

OTHER FACILITIES FORM

Distributor Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code RIA No.	Sub Agent Code	EUIN*	ISC Date Time Stamp, Sign, Reference No.

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

Folio No.: _____ CKYC Identification No. (KIN) _____

Name of 1st Unit Holder: _____

AADHAAR No.: _____ Aadhaar Copy (Please) Enclosed

2. MOBILE AND EMAIL UPDATION (IN CAPITAL LETTERS)

Mobile: _____ E-Mail: _____

I / We wish to receive Account Statements / Annual Reports / Qly. Statements / Newsletter / Updates or any other Statutory Information via E-mail in lieu of Physical Documents. I / we wish to receive SMS alerts for our Investments.

3. CHANGE OF BANK MANDATE (Please provide old and new bank supporting documents)

Name of the Bank: _____

Core Banking A/c No.: _____ A/c Type: Please) NRE Current Savings NRO

Branch Name: _____ Address: _____

Bank Branch City: _____ State: _____ Pin: _____

MICR Code: _____ Please attach a cancelled cheque OR a clear photo copy of a cheque IFSC Code (Mandatory for Credit via NEFT/RTGS) _____

4. NOMINATION DETAILS (Minor / HUF / POA Holder / Non Individuals cannot nominate) - [Refer Instructions 9 of KIM]

I / We, the Applicant(s) do hereby nominate the undermentioned Nominee(s) to receive the allotted units to me / us in the event of my / our death. I / 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 Nomination in respect of the units stands rescinded upon Registration of Fresh/Change in Nomination and the AMC shall not be under any obligation to transfer the units in favour of the erstwhile Nominee(s).

Please): Fresh Nomination OR Change in Nominee(s)

No.	Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship	@% of Share	Signature of Nominee / Guardian
1		D D M M Y Y Y Y				
2		D D M M Y Y Y Y				
3		D D M M Y Y Y Y				

@If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

5. 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. _____

Target Folio No. for consolidation (Mention the target folio here, wherein all folios needs to be consolidated) _____

6. DISCONTINUATION / CANCELLATION OF SIP (Systematic Investment Plan)

Scheme _____ Regular Plan Direct Plan Growth Div. Payout Div. Reinvestment Div frequency*

*Dividend frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Savings Fund.

Frequency: Please) Monthly (Default) - Min (₹) 1000 Quarterly - Min (₹) 1000

Installment / Transaction Dates: (Please) 1st 10th 15th 21st 28th I.H. No.: _____

Amount ₹ (Installment / Transaction Amount): _____ Discontinuation of standing / debit instructions of transaction may take upto one month.

SIP Auto Debit Bank Name: _____ Bank A/c No.: _____

7. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S) [Refer Instructions 2(e) of KIM]

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 Aadhar 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 Aadhar Act 2016 and PMLA guidelines.

Signature of 1st Applicant / Guardian / Authorised Signatory /PoA/Karta _____
Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA _____
Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA _____

Received Application from _____ Folio No.: _____ as per details below:

ACKNOWLEDGEMENT SLIP

Please <input checked="" type="checkbox"/>)	Date & Stamp of Collection Centre / ISC
<input type="checkbox"/> Mobile and email updation <input type="checkbox"/> Change of bank mandate <input type="checkbox"/> Nomination details <input type="checkbox"/> Consolidation of folios <input type="checkbox"/> Cancellation of SIP	

Please Read All Instructions as given in KIM, to help you complete the form correctly.