

SYSTEMATIC INVESTMENT PLAN (SIP)

Registration Cum Mandate Form For NACH/Direct Debit

MIRAE ASSET

With Goal SIP & Top-Up Facility

Application No.:

06048552

Mutual Fund

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.

EUIN Declaration: Declaration for "Execution Only" Transaction (where Employee Unique Identification Number-EUIN* box is left blank). Please refer instruction 12 of KIM for complete details on EUIN. 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. **RIA Declaration:** "I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/ RIA".

<input checked="" type="checkbox"/>	Signature of 1 st Applicant / Guardian / Authorised Signatory / PoA / Karta	<input type="checkbox"/>	Signature of 2 nd Applicant / Guardian / Authorised Signatory / PoA	<input type="checkbox"/>	Signature of 3 rd Applicant / Guardian / Authorised Signatory / PoA
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Please Enrollment for New Registration (Please fill all sections) OR SIP Top-up Facility OR Goal SIP

1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Name of 1st Unit Holder: _____ Folio No.: _____
 Aadhaar No.: _____ Aadhaar Copy (Please) Enclosed

2. SIP ENROLMENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for. [Refer Instruction 17 Overleaf].)

Frequency Please Monthly (Default) Quarterly Regular Plan Direct Plan Growth (Default) Dividend Reinvestment (Please)
 Dividend Payout Daily Weekly Monthly
*For Mirae Asset Cash Management Fund & Mirae Asset Savings Fund

Scheme: _____

SIP Date Please 01st 10th (Default) 15th 21st 28th SIP Amount (₹) 5,000 10,000 25,000 Any other Amount. (₹) _____

SIP Start Date: M M Y Y Y Y OR Enter SIP End Date: M M Y Y Y Y End Date: Perpetual Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP)

2a. Goal SIP - Do you want to assign a goal for your SIP. Yes No If yes please select (✓) your goal [Refer Instruction 24 Overleaf].

Please specify your goal amount ₹ _____
 Kids Marriage Kids Education Retirement Planning (Default)
 Tax Savings Dream House Dream Car Dream Vacation Others- Please specify _____

2b. SIP TOP-UP FACILITY (You can start SIP Top-up facility after minimum 6 months from 1st SIP) Refer Instruction No. 23 on the reverse on SIP Top-up

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure. (Not available for micro SIPs)

Top-up Amount (₹) _____ (minimum ₹ 500/- and in multiples of ₹ 1/- only) Top-up Start Date: M M Y Y Y Y
 Frequency Please Half Yearly Yearly (Default) Top-up End Date: M M Y Y Y Y

3. SIP PAYMENT DETAILS (New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and NACH mandate.)

For Existing Investors: Original SIP details - SIP Date - SIP Amount (₹) - Scheme -
 Cancelled cheque Leaf First SIP Cheque No. _____ Drawn on Bank _____
 Cheque Date _____ A/c. Type NRE CURRENT SAVINGS NRO

4. BANK ACCOUNT DETAILS (Mandatory)

Name of 1st A/c. Holder as in Bank Records _____
 Bank Name _____ Core Banking A/c. No. _____
 Branch Name & Address _____ City _____
 9 Digit MICR Code _____ Bank Account Type NRE CURRENT SAVINGS NRO

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) 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 & 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 Global Investments (India) Pvt. Ltd., 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 Rs. 50,000 in a rolling 12 month period or in a financial year". Aadhaar: I/We hereby voluntarily submit Aadhaar No. to the fund/AMC for updating the same in my portfolio. As and when the Govt./Regulator requires the AMC to use/validate/authenticate my details, the AMC/Fund House may do so in accordance with the Aadhaar Act 2016 and PMLA guidelines.

<input checked="" type="checkbox"/>	Signature of 1 st Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS)	<input type="checkbox"/>	Signature of 2 nd Applicant/Guardian/Authorised Signatory/PoA (AS IN BANK RECORDS)	<input type="checkbox"/>	Signature of 3 rd Applicant/Guardian/Authorised Signatory/PoA (AS IN BANK RECORDS)
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NACH MANDATE INSTRUCTION FORM (Refer instruction over leaf before filling)

Tick (✓) UMRN¹ _____ For office use only _____ Date² DD MM YYYY _____
 Create Sponsor Bank Code³ _____ Utility Code⁴ _____
 Modify I/We, hereby authorize⁵ Mirae Asset Global Investments (India) Pvt. Ltd. To Debit (Tick ✓)⁶ SB / CA / CC / SB-NRE / SB-NRO / Other
 Cancel Bank A/c Number⁸ _____
 Bank Name⁹ _____ IFSC¹⁰ _____ or MICR¹¹ _____
 Amount in words¹² _____ Amount in Figures¹³ ₹ _____
 Frequency¹⁴ Mthly Qtly H-Yrly Yrly As & when presented Debit Type¹⁵ Fixed Amount Maximum Amount
 Ref 1¹⁶: Folio No. _____ Mobile¹⁸ _____
 Ref 2¹⁷: Scheme _____ Email ID¹⁹ _____

Period²⁰ D D M M Y Y Y Y
 From _____ To _____ Or Until cancelled

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

Signature of primary account holder Signature of joint account holder Signature of joint account holder
 21 _____
 22 Name of primary account holder _____ Name of joint account holder _____ Name of joint account holder _____

This is to confirm that declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate or the bank where I have authorized debit.

06-2018