

Mirae Asset MULTI SIP Application Form

SIP ENROLMENT with One Time Mandate (OTM) (Please fill all sections)

Please see Terms & Conditions on the reverse for eligible schemes under this facility.

Application No.:

MIRAE ASSET

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
ARN-118251					

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".

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

2. SIP ENROLMENT DETAILS (Please refer KIM for Minimum amount Criteria for the scheme applied for.)

Scheme 1	Scheme Name:					
	Frequency <input checked="" type="checkbox"/> Please <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan <input type="checkbox"/> Growth	<input type="checkbox"/> IDCW Payout	<input type="checkbox"/> IDCW* Frequency [^]			
	SIP Date <input type="text"/> <input type="text"/> (Please choose Any Date from 1st till 28th of the month, If left blank 5th will be considered as the default date)	SIP Amount (₹) <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> Any other Amount (₹)				
	SIP Start Month (MM/YY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SIP End Month (MM/YY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

Scheme 2	Scheme Name:					
	Frequency <input checked="" type="checkbox"/> Please <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan <input type="checkbox"/> Growth	<input type="checkbox"/> IDCW Payout	<input type="checkbox"/> IDCW* Frequency [^]			
	SIP Date <input type="text"/> <input type="text"/> (Please choose Any Date from 1st till 28th of the month, If left blank 5th will be considered as the default date)	SIP Amount (₹) <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> Any other Amount (₹)				
	SIP Start Month (MM/YY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SIP End Month (MM/YY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

Scheme 3	Scheme Name:					
	Frequency <input checked="" type="checkbox"/> Please <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan <input type="checkbox"/> Growth	<input type="checkbox"/> IDCW Payout	<input type="checkbox"/> IDCW* Frequency [^]			
	SIP Date <input type="text"/> <input type="text"/> (Please choose Any Date from 1st till 28th of the month, If left blank 5th will be considered as the default date)	SIP Amount (₹) <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> Any other Amount (₹)				
	SIP Start Month (MM/YY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SIP End Month (MM/YY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

*IDCW frequency is applicable only for Mirae Asset Cash Management Fund, Mirae Asset Overnight Fund & Mirae Asset Savings Fund. Default option here will be Daily if frequency not selected.
 *Income Distribution cum Capital Withdrawal. IDCW *Frequency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default, refer SID for more details

Multi SIP Payment Details- Cheque / DD should be drawn in favour of "Mirae Asset Multi SIP Collection A/c".

Payment initiated through Cheque/DD, shall be considered as first installment. Cheque amount should be equal to total SIP amounts of all the scheme(s) applied for.

Cheque/DD no. Cheque/DD date. Total Cheque Amount (₹) Payment Type-Non Third Party(Self)

Bank. Branch City

DECLARATION : To The Trustees, Mirae Asset Mutual Fund - By Signing the OTM in the below section, I/We acknowledge that I/we have 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/Multi-SIP enrolment and registration through OTM.

MIRAE ASSET Mutual Fund	UMRN <input type="text"/>	BANK USE <input type="text"/>	Date <input type="text"/>
Sponsor Bank Code <input type="text"/>	BANK USE <input type="text"/>	<input checked="" type="checkbox"/> CREATE	<input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL
Utility Code <input type="text"/>	I/We hereby authorize <input type="text"/> Mirae Asset Investment Managers (India) Pvt. Ltd.		

To Debt Tick (✓) SB CA CC SB-NRE SB-NRO Other Bank A/c

With Bank Name of customer bank IFSC/MICR

An Amount of Rupees ₹

DEBT TYPE Fixed Amount Maximum Amount FREQUENCY Mntly Qtly H-Yrly Yrly As when presented

Reference 1 Folio No. Reference 2 Scheme name

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the 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. 3. 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 the debit.

Period

From

To

Or Until Cancelled

Signature Of Primary Account Holder

Signature Of Joint Account Holder

Signature Of Joint Account Holder

Phone no 1. Name Of Primary Account Holder 2. Name Of Joint Account Holder 3. Name Of Joint Account Holder

NACH MANDATE INSTRUCTION FORM (Refer guidelines / instruction over leaf before filing)

CU/09/2023