, **Financial institution**  **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) 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) Name of listed company: _____ Nature of relation <input type="radio"/> Subsidiary of the Listed Company or <input type="radio"/> Controlled by a Listed Company 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.) Nature of Business: _____ Please specify the sub-category of Active NFE <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> Mention code: Refer instruction 15(d)
4	Is the Entity a passive NFE	<input type="radio"/> Yes (If yes, please fill UBO declaration in the next section.) 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>ss</sup>	PAN/Tax Payer Identification No./ Equivalent ID No.	Document Type Refer instruction No. 15(c)	Country of tax Residency/ permanent residency	Country of citizenship	UBO Code (Mandatory)	KYC (Yes / NO) [please attach the KYC acknowledgement copy]	% of beneficial interest
		No.:						
		Type:						
		No.:						
		Type:						
		No.:						
		Type:						

\$\$ 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, 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.

# 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.

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 Nationality: Father's Name: Mandatory if PAN is not available	DOB: Date of Birth Gender: Male, Female, Other
1. PAN: _____ City of Birth: _____ Country of Birth: _____	Occupation Type: _____ Nationality: _____ Father's Name: _____	Date Of Birth: _____ Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
2. PAN: _____ City of Birth: _____ Country of Birth: _____	Occupation Type: _____ Nationality: _____ Father's Name: _____	Date Of Birth: _____ Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
3. PAN: _____ City of Birth: _____ Country of Birth: _____	Occupation Type: _____ Nationality: _____ Father's Name: _____	Date Of Birth: _____ 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

The detail of this page should be fill by non-individual investors only.

For  Lumpsum 'OR'  SIP as per details below:

Received Application from Mr. / Ms. / M/s. \_\_\_\_\_ Application No.: \_\_\_\_\_

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

Cheque / DD is subject to realisation

ACKNOWLEDGEMENT SLIP

**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 Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="radio"/> Yes <input type="radio"/> No Please provide Tax Payer Id. _____
<b>Non-Individual investors fill this section if ticked Yes above.</b>					
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 below and hereby accept the same.

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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**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.**