

# COMMON APPLICATION FORM

Application No.:

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIIN)	ISC Date Time Stamp Reference No.
"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor". EUIIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIIN), please refer Point No.12 given in the instructions in the KIM. If the EUIIN box is left blank, then the investor has to certify the following declaration: "I/We hereby confirm that the EUIIN 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."			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA	
(Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Lumpsum Investment <input type="checkbox"/> Micro Application <input type="checkbox"/> SIP Application			
<b>TRANSACTION CHARGES (Please <input checked="" type="checkbox"/> any one of the below. Refer Instruction No. 11)</b>			
<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS		<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS	
Rs.150 will be deducted as transaction charges for transaction of Rs.10,000 and more		Rs.100 will be deducted as transaction charges for transaction of Rs.10,000 and more	
Please Specify Allotment Preference-Units in Physical Mode (Default Option) - Please ( <input checked="" type="checkbox"/> ) <input type="checkbox"/> OR Units in Demat Mode* Please ( <input checked="" type="checkbox"/> ) <input type="checkbox"/>			
*Please provide details in section 8. In case of any ambiguity in the details provided, the units shall be allotted in the physical mode (Default option)			
<b>1. EXISTING UNIT HOLDER INFORMATION [Please fill in your Folio Number, Name, Section 2 &amp; proceed to Section 7 - Investment Details]</b>			
Folio No.	Name of 1st Unit Holder		
<b>2. PAN AND KYC DETAILS - Mandatory [Please refer instructions 2(d) &amp; 2(e)]</b>			
PAN Details OR PAN Exempt Ref No. (PERN) if Exempted		*KYC Status - Please ( <input checked="" type="checkbox"/> )	US Person/resident of Canada
1 <sup>st</sup> / Sole Applicant <sup>@</sup>		KYC Proof Attached <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No*
2 <sup>nd</sup> Applicant		KYC Proof Attached <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No*
3 <sup>rd</sup> Applicant		KYC Proof Attached <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Guardian PAN		KYC Proof Attached <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No*
@If the 1 <sup>st</sup> / Sole Applicant is Minor, then please provide details of natural / legal guardian.			*Default it not ticked
<b>3. APPLICANT(S) NAME AND INFORMATION [Refer Instruction 2]</b>			
1 <sup>st</sup> / SOLE APPLICANT - Mr.   Ms.   M/s. <span style="float: right;">(Please specify)</span>			
<b>DATE OF BIRTH</b> <small>(Mandatory if applicant is Minor)</small>	D   D   M   M   Y   Y   Y   Y	<b>Proof of Date of Birth (Please <input checked="" type="checkbox"/>)</b>	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate / Mark Sheet <input type="checkbox"/> Passport of the Minor <input type="checkbox"/> Others _____
GUARDIAN (In case 1st Applicant is a Minor) Mr.   Ms.   M/s.		<b>Relationship with Minor Please (<input checked="" type="checkbox"/>)</b>	
		Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
<b>Contact Person for Corporate Investor</b>	<b>Name</b>		<b>Designation</b>
2 <sup>nd</sup> APPLICANT Mr.   Ms.   M/s. <small>(Not Applicable in Case of Minor Applicant)</small>			
3 <sup>rd</sup> APPLICANT Mr.   Ms.   M/s. <small>(Not Applicable in Case of Minor Applicant)</small>			
<b>POA Holder Details</b> Name -			
POA PAN Details		*KYC Compliance Status - Proof Attached - Please ( <input checked="" type="checkbox"/> ) Yes <input type="checkbox"/>	
<b>Mode of Holding</b>	Anyone or Survivor <input type="checkbox"/>	Single <input type="checkbox"/>	Joint <input type="checkbox"/> <small>(Please note that the Default option is Anyone or Survivor)</small>
<b>Occupation</b>	Business <input type="checkbox"/>	Service <input type="checkbox"/>	Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others <input type="checkbox"/>
<b>Status</b>	Resident Individual <input type="checkbox"/>	Sole Prop. <input type="checkbox"/>	NRI - NRE <input type="checkbox"/> Trust <input type="checkbox"/> Bank / Fls <input type="checkbox"/> Fls <input type="checkbox"/> Please specify
	Minor thru Guardian <input type="checkbox"/>	NRI - NRO <input type="checkbox"/>	HUF <input type="checkbox"/> Company <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Society / AOP / BOI <input type="checkbox"/> LLP <input type="checkbox"/>
	Listed Company <input type="checkbox"/>	Unlisted Company <input type="checkbox"/>	AOP/BOI <input type="checkbox"/> FOF - MF Schemes <input type="checkbox"/>
<b>3A KYC DETAILS (Mandatory)</b>			
Occupation Details [Please tick <input checked="" type="checkbox"/> ] <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others <input type="checkbox"/> <small>[Please specify]</small>			
Gross Annual Income [Please tick <input checked="" type="checkbox"/> ] <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs 1 Crore <input type="checkbox"/> >1 Crore			
Net-worth in [Mandatory for Non-Individuals] ₹ _____ as on D   D   M   M   Y   Y   Y   Y <small>[Not older than 1 year]</small>			
<b>For Individuals</b>		<b>For Non-Individuals Investors (Companies, Trust, Partnership etc.)</b>	
<input type="checkbox"/> I am Politically Exposed Person		I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> I am Related Politically Exposed Person		II. Foreign Exchange / Money Changer Services <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Not Applicable		III. Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IV. Money Lending / Pawning <input type="checkbox"/> YES <input type="checkbox"/> NO	

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

27-06-2014

<b>ACKNOWLEDGEMENT SLIP</b>	Received Application from Mr. / Ms. / M/s. _____ No.: _____			For <input type="checkbox"/> Lumpsum 'OR' <input type="checkbox"/> SIP as per details below:
	<b>Scheme Name and Plan</b>	<b>Option</b>	<b>Sub Option</b>	<b>Payment Details</b>
		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout	Amount (Rs) _____ Cheque/DD No.: _____ Dated _____ Bank & Branch _____
				<b>Date &amp; Stamp of Collection Centre / ISC</b>

Cheque / DD is subject to realisation

\*For Product Labeling of all funds, please refer Instructions page of the Key Information Memorandum cum Application Form.

**4. MAILING ADDRESS [Please provide your E-mail ID and Mobile Number to help us serve you better]**

**Local Address of 1<sup>st</sup> Applicant-**

<b>City</b>	<b>State</b>	<b>Pin Code</b>																		
<b>Tel. Off.</b>	<b>Resi.</b>	<b>Mobile</b>																		
<b>E - Mail^^</b>																				

^^Please Use Block Letters. Investors providing email ID would mandatorily receive all Communications, Statement of Accounts and Abridged Annual Report through e-mail only.

**4a. Mandatory for NRI / FII Applicant [Please provide Full Address. P. O. Box No. may not be sufficient. For Overseas Investors, Indian Address is preferred]**

**Overseas Correspondence Address-**

**5. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4]**

**Name of the Bank**

**Core Banking A/c No.** \_\_\_\_\_ **A/c. Type** Pls. (✓) NRE  CURRENT  SAVINGS  NRO

**Branch Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Bank Branch City** \_\_\_\_\_ **State** \_\_\_\_\_ **Pin Code** \_\_\_\_\_

**MICR Code** \_\_\_\_\_ **IFSC Code (Mandatory for Credit via NEFT/RTGS)** \_\_\_\_\_

Please attach a cancelled cheque OR a clear photo copy of a cheque

**6. INVESTMENT AND PAYMENT DETAILS (#For complete information on Investment Details please refer to Instructions No. 6.)**

**Special instructions for NRI Applicants:** 1. It is mandatory for NRIs to attach a copy of the payment cheque / FIRC / Debit Certificate to ascertain the repatriation status of the amount invested. 2. The AMC and the Registrar may ascertain the repatriation status purely based on the details provided under Investment and Payment details and will not be liable for any incorrect information provided by the applicant(s). 3. In case the source of funds through Non Domestic Account is not validated/provided, AMC will not be in a position to repatriate redemption proceeds.

Scheme Name:		Plan	Option & Sub option	
<b>Investment Amount (Rs.)</b>	<b>DD Charges# if any (Rs.)</b>	<b>Net Amount (Rs.)</b>	<b>Mode of Payment</b>	Cheque / DD / Funds Transfer / Pay Order <i>Strike out whichever is not applicable</i>
<b>Chq. / DD No.</b>	<b>Date</b>	<b>Drawn on Bank</b>	<b>Branch &amp; City</b>	

Please (✓) Source of Funds:- \*A/c Type - S/B  NRE\*  Current  NRO  Others \_\_\_\_\_ (Please specify) Bank A/c No.: \_\_\_\_\_

\*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) or Account Debit Certificate from Bankers evidencing source of funds.

**Third Party Cheque / Transfer will not be accepted for Investment (Refer Instruction No. 6)**

**EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian)**

**Mandatory Information** (Please ✓): The details of the cheque provided above pertains to my/our own bank account in my/our name  Yes  No\*  
\*If No, my relationship with the bank account holder is \_\_\_\_\_ (Please specify) (Application Form without this Information may be rejected)

**7. DEMAT ACCOUNT DETAILS – Mandatory for units in Demat Mode -Please ensure that the sequence of names as mentioned under section 3 matches as per the Depository Details.**

National Securities Depository Limited (NSDL)		Central Depository Services (India) Limited (CDSL)	
<b>DP Name -</b>		<b>DP Name -</b>	
<b>DP ID -</b>   I   N	<b>Benef. A/C No. -</b>	<b>16 Digit A/C No. -</b>	

Enclosures - Please (✓)  Client Masters List (CML)  Transaction cum Holding Statement  Delivery Instruction Slip (DIS)

**8. NOMINATION DETAILS [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Instruction No. 9]**

I/WE DO NOT WISH TO NOMINATE (OR)  I/We, the Applicant(s) do hereby nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. 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).<sup>6</sup> If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated 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 Y				
2		D D M M Y Y Y Y Y				
3		D D M M Y Y Y Y Y				

**9. DOCUMENTS ENCLOSED (Please ✓)**

KYC Compliance Status Proof  PAN Proof  Cancelled Cheque Copy  Third party Declaration Form  FIRC  Trust Deed  Power of Attorney  
 Partnership Deed  MOA & AOA  Resolution / Authorisation to Invest  Bye-Laws  List of Auth. Signatories & Specimen Signature(s)

**10. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S) [Refer Instructions 2(f)]**

**To The Trustees, Mirae Asset Mutual Fund -** Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/ We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to; will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the 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. I/We have understood the details of the scheme(s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. I hereby declare that if the Nomination section is left blank, it will be construed and deemed that I do not wish to nominate for the above investments. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum. **Applicable to Investors availing the e-fund market facility:-** I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online through the Mirae Asset e-fund market facility. I/We further declare that "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 twelve month period or in a financial year". **Applicable for NRIs only:-** I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE Account. **Applicable to Foreign Resident's Residing in India:-** I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations. The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them. I/We confirm that the details provided by me/us are true and correct. I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).

<input type="checkbox"/> Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta	<input type="checkbox"/> Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA	<input type="checkbox"/> Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA
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Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

<b>Cheque/DD should be Drawn in favour of the Scheme Name</b>	Mirae Asset India Opportunities Fund	Mirae Asset Emerging Bluechip Fund
Mirae Asset India China Consumption Fund	Mirae Asset China Advantage Fund	Mirae Asset Global Commodity Stock Fund
Mirae Asset Ultra Short Term Bond Fund	Mirae Asset Short Term Bond Fund	Mirae Asset Cash Management Fund

For more information visit us at [www.miraeassetmf.co.in](http://www.miraeassetmf.co.in) E-mail us at [customer@miraeasset.com](mailto:customer@miraeasset.com) Call us at **1800-2090-777** (Toll Free)