

# COMMON APPLICATION FORM

Appl. No. MA-CAF-

Broker Name / ARN	Sub Broker Code / ARN	ISC Date Time Stamp Reference No.
ARN-28191		

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".  
(Please   Lumpsum Investment  Micro SIP ( ≤ Rs. 50,000 per annum)  Non Micro SIP (> Rs. 50,000 per annum)

**1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, Name, Section 2 & proceed to Section 8 - Investment Details]**

Folio No.	Name of 1st Unit Holder
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**2. PAN AND KYC COMPLIANCE STATUS DETAILS - Mandatory [Refer Instruction Nos. 2(d) & 2(e)]**

For Lumpsum Investment / Non - Micro SIP	PAN # (refer instruction 2(d))	KYC Compliance Status** (if yes, attach proof)	\$(For Micro SIP) [Refer SIP Instruction xv]
First / Sole Applicant <sup>®</sup>		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Document Type _____
Second Applicant		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Document Reference No. _____
Third Applicant		Yes <input type="checkbox"/> No <input type="checkbox"/>	*Please indicate the same in section 10 on the reverse
Guardian/POA Holder		Yes <input type="checkbox"/> No <input type="checkbox"/>	

<sup>®</sup>If the first/sole applicant is a Minor, then please provide details of Natural / Legal Guardian. # Please attach PAN proof. \*\*Refer instruction 2(e).

**3. APPLICANT(S) INFORMATION [Refer Instruction 2]**

NAME OF FIRST / SOLE APPLICANT / CORPORATE INVESTOR / MINOR	DATE OF BIRTH
(Mandatory in case of Minor & Preferred in case of Micro SIP)	D D M M Y Y Y Y

Mr. | Ms. | M/s. \_\_\_\_\_  
 Contact Name (In case of Corporate Investor) \_\_\_\_\_ Designation \_\_\_\_\_

**NAME OF SECOND APPLICANT**  
 Mr. | Ms. | M/s. \_\_\_\_\_

**NAME OF THIRD APPLICANT**  
 Mr. | Ms. | M/s. \_\_\_\_\_

**NAME OF THE GUARDIAN (In case First Applicant is a Minor) / NAME OF POA HOLDER** Relationship with Minor Please (✓)  
 Mr. | Ms. | M/s. \_\_\_\_\_ Mother  Father  Legal Guardian

<b>Mode of Holding</b>	Anyone or Survivor <input type="checkbox"/>	Single <input type="checkbox"/>	Joint <input type="checkbox"/>	(Default option is Anyone or Survivor)
<b>Occupation</b>	Business <input type="checkbox"/>	Service <input type="checkbox"/>	Professional <input type="checkbox"/>	Retired <input type="checkbox"/>
<b>Status</b>	Resident Individual <input type="checkbox"/>	NRI - NRO <input type="checkbox"/>	Trust <input type="checkbox"/>	HUF <input type="checkbox"/>
	Minor thru Guardian <input type="checkbox"/>	Company <input type="checkbox"/>	Fils <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>
				Bank / Fls <input type="checkbox"/>
				AOP / BOI <input type="checkbox"/>
				Society <input type="checkbox"/>
				Others <input type="checkbox"/>
				Please specify

**4. MAILING ADDRESS [Please provide Full Address. P. O. Box No. may not be sufficient. Overseas Investors will have to provide Indian Address]**

Local Address of 1st Applicant - \_\_\_\_\_  
 Please give landmark if any - \_\_\_\_\_  
 City- \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_  
 Tel. Off- \_\_\_\_\_ Resi. \_\_\_\_\_ Mobile \_\_\_\_\_  
 E-Mail **P L E A S E U S E B L O C K L E T T E R S** \_\_\_\_\_

**Overseas Correspondence Address (Mandatory for NRI / FII Applicant)**

City \_\_\_\_\_ Country \_\_\_\_\_ ZIP \_\_\_\_\_

Please Indicate Preferred Address for Correspondance (for NRI Applicants only)  Indian Address (Default) OR  Foreign Address

**5. e-COMMUNICATIONS (Please ✓)**

I / We wish to receive Account Statements / Annual Reports / Quarterly Statements / Newsletter / Updates or any other Statutory Information via E- mail / SMS alerts in lieu of Physical Documents.

**6. TRANSACT ON-LINE (Refer instruction No. 8)**

I / We wish to transact On-line through Mirae Asset e-Fund Market Facility

**7. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 , 4 & 5] Also read instructions on Multiple Bank Accounts Registration Facility**

Name of the Bank \_\_\_\_\_  
 Core Banking A/c No. \_\_\_\_\_ A/c. Type Please (✓) NRE  CURRENT  SAVINGS  FCNR  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) \_\_\_\_\_

Direct Credit facility is available as per instruction No. 4. However, if you wish to receive a cheque payout, please tick here (✓).   
 Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓).

ACKNOWLEDGEMENT SLIP (to be filled in by the Investor)	Received from Mr. / Ms. / Mrs. _____			Appl. No. MA-CAF-
	an application for Lumpsum Investment <input type="checkbox"/> SIP <input type="checkbox"/> as per details below -			
	<b>Scheme Name and Plan</b>	<b>Option</b>	<b>Sub-Option</b>	<b>Payment Details (1st Cheque / DD in case of SIP)</b>
		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus <input type="checkbox"/> PF	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Dividend Transfer <input type="checkbox"/> ACAPO (M/Q/H/Y) <input type="checkbox"/> DMDO & Date <input type="checkbox"/> AARO (Please Specify Scheme / Plan)	Amount (Rs.): _____ Cheque/DD No.: _____ Dated: _____ Bank & Branch: _____
				Date and Stamp of Collection Centre/ISC _____ Cheque/DD is subject to realisation

# COMMON APPLICATION FORM

## 8 INVESTMENT AND PAYMENT DETAILS (#For complete information on Investment Details please refer to Instructions No. 6.)

**Special instructions for NRI Applicants:** 1. It is mandatory for NRIs to attach a copy of the payment cheque / FIRC / Debit Certificate to ascertain the repatriation status of the amount invested. 2. The AMC and the Registrar may ascertain the repatriation status purely based on the details provided under Investment and Payment details and will not be liable for any incorrect information provided by the applicant(s). 3. In case the source of funds through Non Domestic Account is not validated/provided, AMC will not be in a position to repatriate redemption proceeds.

Scheme Name:		Plan	Option & Sub option
Investment Amount (Rs.)	DD Charges# if any (Rs.)	Net Amount (Rs.)	Mode of Payment <i>Cheque / DD / Funds Transfer / Pay Order</i> <i>Strike out whichever is not applicable</i>

Chq. / DD No.	Date	Drawn on Bank	Branch & City
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Please (✓) Source of Funds:- \*A/c Type - S/B  NRE\*  Current  NRO  FCNR\*  Others (Please specify) Bank A/c No.: \_\_\_\_\_  
\*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) or Account Debit Certificate from Bankers evidencing source of funds.

**Third Party Cheque / Transfer will not be accepted for Investment (Refer Instruction No. 6)**

### EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian)

**Mandatory Information** (Please ✓) : The detail of the cheque provided above pertains to my/our own bank account in my/our name  Yes  No\*  
\*If No, my relationship with the bank account holder is \_\_\_\_\_ (Please specify) (Application Form without this Information may be rejected)

### Only for Application under Mirae Asset Gilt Fund - Provident Fund Sub Plan

- A Automatic Annual Reinvestment Option (AARO)  Amount Rs. \_\_\_\_\_/- AARO will Trigger on last Friday of the month of March of every Financial Year  
B Defined Maturity Date Option (DMDO)  Amount Rs. \_\_\_\_\_/- Date \_\_\_\_\_ DMDO will Trigger on Specified Date.  
C Automatic Capital Appreciation Payout Option (ACAPO) Please Tick (✓) Option  
● C-i - Monthly Option Last Friday of Every Month  ● C-ii - Quarterly Option Last Friday of the quarters ending Mar, Jun, Sep & Dec   
● C-iii - Half Yearly Option Last Friday of the half year ending Mar and Sep  ● C-iv - Annual Option Last Friday of the month of March of every Financial Year

### 8.A. SIP ENROLMENT DETAILS

SIP Amount (Rs.)	Enrolment Period	Start Month	End Month	Frequency
		M M - Y Y Y Y	M M - Y Y Y Y	Please (✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

**PAYMENT MECHANISM** (✓)  Option I :- Debit through ECS or Direct Debit (Auto Debit) facility (Tick this box and fill up SIP Form)  
 Option II :- Through Post Dated Cheques - Total Cheques \_\_\_\_\_ Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_

Drawn on Bank:- \_\_\_\_\_ Branch & City:- \_\_\_\_\_

### 9. NOMINATION DETAILS (OPTIONAL) [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 9]

I / We, the Applicant(s) do here by nominate the undermentioned Nominee(s) to receive the allotted units to me / us in the event of my / our death. I / We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. Nomination in respect of the units stands rescinded upon Registration of Fresh/Change in Nomination and the AMC shall not be under any obligation to transfer the units in favour of the erstwhile Nominee(s).

(Please ✓)  Fresh Nomination  Change in Nominees

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		D D M M Y Y Y Y				
2		D D M M Y Y Y Y				
3		D D M M Y Y Y Y				

\*If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

### 10. DOCUMENTS ENCLOSED (Please ✓)

**For Lumpsum Investment / Non-Micro SIP Applications:**  Memorandum & Articles of Association  
 Resolution / Authorisation to Invest  PAN Proof  List of Authorised Signatories & Specimen Signature(s)  
 KYC Compliance Status Proof  Trust Deed  Power of Attorney  Bye-Laws  Partnership Deed  
 FIRC  Cancelled Cheque Copy  Third Party Declaration Form

**For Micro SIP Applications:**  Voter Identity Card  Driving License  Government / Defense identification card  
 Passport  Photo Ration Card  Photo Debit Card  Employee ID cards issued by companies regd. with ROC  
 Photo Identification issued by designated authorities  ID card issued to employees of specified banks  
 Senior Citizen / Freedom Fighter ID card  Cards issued by educational institutions  
 PRAN card issued to NPS subscribers by CRA (NSDL).  Any other photo ID card issued by certain Govt. authorities.

### 11. APPLICATIONS ENCLOSED (Please ✓)

**Systematic Investment Plan**  
 ≤ Rs. 50,000  > Rs. 50,000  
 Cheques  
 SIP Auto Debit Facility  
 **STP Enrolment Form**  
 **SWP Enrolment Form**

### 12. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S) [Refer Instructions 2(f)]

**To The Trustees, Mirae Asset Mutual Fund** - Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/ We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to, will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. 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 Act, Rules, Regulations, Notifications or Directions of the 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. I/We have understood the details of the scheme (s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum.

"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 do not have any existing Micro 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".

**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 have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

**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.

The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them. I/We confirm that the details provided by me/us are true and correct.

⊗ Signature of 1st Applicant / Guardian / Authorised Signatory /PoA / Karta	⊗ Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA	⊗ Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA
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**For more information  
visit us at [www.miraeassetmf.co.in](http://www.miraeassetmf.co.in)**

**E-mail us at [customer@miraeassetmf.co.in](mailto:customer@miraeassetmf.co.in)  
Call us at 1-800-1020-777 (Toll Free)**