

# APPLICATION FORM :

Systematic Transfer Plan (STP), Systematic Withdrawal Plan (SWP)  
Systematic Investment Plan (SIP)\* - \*Through Post dated cheques



Investor must read the instructions section before completing this form. First time investors need to fill up the main Application Form along with SIP application form

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\*.

**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
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**2. SYSTEMATIC TRANSFER PLAN (STP)**

From Scheme	Plan	Option	
To Scheme	Plan	Option	

Please (✓) STP Frequency from the below options:- (Transactions will be triggered after 7 working days from the date of submission)

For Daily option min. 5 transfers of Rs. 1000 each; for Weekly, Fortnightly and Monthly option min. 6 transfers of Rs. 1000 each and for Quarterly option min. 4 transfers of Rs. 1500 each

<input type="checkbox"/> Daily (Monday to Friday)	<input type="checkbox"/> Monthly #	<input type="checkbox"/> Quarterly #
<input type="checkbox"/> Weekly (Every Wednesday)	# Please (✓) STP date	
<input type="checkbox"/> Fortnightly (Alternate Wednesday)	<input type="checkbox"/> 01st	<input type="checkbox"/> 10th (default)
	<input type="checkbox"/> 15th	<input type="checkbox"/> 21st
	<input type="checkbox"/> 28th	

Fixed Amount per transfer (Rs. In Figures)		STP Start Date from	DD / MMM / YYYY	To	DD / MMM / YYYY
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**3. SYSTEMATIC WITHDRAWAL PLAN (SWP)**

From Scheme	Plan	Option	
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Withdrawal Option  Fixed OR  Appreciation withdrawal (1st of each Month/Quarter)  
(Please ✓) (Min. 12 Months/4 Quarters of Rs. 1000 and above) (Min. 12 Months/4 Quarters of Rs. 1000 and above) Fixed Amount Per Withdrawal Rs. \_\_\_\_\_ in figures

Withdrawal Date (Please ✓)	<input type="checkbox"/> 01st	<input type="checkbox"/> 10th (Default)	<input type="checkbox"/> 15th	<input type="checkbox"/> 21st	<input type="checkbox"/> 28th	SWP Period From	DD / MMM / YYYY	To	DD / MMM / YYYY
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**4. SYSTEMATIC INVESTMENT PLAN (SIP) ENROLMENT DETAILS**

Scheme / Plan / Option	<input type="checkbox"/> ≤ Rs. 50,000 per annum <input type="checkbox"/> > Rs. 50,000 per annum	Frequency Please (✓)	<input type="checkbox"/> Monthly (Min. 6 installments of Rs. 1,000/- each)	<input type="checkbox"/> Quarterly (Min. 4 installments of Rs. 1,500/- each)
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SIP Date Please (✓)	<input type="checkbox"/> 01st	<input type="checkbox"/> 10th (Default)	<input type="checkbox"/> 15th	<input type="checkbox"/> 21st	<input type="checkbox"/> 28th	Period of enrolment	From	To															
						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		M	M	-	Y	Y	Y	Y	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		M	M	-	Y	Y	Y	Y
M	M	-	Y	Y	Y	Y																	
M	M	-	Y	Y	Y	Y																	
* Default End Date would be 12 months from the 1st installment																							

SIP Amount (Rs.)	Amount (Rs.) (in words)
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Investment Period	in Months	From	MM / YYYY	To	MM / YYYY	From	To	Total Chqs
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Cheque Dates From	DD / MMM / YYYY	To	DD / MMM / YYYY	From	To	Total Chqs
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Drawn on Bank	Branch Name
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A/c. Type Please (✓) NRE\*  CURRENT  SAVINGS  NRO  \*Kindly provide photocopy of the payment instrument or Foreign Inward Remittance Certificate (FIRC) 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)

**5. DECLARATION & SIGNATURE**

**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.

<input type="checkbox"/> Signature of 1st Applicant / Guardian / Authorised Signatory /PoA / Karta	<input type="checkbox"/> Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA	<input type="checkbox"/> Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA
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**MIRAE ASSET** Mutual Fund Received From \_\_\_\_\_ an application for Systematic Investment / Systematic Withdrawal / Systematic Transfer facility as per below details-  
Application / Folio No. \_\_\_\_\_

Scheme _____	SIP <input type="checkbox"/>	Date	DD / MM / YYYY	Amount (Rs) _____
Plan _____	SWP <input type="checkbox"/>	Date	DD / MM / YYYY	Amount (Rs) _____
Option _____	STP <input type="checkbox"/>	Date	DD / MM / YYYY	Amount (Rs) _____

**ACKNOWLEDGEMENT SLIP**

DATE AND STAMP OF  
COLLECTION CENTRE/ISC