OTHER FACILITIES FORM

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



Distributor Name & Broker Code / ARN / RIA Code		Sub Broker ARN Code		Sub Agent Code		EUIN*				ISC Date Time Stamp Reference No.			
1. EXISTING UNIT HOLDER INFORMATION- Please fill in your Folio Number, PAN, KIN details.													
Folio No. CKYC Identific					ation No. (KIN)								7
Name of 1st Unit Holder:													
2.	CHANGE OF BANK MANDATE (Please provide ol	d and new ban	k supporting d	ocument Refer K	(IM page no	28 & 29 ir	nstructi	ion no 3				
Name of the Bank:													
Core	Banking A/c No.		A/c. Type Pls.	(✓) NRE	CUI	RRENT	SAVING	3S 🗌 N	IRO 🗌 C	the			
Branch Name: Address:													
Bank	Branch City:		State:					Pi	n Code				
MICR Code Please attach a cancelled chec OR a clear photo copy of a che						landatory fo	r				$\overline{}$		
3	NOMINATION DETAILS (Minor / HUE						nination Inst	ruction	No. 201 A	II the Hole	der sho	uld Sign	
3. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer KIM page no 28 & 29, Nomination Instruction No. 20] All the Holder should Sign 1/ We, the Applicant(s) do hereby nominate the undermentioned Nominee(s) to receive the alloted units to me / us in the event of my / our death. // 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 Nomination in respect of the units stands rescinded upon Registration of Fresh/Charge in Nomination and the AMC shall not be under any obligation to transfer the units in favour of the establish Nominee(s). Please (**): Fresh Nomination OR Change in Nominee(s)													
No.	Nominee(s) Name	Date of Birth	Name of th	e Guardian	Relationship	9.000			re of Nominee / Guardian				٦
1		(in case of Minor)	(in case	of Minor)		Share	1	(Prete	rrea but r	not Manda 2	itory)	3	\dashv
2		DDMMYYYY											
3		DDMMYYYY											
@lf th	e percentage of share is not mentioned the												
4. CONSOLIDATION OF FOLIOS (All joint holders should sign, even in case of "ANY ONE OR SURVIVOR") Folios to be consolidated (Mention all source folios i.e. the folios to be consolidated, here)													
1. 2.				•	,		3.						-
4.			5.		6.								
	et Folio No. for consolidation (Mer	ntion the target folio		all folios need to	he consolidated)								_
5.	DECLARATION AND SIGNATUR				•	o 28 & 29 i	nstruction	s 2(e)]					
DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s)); 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 & conditions of SIP enrolment and registration through NACH/ECS or Direct Debit (Auto Debit). I/We also agree that if the transaction is delayed or not effected for reasons of incomplete or incorrect or any other operational reasons, I/We would not hold Mirae Asset Investment Managers (India) Private Limited, their appointed service providers or representatives responsible. I/We also undertake to keep sufficient funds in my bank account on the date of execution of the said standing instructions. "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 ₹50,000 in a rolling 12 month period or in a financial year." Adahaar: I/We hereby voluntarily submit Aadhaar not. to the fund /AMC for updating the same in my portfolio. As and when the Govt./Regulator requires the AMC to use/vadilate/authenticate my details, the AMC/ Fund House may do so in accordance with the Aadhar act 2016 and PMLA guidelines.													
Sign of 1st Applicant / Guardian / Auth. Signatory / PoA / Karta			Sign of 2 nd A∣	of 2 nd Applicant / Guardian / Auth. Signatory / Po.			Sign of 3 rd Applicant / Guardian / Auth. Signatory / PoA						
Received Application from					F	olio No.:				as p	er det	ails belo	w:
SLIP	Please(✓)				Date & Stamp of collection center / ISC								
MENT	1 100	Date	S Olan	p 01 0	51100		5,101	, 100		\dashv			
KNOWLEDGEMENT SLIP	Nomination details												
KNOW	Consolidation of folios												

Cheque / DD is subject to realisation