

Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	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 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
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Please Lumpsom 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 1st / Sole Applicant is Minor, then please provide details of natural / legal guardian

1st 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^s (\$Default if not)

GUARDIAN (In case 1st 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

1st 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
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 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
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 (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.

09-2016

5. JOINT APPLICANTS, IF ANY AND THEIR KYC DETAILS

2nd 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)

3rd 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 1st 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 Dividend* Reinvestment Div frequency*

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"/>

*Dividend frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Ultra Short Term Bond Fund.

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"/> <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"/>	<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"/>	<input type="text"/>	<input type="text"/>

* 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? 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 st Applicant (Sole / Guardian / Non-Individual)		2 nd Applicant		3 rd 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 / Incorporation		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. _____

For non-Individual investor in case, if you country of incorporation / Tax resistance in US, but you are not a specified US person then please mention exemption code _____ (Refer instruction 16(e))

Individual or Non-Individual investors fill this section if ticked Yes above.		Individual investor have to fill in below details in case of joint applicants			
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) (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(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) RIA:- I/We hereby permit the AMC to share my/our current & historic transaction details to the Registered Investment Advisor (RIA), if any transactions are carried out using the RIA code. (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). (K) 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 & also undertake to provide any other additional information as may be required at your end. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise.

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
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Application No.:

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

Mirae Asset India Opportunities Fund	Mirae Asset Emerging Bluechip Fund	Mirae Asset Great Consumer Fund
Mirae Asset Prudence Fund	Mirae Asset Tax Saver Fund	Mirae Asset Cash Management Fund
Mirae Asset Ultra Short Term Bond Fund	Mirae Asset China Advantage Fund	

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

SYSTEMATIC INVESTMENT PLAN (SIP) WITH TOP-UP FACILITY



Registration Cum Mandate Form For NACH/Direct Debit

Application No.:

Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	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 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
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Please Enrollment for New Registration (Please fill all sections) OR Change my/our bank account for existing SIP(s) OR SIP Top-up Facility

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

Folio No. Name of 1st Unit Holder

2. SIP ENROLMENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for. [Refer Instruction 18 Overleaf]).

Frequency Please Monthly (Default) Quarterly Regular Plan Direct Plan Growth (Default) Dividend Payout Dividend Reinvestment
 Scheme Div frequency*

*Dividend frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Ultra Short Term Bond Fund.

SIP Date Please 01st 10th (Default) 15th 21st 28th 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. 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.

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

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 NACH 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 1st 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".

Signature of 1 st Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS)	Signature of 2 nd Applicant/Guardian /Authorised Signatory/PoA (AS IN BANK RECORDS)	Signature of 3 rd Applicant/Guardian/Authorised Signatory/PoA (AS IN BANK RECORDS)
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Tick Create Modify Cancel

UMRN¹ For office use only Date² DD MM YYY Y

Sponsor Bank Code³ For office use only Utility Code⁴ For office use only

I/We, hereby authorize⁵ Mirae Asset Global Investments (India) Pvt. Ltd. To Debit (Tick)⁶ SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c Number⁸

With Bank⁹ Name of Customers Bank IFSC¹⁰ or MICR¹¹

An Amount of Rupees¹² In Words Amount in Figures¹³ ₹

Frequency¹⁴ Mthly Qtly H-Yrly Yrly As & when presented Debit Type¹⁵ Fixed Amount Maximum Amount

Reference 1¹⁶ Folio No Mobile¹⁸

Reference 2¹⁷ Scheme Name Email ID¹⁹

From DD MM YYY Y To DD MM YYY Y Or Until cancelled

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 the account holder Signature of the account holder Signature of the account holder

22 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.

General Guidelines

This mandate registration form will be submitted through National Automated Clearing House (NACH).

- This facility is offered to investors having Bank accounts in select banks mentioned in the link <http://www.npci.org.in/>. The Banks in the list may be modified/updated/changed/removed at any time in future entirely at the discretion of National Payments Corporation of India (NPCI) without assigning any reasons or prior notice. Standing instructions for investors in such Banks will be discontinued. The investor consents to agree to abide by the terms and conditions of NACH facility of NPCI.
- Please submit the NACH mandate registration form not less than 25 business days before the first installment date. Applicant acknowledges that incomplete forms in any respect will not be processed and shall be rejected.
- Unitholders can opt to invest SIP on monthly or quarterly frequency on the following dates - 1st, 10th, 15th, 21st and 28th of each month/first month of the quarter. In case the day specified is a Non-Business Day, the transaction will be effected on the next Business Day.
- Investor/Unitholder(s) should preferably provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate may be updated in the folio. All future communication whatsoever would be, thereafter, may be sent to the updated mobile number and email id.
- Investor/Unitholder(s) should submit original Cancelled Cheque (or a copy) along with mandate form with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unitholder(s) cheque/bank account details are subject to third party verification.
- Investors are required to ensure adequate funds in their bank account on the date designated SIP date. Mirae Asset Mutual Fund (MAMF) through its service provider will endeavor to debit the investor bank account on or after the said date.
- Applicant acknowledges that Mirae Asset Mutual Fund will not be liable in any manner whatsoever, for any transaction failures due to rejection by the investor's bank/branch, which is due to technical reasons or due to delay in registration of the NACH mandate. Further, Applicant is aware that he/she has to sufficiently keep its bank account funded for such non-debited transactions; which upon confirmation may be presented anytime to its bank for stipulated SIP debits. Further, the Applicant also confirms that it will not hold Mirae Asset Mutual Fund and/or its service providers responsible if the transaction is delayed or not debited by its Bank or if debited in advance or after the specific date due to various reasons or for any bank charges effected by its banker in its designated account towards NACH Registration/Cancellation/Rejections.
- Mirae Asset Mutual Fund reserves the right to reverse allotments in case the debit is not paid by the bank for any reason whatsoever. Further, Mirae Asset Mutual Fund shall not be responsible and liable for any damages/compensation for any loss, damage etc., incurred by the investor. The Applicant is aware and assumes the entire risk of using the Auto Debit facility of NACH and takes full responsibility for the same.
- Mirae Asset Mutual Fund / Mirae Asset Trustee Co. Pvt. Ltd. / Mirae Asset Global Investments (India) Pvt. Ltd. reserves the right to discontinue or modify this facility at any time in future on a prospective basis. This right also includes the right to discontinue this facility in case Direct Debits through NACH routes are continuously rejected by the investor's bank for any reasons. Mirae Asset Mutual Fund reserves the right to reject any application without assigning any reason thereof.
- Kindly note that any change in original SIP enrolment details such as SIP Date, Frequency, Tenure will be considered as fresh application and will be subject to applicable load structure and other terms at the time of application. Any change in any credential of bank particulars or transaction modification, will be treated as fresh Instructions, and applicants will have to use separate form for such changes/modifications.
- Requests for any changes/cancellation in the NACH Bank Mandate request should be submitted at least 15 Business days in advance.
- Investments made through Auto Debit mode are subject to realization of funds from investor bank accounts and the NAV guidelines will be applicable for the transactions which are connected with realization of funds.
- In case any payment instruction for SIP installment is dishonored by the Bankers for three consecutive times for the reason Account Closed or Insufficient Balance, the AMC reserves the right to discontinue the SIP enrollment.
- The facility will be automatically terminated upon receipt of intimation of death of the Unitholder. Further, fresh registrations will be required for all Minor Investors who have turned Major, along with fresh bank account credentials. MAMF reserves the right to reject all such transactions through old registrations.
- Each SIP installment will be treated as a fresh transaction and shall be subject to applicable exit load structure prevailing on the date of each investment.
- Third Party Cheque / Funds Transfer: The payment towards investment can happen only from the bank account of 1st holder and therefore the 1st holder needs to be one of the holder in the bank account. As per the recent guidelines, Mirae Asset Mutual Fund has decided to restrict the acceptance of Third Party payments. Accordingly Third Party payment instruments for subscriptions / investments shall not be accepted by the AMC except in the following cases:
 - Payment by Parents / Grand-Parents / related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding Rs. 50,000/- (each regular purchase or per SIP installment);
 - Payment by employer on behalf of employee under Systematic Investment Plan (SIP) facility through payroll deductions;
 - Custodian on behalf of an FII or a Client.

For complete details, please refer the section on Third Party cheques given in the General Instructions.

- Please refer the "Minimum Application/Number of units" mentioned in the KIM under the section "Applicable to all schemes" for minimum subscription amount and frequency. Please take note of the Minimum Amount Criteria as under:

Schemes	Monthly Frequency	Quarterly Frequency
Mirae Asset Tax Saver Fund	₹ 500 - 6 Installments - Multiples of ₹ 500 thereafter	₹ 500 - 4 Installments - Multiples of ₹ 500 thereafter
All Other Schemes	₹ 1000 - 6 Installments - Multiples of ₹ 1 thereafter	₹ 1500 - 4 Installments - Multiples of ₹ 1 thereafter

Please note Default Option is Growth. In case of Dividend, default option is Dividend Reinvestment.

- The transactions are liable to rejection incase Investor has Multiple Auto Debit Mandate at folio level. Separate forms will be required to be submitted to avail of SIP in separate schemes / plans / date. A single form cannot be used for different schemes simultaneously.
- Employee Unique Identification Number (EUIIN): SEBI has made it compulsory for every employee / relationship manager / sales person of the distributor of mutual fund products to quote the EUIIN obtained by him / her from AMFI in the Application Form. EUIIN, particularly in advisory transactions, would assist in addressing any instance of misspelling even if the employee / relationship manager/sales person later leaves the employment of the distributor. Individual ARN holders including senior citizens distributing mutual fund products are also required to obtain and quote EUIIN in the Application Form. Hence, if your investments are routed through a distributor please ensure that the EUIIN is correctly filled up in the Application Form. However, if your distributor has not given you any advice pertaining to the investment, the EUIIN box may be left blank. In this case, you are required to tick mark the box provided above the signature box. However, in case of any exceptional cases where there is no interaction by the employee/sales person / relationship manager of the distributor/sub broker with respect to the transaction, AMCs shall take the requisite declaration separately signed by the investor.
- Mirae Asset Mutual Fund/Sponsor Bank/NPCI are not liable for the bank charges, if any debited from investor's bank account by the destination bank, on account of payment through NACH.
- For further details of the Scheme features like minimum amounts, risk factors etc, investors should, before investment, refer to the Scheme Information Document(s), Key Information Memorandum and Addenda issued available at any of the Investor Service Centers or distributors or from the website www.miraeassetmf.co.in

Additional for MICRO Systematic Investment Plans (MICRO SIPs)

As per SEBI guidelines, Lumpsum and SIP investments in mutual funds up to Rs.50,000 per year, per investor, per mutual fund shall be exempted from the requirement of PAN subject to other operational guidelines. Any investment, lumpsum or through Systematic Investment Plans (SIPs) by investors, where aggregate of investments/installments in a rolling 12 months period, does not exceed Rs. 50,000/- per investor will be treated as Micro investments for the above purpose. Micro investments will be accepted subject to PAN exemption in KYC process. This exemption will be applicable ONLY to investments by individuals (not NRI & PIOs), Minors and Sole proprietary firms. HUFs and other categories will not be eligible for Micro Investments. The exemption is applicable to joint holders also. In case under MICRO SIP, the first SIP installment is processed (as the cheque may be banked), and the application is found to be defective, the Micro SIP registration will cease for future instalments. No refund to be made for the units already allotted. However redemptions will be allowed based on the submission of normal prescribed Redemption Transaction Slip. Investors may submit any one of the Photo Identification documents (please refer paragraph titled PAN under the General instructions) along with KYC form and proof of address (self-attested). No separate address proof is required if Photo ID with address mentioned on it is submitted. The photo identification documents have to be current and valid and also to be either self-attested or attested by ARN holder (AMFI Registered Distributor). All the applicants including second and third applicant (if any) is mandated to submit any of the above documents.

- Terms & Conditions - SIP Top-up: 'SIP Top-up' is a facility which will enable investors to increase the amount of SIP installments at pre-defined frequency by a fixed amount during the tenure of SIP. The features, terms and conditions for availing the 'Top-Up' facility shall be as follows:

- SIP Top-Up facility can be availed at half yearly and yearly intervals. In case the Top-Up frequency is not specified, Default will be considered as yearly frequency.
- Minimum Top-Up amount would be Rs. 500/- & in multiples of Re. 1/- thereafter for all the schemes of the Fund that offer SIP.
- In case the investor does not specify Top-Up amount, Rs. 500/- will be considered as the Top-Up amount and the request will be processed accordingly.
- SIP Top-up facility can be started after minimum 6 months from the date of 1st SIP. If the end date of the Top-up facility is not mentioned the Top-up facility will be continued up till the tenure of the SIP. For example, if the SIP is registered up till 2099 & the end date of the Top-up facility is not mentioned, then the Top-up will continue till 2099.
- Top-Up facility would be available to all existing and new SIP enrolments. Existing investors who have enrolled for SIP are also eligible to avail Top-Up facility and will be required to submit 'Systematic Investment Plan (SIP) with Top-up Facility' at least 25-30 calendar days prior to the Top-Up start month.

An Illustration: The Top-Up facility will work as follows:

Details of SIP registered	Details of Top-up opted for
<ul style="list-style-type: none"> Fixed SIP Installment amount: ₹ 5,000/- SIP Period: 01-April-2016 till 31-March-2019 (3 years) SIP date: 1st of every month (36 installments) 	Example: <ul style="list-style-type: none"> Top-Up Amount: Rs. 1,000/- Top-Up Frequency: Every 6 months

Based on above details, SIP Installments shall be as follows:

Installment No(s).	SIP Installment (in ₹) (A)	Top-Up amount (in ₹) (B)	Monthly SIP Installment amount after Top-up (in ₹) (A+B)
1 to 6	5,000	NA	5,000
7 to 12	5,000	1,000	6,000
13 to 18	6,000	1,000	7,000
19 to 24	7,000	1,000	8,000
25 to 30	8,000	1,000	9,000
31 to 36	9,000	1,000	10,000*

*(At-least amount to be filled on NACH Mandate)

Instructions to fill Mandate:

- UMRN - To be left blank.
- Date in DD/MM/YYYY format
- Sponsor Bank IFSC / MICR code, left padded with zeroes where necessary. (Maximum length - 11 Alpha Numeric Characters).
- Utility Code: Unique code of the entity to whom mandate is being given - To be provided by the entity.
- Name of the entity to whom the mandate is being given.
- Account type - SB / CA / CE / SB-NRE / SB-NRO / OTI ICR
- Tick - Select your appropriate Action
 - Create - For New Mandate
 - Modify - For Changes / Amendment on existing Mandate
 - Cancel - For cancelling the existing registered Mandate
- Your Bank Account Number for debiting the amount.
- Name of your bank and branch.
- Your Bank branch IFSC code OR
- Your Bank branch MICR code
- Amount in words.
- Amount in figures.
- Frequency at which the debit should happen.
- Whether the amount is fixed or variable.
- Reference - 1: Any details requested by the entity to whom the mandate is being given
- Reference - 2: Any details requested by the entity to whom the mandate is being given.
- Your phone number.
- Your email-id.
- Period for which the debit mandate is valid
 - Start date
 - End date
 - Or until cancelled
- Signatures of the account holder as per holding pattern in bank records.
- Name of the account holder.

