COMMON APPLICATION FORM

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

Application No.:



| Name & Broker Code/ ARN/RIA Code | Sub Broker / Agent ARN Code | Sub Agent Code | EUIN* | Internal Code for AMC | ISC Date Time Stamp Reference No. |
|--|--|---|----------------------------------|--|---|
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| | | | | | |
| EUIN Declaration: Declaration for Execution Only the EUIN box has been intentionally left blank by me/ | us as this transaction is executed without | ut any interaction or advice by | the employee/relationship mar | nager/sales person of the above distribu | utor/sub broker or notwithstanding the |
| advice of in-appropriateness, if any, provided by the e feed/portfolio holdings/NAV etc. in respect of my/our in | | | | | /provide the transactions data |
| | | | | | |
| | | | | | |
| Sign of 1 st Applicant / Guardian / Auth. Signatory | y / PoA / Karta Sign o | of 2 nd Applicant / Guardian / A | Auth. Signatory / PoA | Sign of 3 rd Applicant / G | Guardian / Auth. Signatory / PoA |
| Please | | Micro Applicati | ion 🗌 | SIP A | Application |
| TRANSACTION CHARGES (Please @ | any one of the below. Ref | er Instructions No. 1 | 1) | | |
| ☐ I AM A FIRST TIME INVESTOR IN MI | · | OR | <u> </u> | N EXISTING INVESTOR IN M | MUTUAL FUNDS |
| Applicable transaction charges will be ded registered Distributor)based on the investor | | | | | investor to the ARN Holder(AMFI |
| , | | | • | | |
| 1. EXISTING UNIT HOLDER INFOR | | | | • | s application.All Unit Holders in the |
| Folio No. | | | | KYC credentials may be filled | |
| 2. APPLICANT(S) NAME AND IN IN | FORMATION [Refer_Instruc | ction 2] If the 1 st / Sole | Applicant is Minor | then please provide details | of natural / legal guardian |
| 1 st SOLE APPLICANT Mr. / Ms. /M/s. | nortinortat | | ppa.m.io iiiiioi, | | |
| (Please write the name as per PAN Card) | | | | PAN | |
| LEI Code for entities | | | | | |
| CKYC ID No. (KIN) | | | Pls indi | | for tax purpose / Resident of Canada |
| GUARDIAN (In case 1st Applicant is a Mil | nor) | | | | lo ^s (\$Default if not ✓) ip with Minor (Please ✓) |
| Mr. / Ms. / M/s. | | | | | Father Legal Guardian |
| GUARDIAN CKYC ID No. (KIN) | | | KYC (Please ✓) ☐ Proof Attached | GUARDIAN PAN | |
| POA / Custodian Name: | | | | KY | /C (Please ✓) ☐ Proof Attached |
| POA / Custodian CKYC ID No. (KIN) | | | PO | A / Custodian PAN | |
| Contact Person for Corporate Investo | r: Name | | | Designation: | |
| 3. FIRST APPLICANT AND KYC DE | TAILS All fields | marked as 🗱 are | Mandatory | | |
| 1 st SOLE APPLICANT Individual or | Non-Individual [Please | e II Ultimate Beneficial | | | 11b - Refer Instruction No. 17] |
| *Date of Birth/ Incorporation D M (Non-Individual) | | of Date of Birth (Plea (For minor applicant) | | n Certificate School Sc | ool Leaving Certificate / Mark Shee (Please specify) |
| (Please write the Date of birth as per Aadhaar Ca Place of Birth / | Country of Birth / | | Nationality: | | Male Female Othe |
| Incorporation: (Please write the Date of birth as per Aadhaar Ca | Incorporation: | ' | Nationality. | Genuel | iviale in terriale in Ottre |
| | | rust Bank / Fls | | | through Guardian NRI - NRO |
| ☐ HUF ☐ LLP ☐ Listed Company ☐ Priv☐ NPO Registration Number of DARPA | | ompany Artificial Juri | idicial PersonPartne | rsnip Firm FOF - MF Schen | nes Other Please specify) |
| 3 | ☐ Private Sector | ☐ Public Sector | Government Servi | ice Student | Professional Housewife |
| a*. Occupation Details [Please (✓)] | Business | Retired | Proprietorship | Others(Please | specify) |
| b*. Politically Exposed Person (PEP) Statu | us (Also applicable for authorised | signatories/Promoters/Ka | ırta/Trustee/Whole time Di | irectors) 🗌 I am PEP 🗌 I am | Related to PEP Not Applicable |
| c*. Gross Annual Income (₹) [Please (✔)] | ☐ Below 1 Lakh | 1-5 Lakhs | 5-10 Lakhs | ☐ 10-25 Lakhs | >25 Lakhs |
| d*. Net-worth (Mandatory for Non-Individu | ıals)₹ | | as on | | Y Y (Not older than 1 year) |
| e*. Non-Individual Investors involved/prov any of the mentioned services | • | Exchange / Money Cha ending / Pawning | anger Services | Gaming/Gambling/Lottery/C | Casino Services |
| 4. BANK ACCOUNT DETAILS - N | Mandatory [Refer Instruct | ion Nos. 3 & 4] | | | |
| Name of the Bank: | | | | | |
| Core Banking A/c No. | | | A/c. Typ | e Pls. (✓) ☐ NRE ☐ CURRE | NT SAVINGS NRO Othe |
| Branch Name: | Ado | dress: | | (* / | |
| Bank Branch City: | Sta | te: | | Pin Co | ode |
| MICR Code | | ch a cancelled cheque | | ory for | |
| | OR a clear | photo copy of a cheque | Credit via NEFT/RTC | 3S) | |

| 5. JOINT APPLICANTS, IF | ANY AND THEIR | KYC DETAI | LS All field | ls marked as | (★) are Mandatory | | | | |
|---|--|--|--|---|--|--|--|---|---|
| Mode of Holding: An | yone or Survivor Not Applicable | e in case of Mir | Single | se write the name | Joint as per PAN Card) | (Please | e note that the Defau | | nyone or Survivor) emale |
| PAN Details | | | Pls in | idicates if US P | erson or a resident for tax | c purpose / Residen | t of Canada 🔲 Ye | S No* (* | *Default if not 🗸) |
| CKYC ID No. (KIN) | | | | | KYC Pls 🕢 🗌 Prod | of Attached Da | te of Birth(Manda per PAN Card) | tory) D D N | M Y Y Y Y |
| Place of Birth | | Co | ountry of Birth | | | Natio | nality: | | |
| a*. Occupation Details [Plea | ase(√)] [| Private Solution | = | | Government Service Agriculture | ce Student Proprieto | Profess | sional [] (Please | Housewife specity) |
| b*. Politically Exposed Person | (PEP) Status |] I am PEF | P ☐ I am R | elated to PEP | ☐ Not Applicable | | | | |
| c*. Gross Annual Income (₹) | [Please(✓)] [| Below 1 L | _akh ☐ 1-5 Lal | khs | 5-10 Lakhs | ☐ 10-25 Lal | khs 🗌 >25 La | khs 🗆 | > 1 Crore |
| d*. Net-worth ₹ | | | | s on | IVI IVI Y Y Y | | than 1 year) | | |
| Mode of Holding: And Array Mr. / Ms. / M/s | yone or Survivor Not Applicable | e in case of Mir | Single | se write the name | Joint e as per PAN Card) | (Please | Gender | | emale Other |
| PAN Details | | | Pls in | idicates if US P | erson or a resident for tax | c purpose / Resident | t of Canada | S □ No* (* | *Default if not 🗸) |
| CKYC ID No. (KIN) | | | | | KYC Pls 🕢 🗌 Prod | of Attached Da (As | te of Birth(Manda per PAN Card) | ory) D D M | IMYYYY |
| Place of Birth | | Co | ountry of Birth | | | Natio | nality: | | |
| a*. Occupation Details [Plea | nse(√)] [| Private Solution Business | ector Public Retired | | ☐ Government Service☐ Agriculture | ce Student Proprieto | Profess | (D) | Housewife specity) |
| b*. Politically Exposed Person | (PEP) Status | lam PEF | l am R | elated to PEP | □ Not Applicable | | | | |
| c*. Gross Annual Income (₹) | [Please(√)] | Below 1 L | ₋akh ☐ 1-5 Lal | | 5-10 Lakhs | ☐ 10-25 Lal | khs 🗌 >25 La | khs 🗆 | > 1 Crore |
| d*. Net-worth ₹ | | | as | s on DD | M M Y Y Y | (Not older | than 1 year) | | |
| | | | | | | | | | |
| 6. MAILING ADDRESS [| | our E-mail I | D and Mobile Nเ | ımber to hel _l | p us serve you better | Refer Instruction | ns 6] | | |
| Local Address of 1st Applicant | | | | | | | | | |
| | | | City | | State | | Pin Code | | |
| Tel. Off. | | | City | Resi. | State | Mobile | Pin Code | | |
| Mobile No specified above belo | | | vestor being(Please | tick any one o | ption from below.) | | | | |
| Mobile No specified above belo | ngs to□ Self or Fan or Minor Investmen | | | tick any one o | | Mobile ☐ | | | |
| Mobile No specified above belo Spouse Guardian(fc E - Mail^^ ^Please Use Block Letters. Invecopies are required kindly refer in | pr Minor Investmen estors providing emainstruction no. 6(g) | ail ID would ma | vestor being(Please pendent Children andatorily receive a | e tick any one o | ption from below.) eendent Parents ions, Statement of Accour | □ Dependent Sib | lings | e-mail only.In | ncase if physical |
| Mobile No specified above belo Spouse Guardian(fo E - Mail^^ ^Please Use Block Letters. Invecopies are required kindly refer i Email address specified above | pr Minor Investmen estors providing emainstruction no. 6(g) | ail ID would many Family, due to | vestor being(Please pendent Children andatorily receive a | e tick any one o | ption from below.) pendent Parents ions, Statement of Accour | □ Dependent Sib | lings nual Report through | e-mail only.In | ncase if physical |
| Mobile No specified above belo Spouse Guardian(fo E - Mail^^ ^Please Use Block Letters. Invecopies are required kindly refer i Email address specified above | estors providing emainstruction no. 6(g) | ail ID would many Family, due to | vestor being(Please pendent Children andatorily receive a | e tick any one o | ption from below.) eendent Parents ions, Statement of Accour | □ Dependent Sib | lings nual Report through | e-mail only.In | ncase if physical |
| Mobile No specified above belo Spouse Guardian(fo E - Mail^^ ^Please Use Block Letters. Invecopies are required kindly refer i Email address specified above I Spouse Guardian(fo | estors providing ema nstruction no. 6(g) belongs to □ Self or or Minor Investmen | ail ID would mark Family, due to | vestor being(Please bendent Children andatorily receive a b Investor being(Ple pendent Children | e tick any one o | ption from below.) pendent Parents ions, Statement of Accour | □ Dependent Sib nts and Abridged An □ Dependent Sib | lings nual Report through blings | , | |
| Mobile No specified above belo Spouse Guardian(fo E - Mail^^ ^Please Use Block Letters. Invecopies are required kindly refer i Email address specified above I Spouse Guardian(fo | estors providing emanstruction no. 6(g) belongs to □ Self or or Minor Investmen | ail ID would mark Family, due to | vestor being(Please bendent Children andatorily receive a b Investor being(Ple pendent Children | e tick any one o | ption from below.) nendent Parents nons, Statement of Accour ne option from below.) nendent Parents | □ Dependent Sib nts and Abridged An □ Dependent Sib | lings nual Report through blings | , | |
| Mobile No specified above belo Spouse Guardian(fo E - Mail^^ ^Please Use Block Letters. Invecopies are required kindly refer i Email address specified above Spouse Guardian(fo | estors providing emanstruction no. 6(g) belongs to □ Self or or Minor Investmen | ail ID would mark Family, due to | vestor being(Please bendent Children andatorily receive a b Investor being(Ple pendent Children | e tick any one o | ption from below.) nendent Parents nons, Statement of Accour ne option from below.) nendent Parents | □ Dependent Sib nts and Abridged An □ Dependent Sib | lings nual Report through blings | , | |
| Mobile No specified above belo Spouse Guardian(fc E - Mail^^ ^Please Use Block Letters. Invecopies are required kindly refer i Email address specified above I Spouse Guardian(fc 6a. Mandatory for NRI / F | or Minor Investmen estors providing ema instruction no. 6(g) belongs to □ Self or or Minor Investmen FII Applicant [Plead dress | ail ID would m. Family, due to | restor being(Please bendent Children andatorily receive a b Investor being(Ple pendent Children Full Address. P | e tick any one o | ption from below.) nendent Parents nons, Statement of Accour ne option from below.) nendent Parents | □ Dependent Sib Ints and Abridged An □ Dependent Sib . For Overseas In | llings Inual Report through Dlings Investors, Indian A | , | |
| Mobile No specified above belo Spouse Guardian(fc E - Mail^^ ^Please Use Block Letters. Invecopies are required kindly refer i Email address specified above I Spouse Guardian(fc 6a. Mandatory for NRI / F | or Minor Investmen estors providing ema instruction no. 6(g) belongs to □ Self or or Minor Investmen FII Applicant [Plead dress | ail ID would m. Family, due to | restor being(Please bendent Children andatorily receive a b Investor being(Ple pendent Children Full Address. P | e tick any one o | ption from below.) nendent Parents none, Statement of Accour ne option from below.) nendent Parents may not be sufficient | □ Dependent Sib Ints and Abridged An □ Dependent Sib . For Overseas In | olings onual Report through olings nvestors, Indian A as No. 6.) | Address is p | preferred] |
| Mobile No specified above belo Spouse Guardian(fc E - Mail^^ ^Please Use Block Letters. Invecopies are required kindly refer i Email address specified above I Spouse Guardian(fc 6a. Mandatory for NRI / F Overseas Correspondence Ad 7. INVESTMENT AND P Scheme - *IDCW frequency is applicable only *Income Distribution cum Capital W | estors providing emanstruction no. 6(g) belongs to □ Self or or Minor Investment [Pleater Self or Mirae Asset Liquic ithdrawal. IDCW ^Free | ati ID would m. Family, due to the provide see provide | vestor being(Please bendent Children andatorily receive a be Investor being(Please bendent Children Full Address. Polete information being Please to Please | e tick any one o Dep all Communicat ease tick any or Dep O. Box No. | ption from below.) pendent Parents ions, Statement of Accour ne option from below.) pendent Parents may not be sufficient ent Details please Re Regular Plan Direct Plan ow Duration Fund. Default lected Monthly will be considered. | Dependent Sibnts and Abridged AnDependent Sibnts and Abridged | lings nual Report through blings nvestors, Indian A is No. 6.) ii) | Address is part of the street | preferred] |
| Mobile No specified above belo Spouse Guardian(fc E - Mail^^ ^^Please Use Block Letters. Invecopies are required kindly refer i Email address specified above Guardian(fc 6a. Mandatory for NRI / F Overseas Correspondence Ad 7. INVESTMENT AND PA Scheme - *IDCW frequency is applicable only | or Minor Investmen estors providing ema nstruction no. 6(g) belongs to □ Self or or Minor Investmen FII Applicant [Plead dress AYMENT DETAIL for Mirae Asset Liquic ithdrawal. IDCW ^Fre □ Self (No | ail ID would m. Family, due to the provide S (For compared Fund, Mirae A quency can be un-Third Party | restor being(Please bendent Children andatorily receive a bendent Children being(Please bendent Children bendent Children being Children bein | e tick any one o Dep all Communicat ease tick any or Dep O. Box No. | ption from below.) nendent Parents ions, Statement of Accour ne option from below.) pendent Parents may not be sufficient ent Details please Re Regular Plan Direct Plan ow Duration Fund. Default lected Monthly will be considerty Payment (Please a | □ Dependent Sib Ints and Abridged An □ Dependent Sib For Overseas In Growth (Default) option here will be Dadered as default, refertated 'Third Party | lings nual Report through blings nvestors, Indian A is No. 6.) ii) | Address is part of the street | preferred] |
| Mobile No specified above belo Spouse Guardian(fo E - Mail^^ ^Please Use Block Letters. Invecopies are required kindly refer i Email address specified above I Spouse Guardian(fo 6a. Mandatory for NRI / F Overseas Correspondence Ad 7. INVESTMENT AND P Scheme - *IDCW frequency is applicable only *Income Distribution cum Capital W Payment Type [Please (✓)] | estors providing emanstruction no. 6(g) belongs to □ Self or or Minor Investment of the second of th | atil ID would marker in ID would | restor being(Please bendent Children andatorily receive a bollower being(Please bendent Children Full Address. Polete information asset Overnight Fund Daily or Weekly or Meayment) Amount of Cl | e tick any one o Dep all Communicat ease tick any or Dep O. Box No. O. Box No. I & Mirae Asset L Monthly; If not sel Third P RTGS / NEF | ption from below.) pendent Parents ions, Statement of Accour ne option from below.) pendent Parents may not be sufficient ent Details please Re Regular Plan Direct Plan .ow Duration Fund. Default- lected Monthly will be consice party Payment (Please a Core Banking A/c DD Charges, | Dependent Sibnts and Abridged AnDependent Sibnts and Abridged Ander Sibnts and Abridged Ande | lings nual Report through blings nvestors, Indian A is No. 6.) ii) IDCW Payor IDCW Reinv aily if frequency details ayment Declaration f | at estment ected. | IDCW* Frequency^ |
| Mobile No specified above belo Spouse Guardian(fc E - Mail^^ ^^Please Use Block Letters. Invecopies are required kindly refer i Email address specified above I Spouse Guardian(fc 6a. Mandatory for NRI / F Overseas Correspondence Ad 7. INVESTMENT AND P Scheme - *IDCW frequency is applicable only *Income Distribution cum Capital W Payment Type [Please (✓)] Payment Mode: Please (✓) | estors providing emanstruction no. 6(g) belongs to □ Self or or Minor Investment of the second of th | atil ID would marker in ID would | vestor being(Please pendent Children andatorily receive a property of the pendent Children andatorily receive a property of the pendent Children andatorily receive a property of the pendent Children and pendent Children are included and pendent Children and pen | e tick any one o Dep all Communicat ease tick any or Dep O. Box No. O. Box No. I & Mirae Asset L Monthly; If not sel Third P RTGS / NEF | ption from below.) pendent Parents ions, Statement of Accour ne option from below.) pendent Parents may not be sufficient ent Details please Re Regular Plan Direct Plan .ow Duration Fund. Default- lected Monthly will be consice party Payment (Please a Core Banking A/c DD Charges, | Dependent Sibnts and Abridged AnDependent Sibnts and Abridged | Ilings Inual Report through In | at estment ected. | preferred] IDCW* Frequency^ |
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| Mobile No specified above belo Spouse Guardian(fc E - Mail^^ ^Please Use Block Letters. Invecopies are required kindly refer is Email address specified above Guardian(fc Ga. Mandatory for NRI / F Overseas Correspondence Ad 7. INVESTMENT AND P Scheme - *IDCW frequency is applicable only *Income Distribution cum Capital W Payment Type [Please ()] Payment Mode: Please () Cheque / DD / UMRI 8. DEMAT ACCOUNT: Ma National Securities Deposite | ar Minor Investmen estors providing ema nstruction no. 6(g) belongs to □ Self or or Minor Investmen FII Applicant [Plead dress AYMENT DETAIL for Mirae Asset Liquic ithdrawal. IDCW ^Fre □ Self (No □ Cheque / DD N No / UTR No. & andatory for units | il ID would m. Family, due to the provide see provide | restor being(Please bendent Children andatorily receive a bolinvestor being(Please bendent Children Full Address. Polete information asset Overnight Fund Daily or Weekly or Meant of Clarge / NEFT in Amount of Clarge / NEFT in | e tick any one o Dep all Communicat ease tick any or Dep O. Box No. A Mirae Asset L fonthly; If not sel Third P RTGS / NEF | ption from below.) pendent Parents ions, Statement of Accour ne option from below.) pendent Parents may not be sufficient ent Details please Re Regular Plan Direct Plan Low Duration Fund. Default lected Monthly will be considerty Payment (Please a T Core Banking A/c DD Charges, if any ence of names as merocentral Depository S | Dependent Sibnts and Abridged And Dependent Sibnts and | Ilings Inual Report through Inual In | Address is part of the street | IDCW* Frequency^ Bank A/c No. Cheque Only) |

| I/We wish to m my / our death | | do hereby nominat | e the following perso | on(s) who shall receive all the as | ssets held | in my / our account in the event of |
|-------------------------------|--|---|--------------------------|---|--------------|---|
| | in be made upto | Details of | 1 st Nominee | Details of 2 nd Nomine | e | Details of 3 rd Nominee |
| | | | Mandatoı | y Details | | |
| 1 Name of (Mr./Ms.)* | the nominee(s) | | | | | |
| 2 Share of each Nominee | Equally [If not equally, please specify | | % | | % | % |
| | percentage] | | Any odd lot after divis | sion shall be transferred to the first nomine | ee mentioned | in the form. |
| 3 Relationsh Applicant | ip With the | | | | | |
| Date of Birth (in ca | se of Minor) | | | | | |
| Name of Guardia | n (in case of Minor) | | | | | |
| | | | Non -Mano | latory Details | | |
| | f Nominee(s)/ n case of Minor | | | and y Double | | |
| State & Co. | | | | | | |
| PIN Code | | | | | | |
| | elephone No. of Guardian in case | | | | | |
| | nominee(s)/ n case of Minor | | | | | |
| of Mino details – [F | Guardian (in case r) Identification Please tick any one and provide details | | | | | |
| ☐ PAN ☐ ☐ Saving | ph & Signature] Aadhaar Bank account no. tity Demat Account ID | | | | | |
| / We hereby confirmular. | at in case of death of all | sh to appoint any nor I the account holder(s | s), my Ì our legal heirs | would need to submit all the req | uisite docu | ed in non-appointment of nominee(s) and iments / information for claiming of assets |
| ieid in my / our MF F | olio wnich may also ind | iuue aocuments isst | ieu by Court or otner s | such competent authority, based | on the valu | ie oi assets neid in the MF Folio. |
| | | Na | me and Signat | ure of Holder(s)* | | |
| | | | | | | |
| Sig | nature of 1st Applicant | | Signature | e of 2 nd Applicant | | Signature of 3 ^{et} Applicant |

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Note: This nomination shall supersede any prior nomination made by the account holder(s), if any. The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

| Value Company Controlled by Financial Institution | We are a, Financial institution □ Direct reporting NFE □ [Please tick (✓)] | |
|--|---|---------------------|
| Financial institution | Financial institution | |
| Or cell man examinable [Pleases tick (*/)] Applied for Not required to apply for - please specify 2 digits sub-category Not obtained - Non-particle (Please tick (*/)] Applied for Not required to apply for - please specify 2 digits sub-category Not obtained - Non-particle (Please tick (*/)] Applied for Not required to apply for - please specify 2 digits sub-category Not obtained - Non-particle (Please tick (*/)) You (If yes, please specify any one stock exchange on which the stock is regularly traded on an established securities narked) None of stock exchange None of | or Direct reporting NFE | |
| Please (sick (-/) | Selin not available [Please tick (✓)] | |
| PANE Ciplease fill any one as appropriate "to be filled by NFEs other then Direct Reporting NFEs" | Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) Yes (If yes, please specify any one stock exchange on which the stock is regularly traded on an established securities market) Yes (If yes, please specify any one stock exchange on which the stock is regularly traded on an established securities market) Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded on an established securities market) Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded on an established securities market) Nature of relation Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange: Yes (If yes, please fill UBO declaration in the next section.) Nature of Business: Please specify the sub-category of Active NFE Mention code: Refer instruction 15(c) | |
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| Nature of Business: For details refer instruction no. 15. | 4 Is the Entity an Passive NFE Yes (If yes. please fill UBO declaration in the next section.) | |
| For details refer instruction no. 15. If passive NFE, please provide below additional details. (Please attach additional sheets if necessary). Also provide below mandatory details if the UBO does not have a PAN. (Refer Instruction No. 16) PAN / Any other Identification Number (PAN. Asafasa. Pleasport, Better in No. 10). Diving Liverse NEEDA Ab. Clant. Ones) City of Birth - Country of Birth - Country of Birth 1. PAN: Occupation Type: Pather's Name: City of Birth Country of Birth: Additional details to be filled by controlling persons with tax residency/clatemethip/Green Card in any country other than India. In case Tax Identification Number is not available, kindly provide functional equivalent If DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP (UBD) (Refer Instruction No. 17)* If a declaration is not needed for Company on a recognized stock exchange of as Subdisdiny of such Lited Company (is controlling persons). Owner-documented FFTs should provide FFI Owner are of the Stock Exchange where it is listed. Security ISIN ame of the Listed Company (peplicable if the investor is subsidiary/associate): Trust created by a Will. Others (peplicable if the investor is subsidiary/associate): | · · · · · · · · · · · · · · · · · · · | |
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| #Additional details to be filled by controlling persons with tax residency/permanent residency/citizenship/Green Card in any country other than India. To include US, where controlling person is a US citizen or green card holder % In case Tax Identification Number is not available, kindly provide functional equivalent DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP [UBO] (Refer instruction No. 17)* This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company. Please list below the details of ereson(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s). Owner-documented FFI's should provide FFI Ownerstatement and Auditor's Letter with required details as mentioned in Form W8 BENE Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company [if this category is selected, no need to provide UBO alame of the Stock Exchange where it is listed | Gender Male Female Othe | er |
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| lame of the Listed Company (applicable if the investor is subsidiary/associate): Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals Public Charitable Trust Private Trust Religious Trust Trust created by a Will. Others [please specify] | | ovide UBO details]. |
| Unlisted Company Partnership Firm / LLP Unincorporated association / body of individuals Public Charitable Trust Private Trust Religious Trust Trust created by a Will. Others [please specify] 11a. Ultimate Beneficiary Owner (UBO) / Controlling Person(s) / Senior Managing Official details. Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? # Yes No | ame of the Stock Exchange where it is listed Security ISIN | |
| 11a. Ultimate Beneficiary Owner (UBO) / Controlling Person(s) / Senior Managing Official details. Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? # Yes No | | s Trust |
| Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? # 🗌 Yes 🔠 No | ☐ Trust created by a Will. ☐ Others [please specify] | |
| | 1a. Ultimate Beneficiary Owner (UBO) / Controlling Person(s) / Senior Managing Official details. | |
| | | |
| | f 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual (s) are | • |
| f 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Manag SMO) are provided below. | | nior Managing Offi |
| | | |
| | | |

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

Application No.:

| | UBO-1 / Senior Managing Official (SMO) | UBO-2 | UBO-3 |
|---|--|--|--|
| Name of the UBO / SMO#. | | | |
| UBO / SMO PAN#. For Foreign National, TIN to be provided] | | | |
| UBO / SMO Country of Tax Residency# | | | |
| UBO / SMO Taxpayer Identification Number / Equivalent ID Number#. | | | |
| UBO / SMO Identity Type | | | |
| UBO / SMO Place & Country | Place of Birth | Place of Birth | Place of Birth |
| of Birth# | Country of Birth | Country of Birth | Country of Birth |
| UBO / SMO Nationality | | | |
| UBO / SMO Date of Birth [dd-mmm-yyyy] # | | | |
| UBO / SMO PEP# | I am PEP. Related to PEP. Not a PEP. | I am PEP. □ Related to PEP. □ Not a PEP. □ | I am PEP. Related to PEP. Not a PEP. |
| UBO / SMO Address Type | Residence Business Registered Office | Residence Business Registered Office | Residence Business Registered Office |
| UBO / SMO Occupation | Public Service | Public Service | Public Service |
| SMO Designation# | | | |
| UBO / SMO KYC Complied**. If not complied, please complete KYC process independently and then submit the proof. | Please attach the KYC acknowledgement. | Please attach the KYC acknowledgement. | Please attach the KYC acknowledgement. |

Mandatory column.
** In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information

Instructions

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

(i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:

- more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.

-more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership or or who exercises control through other means."

For the purpose of this clause, "Control" shall include the right to control the management or policy decision.

- more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

(ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.

(iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements

B For Investors which is a trust:

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s)/SMO(s).

In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country

FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 15) (FOR INDIVIDUALS & NON-INDIVIDUAL 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 lies in which the entity is a resident for tax purpose and the associated Tax Identi cation No. below) 1st Applicant (Sole / Guardian / Non-Individual 2nd Applicant 3rd Applicant Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Yes ☐ No Yes No Yes No Tax Residency 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? Yes ☐ No Are you a US specified Yes No Are you a US specified Yes ☐ No Please provide Tax Payer Id. Please provide Tax Payer Id. Please provide Tax Payer Id. For non-Individual investor, in case your country of incorporation / Tax residence is US, but you are not a specified US person then please mention exemption code Refer instruction 15(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 Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 1 Status: 1 Status: 1 Type: Type: Type: Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 2 Status: 2 Status: 2 Type: Type: Type: Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 3 Status: 3 Status: 3 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. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(f) To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s) available during the New Fund Offer period); I/We hereby apply for units of the said such scheme 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 is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) IWNe hereby declare that the amount invested in the scheme 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 mylour credit will constitute full discharge of liabilities of Mirae Asset Investment Managers (India) Private 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, RTAand other intermediaries in case of any dispute regarding the eligibility, validity and authorization of mylour transactions. (E) I/We further declare that "The ARN holder has disclosed to me/us all the 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 pided by the Fund/AMC/fix 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. We have not been offered/communicated any indicative portfolio and and shall be bound by the terms & conditions of the PIN agreement availation of the PIN agreemen 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. (L) Aadhaar: I/We hereby voluntarily submit Aadhar card to the Fund/AMC for updating the same in my folio. For Lumpsum 'OR' SIP

Payment Details

Amount (Rs) —— Cheque/ DD No.:

Dated_____ Bank & Branch

ACKNOWLEDGMENT SLIP

Received Application from Mr. / Ms. / M/s.

Scheme Name and Plan

Date & Stamp of Collection Centre / ISC

as per details below:

(OTM) FOI

3. Name Of Joint Account Holder

| | SIP & Top - U | Ip Facil | ity | , | Application No.: | | | IIII OI NA | CH/Direct De | | Mutu | al Fun | E / | | | |
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