## COMMON APPLICATION FORM Application No.:



Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code fo Sub-Agent/Emplo		Date Time S Reference No	tamp o.
166809			E324659				
Declaration for "Execution Only" Transaction (whe has been intentionally left blank by me/us as this advice of in-appropriateness, if any, provided by the	ere Employee Unique Identification N s transaction is executed without an ne employee/relationship manager/sa	umber-EUIN* box is left blank y interaction or advice by the iles person of the distributor/si	). Please refer instruction 1 employee/relationship mar	2 of KIM for complete details nager/sales person of the ab	on EUIN. I/We here	eby confirm that the broker or notwith	he EUIN box
Please V Lumpsum Investmer	nt 🔾	Micro Applicati	on 🔾		SIPApplicatio	n 🔾	
TRANSACTION CHARGES (Please  IAM A FIRST TIME INVESTOR IN MUT Applicable transaction charges will be deduct Distributor) based on the investor's assessn	UAL FUNDS cted in case your distributor has	OR opted for such charges. Up	☐ I AM Al	N EXISTING INVESTOR I be paid directly by the inv			egistered
1. EXISTING UNIT HOLDER INFOR	MATION [Please fill in your	Folio Number, KIN, Se	ection 2 & proceed to	o Section 7 - Investme	ent Details]		
Folio No.		CKYC Identificatio	` ,				
2. APPLICANT(S) NAME AND INFO 1st SOLE APPLICANT Mr. / Ms. / M/s.	DRMATION [Refer Instruction	on 2] If the 1** / Sole Ap	olicant is Minor, the	PAN	ls of natural / l	legal guardiai	n
CKYC ID No. (KIN)			Pls ind	icate if US Person or a res	sident for tax pur No <sup>s</sup> (\$Defa		of Canada
<b>GUARDIAN</b> (In case 1 <sup>st</sup> Applicant is a Mr. / Ms. / M/s.	Minor)			Relati	ionship with M	` _	<b>√)</b> al Guardiai
GUARDIAN CKYC D No. (KIN)			KYC (Please ✓)  ○ Proof Attached	GUARDIAN PAN			
POA / Custodian Name:					KYC (Please	e ✓) ○ Proo	f Attached
POA / Custodian CKYC ID No. (KIN)			P	OA / Custodian PAN			
Contact Person for Corporate Investo	or: Name			Designation:			
3. FIRST APPLICANT AND KYC D							
1st SOLE APPLICANT O Individual o			, ,			Refer Instructio ving Certificate /	
*Date of Birth/Incorporation (Individual) (Non-individual)	M Y Y Y Y Pro	of of Date of Birth (Plea (For minor applicant)	-	Certificate sport of the Minor	Others	(Please spec	
Place of Birth / Incorporation:	Country of Birth / Incorporation:	N	lationality:	Ge	ender O Male	○ Female	Other
Type: Resident Individual Sol	e Prop O NRI - NRE O	Trust	○ FIIs ○ PIO	O Society/AOP/BOI	O Minor thru C	Guardian 🔘	NRI - NRO
○ HUF ○ LLP ○ Listed Company ○ F	Private Company O Public Ltd. (	Company O Artificial Jurio	licial Person	ship Firm O FOF - MF Se	chemes Othe	ers (Please s	specify)
a*. Occupation Details [Please tick (✔	Private Sector  Business	<ul><li>Public Sector</li><li>Retired</li></ul>	Government Serv     Agriculture	ice Student O Proprietorshi	O Profes		Housewife
b*. Gross Annual Income (₹) [Please ti	ick (✓)] ○ Below 1 Lakh	O 1-5 Lakh	O 5-10 Lakh	O 10-25 Lakh	○ >25 La	akh O :	> 1 Crore
c*. Politically Exposed Person (PEP) Statu	(Also applicable for authorised	d signatories/Promoters/Ka	rta/Trustee/Whole time	Directors) O I am PEP	O I am Related	I to PEP O No	ot Applicab
d*. Net-worth (Mandatory for Non-Indi			as or		Y Y Y	_ (Not older th	han 1 yea
e*. Non-Individual Investors involved any of the mentioned services		Exchange / Money Cha Lending / Pawning	nger Services (	<ul><li>Gaming/Gambling/Lo</li><li>None of the above</li></ul>	ottery/Casino S	ervices	
4. BANK ACCOUNT DETAILS - M	andatory [Refer Instruction	Nos. 3 & 4]					
Name of the Bank:							
Core Banking A/c No.			A/c. Type	Pls. (✓)	CURRENT	O SAVINGS	○ NRC
Branch Name:	Ad	ddress:					
Bank Branch City:	St	ate:			Pin Code		
MICR Code	Please atta OR a clear	ch a cancelled cheque photo copy of a cheque	IFSC Code (Mand Credit via NEFT/R	atory for TGS)			

Please Read All Instructions as given in KIM, to help you complete the Application Form Correctly.

<sup>\*</sup> mandatory fields

5. JOINT APPLICANTS, IF ANY AN	ND THEIR KYC	DETAILS						
Mode of Holding:	Survivor	○ Single	•	○ Joint	(	Please note that the	ne Default option is Anyone or Survivor)	
2 <sup>nd</sup> APPLICANT Mr. / Ms. / M/s. (Not Applicable in case of Minor Applicant)  Gender								
PAN Details		PI	s indicate if US P	erson or a resi	dent for tax purpos	se / Resident of Cana	ada ○ Yes ○ No* (*Default if not ✓)	
CKYC ID No. (KIN)				KYC Pls 🗸	O Proof Attac	ched Date of E	Sirth (Mandatory)	
Place of Birth		Country of Birth				Nationality:		
a*. Occupation Details [Please tick (	✓ )1		Public Sector	Gover	nment Service	<ul><li>Student</li><li>Proprietorsh</li></ul>	○ Professional ○ Housewife ip ○ Others (Please specify)	
b*. Gross Annual Income (₹) [Please	tick ( <b>√</b> )] ○	Below 1 Lakh	○ 1-5 Lakh	O 5-10 L	.akh	○ 10-25 Lakh	○ >25 Lakh ○ > 1 Crore	
c*. Politically Exposed Person (PEP) State	7. Politically Exposed Person (PEP) Status							
d. Net-worth ₹			as on DD	M M	Y Y Y	(Not older than 1	year)	
Mode of Holding: Anyone or S	Survivor	○ Single	)	○ Joint	(	Please note that the	ne Default option is Anyone or Survivor)	
3 <sup>rd</sup> APPLICANT Mr. / Ms. / M/s. (No	t Applicable in cas	se of Minor Applicant)				(	Gender O Male O Female O Other	
PAN Details		PI	s indicate if US P	erson or a resi	dent for tax purpos	se / Resident of Can	ada ○ Yes ○ No* (*Default if not 🗸)	
CKYC ID No. (KIN)				KYC Pls 🗸	O Proof Attac	ched Date of E	Birth (Mandatory)	
Place of Birth		Country of Birth				Nationality:		
a*. Occupation Details [Please tick (	<b>✓</b> )1		Public Sector	Gover	nment Service	<ul><li>Student</li><li>Proprietorsh</li></ul>	Professional Housewife  Others (Please specify)	
b*. Gross Annual Income (₹) [Please	tick ( <b>√</b> )] ○	Below 1 Lakh	○ 1-5 Lakh	O 5-10 L	₋akh	O 10-25 Lakh	○ >25 Lakh ○ > 1 Crore	
c*. Politically Exposed Person (PEP) State	tus O I am P	EP O I am Relat	ed to PEP	Not Applicable				
d. Net-worth ₹			as on DDD	M M	YYY	(Not older than 1	year)	
6a. MAILING ADDRESS [Please pro	ovide your E-m	ail ID and Mobile I	Number to help	us serve yo	u better]			
Local Address of 1 <sup>st</sup> Applicant								
		City		St	ate		Pin Code	
Tel. Off.			Resi.			Mobile		
E - Mail^^								
^^Please Use Block Letters. Investors pr 6b. Mandatory for NRI / FII Applica		•						
Overseas Correspondence Address							-,	
7. INVESTMENT AND PAYMENT	DETAILS ( For	complete informat	ion on Investm	ent Details ¡	olease refer to I	nstructions No. 6	.)	
Scheme		O F	Regular Plan			Dividend*	Oiv frequency*	
Payment Type [Please (√)]	Solf (Non Thi	rd Party Payment)	Oirect Plan	Growth	, , , ,	Payout	nent Declaration Form')	
Cheque / DD / UTR No. & Date	Amount of C		DD Charge if any		Net Purchase Amount	Drawn o	n Bank / Pay-In Bank A/c No.	
			<u> </u>					
*Dividend frequency is applicable only	for Mirae Asset	Cash Management	Fund & Mirae A	Asset Savings	Fund.			
8. DEMAT ACCOUNT DETAILS - Manda National Securities Depository			ensure that the se			under section 3 mate		
DP Name	-	<u> </u>		DP Name				
DP ID I N	Benef. A/C No.			16 Digit A/C	No.			
Enclosures - Please (🗸)	Client Masters	List (CML)	○ Transa	ction cum Ho	Iding Statement	0	Delivery Instruction Slip (DIS)	
9. NOMINATION DETAILS [Minor   O PLEASE REGISTER MY/OUR NO						lo. 9] VISH TO NOMINA	TE	
No. Nominee(s) Name	Date	of Birth e of Minor)	Name of the	Guardian	Relationship	% of Share	Signature of Nominee / Guardian	
1	D D M N	<u> </u>	(111 Case 0	· ····································				
2	D D M N	1 Y Y Y Y						

## FOR NON-INDIVIDUALS ONLY

10. F	ATCA & CRS DETAIL	S (Please consult your	professio	nal tax	advisor for furth	er guidance on	FATCA & (	CRS cla	assification)		
PART	A To be filled by Fin	ancial Institutions or Di	rect Repo	rting No	on Finacial Entit	y (NFEs)					
We are Financi or	e a, sial institution 〇	Note: If you do not have a Gl	IN but you are s	ponsored by	another entity, please prov	vide your sponsor's GIIN at	pove and indicate	e your spon	sor's name below		
Direct	reporting NFE ○ e tick (✓)]	Name of sponsoring e	ntity:								
GIIN n	ot available [Please ti	<b>ck</b> (✓)]	d for	○ No	t required to apply fo	or - please specify 2	digits sub-ca	tegory		O Not obtained -	<ul> <li>Non-participating F</li> </ul>
PART	B (please fill any on	e as appropriate "to be	filled by N	IFEs ot	her than Direct F	Reporting NFEs"	')				
1	Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)  O Yes (If yes, please specify any one stock exchange on which which is the exchange of the									•	
2	traded company (a	d entity of a publicly company whose shares a an established securities		Name Natur	e of listed company:	bsidiary of the Listed	•				regularly traded)
3	Is the Entity an activ	ve NFE			e of stock exchange: es (If yes, please fil		the next sec	ction.)			
	, , , , , , , , , , , , , , , , , , , ,			_	e of Business:			•			
				Pleas	e specify the sub-ca	tegory of Active NFE		Mention	code: Refer instruc	ction 16(c)	
4	Is the Entity a passi	ve NFE		_	es (If yes, please fil	I UBO declaration in	the next sec	ction.)			
					e of Business:	turnation No. 40					
11a. I	DECLARATION FOR I	JLTIMATE BENEFICIAL	OWNERS		details refer ins						
*This ded	claration is not needed for Co	ompanies that are listed on any	recognized sta	ock excha	nge or is a Subsidiary	of such Listed Comp	any or is Con	trolled by	such Listed Compar	ny. Please list below th	ne details of controlling
person(s)	), confirming ALL countries of	of tax residency / permanent re- quired details as mentioned in F	sidency / citiz	enship an	d ALL Tax Identification	on Numbers for EAC	H controlling	person(s)	. Owner-documented	FFI's should provide	FFI Owner Reporting
11b.		TE BENEFICIAL OWNE			1						
	Name of UBO & Address	s Address Type <sup>ss</sup>	PAN/Tax Identifica Equivalen	tion No./	Document Type Refer instruction No. 16(d)	Country of tax Residency/ permanent residency*	Country		UBO Code (Mandatory)	KYC (Yes / NO) [please attach the KYC acknowledgement copy]	% of beneficial interest
information that appli information	on is not provided, it will be proceeded the facts on as may be required at your	siness (default)/Residential/B esumed that applicant is the UBC of bene cial ownership. I/We also end. ow additional details. (Please a	), with no declar undertake to	aration to s keep you i	submit. In such case, N informed in writing abo	MAMF/AMC reserves to out any changes/modi	the right to reject cation to the al	ect the app bove info	plication or reverse the rmation in future and a	e allotment of units, if s also undertake to provi	subsequently it is found de any other additional
Election I	Any other Identification D, Govt. ID, Driving Licence NREG F Birth - Country of Birt		Natio	nality:	ype: Service, Busine: Mandatory if PAN				Date of Birth r: Male, Female, C	Other	
City of Birth: Natio				nality:					e Of Birth:  nder		
-	l: of Birth: ntry of Birth:	Nat			onality:				ate Of Birth:		
City	City of Birth: National				nality:				e Of Birth:		
# Addition * To incli	onal details to be filled by c	ontrolling persons with tax re- person is a US citizen or gree	sidency / per en card holde	er	esidency / citizenshi	ip / Green Card in ar	ny country ot	her than	India.		
%In cas	e Tax Identification Numbe	r is not available, kindly provi	de functional	l equivale							mpsum 'OR' OSIF
ENT		ne Name and Plan			Payr	ment Details			Date & Stam	p of Collection	
OWLEDGMENT SLIP					unt (Rs.) que / DD No.:						

Bank & Branch \_

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

(If Yes, please provide country/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

. 71		•			,				
1st Applicant (Sole / Guardian / Non-Individual)			pplicant	3 <sup>rd</sup> Applicant					
Do you have any no Country(ies) of Birth Citizenship / Nationa and Tax Residency	1 /	○ Yes ○ No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		○ Yes ○ No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		○ Yes ○ No	
Country of Birth / Incorporation			Country of Birth			Country of Birth			
Country Citizenship Nationality	1		Country Citizenship Nationality	) /		Country Citizenship Nationality	(I		
Are you a US specif person?	ied	○ Yes ○ No Please provide Tax Payer Id.	Are you a US specific person?	ified		Are you a US specified person?		○ Yes ○ No Please provide Tax Payer Id.	
For non-Individual inv	estor in c	ase, if you country of incorporation /	Tax resistance in US. b	out vou are	not a specified US person then ple	ase mention exemption	code	(Refer instruction 16(e))	
		nvestors fill this section	· ·		fill in below details in case of join	· · · · · · · · · · · · · · · · · · ·			
	Countr	y:		Countr	у:		Country	<i>y</i> :	
Tax Residency Status: 1	No.:		Tax Residency Status: 1			Tax Residency Status: 1	No.:		
	Type:			Type:			Туре:		
	Country	у:	Countr		у:		Country:		
Tax Residency Status: 2	No.:		Tax Residency Status: 2			Tax Residency Status: 2	No.:		
	Туре:		Туре:				Type:		
	Countr	y:		Countr	y:		Country:		
Tax Residency Status: 3	No.:		Tax Residency Status: 3			Tax Residency Status: 3	No.:		
	Туре:			Type:			Type:		
Address Type	Address Type		Address Type			Address Type			
,		Residential or Business (default)				oned in form / existing	address	appearing in folio)	
In case of applications	with POA,	the POA holder should fill separate	form to provide the abo	ve details	mandatorily.				
13. DECLARATIO	ON AND	SIGNATURES / THUMB IMPR	RESSION OF APPL	ICANT(s	) [Refer Instructions 2(e)]				
(B) I/We hereby declare that thapplicable laws enacted by that true and correct and further aghereby confirm that the AMC/regarding the eligibility, validiff competing Schemes of varifund/AMC/its distributor for bound by the terms & conditionarried out using the RIAcode into the Scheme as per the sai	the amount in e Government prees to furnis Fund shall ha ty and autho fous Mutual r this invest ns of the PIN . (I) Applicate d FEMA regu	and (The Fund) — (A) Having read and understo wrested in the scheme(s) is through legitimate to findia from time to time. (C) Signature of th sh additional information sought by Mirae Asse ave the right to share my information and othe rization of my/our transactions. (E) I/We furth Funds from amongst which the Scheme is ment. I/We have not received nor have been in a greement available on the AMC website for lole to Foreign Resident's Residing in India: lations and other applicable laws and regulatic reserves the right to redeem my / our invest	sources only and does not in the nominee acknowledging ret (Global Investments (India). Liver details with the regulatory a er declare that "The ARN he is being recommended to menduced by any rebate or gifts, transacting online. (H) RIA-! In LIVMe confirm that IWe satisfy ons. (J) I/We confirm that IWe satisfy	nvolve and is ceipts of my/vimited (AMC) imited (AMC) and governme blder has dis e/us. (F) I/W directly or in a we hereby p the Resider m / We are no	not designed for the purpose of the contrave or certif will constitute full discharge of liability If Fund and undertake to update the informatio ent authorities as and when needed. I/We will sclosed to me/us all the commissions (in e hereby confirm that I/We have not been directly in making this investment. (G) Applica remit the AMC to share mylour current & histo toy test as prescribed under FEMA provisions. of United States person(s) under the laws o	ntion of any provisions of the I lies of Mirae Asset Mutual Fun Mirdetalis with the AMC / Fund/findemnify the Fund, AMC, Truthe form of trail commission offered/ communicated any able to Investors availing the ric transaction details to the R. We further declare that I/We:	ncome Tax A d. (D) The info Registrars and ustee, RTA an n or any oth- indicative pe e online facili egistered Invi am/are "Perso ) of Canada.	ct, Anti Money Laundering Laws or any other prmation given in / with this application form is dransfer Agent (RTA) from time to time. I/We do other intermediaries in case of any dispute er mode), payable to him for the different ortfolio and/ or any indicative yield by the ity:-I/We have read, understood and shall be estment Advisor (RIA), if any transactions are on Resident in India" and are allowed to invest In case of change to this status, I/We shall	
hereby confirm that the inform	nation provid	ed by me / us on this Form is true, correct, and	d complete. I / We also confirm	n that I / We I	have read and understood the FATCA& CRS	Terms and Conditions and her	eby accept th	ne 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 registerar or otherwise.

Signature of 1 <sup>st</sup> Applicant / Guardian /	Signature of 2 <sup>™</sup> Applicant / Guardian /	Signature of 3 <sup>rd</sup> Applicant / Guardian /
Authorised Signatory /PoA/Karta	Authorised Signatory /PoA	Authorised Signatory /PoA

## 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 Savings Fund	Mirae Asset China Advantage Fund	Mirae Asset Dynamic Bond Fund