

COMMON TRANSACTION FORM

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIN)	ISC Date Time Stamp Reference No.
ARN-109217		E-150257	

"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".
EUIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIN), please refer Point No.12 given in the instructions in the KIM. If the EUIN box is left blank, then the investor has to certify the following declaration: "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."

<input checked="" type="checkbox"/> Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	<input checked="" type="checkbox"/> Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	<input checked="" type="checkbox"/> Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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TRANSACTION CHARGES - Refer Instruction No. 11. For all existing investors Rs. 100 will be deducted as transaction charges for transaction of Rs. 10,000 and more

Please Specify Allotment Preference-Units in Physical Mode (Default Option) – Please ☒ **OR** Units in Demat Mode* Please ☐

*Please provide details in below section. In case of any ambiguity in the details provided, the units shall be allotted in the physical mode (Default option)

National Securities Depository Limited (NSDL)		Central Depository Services (India) Limited (CDSL)	
DP Name -		DP Name -	
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"/>	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"/>	16 Digit 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"/>	

Enclosures - Please ☒ **OR** Client Masters List (CML) ☐ **OR** Transaction cum Holding Statement ☐ **OR** Delivery Instruction Slip (DIS) ☐

1. Investor Details

Folio No.: Sole First Applicant :

2. Additional Purchase - I wish to apply for units as under -

K.Y.C. Compliance Proof Attached <input checked="" type="checkbox"/>	
Scheme / Plan / Option:	First Applicant Yes <input type="checkbox"/>
Rs. Application Amount:	Second Applicant Yes <input type="checkbox"/>
Cheque / DD Number: Date:	Third Applicant Yes <input type="checkbox"/>
Bank Account No./UTR No, for Direct transfer to Scheme A/C:	Guardian (In case Minor)/POA Yes <input type="checkbox"/>
Drawn on:	
Branch: City:	

Please ☒ Source of Funds:- *A/c Type - S/B ☐ NRE* ☐ Current ☐ NRO ☐ 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)

3. Redemption - I wish to Redeem units/amount as under -

Scheme / Plan / Option:	
Rs. (Figures):	OR : ALL UNITS <input type="checkbox"/> OR : Please Specify Units
Rs. Words in Amount:	

4. Switch Request - I wish to Switch units/amount as under -

From Scheme/Plan/Option:	
Rs. (Figures):	OR : ALL UNITS <input type="checkbox"/> OR : Please Specify Units
Rs. Words in Amount :	

To Scheme/Plan/Option:

5. Declaration & Signatures

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 hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. I hereby declare that if the Nomination section is left blank, it will be construed and deemed that I do not wish to nominate for the above investments. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. 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. **Applicable to investors availing the e-fund market 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 through the Mirae Asset e-fund market facility. 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. 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 twelve 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. 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 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 checked="" type="checkbox"/> Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA / Karta	<input checked="" type="checkbox"/> Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	<input checked="" type="checkbox"/> Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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Acknowledgment Slip	Add. Purchase <input type="checkbox"/>	Redemption <input type="checkbox"/>	Switch <input type="checkbox"/>	Date and Stamp of Collection Centre/ISC
Folio No :-	Name :-			
Redemption/Switch Rs.	OR : ALL UNITS <input type="checkbox"/> OR : Please Specify Units			
Application for Rs (Figures):-	Vide Cheque No :-	Cheque Dated :-	Drawn On :-	
Scheme Name :- (Please Specify Plan / Option / Sub Option)				
For Switch Transaction - To Scheme :- (Please Specify Plan / Option / Sub Option)				