Mirae Asset Mutual Fund

Trustee: Mirae Asset Trustee Company Private Limited CIN: U65191MH2007FTC170231

Investment Manager: Mirae Asset Global Investments (India) Private Limited CIN: U65993MH2006FTC165663

Registered & Corporate Office:

Unit No.606, Windsor Building, Off. C.S.T Road, Kalina, Santacruz (East), Mumbai – 400098 **Tel. No.:** 022-678 00 300 Fax No.: 022- 6725 3940 - 47 **Website:** www.miraeassetmf.co.in E-mail: miraeasset@miraeassetmf.co.in

KEY INFORMATION MEMORANDUM

of MIRAE ASSET HEALTHCARE FUND

An open ended equity scheme investing in healthcare and allied sectors

Product Labelling



nvestors understand that their principa will be at High Risk

Offer for units of Rs. 10/- each during the New Fund Offer and continuous offer for units at NAV based prices.

New Fund Offer opens on	:11/06/2018
New Fund Offer closes on	:25/06/2018

Scheme re-opens for continuous Sale and Repurchase from 03/07/2018

The Units of the Scheme will be available for Subscription / Switch-in not later than five business days from the date of allotment. The Trustee may close the NFO before the above mentioned date by giving at least one day notice in one daily Newspaper.

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. For further details of the scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations etc. investors should, before investment, refer to the Scheme Information Document (SID) and Statement of Additional Information (SAI) available free of cost at any of the Investor Service Centers or distributors or from the website www.miraeassetmf.co.in

APPLICATION FORM - MIRAE ASSET HEALTHCARE FUND Offer for units of ₹ 10/- each during the New Fund Offer period and at NAV based prices upon re-opening. Scheme re-opens for continuous sale & re-purchase on and from 03/07/2018

MICR Code * mandatory fields



05-2018

Mirae Asset Healthcare	Fund	This product is suitabl	e for investors w	ho are seeking*	RISKOMETER
An open ended equity scheme investing in healthcare New Fund Offer opens on: 11/06/2018 New Fund Offer closes on: 25/06/2018 Application No.:		 To generate long term capital Investments in equity and equits benefitting directly or indirectly Investors should consult their finance if they are not clear about the suitable 	ity related securities of y in Healthcare & allied cial advisers		N Moderate Moore This are the second
*					nderstand that their principal will be at High risk
ਤੇ Name & Broker Code / 2 ARN / RIA Code	Sub Broker Agent ARN Co		EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
ARN - 48012			E053085		
Name & Broker Code / ARN / RIA Code ARN / RIA Code ARN - 48012 EUIN Declaration: Declaration for "Execution Only notwithstanding the advice of in-appropriateness, if the transactions data feed/portfolio holdings/ NAV e Sign of 1" Applicant / Guardian / Auth. Signat Please Lumpsum Investment TRANSACTION CHARGES (Please C)	" Transaction (where Employ k by me/us as this transact f any, provided by the emplo etc. in respect of my/our inve	yee Unique Identification Number-EU tion is executed without any interaction oyee/relationship manager/sales perso stments under Direct Plan of all Schei	N* box is left blank). Please on or advice by the employ on of the distributor/sub brok mes managed by you, to the	refer instruction 12 of KIM for comp ee/relationship manager/sales pers er. RIA Declaration: "I/We hereby above mentioned SEBI-Registered	blete details on EUIN. I/We hereby confirm son of the above distributor/sub broker of give you my/our consent to share/provide Investment Adviser/ RIA".
Sign of 1 st Applicant / Guardian / Auth. Signat	ory / PoA / Karta	Sign of 2 nd Applicant / Guardian /	Auth. Signatory / PoA	Sign of 3 rd Applicant /	Guardian / Auth. Signatory / PoA
을 Please 🕢 Lumpsum Investment		Micro Applicati		SIP	Application 〇
Applicable transaction charges will be deduct	JAL FUNDS ted in case your distributo ent of various factors incl	OR or has opted for such charges. Up luding the services rendered by th	☐ IAMAN ofront commission shall b ne ARN Holder.		o the ARN Holder (AMFI registered
8	MATION [Please fill in			Section 7 - Investment De	etails]
Folio No.	RMATION [Refer Inst	CKYC Identificatio		hen please provide details	of natural / legal guardian
2. APPLICANT(S) NAME AND INFO 1 st SOLE APPLICANT Mr. / Ms. / M/s. (Please write the name as per Aadhaar Card)				PAN	
AADHAAR No.		[Refer Instruction	1 No. 18]	Aadhaar Copy (Plea	ise ✓) ○ Enclosed
			Pls indic	ate if US Person or a resident	for tax purpose / Resident of Canada
GUARDIAN (In case 1 st Applicant is a M	inor)				lo ^s (\$Default if not ✓) ip with Minor (Please ✓)
Mr. / Ms. / M/s.	inor)			_) Father O Legal Guardiar
GUARDIAN CKYC ID No. (KIN)			KYC (Please ✓) ○ Proof Attached	GUARDIAN PAN	
GUARDIAN AADHAAR No.				Aadhaar Copy (Plea	se ✓) ○ Enclosed
POA / Custodian Name:				KY	C (Please ✓) ○ Proof Attached
POA / Custodian CKYC ID No. (KIN)			PC	DA / Custodian	
Contact Person for Corporate Investo	r: N:	ame		Designation:	
3. FIRST APPLICANT AND KYC DE	-				
1 st SOLE APPLICANT Individual on *Date of Birth/Incorporation (Individual) (Non-individual) (Please write the Date of birth as per Aadhaar Ca	МҮҮҮҮ	Please fill Ultimate Beneficial (Proof of Date of Birth (Plea (For minor applicant)	ase ✓) ○ Birth	Certificate	& 11b - Refer Instruction No. 17] School Leaving Certificate / Mark Shee Others (Please specify)
Place of Birth / Incorporation: (Please write the Date of birth as per Aadhaar Ca	Country of Birth / Incorporation:	N	lationality:	Gender	○ Male ○ Female ○ Other
Type: Resident Individual Sole HUF LLP Listed Company Private Company		Trust O Bank / Fls	○ FIIs ○ PIO	<u> </u>	Anor thru Guardian O NRI - NRC
a*. Occupation Details [Please tick (✓)	O Private S	Sector O Public Sector	Government Servic Agriculture	ce O Student	Others (Please specify) Others (Please specify)
c*. Politically Exposed Person (PEP) Status	0	0	0		m Related to PEP O Not Applicable
b*. Gross Annual Income (₹) [Please tio	ck (✓)] ○ Below 1	Lakh O 1-5 Lakh	○ 5-10 Lakh	🔿 10-25 Lakh	○ >25 Lakh ○ > 1 Crore
d*. Net-worth (Mandatory for Non-Indiv	viduals) ₹		as on	D D M M Y Y	Y Y (Not older than 1 year
e*. Non-Individual Investors involved/ any of the mentioned services	, o	oreign Exchange / Money Cha oney Lending / Pawning	nger Services	Gaming/Gambling/Lottery/ None of the above	Casino Services
4. BANK ACCOUNT DETAILS - Ma					
Name of the Bank:					
Core Banking A/c No.			A/c. Type	Pls. (🗸) 🛛 🔿 NRE 📿 Cl	
Branch Name:		Address:			
Bank Branch City:		State:		Pin C	ode
MICR Code	Pleas OR a	se attach a cancelled cheque a clear photo copy of a cheque	IFSC Code (Manda Credit via NEFT/RT	tory for GS)	

5. JOINT APPLIC			Survivor	-			🔿 Sir	ngle			🔾 Joir	nt		(Plea	ase note	e that	the	Delault	option i	s An	yone	or Sur	vivor)
2 nd APPLICANT Mr.	/ Ms. / M/s.	(No	ot Applica	able in	n case	of Mind	or Applica	ant)									Gor	dor (Malo	\cap	Eomo		Othor
Please write the name a	is per Aadha	ar Card)							Defende		(01					Ger	ider C					
AADHAAR No.								L	Refer in	struct	tion No. 1	8]						Aadhaa	r Copy (Pleas	se 🔨)	() En	closed
PAN Details								Pls i	ndicate if	US Pe	erson or a r	esident for	r tax pur	pose / F									
CKYC ID No. (KIN)											KYC Pls	\bigcirc \bigcirc	Proof A	ttached	Da (As	te of per A	Birt adhaa	h (Manda ar Card)	atory)	D	MM	ΥY	ΥΥ
Place of Birth							ry of Bi								Natio		:						
a*. Occupation Det	ails [Pleas	e tick (✓)]			rivate s susines		0	Public S Retired			vernment riculture	Service	e () Stude) Propr		ship	_	rofessionthers			Hous specify	
b*. Gross Annual Ir			-	-		elow 1	_		1-5 Lak	~		0 Lakh		C) 10-25	Lakh	۱	0 >	25 Lakł	ı	С) > 1 C	rore
c*. Politically Expose d. Net-worth ₹	d Person (P	EP) Sta	tus	⊖ I a	m PEI	P) I am R				Not Applica			(N	ot older	than	1 ve	ar)					
3 rd APPLICANT Mr.			t Applica	able in	i case	of Minc	or Applica							`					Male	0	Fema	le 🔿	Other
AADHAAR No.								[Refer In	struct	tion No. 1	8]						Aadhaa	r Copy (Pleas	se 🗸)	⊖ En	closed
PAN Details								Pls i	ndicate if	US Pe	erson or a r	esident for	r tax pur	pose / F	Resident	of Ca	nada	⊖ Ye	es 🔿	No*	(*De	fault if n	ot 🗸)
CKYC ID No. (KIN)											KYC Pls	\bigcirc \bigcirc	Proof A	ttached	Da (As	te of	Birt	h (Manda ar Card)	atory) D	D	мм	ΥY	ΥY
Place of Birth						Count	try of Bi	rth							Natio								
a*. Occupation Det	ails [Pleas	e tick (✓)]		-	rivate			Public S			vernment	Service) Stude		hin		rofessio hers			Hous	
b*. Gross Annual Ir c*. Politically Expose				-	~	Susines Selow 1 P (O elated	Retired 1-5 Lak to PEP s on	kh O				C) Propr) 10-25	Lakh	n .	○ >	25 Laki		-) > 1 C	
d. Net-worth ₹								a:	5 011					(1)									
	RESS [PI	ase pr	ovide v	our l	E-ma	il ID ar	nd Mobi	ile Nu	mber to						JUDICE	ulali	туеа	ar)					
6a. MAILING ADD			ovide y	our l	E-ma	il ID ar	nd Mobi	ile Nu	ımber to						ol older	ulali	i yea	, ,					
6a. MAILING ADD			ovide y	our l	E-ma	il ID ar	nd Mobi	ile Nu	imber to									n Code					
			ovide y	our l	E-ma	il ID ar		ile Nu	umber to	o help		you bett			obile								
6a. MAILING ADD			ovide y	our l	E-ma	il ID ar		ile Nu		o help		you bett											
6a. MAILING ADD Local Address of 1 Tel. Off.	st Applicar	it					City		Res	o help i.) us serve	State	ter]	M	obile [Pi	n Code	Image: state	Igh e	-mail	only.	
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ ^^Please Use Block I 6b. Mandatory fo	* Applicar	estors p	roviding ant [Ple	emai	il ID w	/ould m	City	ily rec	Res eive all (i.	us serve	State	ter]	M	obile [idged	Pi	n Code		-		-	
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ ^^Please Use Block I 6b. Mandatory fo	* Applicar	estors p	roviding ant [Ple	emai	il ID w	/ould m	City	ily rec	Res eive all (i.	us serve	State	ter]	M	obile [idged	Pi	n Code		-		-	
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^	* Applicar	estors p	roviding ant [Ple	emai	il ID w	/ould m	City	ily rec	Res eive all (i.	us serve	State	ter]	M	obile [idged	Pi	n Code		-		-	
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ MPlease Use Block I 6b. Mandatory fo Overseas Correspo 7. INVESTMENT	* Applicar etters. Invo r NRI / FII ondence A	Applic ddress	roviding ant [Ple s	emai ease	il ID w provi	/ould m	City andator	ily rec	Res	i. Comm	unications may not b	you bett State , Statemen e sufficie Is please	ter] nt of Acc ent. For	M counts r Overs	obile [and Abr seas In	idged	Pi	n Code		s is p	prefe	rred]	
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ MPlease Use Block I 6b. Mandatory fo Overseas Correspo 7. INVESTMENT	* Applicar etters. Invo r NRI / FII ondence A	Applic ddress	roviding ant [Ple s	emai ease	il ID w provi	/ould m	City andator	ily rec	Res	i. Comm	unications may not b	you bett State	ter] nt of Acc ent. For	M counts r Overs	obile [and Abr seas In	idged vesto	Pi	n Code		s is p Div	idenc	rred]	
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ MPlease Use Block I 6b. Mandatory fo Overseas Correspo 7. INVESTMENT Scheme: Mirae As	* Applicar 	Applic ddress	roviding ant [Ple ; DETAIL Fund	emai ease _S (F	il ID w provi	vould m ide Ful pmplet	City andator I Addre	ily recess. P	Res eive all (. O. Box	i. Comm (No. r	unications may not b nent Detai	you bett State State , Statemen e sufficie ls please Regular ment (Ple	ter] nt of Acc ent. For Plan ease att	M counts o Instr o ach 'Th	obile [and Abr seas In uctions Growth	idged vesto	Pin Ann ors, I 6.) ault)	n Code	Address Payou ration F	Div t (idenc R	rred] I* einvest	
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ ^^Please Use Block I 6b. Mandatory fo Overseas Correspo	* Applicar etters. Invo r NRI / FII ondence A AND PAY sset Healt ase (√)]	Applic ddress MENT thcare	roviding ant [Ple ; DETAIL Fund Self (Amo	emai ease _S (F Non-	il ID w provi	/ould m ide Ful pmplet	City andator I Addre	ily recess. P	Residence of the series of the	i. Comm (No. r	unications may not b nent Detai	you bett State State , Statemen e sufficie ls please Regular ment (Ple Net P	nt of Acc ent. For Plan	M counts o Instr o ach 'Th	obile [and Abr seas In uctions Growth	idged vesto (Defa ty Pa awn	Pin Ann ors, I 6.) ault)	n Code	Address Payou ration F	Div tit (idenc R Ban	rred]	lo.
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ MPlease Use Block I 6b. Mandatory fc Overseas Correspo 7. INVESTMENT Scheme: Mirae As Payment Type [Ple	* Applicar etters. Invo r NRI / FII ondence A AND PAY sset Healt ase (√)]	Applic ddress MENT thcare	roviding ant [Ple ; DETAIL Fund Self (Amo	emai ease _S (F Non-	il ID w provi	/ould m ide Ful pmplet	City andator I Addre e inform Payme DD /	ily recess. P	Resi eive all (. O. Box n on Inv O T DD Cł	i. Comm t No. r hird P harges	unications may not b nent Detai	you bett State State , Statemen e sufficie ls please Regular ment (Ple Net P	ter] Int of Acc ent. For Plan Passe attr Purchas	M counts o Instr o ach 'Th	obile [and Abr seas In uctions Growth	idged vesto (Defa ty Pa awn	Pin Pin Pin Pin Pin Pin Pin Pin Pin Pin	n Code	Address Payou ration F	Div tit (idenc R ')	rred] I* einvest	lo.
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ MPlease Use Block I 6b. Mandatory fc Overseas Correspond 7. INVESTMENT Scheme: Mirae Ast Payment Type [Ple Cheque / DD / UT 8. DEMAT ACCOUNT	* Applicar 	Applic ddress MENT thcare	DETAIL Fund Self (Amo RTGS	_ emai ease _S (F Non- ount (/ NEI	il ID w provi	/ould m ide Ful pomplet I Party eque / figure	City andator I Addre e inform Payme DD / s (Rs.)	natio	Resi eive all (. O. Box O. Box	i. Communications to No. r hird P harges any	ent Detai	you bett State sta	ter]	M counts r Overs o Instr oach 'Th se	obile [and Abr seas In uctions Growth hird Par Dr	s No. (Defaty Pa ty Pa Br	Pin Annors, 1 0 ault) yymei rancl	n Code	Payou ration F Pa (F	Div Div Form ay-In For C	idenc R) Ban Cheq	rred] I* einvest k A/c N ue Onl	lo.
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ MPlease Use Block I 6b. Mandatory fo Overseas Correspo 7. INVESTMENT Scheme: Mirae As Payment Type [Ple Cheque / DD / UT 8. DEMAT ACCOU National Securit	* Applicar 	Applic ddress MENT thcare	DETAIL Fund Self (Amo RTGS	_ emai ease _S (F Non- ount (/ NEI	il ID w provi	/ould m ide Ful pomplet I Party eque / figure	City andator I Addre e inform Payme DD / s (Rs.)	natio	Resi eive all (. O. Box O. Box	i. Communications to No. r hird P harges any	ent Detai	State State State State State Statement sesufficie Segular nent (Ple Net P An names as n I Depos	ter]	M counts r Overs o Instr oach 'Th se	obile [and Abr seas In uctions Growth hird Par Dr	s No. (Defaty Pa ty Pa Br	Pin Annors, 1 0 ault) yymei rancl	n Code	Payou ration F Pa (F	Div Div Form ay-In For C	idenc R) Ban Cheq	rred] I* einvest k A/c N ue Onl	lo.
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ MPlease Use Block I 6b. Mandatory fo Overseas Correspo 7. INVESTMENT Scheme: Mirae As Payment Type [Ple Cheque / DD / UT 8. DEMAT ACCOUN National Securit DP Name	* Applicar 	Applic ddress MENT thcare	DETAIL Fund Self (Amo RTGS	_S (F Non bunt c / NEI units ed (N	il ID w provi	/ould m ide Ful pomplet I Party eque / figure	City andator I Addre e inform Payme DD / s (Rs.)	natio	Resi eive all (. O. Box O. Box	i. Communications to No. r hird P harges any	ent Detai	you bett State State State State Statemen statem	ter]	M counts r Overs o Instr oach 'Th se	obile [and Abr seas In uctions Growth hird Par Dr	s No. (Defaty Pa ty Pa Br	Pin Annors, 1 0 ault) yymei rancl	n Code	Payou ration F Pa (F	Div Div Form ay-In For C	idenc R) Ban Cheq	rred] I* einvest k A/c N ue Onl	lo.
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ ^{Mailing}	* Applicar .etters. Inve r NRI / FII ondence A * AND PAY sset Healt ase (\scalar) R No. & D HT DETAILS es Depo	Applic ddress ddress MENT thcare	DETAIL Fund Self (Amo RTGS	 	il ID w provi	/ould m ide Ful pomplet I Party eque / figure nat Mod .)	City andator Addre Payme DD / s (Rs.)	natio	Res	i. Communications k No. r hird P harges any the sec	ent Detai	you bett State sta	ter]	M counts r Over: o Instr o ach 'Th se ed unde	obile [and Abr seas In uctions Growth hird Par Dr	s No. (Defaty Pa ty Pa Br Br dia)	Pin Annu Drs, I ault) ymee rancl tchee Lim	n Code	Payou ration F Pa (F be Depo :DSL)	Div Div tt (Form yy-In For C	ridena R R Ban Cheq y Det	rred] i* binvest k A/c N ue Onli ails.	lo.
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ ^APlease Use Block I 6b. Mandatory fo Overseas Correspo 7. INVESTMENT Scheme: Mirae As Payment Type [Ple Cheque / DD / UT 8. DEMAT ACCOUNNATIONAL Securit DP Name	* Applicar .etters. Invo r NRI / FII ondence A AND PAY Set Healt ase (√)] R No. & D IT DETAILS es Depo (√)	Applic ddress ddress MENT thcare	DETAIL Fund Self (Amo RTGS Itory for Limite Benefi Client	_S (F Non Dunt c / NEI units ed (N	Third of Ch For cc Third of Ch FT in ISDL	/ould m ide Ful pmplet I Party eque / figure nat Mod .)	City andator I Addre DD / s (Rs.) de - Plea	matio	Resi eive all (. O. Box n on Inv O Ti DD Ci if : sure that	i. Comm k No. r hird P harge: any the sec	vus serve	you bett State State State State Statemen statem	ter]	M counts r Over: o Instr o ach 'Th se ed under Servic	obile and Abr seas In uctions Growth hird Par pr section ces (In	s No. (Defaty Pa ty Pa Br	Pin Annu Drs, I ault) ymee rancl tchee Lim	n Code	Payou ration F Pa (F be Depo :DSL)	Div Div tt (Form yy-In For C	ridena R R Ban Cheq y Det	rred] i* binvest k A/c N ue Onli ails.	lo.
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ MPlease Use Block I 6b. Mandatory fc Overseas Correspond 7. INVESTMENT Scheme: Mirae Ast Payment Type [Ple Cheque / DD / UT 8. DEMAT ACCOUNNATIONAL Securit DP Name DP ID 1 N Enclosures - Please	* Applicar .etters. Inve r NRI / FII ondence A AND PAY sset Healt ase (√)] R No. & D IT DETAILS es Depo (√) DETAILS	MENT thcare	DETAIL Fund Self (Amo RTGS tory for Limite Benef. Client / HUF /	emai ease S (F Non- ount c / NEI units ed (N A/C N Mast (POA E AS F	il ID w provi For co Third of Ch FT in ISDL Vo ters L A Holo PER I	/ould m ide Ful omplet I Party eque / figure mat Moo .) ist (CM der / N BELOV	City andator I Addre DD / s (Rs.) de - Plea	matio	Resi eive all (. O. Box n on Inv O T DD Ch if : sure that	i. Commic No. r k No. r hird P harge: any the sec	ent Detai ent Detai Party Payu s, quence of t Centra DP Nan 16 Digit A ction cum	you bett State State State State Statemen statem	ter]	M counts r Over; o Instr o ach 'Th se sed unde Servic	obile [and Abr seas In seas In uctions Growth hird Par pr section ces (In	(Defa s No. (Defa ty Pa awn Br Br 13 maa (dia)	Pin Annu Drs, I ault) ymel on E ault) ymel itches Lim	n Code	Payou ration F Pa (F be Depo :DSL)	Div Div tt (Form yy-In For C	ridena R R Ban Cheq y Det	rred] i* binvest k A/c N ue Onli ails.	lo.
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ MPlease Use Block I 6b. Mandatory fc Overseas Correspond 7. INVESTMENT Scheme: Mirae Ast Payment Type [Ple Cheque / DD / UT 8. DEMAT ACCOUNNATION DP ID I NOMINATION PLEASE REGIS	* Applicar .etters. Inve r NRI / FII ondence A AND PAY sset Healt ase (√)] R No. & D IT DETAILS es Depo (√) DETAILS	Applic ddress ddress mENT thcare	DETAIL Fund Self (Amo RTGS tory for Limite Benef. Client / HUF /	S (F Non- bunt c / NEI units ed (N Mast / POA E AS F D	il ID w provi For co Third of Ch FT in in Der ISDL No.	/ould m ide Ful pmplet I Party eque / figure nat Moo .) ist (CM der / N	City andator I Addre DD / s (Rs.) de - Plea de - Plea	matio	Resi eive all (. O. Box n on Inv O Tr DD Cl if ; sure that	i. Commic No. r vestm hird P harges any the sec ot No OR of the	Party Paye s, quence of r Centra DP Nan 16 Digit A ction cum	you bett State State , Statemen e sufficie ls please Regular nent (Ple Net P An hames as n l Depos ne VC No. [Holding S Refer Inst J I/WE [ter]	M counts r Overs o Instr o ach 'Tr ach 'Tr se ed unde ach 'Tr r Overs r Over r Overs r Overs r Overs r Ove	obile [and Abr seas In seas In uctions Growth hird Par pr section ces (In	(Defa ty Pa ty Pa Br awn Br C	Pin Annu Drs, I ault) ymee ault) ymee cancel Lim Lim Lim	n Code	Address Payou ration F Pa (F be Depo :DSL)	Div Div it (Form yy-In For C	idenco R Professional Ban Chequession Slip (rred] i* binvest k A/c N ails. DIS)	lo. y)
6a. MAILING ADD Local Address of 1 Tel. Off. E - Mail^^ MPlease Use Block I 6b. Mandatory fc Overseas Correspond 7. INVESTMENT Scheme: Mirae Ast Payment Type [Ple Cheque / DD / UT 8. DEMAT ACCOUNNATION DP ID I NOMINATION PLEASE REGIS	* Applicar .etters. Inver- r NRI / FII ondence A * AND PAY sset Healt ase (\checkmark)] R No. & D IT DETAILS es Depo (\checkmark) DETAILS TER MY/C	Applic ddress ddress mENT thcare	DETAIL Fund Self (Amo RTGS tory for Limite Benef. Client / HUF /	emai ease S (F Non ount c / NEI units ed (N Mast POA S AS F D (in () M	Third of Ch FT in in Der ISDL No.	vould m ide Ful pomplet I Party eque / figure nat Moo .) ist (CM der / N BELOV of Birth of Mino	City andator I Addre DD / s (Rs.) de - Plea de - Plea	ily rec sss. P matio	Resi eive all (. O. Box n on Inv O Tr DD Cl if ; sure that	i. Commic No. r vestm hird P harges any the sec ot No OR of the	Party Payl s, quence of r Centra DP Nan 16 Digit A ction cum minate - Guardian	you bett State State , Statemen e sufficie ls please Regular nent (Ple Net P An hames as n l Depos ne VC No. [Holding S Refer Inst J I/WE [ter]	M counts r Overs o Instr o ach 'Tr ach 'Tr se ed unde ach 'Tr r Overs r Over r Overs r Overs r Overs r Ove	obile	(Defa ty Pa ty Pa Br awn Br C	Pin Annu Drs, I ault) ymee ault) ymee cancel Lim Lim Lim	n Code	Address Payou ration F Pa (F be Depo :DSL)	Div Div it (Form yy-In For C	idenco R Professional Ban Chequession Slip (rred] i* binvest k A/c N ails. DIS)	lo. y)

* mandatory fields

FOR NON-INDIVIDUALS ONLY

PART	A To be filled					1			<u> </u>		,	=5)				-							
le ar	e a, cial institution	\cap	GIIN																				
		-		Note: If you	do not have a G	IIN but	/ou are spoi	nsored by	another entity, p	olease provi	vide your sp	onsor's GIIN	above a	nd indicat	e your spor	nsor's na	ame below						
	reporting NFE e tick (✔)]		Nam	e of spo	onsoring e	entity	:																
IN n	ot available [F	lease	tick (✓)1		ed for			t required to	apply fo	or - pleas	e specify	2 diaits	sub-c	ategory				\bigcirc N	lot obtai	ined – I	Non-pa	articipa
ART	-			-				_					-		atogoty				0.	101 0.0 101			an aronp a
1		-										-	,		n which	the st	ock is re	aularly	/ trade	d)			
1 Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) 2 Is the Entity a related entity of a publicly						 Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange:																	
						⊖ Ye	es (If yes, p	lease sp	becify na	me of the	listed of	compar	ny and or	ne sto	ck excha	inge o	n whicl	h the sto	ock is re	egularly	y trade		
	traded com regularly tra						(et)	Name	of listed cor	mpany:_													
								Nature	e of relation	⊖ Sut	bsidiary	of the List	ed Cor	npany	or 🔿	Cont	rolled by	a List	ted Cor	mpany			
						Name	of stock exc	change: .															
3	Is the Entity	an act	ive NFE					⊖ Ye	es (If yes, p	lease fill	I UBO de	eclaration	in the r	next se	ction.)								
								-	e of Busines						,								
															1								
								Please	e specify the	e sub-cat	tegory of	Active NF	E		Mentior	n code	: Refer i	nstruc	tion 15	ō(c)			
4	Is the Entity	a pass	sive NF	Ξ				⊖ Ye	es (If yes, p	lease fill	I UBO de	eclaration	in the r	next se	ction.)								
								Nature	e of Busines	s:													
	1							For	details re	fer ins	tructio	n No. 15	i.										
a.	DECLARATIO	N FOR	ULTIM	ATE BE	NEFICIAL	OW	NERSH	IIP [UE	O] (Refer i	nstructio	on No. 1	7)*											
son(s iteme	s), confirming ALL (ent and Auditor's Le	tter with	of tax re required o	letails as n	permanent re nentioned in	sidend Form \	y / citizer V8 BEN E	nship an E.	d ALL Tax Id														
rson(s ateme	s), confirming ALL	tter with I	of tax re required o	sidency / j letails as n NEFICI/	permanent re nentioned in	sidenc Form \ RS [F Ide	y / citizer W8 BEN E Mandat AN/Tax F entificatio	nship an E. tory] (I Payer on No./	d ALL Tax Id If the give Documen Refer inst	en spac t Type ruction	ce belo Coun Res	w is not try of tax idency/	ade		, pleasory of	e atta		<mark>Itiple</mark> le	e decl KYC [ple	laratio (Yes / N ase atta	n forn NO) ach	ns) % of I	benefi nterest
rson(s ateme	s), confirming ALL (ent and Auditor's Le DETAILS OF (tter with I	of tax re required o	sidency / j letails as n NEFICI/	permanent re nentioned in AL OWNE	sidenc Form \ RS [F Ide	y / citizer W8 BEN E Mandat AN/Tax F	nship an E. tory] (I Payer on No./	d ALL Tax Id If the give Documen	en spac t Type ruction	ce belo Coun Res per	w is not try of tax	ade	quate Counti	, pleasory of	e atta	<mark>ach mu</mark> IBO Cod	<mark>iltiple</mark> le Ƴ)	e decl KYC [ple t ackno	laratio	n forn NO) ach	ns) % of I	benefi
rson(s ateme	s), confirming ALL (ent and Auditor's Le DETAILS OF (tter with I	of tax re required o	sidency / j letails as n NEFICI/	permanent re nentioned in AL OWNE	sidenc Form \ RS [F Ide	y / citizer W8 BEN E Mandat AN/Tax F entificatio	nship an E. tory] (I Payer on No./	d ALL Tax Id If the give Documen Refer inst	en spac t Type ruction	ce belo Coun Res per	w is not try of tax idency/ manent	ade	quate Counti	, pleasory of	e atta	<mark>ach mu</mark> IBO Cod	<mark>iltiple</mark> le Ƴ)	e decl KYC [ple t ackno	laratio (Yes / N ase atta he KYC owledge	n forn NO) ach	ns) % of I	benefi
erson(s ateme	s), confirming ALL (ent and Auditor's Le DETAILS OF (tter with I	of tax re required o	sidency / j letails as n NEFICI/	permanent re nentioned in AL OWNE	sidenc Form \ RS [F Ide	y / citizer W8 BEN E Mandat AN/Tax F entificatio	nship an E. tory] (I Payer on No./	d ALL Tax Id If the give Documen Refer inst	en spac t Type ruction	ce belo Coun Res per	w is not try of tax idency/ manent	ade	quate Counti	, pleasory of	e atta	<mark>ach mu</mark> IBO Cod	<mark>iltiple</mark> le Ƴ)	e decl KYC [ple t ackno	laratio (Yes / N ase atta he KYC owledge	n forn NO) ach	ns) % of I	benefi
erson(s ateme	s), confirming ALL (ent and Auditor's Le DETAILS OF (tter with I	of tax re required o	sidency / j letails as n NEFICI/	permanent re nentioned in AL OWNE	sidenc Form \ RS [F Ide	y / citizer W8 BEN E Mandat AN/Tax F entificatio	nship an E. tory] (I Payer on No./	d ALL Tax Id If the give Documen Refer inst	en spac t Type ruction	ce belo Coun Res per	w is not try of tax idency/ manent	ade	quate Counti	, pleasory of	e atta	<mark>ach mu</mark> IBO Cod	<mark>iltiple</mark> le Ƴ)	e decl KYC [ple t ackno	laratio (Yes / N ase atta he KYC owledge	n forn NO) ach	ns) % of I	benefi
Addr pormat t app	ess Type: Resider	tter with JLTIMA & Addre & Addre tital or B tit will be p d the fac	usiness (uresumed the second	default)/R dtfault)/R dtfault)/R fciai own	tesidential/B ant is the UBC	isidence Form \ RS [Ide Eq Ide Eq	y / citizer W8 BEN E Mandat AN/Tax F entificatio uivalent	nship an E. tory] (I Payer on No./ ID No.* tered Of ation to s	d ALL Tax Id If the give Documen Refer inst No. 15	t Type ruction (d) d docume h case, M	ce belo Coun Res per res	w is not try of tax idency/ manent idency*	t ader	quate Counti citizen	, pleas y of ship JBO and d ect the ap	e atta	ach mu IBO Cod Iandator	pplicar	e decl KYC [ple t ackno	thorised ent of unit	n form NO) ach ment signato	ns) % of l in	benefi iterest
rson(s ateme 1b. Addr ormat at app dition:	ess Type: Resider in is not provided,	tter with JLTIMA & Addre & Addre tital or B tit will be p tid the fac ay be requ	usiness (uresumed ts of ben uired at you	default)/R default)/R dthat applic	Residential/B ant is the UBC ership. I/We	In the second se	y / citizer W8 BEN E Mandat AN/Tax F entificatio uivalent	tered Of ration to stokeep to keep to	fice. Attachee submit. In suc you informed	t Type ruction (d) d docume h case, M in writing	ce belc Coun Res per res	Id be self of IC reserves iny change	ertified the rig	quate Counti citizen	JBO and ect the ap to the ab	e atta L (N (N	d by the a con or reve	pplicar in futu	e deci KYC [ple t ackno 	thorised ent of unit	n form NO) ich ment signato its, if subscription	ns) % of l in 	benefi iterest
Addr Addr Addr Addr Addr Addr Addr Addr	ess Type: Resider	ntial or B it will be p ad the fac ay be requ rovide be	usiness (resumed control of the second of t	default)/R default)/R default)/R that applic eficial own ur end. tional deta	tesidential/B ant is the UBC ership. I/We ails. (Please a	In the second se	y / citizer W8 BEN E Mandat AN/Tax F entificatio uivalent	tered Of ration to s to keep	fice. Attachee submit. In suc you informed	d docume h case, M in writing	ce belo Coun Res per resi ents shou //AMF/AM g about a	Id be self of the	ertified the rig	quate Counti citizen	JBO and dect the ap to the ab	e atta L (N (N SO doe	d by the a on or reve ormation	pplicar in futu	e deci KYC [ple t ackno 	thorised ent of unit	n form NO) ich ment signato its, if subscription	ns) % of l in 	benefi iterest
Addr Addr Addr ormat at app dition: F pass PAN /	ess Type: Resider ion is not provided, licant has conceale not provided, licant has conceale al information as ma sive NFE, please pr Any other Ident ID, Govt. ID, Driving Lic	ntial or B it will be p ad the fac ay be requ rovide be tificatio	usiness (resumed control of the second of t	default)/R default)/R default)/R that applic ficial own ur end. tional deta	tesidential/B ant is the UBC ership. I/We ails. (Please a	In the second se	y / citizer W8 BEN E Mandat AN/Tax F entificatio uivalent sss/Regist no declar no declar no declar no declar dettake f additiona	tered Of ation to stoke p al sheets ation Ty ality:	fice. Attacher si finecessar ype: Servic	d docume h case, M in writing y). Also	ce belo Coun Res per resi ents shou /AMF/AM g about a provide	Id be self of the	ertified the rig	quate Counti citizen	JBO and dect the ap to the ab	e atta L (N (N Solove int Solove int Solove int	d by the a con or reve	Iltiple le y) pplicar rse the in futu ve a PA	e decl KYC [ple t ackno allotm ure and NN. (Ref	thorised ent of unit	n form NO) ich ment signato its, if subscription	ns) % of l in 	benefi iterest
Addr Ib.	s), confirming ALL (nt and Auditor's Le DETAILS OF (Name of UBO) Name of UBO) State of UBO (State of UBO) State of UBO)	ntial or B it will be p ad the fac ay be requ rovide be tificatio	usiness (resumed control of the second of t	default)/R default)/R default)/R that applic ficial own ur end. tional deta	tesidential/B ant is the UBC ership. I/We ails. (Please a	In the second se	y / citizer W8 BEN E Mandat AN/Tax F entificatio uivalent sss/Regist no declar no declar no declar no declar dettake f additiona	tered Of ation to stoke p al sheets ation Ty ality:	d ALL Tax Id If the give Documen Refer inst No. 15 fice. Attached submit. In suc you informed	d docume h case, M in writing y). Also	ce belo Coun Res per resi ents shou /AMF/AM g about a provide	Id be self of the	ertified the rig	quate Counti citizen	JBO and dect the ap to the ab	e atta L (N (N Solove int Solove int Solove int	d by the a on or rever ormation as not hav	Iltiple le y) pplicar rse the in futu ve a PA	e decl KYC [ple t ackno allotm ure and NN. (Ref	thorised ent of unit	n form NO) ich ment signato its, if subscription	ns) % of l in 	benefi iterest
Addri Addri	s), confirming ALL (nt and Auditor's Le DETAILS OF (Name of UBO) Name of UBO) Name of UBO) State of UBO (Name of UBO) Name of UBO (Nam	ntial or B it will be p ad the fac ay be requ rovide be tificatio	usiness (resumed control of the second of t	default)/R default)/R default)/R that applic ficial own ur end. tional deta	tesidential/B ant is the UBC ership. I/We ails. (Please a	In the second se	ss/Regist no declar ndertake 1 additiona Occupa Occupa	tered Of ation Ty ality: ation Ty ation Ty ation Ty	d ALL Tax Id If the give Documen Refer inst No. 15 fice. Attached submit. In suc you informed s if necessar ype: Servic e: Mandator	d docume h case, M in writing y). Also	ce belo Coun Res per resi ents shou /AMF/AM g about a provide	Id be self of the	ertified the rig	quate Counti citizen	JBO and dect the ap to the ab	e atta L (N (N Solution) Solution Solut	d by the a on or reve formation	Iltiple le y) pplicar rse the in futu ve a PA	e decl KYC [ple t ackno allotm ure and NN. (Ref	thorised ent of unit	n form NO) ich ment signato its, if subscription	ns) % of l in 	benefi iterest
Addr Addr Dr Addr Dr Addr Dr Addr Dr Addr Dr Addr Dr Addr Dr Dr Addr Dr Dr Dr Dr Dr Dr Dr Dr Dr Dr Dr Dr Dr	ess Type: Resider Name of UBO Name of UBO	ntial or B it will be p ad the fac ay be requ rovide be tificatio	usiness (resumed control of the second of t	default)/R default)/R default)/R that applic ficial own ur end. tional deta	tesidential/B ant is the UBC ership. I/We ails. (Please a	In the second se	y / citizer W8 BEN E Mandat AN/Tax F entificatio uivalent ss/Regist autificatio uivalent additiona Occupa Nationa Nationa	tered Of tered Of ation to stoke ation to stoke ation Ty ality: s Name	fice. Attacher submit. In suc you informed s if necessar ype: Servic	d docume h case, M in writing y). Also	ce belo Coun Res per resi ents shou /AMF/AM g about a provide	Id be self of the	ertified the rig	quate Counti citizen	JBO and of ect the ap to the ab	e atta L (N (N SO doe Date (Date (Par: Ma	d by the a on or reve formation	Iltiple le yy) pplicar rse the in futu ve a PA ale, O	e decl KYC [ple t ackno allotm ure and NN. (Ref	thorised en Instru	n form NO) ich ment signato its, if subscription	ns) % of l in 	benefi iterest
Addr Addr Addr Addr Addr Addr Addr Addr	s), confirming ALL (nt and Auditor's Le DETAILS OF (Name of UBO) Name	ntial or B it will be p ad the fac ay be requ rovide be tificatio	usiness (resumed control of the second of t	default)/R default)/R default)/R that applic ficial own ur end. tional deta	tesidential/B ant is the UBC ership. I/We ails. (Please a	In the second se	ss/Regist no declar ndertake 1 additiona Occupa Occupa	tered Of tered Of ation to stoke ation to stoke ation Ty ality: s Name	fice. Attacher submit. In suc you informed s if necessar ype: Servic	d docume h case, M in writing y). Also	ce belo Coun Res per resi ents shou /AMF/AM g about a provide	Id be self of the	ertified the rig	quate Counti citizen	JBO and o ect the ap to the ab sif the UE DOB: Gende	e atta L (N (N SO doe Date (Date (Par: Ma	d by the a on or reversion or reversion of Birth as not have of Birth le, Fem.	Iltiple le yy) pplicar rse the in futu ve a PA ale, O	e decl KYC [ple t ackno allotm ure and AN. (Ref	thorised en Instru	n form NO) ich ment signato its, if sub lertake uction N	ns) % of l in 	benefi iterest
Addr Ib. Addr Ib. Addr Addr Addr Addr Addr Addr Addr Add	ess Type: Resider Name of UBO Name of UBO	ntial or B it will be p ad the fac ay be requ rovide be tificatio	usiness (resumed control of the second of t	default)/R default)/R default)/R that applic ficial own ur end. tional deta	tesidential/B ant is the UBC ership. I/We ails. (Please a	In the second se	y / citizer W8 BEN E Mandat AN/Tax F entificatio uivalent ss/Regist autificatio uivalent additiona Occupa Nationa Nationa	tered Of ation Ty ality: s Name	d ALL Tax Id If the give Documen Refer inst No. 15 fice. Attached submit. In suc you informed s if necessar ype: Servic e: Mandator ype:	d docume h case, M in writing y). Also	ce belo Coun Res per resi ents shou /AMF/AM g about a provide	Id be self of the	ertified the rig	quate Counti citizen	JBO and o ect the ap to the ab sif the UE DOB: Gende	e atta L (N (N SO doe Date (er: Ma of Birt	d by the a on or reve formation as not have of Birth le, Fem. h:) Male	Iltiple le yy) pplicar rse the in futu ve a PA ale, O	e decl KYC [ple t ackno allotm ure and AN. (Ref	thorised en Instru	n form NO) ich ment signato its, if sub lertake uction N	ns) % of l in 	benefi iterest
Addr b. Addr Addr b. Addr Addr Addr Addr b. Addr Addr Addr Addr Addr Addr Addr Add	ess Type: Resider Int and Auditor's Le DETAILS OF U Name of UBO of Name of UBO of International States of UBO of International States of UBO of International States of Any other Identi ID, Govt. ID, Driving Lik of Birth - Countur N: y of Birth: untry of Birth: V: y of Birth:	ntial or B it will be p ad the fac ay be requ rovide be tificatio	usiness (resumed control of the second of t	default)/R default)/R default)/R that applic ficial own ur end. tional deta	tesidential/B ant is the UBC ership. I/We ails. (Please a	In the second se	y / citizer W8 BEN E Mandat AN/Tax F entificatio uivalent additiona odeclar ndertake f additiona Father's Occupa Nationa Father's Occupa Nationa	tered Of antion No./ ID No.* ID No.* ID No.* ality: s Name ation Ty ality: s Name ation Ty ality:	d ALL Tax Id If the give Documen Refer inst No. 15 fice. Attacher submit. In suc you informed s if necessar ype: Servic a: Mandator ype: ype:	d docume h case, M in writing y). Also	ce belo Coun Res per resi ents shou /AMF/AM g about a provide	Id be self of the	ertified the rig	quate Counti citizen	JBO and of ship JBO and of ect the ap to the ab s if the UE DOB: Gende Date of Date of	e atta L (N (N Solution) Solution Solut	d by the a on or reve formation as not have of Birth le, Fem. h:) Male	Iltiple le y) ppplican rse the in futu ve a PA ale, O	e decl KYC [ple t ackno allotm ure and AN. (Ref	e	n form NO) ich ment signato its, if sub lertake uction N	ns) % of l in 	benefi iterest
Addr Ib. Ib. Ib. Ib. Ib. Ib. Ib. Ib. Ib. Ib.	ess Type: Resider Name of UBO Name of UBO	ntial or B it will be p ad the fac ay be requ rovide be tificatio	usiness (resumed control of the second of t	default)/R default)/R default)/R that applic ficial own ur end. tional deta	tesidential/B ant is the UBC ership. I/We ails. (Please a	In the second se	y / citizer W8 BEN E Mandat AN/Tax F entificatio uivalent additiona Occupa Nationa Father's Occupa	tered Of antion No./ ID No.* ID No.* ID No.* ality: s Name ation Ty ality: s Name ation Ty ality:	d ALL Tax Id If the give Documen Refer inst No. 15 fice. Attacher submit. In suc you informed s if necessar ype: Servic a: Mandator ype: ype:	d docume h case, M in writing y). Also	ce belo Coun Res per resi ents shou /AMF/AM g about a provide	Id be self of the	ertified the rig	quate Counti citizen	JBO and of ship JBO and of ect the ap to the ab s if the UE DOB: Gende Date of Date of	e atta L (N (N Solution) Solution Solut	d by the a on or reve ormation of Birth le, Fem. h:) Male	Iltiple le y) ppplican rse the in futu ve a PA ale, O	e decl KYC [ple t ackno allotm ure and AN. (Ref bther Female	e	n form NO) ich ment signato its, if sub dertake uction N	ns) % of l in 	benefi iterest
6 Addr 1b. 1b. 1b. 1b. 1b. 1b. 1b. 1b.	ess Type: Resider Name of UBO Name of UBO	ntial or B it will be p ad the fac ay be requ rovide be tificatio	usiness (resumed control of the second of t	default)/R default)/R default)/R that applic ficial own ur end. tional deta	tesidential/B ant is the UBC ership. I/We ails. (Please a	In the second se	y / citizer W8 BEN E Mandat AN/Tax F entificatio uivalent additiona odeclar ndertake f additiona Father's Occupa Nationa Father's Occupa Nationa	tered Of an No./ ID No.* ID No.* ID No.* ality: s Name ation Ty ality: s Name ation Ty ality: s Name	d ALL Tax Id If the give Documen Refer inst No. 15 fice. Attacher submit. In suc you informed s if necessar ype: Servic e: Mandator ype: ::	d docume h case, M in writing y). Also	ce belo Coun Res per resi ents shou /AMF/AM g about a provide	Id be self of the	ertified the rig	quate Counti citizen	JBO and of ship JBO and of ect the ap to the ab s if the UE DOB: Gende Date of Date of	e atta L (N (N (N (N (N (N (N (N (N (N	d by the a on or reversion for a solution of the solution of Birth lie, Fem. h:) Male h:) Male	Iltiple le y) ppplican rse the in futu ve a PA ale, O	e decl KYC [ple t ackno allotm ure and AN. (Ref bther Female	e	n form NO) ich ment signato its, if sub dertake uction N	ns) % of l in 	benefi iterest
6 Addr 1b. 6 Addr 1b. 1b. 1b. 1b. 1b. 1b. 1b. 1b.	ess Type: Resider Name of UBO Name of UBO	ntial or B it will be p ad the fac ay be requ rovide be tificatio	usiness (resumed control of the second of t	default)/R default)/R default)/R that applic ficial own ur end. tional deta	tesidential/B ant is the UBC ership. I/We ails. (Please a	In the second se	y / citizer W8 BEN E Mandat AN/Tax F entificatio uivalent ss/Regist entificatio uivalent additiona occupa Nationa Father's Occupa Nationa Father's	tered Of antion No./ ID No.* ID No.* ID No.* ality: s Name ation Ty ality: s Name ation Ty ality: s Name ation Ty ality:	d ALL Tax Id If the give Documen Refer inst No. 15 fice. Attached submit. In suc you informed s if necessar ype: Servic a: Mandator ype: a: ype: ype: ype:	d docume h case, M in writing y). Also	ce belo Coun Res per resi ents shou /AMF/AM g about a provide	Id be self of the	ertified the rig	quate Counti citizen	JBO and of ship	e atta (M (M (M (M (M (M (M (M (M (M	d by the a on or reversion for a solution of the solution of Birth lie, Fem. h:) Male h:) Male	Iltiple le y) pplicate in futu ale, O	e decl KYC [ple t ackno allotm ure and AN. (Ref bther Female	e	n form NO) ich ment signato its, if sub dertake uction N	ns) % of l in 	benefi iterest

Application No.:

Cheque/DD should be Drawn in favour of the Scheme "Mirae Asset Healthcare Fund"

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

FATCA AND CRS DETAILS	(Self Certification)) (Refer instructio	n No. 15)
-----------------------	----------------------	---------------------	-----------

12.

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below. FOR NON-INDIVIDUALS: Is the "Entity" a tax resident of any country other than India? (If Yes, please provide country/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

1 st Applicant	uardian / Non-Individual)		2 nd A	pplicant	3 rd Applicant			
Do you have any no Country(ies) of Birth Citizenship / Nation and Tax Residency	on-Indian h / ality	⊖ Yes ⊃ No	Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	on-Indian h / ality	🔿 Yes 🔿 No	Do you have any no Country(ies) of Birth Citizenship / Nation and Tax Residency	n-Indian 1/ OYes ONo ality	
Country of Birth / Incorporation			Country of Birth			Country of Birth		
Country Citizenship Nationality)/		Country Citizenship Nationality)/		Country Citizenship Nationality	1	
Are you a US specif person?	fied	○ Yes ○ No Please provide Tax Payer Id.	Are you a US specif person?	fied	○ Yes ○ No Please provide Tax Payer Id.	Are you a US specif person?	ied O Yes O No Please provide Tax Payer Id.	
For non-Individual inv	estor in c	ase, if you country of incorporation /	Tax resistance in US, b	out you are	e not a specified US person then ple	ase mention exemption	code(Refer instruction 15(e))	
Individual or Non-In if ticked Yes above.	dividual i	nvestors fill this section	Individual investor	r have to	fill in below details in case of join	t applicants		
	Countr	y:		Countr	y:		Country:	
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:	
	Туре:			Туре:			Туре:	
	Countr	у:		Countr	у:		Country:	
Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:		Tax Residency Status: 2	No.:	
	Туре:			Туре:			Туре:	
	Countr	y:		Countr	y:		Country:	
Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:		Tax Residency Status: 3	No.:	
	Туре:			Туре:			Туре:	
Address Type			Address Type			Address Type		

(Address Type: Residential or Business (default) / Residential / Business / Registered Office) (For address mentioned in form / existing address appearing in folio)

In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily.

13. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(e)]

To The Trustees, Mirea Asset Mutual Fund (The Fund) – (A) 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 by declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the lncome Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of India constructed and undertake to update the information given in / with this application form is true and correct and further agrees to furnish additional information sought by Mirae Asset Global Investments (India) Private Limited (AMC)/ Fund and undertake to update the information given in / with the ragent (RTA) from time to time. I//We have the eligibility, validity and authorization of my our transactions. (E) 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. (F) 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. (H) RA: 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. (H) RA: 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. (H) RA: I/We have neater that I/We earlier I/We contine that I/We contine tavis (R/A) through the registrar or therems (I/A) englic

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

For O Lumpsum 'OR' O SIP

5	Received Application from Mr. / Ms. / M/s.		as per details below:
	Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
	Mirae Asset Healthcare Fund	Amount (Rs.)	
	Minde Asset Healthcare Fund	Cheque / DD No.:	
5		Dated	
		Bank & Branch	

Cheque / DD is subject to realisation

MIRAE ASSET HEALTHCARE FUND

An open ended equity scheme investing in healthcare and allied sectors

New Fund Offer opens on: 11/06/2018 & closes on: 25/06/2018 Scheme re-opens for continuous sale & re-purchase on and from 03/07/2018

SYSTEMATIC INVESTMENT PLAN (SIP) Registration Cum Mandate Form with Goal SIP & Top-Up Facility

Application No.:

IRAE ASSE1 Mutual Fund

ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code	e for AMC	ISC Date Tim Reference	
EUIN Declaration: Declaration for "Execution Only" hat the EUIN box has been intentionally left blank notwithstanding the advice of in-appropriateness, if he transactions data feed/portfolio holdings/ NAV et	Transaction (where Employee Unique by me/us as this transaction is exany, provided by the employee/relation is the transaction is the employee/relation is the transaction of the transaction is the transaction of transaction of the transaction of the transaction of the transaction of the transaction of transaction of the transaction of transaction of the transaction of the transaction of the transaction of transacti	ue Identification Number-EU ecuted without any interacti ionship manager/sales pers	IN* box is left blank). F on or advice by the e on of the distributor/su	lease refer instruction 12 c mployee/relationship mana b broker. RIA Declaration	of KIM for complete ager/sales perso : "I/We hereby g	ete details on EUIN. I/W on of the above distribu ive you my/our consent	e hereby co or/sub brok to share/pro
		under Direct Plan of all Sche	mes managed by you,	to the above mentioned S	EBI-Registered	Investment Adviser/ RIA	
Signature of 1 st Applicant / Guardian / Authorised Sign	atory / PoA / Karta Signatu	re of 2 nd Applicant / Guardian /	Authorised Signatory / P	o A Signature	of 3 rd Applicant / (Guardian / Authorised Sigr	aton//PoA
	gistration (Please fill all sectio		· · · · ·	OR () Goal SIP	or or supplicant is		atory / I ort
1. EXISTING UNIT HOLDER INFORM	<u> </u>	-	11 2	0	his applicat	ion.)	
Name of 1 st Unit Holder				Folio No.			
Aadhaar No.					Aadhaa	ar Copy (Please√)	Enclosed
2. SIP ENROLMENT DETAILS (Pleas			cheme applied fo	-		[]).	
Frequency Please 🧹 🔿 Monthly (D	efault) OQuarterly	🛿 Regular Plan		Growth (Default		Dividend Reinvestme	ent (Pleas
Scheme Mirae Asset Hea					_	Dividend Payout	
<u> </u>	,) 10,000 () 25,000			
SIP Start Date: 0 8 / 2 0 1 8 OR Enter			-	2			ue your
2a. Goal SIP - Do you want to assign Please specify your goal amount ₹		s O No Olf yes ple Kids Marriage 🦄		our goal [Refer Inst Education []		verleaf]. tirement Planning	(Default)
◯ Tax Savings இ ◯ Dream Hou			am Vacation 🏄				(Delault)
2b. SIP TOP-UP FACILITY (You can s		0 0				Please specify verse on SIP Top-	ID
All Applicants have to submit NACH ma							
Гор-up Amount (₹)	(minimum ₹ 500/-	- and in multiples of ₹ 1.	/- only)	Top-up Start Date	M M	Y Y Y Y	
Frequency Please 🕢 🕓 Half	Yearly O Yearly (I	Default)		Top-up End Date	M M	Y Y Y Y	
3. SIP PAYMENT DETAILS (New Inv	estors - Please provide co	py of cancelled chec	ue and mention	relevant SIP details	in the form	and NACH mand	ate.)
Cencelled cheque Leaf	First SIP Cheque No.			Drawn on Bank			
Cheque Date	А	/c. Type) NRE		0	SAVINGS	
4. BANK ACCOUNT DETAILS (Man							
Name of 1 st A/c. Holder as in Bank Records							
Bank Name		Core Banking A/c. No.					
Bank Name Branch Name & Address					City		
Bank Name Branch Name & Address 9 Digit MICR Code	Ban	nk Account Type 🔗	NRE	CURRENT			/ for units of th
Bank Name Branch Name & Address	t Mutual Fund - Having read and understoc s and regulations governing the scheme & sons, I/We would not hold Mirea Asset Glob ARN holder has disclosed to me/us all th us". "I/We have not made any other Mircro We hereby voluntarily submit Aadhar No. to	Ik Account Type od the contents of the SiD of the S conditions of SIP enrolment and r al Investments (India) Pvt. Ltd., th the commissions (Inthe form of the form of the application (Including Lumps)	cheme applied for (Includin egistration through NACH/ eir appointed service provide rail commission or any of um + SIPs] which togethe	g the scheme(s) available durin ECS or Direct Debit (Auto Debit lers or representatives respons her mode), payable to him for with the current application v	SAVING g the New Fund Of). I/We also agree the ible. I/We also under the different comp would result in agg	fer period); I/We hereby apply nat if the transaction is delays ertake to keep sufficient funds opeting Schemes of various pregate investments excee	ed or not effect in my bank ac Mutual Funds ding Rs. 50,00
Bank Name Branch Name & Address Digit MICR Code DECLARATION & SIGNATURE: To The Trustees, Mirae Assessuch scheme and agree to abide by the terms, conditions, rule assons of incomplete or incorrect or any other operational reasons the date of execution of the said standing instructions. "The amongst which the Scheme is being recommended to me/". Aadhaar: I/i	t Mutual Fund - Having read and understoc sons, I/We would not hold Mire Asset Globa ARN holder has disclosed to me/us all th us". "Whe have not made any other Mircr We hereby voluntarily submit Aadhar No. to MLA guidelines.	Ik Account Type od the contents of the SiD of the S conditions of SIP enrolment and r al Investments (India) Pvt. Ltd., th the commissions (Inthe form of the form of the application (Including Lumps)	cheme applied for (Includin egistration through NACH/ eir appointed service provic rall commission or any of um + SIPs] which togethe ime in my portfolio. As and Authorised Signatory/F	g the scheme(s) available durin ECS or Direct Debit (Auto Debit lers or representatives respons her mode), payable to him for with the current application v when the Govt./Regulator requ	SAVING shows Fund Of . IWe also agree th also agree th also agree th also agree th also under the different comp vould result in agg res the AMC to use	fer period); I/We hereby apply nat if the transaction is delays ertake to keep sufficient funds opeting Schemes of various pregate investments excee	ed or not effect in my bank ac Mutual Funds ding Rs. 50,00 tails, the AMC
Bank Name Branch Name & Address Digit MICR Code DECLARATION & SIGNATURE: To The Trustees, Mirae Asses Cuch scheme and agree to abide by the terms, conditions, rule easons of incomplete or incorrect or any other operational read to the date of execution of the said standing instructions. "The amongst which the Scheme is being recommended to me/ rolling 12 month period or in a financial year". Aadhaar: IN focuse may do so in accordance with the Aadhar Act 2016 and F Signature of 1 ^{er} Applicant/Guardian/Authonised Signature	t Mutual Fund - Having read and understoc sons, I/We would not hold Mire Asset Globa ARN holder has disclosed to me/us all th us". "Whe have not made any other Mircr We hereby voluntarily submit Aadhar No. to MLA guidelines.	Account Type in the SID of the Si	cheme applied for (Includin egistration through NACH/ eir appointed service provic rall commission or any of um + SIPs] which togethe ime in my portfolio. As and Authorised Signatory/F	g the scheme(s) available durin ECS or Direct Debit (Auto Debit lers or representatives respons her mode), payable to him for with the current application v when the Govt./Regulator requ	SAVING shows Fund Of . IWe also agree th also agree th also agree th also agree th also under the different comp vould result in agg res the AMC to use	Fer period); I/We hereby apply nat if the transaction is delay rtake to keep sufficient funds seting Schemes of various gregate investments excee /validate/authenticate my de	ed or not effect in my bank ac Mutual Funds ding Rs. 50,00 tails, the AMC
Bank Name Branch Name & Address Digit MICR Code Digit MICR Code DECLARATION & SIGNATURE: To The Trustees, Mirae Asses such scheme and agree to abide by the terms, conditions, rule easons of incomplete or incorrect or any other operational reas on the date of execution of the said standing instructions. "The amongst which the Scheme is being recommended to me/ rolling 12 month period or in a financial year". Aadhaar: IA touse may do so in accordance with the Aadhar Act 2016 and F Signature of 1 ^{er} Applicant/Guardian/Authorised Si (AS IN BANK RECORDS)	t Mutual Fund - Having read and understoc sons, I/We would not hold Mire Asset Globa ARN holder has disclosed to me/us all th us". "Whe have not made any other Mircr We hereby voluntarily submit Aadhar No. to MLA guidelines.	Account Type in the SID of the Si	cheme applied for (Includin egistration through NACH/ eir appointed service provic rall commission or any of um + SIPs] which togethe ime in my portfolio. As and Authorised Signatory/F	g the scheme(s) available durin ECS or Direct Debit (Auto Debit lers or representatives respons her mode), payable to him for with the current application v when the Govt./Regulator requ	SAVING g the New Fund Off J. IWe also agree th libel. IWe also under the different comp would result in agg res the AMC to use	Fer period); I/We hereby apply nat if the transaction is delay rtake to keep sufficient funds seting Schemes of various gregate investments excee /validate/authenticate my de	ed or not effect in my bank ac Mutual Funds ding Rs. 50,00 tails, the AMC
Bank Name Branch Name & Address Digit MICR Code DECLARATION & SIGNATURE: To The Trustees, Mirae Asses CECLARATION & SIGNATURE: To The Trustees, Mirae Asses uch scheme and agree to abide by the terms, conditions, rule reasons of incomplete or incorrect or any other operational reasons on the date of execution of the said standing instructions. "The mongst which the Scheme is being recommended to mel/ rolling 12 month period or in a financial year". Aadhaar: I/ House may do so in accordance with the Aadhar Act 2016 and F Signature of 1 st Applicant/Guardian/Authorised Si (AS IN BANK RECORDS) Tick(√) ⁷ UMRN ¹ UMRN ¹	t Mutual Fund - Having read and understoc sons, I/We would not hold Mire Asset Globa ARN holder has disclosed to me/us all th us". "Whe have not made any other Mircr We hereby voluntarily submit Aadhar No. to MLA guidelines.	Account Type 🕢	cheme applied for (Includin egistration through NACH/ eri appointed service provic rall commission or any of im + SIPs] which togethe me in my portfolio. As and Authorised Signatory/F CORDS)	g the scheme(s) available durin ECS or Direct Debit (Auto Debit lers or representatives respons- her mode), payable to him for with the current application n when the Govt./Regulator requ	SAVING g the New Fund Off J. IWe also agree th libel. IWe also under the different comp would result in agg res the AMC to use	fer period); I/We hereby apply hat if the transaction is delay apply hat if the transaction is delay apply trake to keep sufficient funds pering Schemes of various gregate investments excee //validate/authenticate my de uardian/Authonised Sign NMK RECORDS)	ed or not effect in my bank ac Mutual Funds ding Rs. 50,00 tails, the AMC
Bank Name Branch Name & Address Digit MICR Code DECLARATION & SIGNATURE: To The Trustees, Mirae Asses Concerning the date of execution of the said standing instructions. "The amongst which the Scheme is being recommended to me/ folling 12 month period or in a financial year". Aadhaar: N Signature of 1* Applicant/Guardian/Authonised Si (AS IN BANK RECORDS) Tick(√) ⁷ UMRN ¹ Sponsor Bank Code ³	t Mutual Fund - Having read and understoc s and regulations governing the scheme & s sons, I/We would not hold Mirae Asset Glob ARN holder has disclosed to me/us all th us". "I/We have not made any other Micro We hereby voluntarily submit Aadhar No. to MLA guidelines. gnatory/PoA/Karta	Account Type 🕢	cheme applied for (Includin egistration through NACH/ er appointed service provic rall commission or any of um + SIPs] which togethe ime in my portfolio. As and Authorised Signatory/F ORDS) Utility Code ⁴	g the scheme(s) available durin ECS or Direct Debit (Auto Debit lers or representatives respons- her mode), payable to him for with the current application n when the Govt./Regulator requ to A Signature of Date ² D	SAVING g the New Fund Of I. IWe also agree th also agree th also agree th also gree th also and the different com would result in agg res the AMC to use of 3" Applicant/G (AS IN B) D MM YYYYY	fer period); I/We hereby apply hat if the transaction is delay apply hat if the transaction is delay apply trake to keep sufficient funds pering Schemes of various gregate investments excee //validate/authenticate my de uardian/Authonised Sign NMK RECORDS)	ed or not effect in my bank ac Wutual Funda taing Rs. 50,00 tails, the AMC atory/PoA
Bank Name Branch Name & Address Digit MICR Code Digit MICR Code Digit MICR Code Digit MICR Code DisclarATION & SIGNATURE: To The Trustees, Mirae Asses DiscLARATION & SIGNATURE: To The Trustees, Mirae Asses and the date of execution of the said standing instructions. The easons of incomplete or incorrect or any other operational read and the of the Scheme is being recommended to mel/ olling 12 month period or in a financial year'. Aadhaar: I/ House may do so in accordance with the Aadhar Act 2016 and F Signature of 1 st Applicant/Guardian/Authorised Si (AS IN BANK RECORDS) Tick(√) ⁷ UMRN ¹ Create Modify I/We, hereby authorize ⁵ Cancel Bank A/c Number ⁸	t Mutual Fund - Having read and understoc s and regulations governing the scheme & s sons, I/We would not hold Mirae Asset Glob ARN holder has disclosed to me/us all th us". "I/We have not made any other Micro We hereby voluntarily submit Aadhar No. to MLA guidelines. gnatory/PoA/Karta	Account Type 🕢	cheme applied for (Includin egistration through NACH/ er appointed service provic rall commission or any of um + SIPs] which togethe ime in my portfolio. As and Authorised Signatory/F ORDS) Utility Code ⁴	toA Signature (SB / CA / C	SAVING SAVING g the New Fund Of I. IWe also agree to Ible. IWe also agree to Ible. IWe also agree to Ible. IWe also agree to Sold result in agg res the AMC to use of 3" Applicant/G (AS IN B/ D MM YYYY CO / SB-1 CO / SB-1 CO MICR"	fer period); I/We hereby apply hat if the transaction is delay apply hat if the transaction is delay apply trake to keep sufficient funds pering Schemes of various gregate investments excee //validate/authenticate my de uardian/Authonised Sign NMK RECORDS)	ed or not effect in my bank ac Wutual Funda taing Rs. 50,00 tails, the AMC atory/PoA
Bank Name Branch Name & Address Digit MICR Code DECLARATION & SIGNATURE: To The Trustees, Mirae Asse DECLARATION & SIGNATURE: To The Trustees, Mirae Asse con the date of execution of the said standing instructions, rule easons of incomplete or incorrect or any other operational reach mongst which the Scheme is being recommended to me/ rolling 12 month period or in a financial year'. Aadhaar: I/ fouse may do so in accordance with the Aadhar Act 2016 and F Signature of 1° Applicant/Guardian/Authorised Sr (AS IN BANK RECORDS) Tick(√)? UMRN ¹ Create Modify I/We, hereby authorize ⁵ Bank A/c Number ⁸ Amount in words ¹²	t Mutual Fund - Having read and understoc s and regulations governing the scheme & sons. I/We would not hold Mirae Asset Glob ARN holder has disclosed to me/us all th user. "I/We have not made any other Micro We hereby voluntarily submit Aadhar No. to MLA guidelines. gnatory/PoA/Karta For off ce use Mirae Asset Global Investme	Account Type	cheme applied for (Includin egistration through NACH/ eri appointed service provic rall commission or any of um + SIPs] which togethe me in my portfolio. As and Authorised Signatory/F CORDS) Utility Code ⁴ To Debit (Tick √) ⁶	to A Signature (SB / CA / C Amount i	SAVING SAVING ghe New Fund On iso agree th bite. IWe also agree the bite. IWe also agree the bite. IWe also agree th bite. IWe also agree th bite. IWe also agree th bite. IWe also agree the bi	Fer period); I/We hereby apply hat if the transaction is delay apply that to keep sufficient funds yetting Schemes of various yregate investments excee //validate/authenticate my de //validate/authenticate SignANK RECORDS)	d or not effect imy bank ac Mutual Funds ding Rs. 50,00 tails, the AMC atory/PoA
Bank Name Branch Name & Address Digit MICR Code DECLARATION & SIGNATURE: To The Trustees, Mirae Asses DECLARATION & SIGNATURE: To The Trustees, Mirae Asses uch scheme and agree to abide by the terms, conditions, rule easons of incomplete or incorrect or any other operational read not be date of execution of the said standing instructions. "The amongst which the Scheme is being recommended to me/ rolling 12 month period or in a financial year". Aadhaar: I/ locuse may do so in accordance with the Aadhar Act 2016 and F Signature of 1 ^{er} Applicant/Guardian/Authorised Si- (AS IN BANK RECORDS) Tick(√) ⁷ UMRN ¹ Create Modify I/We, hereby authorize ⁵ Bank A/c Number ⁸ Amount in words ¹² Frequency ¹⁴ Mthly Qtty	t Mutual Fund - Having read and understoc s and regulations governing the scheme & s sons, I/We would not hold Mirae Asset Glob ARN holder has disclosed to me/us all th us". "I/We have not made any other Micro We hereby voluntarily submit Aadhar No. to MLA guidelines. gnatory/PoA/Karta	A Account Type	cheme applied for (Includin egistration through NACH/ eri appointed service provic rall commission or any of um + SIPs] which togethe me in my portfolio. As and Authorised Signatory/F CRDS) Utility Code ⁴ [To Debit (Tick ✓) ⁶ [sented De	g the scheme (s) available durin ECS or Direct Debit (Auto Debit lers or representatives respons- her mode), payable to him for rwith the current application with the Govt./Regulator requires when the Govt./Regulator requires on Signature of Date ² D SB / CA / C SB / CA / C Amount i abbit Type ¹⁵ X F	SAVING SAVING the sevent of the seven of the seven of the seven of the seven of the different compound result in aggress the AMC to use of 3" Applicant/G (AS IN B) D MM YYYY C / SB-1 C / SB-1 Or MICR"	fer period); I/We hereby apply nat if the transaction is delay apply that to keep sufficient funds yetrake to keep sufficient f	d or not effect imy bank ac Mutual Funds ding Rs. 50,00 tails, the AMC atory/PoA
Bank Name Branch Name & Address Digit MICR Code DECLARATION & SIGNATURE: To The Trustees, Mirae Asses The date of execution of the said standing instructions. "The amongst which the Scheme is being recommended to me/ I diug 12 month period or in a financial year". Aadhaar: I/I touse may do so in accordance with the Aadhar Ad 2016 and F Signature of 1 ^e Applicant/Guardian/Authonised Si (AS IN BANK RECORDS) Tick(√) ⁷ Create ✓ Modify UMRN ¹ Sponsor Bank Code ³ I/We, hereby authorize ⁵ Bank A/c Number ⁸ Bank Name ⁹ Amount in words ¹² Frequency ¹⁴ Mthly Qtty Ref 1 ¹⁶ : Folio No.	Image: Strain	Account Type	cheme applied for (Includin egistration through NACH/ eri appointed service provic rall commission or any of um + SIPs] which togethe ime in my portfolio. As and Authorised Signatory/F GRDS) Utility Code ⁴ fo Debit (Tick ✓) ⁶ sented De M	ghte scheme(s) available durin ECS or Direct Debit (Auto Debit lers or representatives respons- her mode), payable to him for with the current application with the current application with the current application with when the Govt./Regulator requi- voA Signature of Date ² D SB / CA / C SB / CA / C Amount i abbit Type ¹⁵ S F obbile ¹⁸	SAVING SAVING ghe New Fund On iso agree th bite. IWe also agree the bite. IWe also agree the bite. IWe also agree th bite. IWe also agree th bite. IWe also agree th bite. IWe also agree the bi	Fer period); I/We hereby apply hat if the transaction is delay apply that to keep sufficient funds yetting Schemes of various yregate investments excee //validate/authenticate my de //validate/authenticate SignANK RECORDS)	d or not effect imy bank ac Mutual Funds ding Rs. 50,00 tails, the AMC atory/PoA
Bank Name Branch Name & Address Digit MICR Code DECLARATION & SIGNATURE: To The Trustees, Mirae Asse DECLARATION & SIGNATURE: To The Trustees, Mirae Asse DECLARATION & SIGNATURE: To The Trustees, Mirae Asse according to the set of the scheme is being recommended to me/ rolling 12 month period or in a financial year'. Aadhaar: I/ amongst which the Scheme is being recommended to me/ rolling 12 month period or in a financial year'. Aadhaar: I/ amongst which the Scheme is being recommended to me/ rolling 12 month period or in a financial year'. Aadhaar: I/ amongst which the Scheme is being recommended to me/ rolling 12 month period or in a financial year'. Aadhaar: I/ amongst which the Scheme is being recommended to me/ rolling 12 month period or in a financial year'. Aadhaar: I/ amongst which the Scheme is being recommended to me/ Signature of 1° Applicant/Guardian/Authorised Si (AS IN BANK RECORDS) Tick(√) ⁷ Create	Image: Strain	In Account Type	cheme applied for (Includin egistration through NACH/ eri appointed service provic rall commission or any of um + SIPs] which togethe ime in my portfolio. As and Authorised Signatory/F ORDS) Utility Code ⁴ fo Debit (Tick ✓) ⁶ sented De in the sector of the sector of the sector Sector of the sector of the sector of the sector Miter of the sector of	g the scheme (s) available durin ECS or Direct Debit (Auto Debit lers or representatives respons- her mode), payable to him for with the current application view when the Govt./Regulator requinance box of the current application view Date ² D SB / CA / C SB / CA / C Amount in abit Type ¹⁵ Amount in obbile ¹⁸ mail ID ¹⁹	SAVING SAVING ghe New Fund Of I. IWe also agree th also agree th also agree th also gree th also gree th also agree th also agr	fer period); I/We hereby apply nat if the transaction is delay apply that to keep sufficient fundsystrake to keep sufficient fundsystrake to keep sufficient fundsystrake to keep sufficient fundsystrake apply apply and the sufficient fundsystem apply apply apply apply and the sufficient fundsystem apply	d or not effect in my banka as Mutual Fundas Jing Rs. 50,00 atory/PoA
Bank Name Branch Name & Address Digit MICR Code DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Healtf PErelod ²⁰ D D M M Y Y Y Y	Image: State of the state	In Account Type	cheme applied for (Includin egistration through NACH/ eri appointed service provic rall commission or any of um + SIPs] which togethe ime in my portfolio. As and Authorised Signatory/F ORDS) Utility Code ⁴ fo Debit (Tick ✓) ⁶ sented De in the sector of the sector of the sector Sector of the sector of the sector of the sector Miter of the sector of	g the scheme (s) available durin ECS or Direct Debit (Auto Debit lers or representatives respons- her mode), payable to him for with the current application view when the Govt./Regulator requinance box of the current application view Date ² D SB / CA / C SB / CA / C Amount in abit Type ¹⁵ Amount in obbile ¹⁸ mail ID ¹⁹	SAVING SAVING ghe New Fund Of I. IWe also agree th also agree th also agree th also gree th also gree th also agree th also agr	fer period); I/We hereby apply nat if the transaction is delay apply that to keep sufficient fundsystrake to keep sufficient fundsystrake to keep sufficient fundsystrake to keep sufficient fundsystrake apply apply and the sufficient fundsystem apply apply apply apply and the sufficient fundsystem apply	d or not effect in my banka as Mutual Fundas Jing Rs. 50,00 atory/PoA
Bank Name Branch Name & Address Digit MICR Code DECLARATION & SIGNATURE: To The Trustees, Mirae Asse DECLARATION & SIGNATURE: To The Trustees, Mirae Asse DECLARATION & SIGNATURE: To The Trustees, Mirae Asse according to the set of the scheme is being recommended to me/ rolling 12 month period or in a financial year'. Aadhaar: I/ amongst which the Scheme is being recommended to me/ rolling 12 month period or in a financial year'. Aadhaar: I/ amongst which the Scheme is being recommended to me/ rolling 12 month period or in a financial year'. Aadhaar: I/ amongst which the Scheme is being recommended to me/ rolling 12 month period or in a financial year'. Aadhaar: I/ amongst which the Scheme is being recommended to me/ rolling 12 month period or in a financial year'. Aadhaar: I/ amongst which the Scheme is being recommended to me/ Signature of 1° Applicant/Guardian/Authorised Si (AS IN BANK RECORDS) Tick(√) ⁷ Create	Image: State of the state	Ik Account Type	cheme applied for (Includin egistration through NACH/ erigistration through NACH/ erigistration through NACH/ erigistration through NACH/ erigistration to a service provided intervention of the service provided intervention of the service provided Authorised Signatory/F CRDS) Utility Code ⁴ [fo Debit (Tick ✓) ⁶ [sented De minimum of the service of the service Minimum of the service of the	g the scheme (s) available durin ECS or Direct Debit (Auto Debit lers or representatives respons- her mode), payable to him for with the current application view when the Govt./Regulator requinance box of the current application view Date ² D SB / CA / C SB / CA / C Amount in abit Type ¹⁵ Frobile ¹⁸ mail ID ¹⁹	SAVING SAVING ghe New Fund Of We also agree th bite. IWe also unde the different com vould result in agg res the AMC to use of 3" Applicant/G (AS IN B) D MM YYYYY D MM YYYYY G O MICR ¹¹ or MICR ¹¹ or MICR ¹¹ xed Amount counts as per la	fer period); I/We hereby apply nat if the transaction is delay apply that to keep sufficient fundsystrake to keep sufficient fundsystrake to keep sufficient fundsystrake to keep sufficient fundsystrake apply apply and the sufficient fundsystem apply apply apply apply and the sufficient fundsystem apply	d or not effect in my banka as Mutual Fundas Jing Rs. 50,00 atory/PoA
Bank Name Branch Name & Address Digit MICR Code DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Health Period ²⁰ D D M M Y Y Y Y Deceda ²⁰ D D M M Y Y Y Y	Image: State of the state	Ik Account Type	cheme applied for (Includin egistration through NACH/ eri appointed service provic rail commission or any of um + SIPs] which togethe ime in my portfolio. As and Authorised Signatory/F GRDS) Utility Code ⁴ [to Debit (Tick ✓) ⁶ [sented De sented De he bank whom I am a	g the scheme (s) available durin ECS or Direct Debit (Auto Debit lers or representatives respons- her mode), payable to him for with the current application view when the Govt./Regulator requinance box of the current application view Date ² D SB / CA / C SB / CA / C Amount in abit Type ¹⁵ Frobile ¹⁸ mail ID ¹⁹	SAVING SAVING ghe New Fund Of I. IWe also agree th also agree th also agree th also gree th also gree th also agree th also agr	fer period); I/We hereby apply nat if the transaction is delay apply that to keep sufficient fundsystrake to keep sufficient fundsystrake to keep sufficient fundsystrake to keep sufficient fundsystrake apply apply and the sufficient fundsystem apply apply apply apply and the sufficient fundsystem apply	ed or not effect in my bank ac Mutual Funds ding Rs. 50,00 atory/PoA

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.

MIRAE ASSET MUTUAL FUND BRANCH OFFICES

• Ahmedabad - 201, 2nd floor, Abhijeet I, Mithakhali Six Roads, Navrangpura, Ahmedabad-380009.Tel-079-44227777. • Bangalore - No. 308, 2nd Floor, Prestige Meridian-II No.30, M G Road, Bangalore-560001. Tel-080-44227777. • Bhubaneswar - Office No. 202, 2nd Floor, Janpath Tower, Ashok Nagar, Bhubaneswar-751009. Tel-7381029019. • Chandigarh - SCO 333-334, 1st Floor Sector 35 B, Chandigarh-160022. Tel-0172-5030688. • Chennai - Premises No 206, Challa Mall, 11-11 A, Sir Theyagaraya Road, T. Nagar, Chennai-600017. Tel-044-44227777. • Jaipur - Office No 322, 3rd Floor, Ganpati Plaza, M I Road, Jaipur-302001. Tel-0141-2377222. • Kanpur - Office no 303 & 304, 3rd Floor, 14/113 KAN Chambers, Civil Lines, Kanpur-208 001. Tel-81770 00201. • Kolkata - Krishna Building, Room no 510, 5th Floor, 224 A J C Bose Road, Kolkata-700017. Tel-033-44227777. • Lucknow - Office no. 308, 3rd Floor, Saran Chamber-II, 5, Park Road, Lucknow-226001. Tel-0522 - 4241511. • Mumbai (Corporate Office) - Unit No. 606, 6th Floor, Windsor Bldg., Off. CST Road, Kalina, Santacruz (E), Mumbai-400 098.Tel-022-67800300. • New Delhi - 1110 Ansal Bhavan, 16 K. G. Marg, New Delhi-10001. Tel-011-44227777. • Pune - 75/76, 4th Floor, C-Wing, Shreenath Plaza, Dnyaneshwar Paduka Chowk, Shivaji Nagar, Pune-411 005. Tel-020-44227777. • Secunderabad - No. 208, Legend Crystal Building, 2nd Floor, PG Road, Secunderabad-500003. Tel-040-66666723.•Vadodara - Office no FF - 7, Concorde Building, R C Dutt Road, Alkapuri, Vadodara-390007. Tel-9375504443.

SALES OFFICE (NOT A POINT OF ACCEPTANCE)

• Bhubaneshwar - Subham Capital, Plot No.251, Unit 3, Kharvela Nagar, Bhubaneshwar-751001. • Baroda - Office No FF-7, Concorde Building, R C Dutt Road, Alkapuri, Vadodara-390007. • Chandigarh - SCO 333-334, 1st Floor, Sector 35-B, Chandigarh-160022. • Jaipur - Office No.322, 3rd Floor, Ganpati Plaza, M. I. Road, Jaipur-302001. • Secunderabad - 1st Floor, #13 H. M. Ishaque Estate, M. G. Road, Secunderabad-500003.

KARVY COMPUTERSHARE PRIVATE LIMITED (REGISTRAR)

• Agra - 1st Floor, Deepak Wasan Plaza, Behind Holiday Inn, Opp. Megdoot Furnitures, Sanjay Place, Agra-282002 • Ahmedabad - 201/202, Shail Building, Opp. Madhusudhan House, Nr. Navrangpura Telephone Exchange; Navrangpura Ahmedabad-380006 • Ajmer - 1-2, 2nd Floor Ajmer Tower, Kutchary Road, Ajmer-305001 • Allahabad - RSA Towers, 2nd Floor, Above Sony TV Showroom, 57, S. P. Marg, Civil Lines, Allahabad-211001 • Amritsar - 72-A, Taylor's Road, Aga Heritage Gandhi Ground, Amritsar-143001 • Anand - B-42, Vaibhav Commercial Center, Nr. TVS Down Town Shrow Room, Grid Char Rasta, Anand - 380001 • Asansol - 114/71, G. T. Road, Near Sony Centre, Bhanga Pachil, Asansol-713 303, West Bengal. • Aurangabad - Ramkunj, Railway Station Road, Near Osmanpura Circle, Aurangabad-431005 • Balasore - M. S. Das Street, Gopalgaon, Balasore-756001 • Bangalore - 59, Skanda Puttanna Road, Basavanagudi, Bangalore-560004 • Baroda - SB-5, Mangaldeep Complex, Opo. Mesonic Hall, Productivity Road, Alkapuri, Baroda-390007 • Bharuch - 147-148, Aditya Complex, Near Kasak Circle, Bharuch-392001 • Bhavnagar - Office No 306-307, Krushna Darshan Complex, 3rd Floor, Parimal Chowk, Above Jed Blue Show Room Bhavnagar - 364002 • Bhilai - Shop No. 1, 1st Floor, Plot No.1, Old Sada Office Block, Commercial Complex, Near HDFC ATM, Nehru Nagar-East Post, Bhilai-490020 • Bhopal - Kay Kay Busniss Centre, 133, Zone I, M. P. Nagar, Bhopal-462011 • Bhubaneswar - A/181, Back Side of Shivam Honda Show Room, Saheed Nagar, Bhubaneswar-751007 • Burdwan - 63 G. T. Road, Birhata, Halder Complex, 1st Floor, Burdwan-713101 • Calicut - Sowbhagya Shoping Complex, Areyadathupalam, Mavoor Road, Calicut-673004 • Chandigarh - SCO 2423-2424, Sector 22-C, Chandigarh-160022 • Chennai - Flat No.F11, 1st Floor, Akshya Plaza, (Erstwhile Harris Road), Opp.Chief City Metropolitan Court, # 108, Adhithanar Salai, Egmore, Chennai-600002 • Cochin - Ali Arcade, 1st Floor, Kizhavana Road, Panampilly Nagar, Near Atlantis Junction, Ernakualm-682036 • Coimbatore - 1057, 3rd Floor, Jaya Enclave, Avanashi Road, Coimbatore-641018 • Cuttack - Dargha Bazar, Opp. Dargha Bazar Police Station, Buxibazar, Cuttack-753001 • Dehradun - Kaulagarh Road, Near Sirmour Marg, Above Reliance Webworld, Dehradun-248001 • Dhanbad - 208, New Market, 2nd Floor, Katras Road, Bank More, Dhanbad-826001 • Durgapur - MWAV-16 Bengal Ambuja, 2nd Floor, City Centre, Durgapur-713216 • Faridabad - A-2B, 1st Floor, Nehru Ground, Neelam Bata Road, Nit, Faridabad-121001 • Gandhinagar - Plot No.945/2, Sector-7/C, Gandhinagar-382007 • Ghaziabad - 1st Floor, C-7, Lohia Nagar, Ghaziabad-201001 • Gorakhpur - Above V.I.P. House, Ajdacent A. D. Girls College, Bank Road, Gorakhpur-273001 • Gurgaon - Shop No.18, Ground Floor, Sector-14 Opp. AKD Tower, Near Huda Office, Gurgaon-122001 • Guwahati - 54, Sagarika Bhawan, R. G. Baruah Road, (AIDC Bus Stop), Guwahati-781024 • Hubli - 22 & 23, 3rd Floor, Eurecka Junction, T. B. Road, Hubli-580029 • Hyderabad - Karvy Centre, 8-2-609/K, Avenue 4, Street No.1, Banjara Hills, Hyderabad-500034 • Indore - 2nd Floor, 203-205, Balaji Corporates, Above ICICI Bank, 19/1 New Palasia, Indore-452001 • Jaipur - S16/A liird Floor, Land Mark Building, Opp Jai Club, Mahaver Marg, C Scheme, Jaipur-302001 • Jalandhar - Lower Ground Floor, Office No.3, Arora Prime Tower, Plot No.28, G. T. Road, Jalandhar-144001 • Jabalpur - Grover Chamber, 43 Naya Bazar, Malviya Chowk, Opposite Shyam Market, Jabalpur-482002 Jannagar - 136-137-138, Madhav Palaza, Opp SBI Bank, Nr Lal Bunglow, Jannagar-361001 • Jamshedpur - 2nd Floor, R. Square, S. B. Shop Area, Near Reliance Foot, Print & Hotel - B. S. Park Plaza, Main Road, Bistupur, Jamshedpur-831001 • Jodhpur - 203, Modi Arcade, Chupani Road, Jodhpur-342001 • Kanpur - 15/46, Ground Floor, Opp. Muir Mills, Civil Lines, Kanpur-208001 • Kolhapur - 605/1/4 'E' Ward, Near Sultane Chambers, Shahupuri, 2nd Lane, Kolhapur-416001 • Kolkata - 166A, Rashbehari Avenue, 2nd Floor, Near Adi Dhakerhwari Bastralaya, Opp. Fortis Hospital, Kolkata-700029 • Kolkata - Dalhousie - (Only for Equity transactions) Martin Burn Building, 1, R. N. Mukherjee Road, 2nd Floor, Room No. 226, (Opp. Lalbazar Police HQ.), Kolkata-700001 • Lucknow - 1st Floor, A.A. Complex, Thaper House, 5 Park Road, Hazratganj, Lucknow-226001 • Ludhiana -SCO-136, 1st Floor, Above Airtel Show Room, Feroze Gandhi Market Ludhiana -141001 • **Madurai** - Rakesh Towers, 30-C, Bye Pass Road, 1st Floor, Opp. Nagappa Motors, Madurai-625010 • **Mangalore** - Ground Floor, Mahendra Arcade, Kodial Bail, Mangalore-575 003 • **Mehsana** - UI-47, Appolo Enclave, Opp. Simandhar Temple, Modhera Char Rasta, Highway, Mehsana-384002 • Moradabad • Om Arcade, Parker Road, Above Syndicate Bank, Tari Khana Chowk, Moradabad-244001 • Mumbai • Borivali • (Only for non-liquid transactions) Gomati Smuti, Ground Floor, Jambli Gully, Near Railway Station, Borivali West, Mumbai-400091 • Mumbai - Chembur - (Only for Equity transactions) Shop No.4, Ground Floor, Shram Safalya Building, N G Acharya Marg, Chembur, Mumbai-400071 • Mumbai - Fort - (Only for Equity transactions) Office No.01/04, 24/B, Raja Bahadur Compound, Ambalal Doshi Marg, Behind Bombay Stock Exchange, Fort, Mumbai-400001 Mumbai - Thane - (Only for non-liquid transactions) 101, Yashwant Building, Ram Ganesh, Godkari Path, Ram Maruti Road, Naupada, Thane-400602 • Mumbai - Vashi - (Only for Equity transactions) Shop No-153-B, Ground Floor, Plot No 80-81, Vashi Plaza, Sector 17, Near Apna Bazar, Vashi, Navi Mumbai-400705 • Mumbai - Vile Parle - (Only for Equity transactions) 104, Sangam Arcade, V P Road, Opp. Railway Station, Above Axis Bank, Vile Parle West, Mumbai-400056 • Muzaffarpur - 1st Floor, Uma Market, Near Thana Gumti, Motijheel, Muzaffarpur, Bihar-842001 • Mysore - L-350, Silver Tower, Clock Tower, Ashoka Road, Mysore-570001 • Nadiad - 104/105 Gf City Point, Near Paras Cinema, Nadiad-387001 • Nagpur - Plot No.2/1, House No.102/1, Mangaldeep Apartment, Mata Mandir Road, Opp. Khandelwal Jewellers, Dharampeth, Nagpur-440010 • Nasik - F-1, Suyojit Sankul, Sharanpur Road, Near Rajiv Gandhi Bhavan, Nasik-422002 • Navsari - 103, 1st Floor Landmark Mall, Near Sayaji Library, Navsari, Gujarat-396 445 • New Delhi - 305, 3rd Floor, New Delhi House, Bara Khamba Road, Connaught Place, New Delhi-110001 • Noida - 405, 4th Floor, Vishal Chamber, Plot No -1, Sector -18, Noida - 201301 • Panipat - 1st Floor, Krishna Tower, Near HDFC Bank, Opp. Railway Road, G. T. Road, Panipat-132103 • Panjim - City Business Centre, Coelho Pereira Building, Room Nos. 18, 19 & 20, Dada Vaidya Road, Panjim-403001 • Patiala - Sco. 27 D, Chhoti Baradari, Patiala-147001 • Patna - 3A, 3rd Floor, Anand Tower, Beside Chankya Cinema Hall, Exhibition Road, Patna-800001 • Pondicherry - 1st Floor, No.7, Thiayagaraja Street, Pondicherry-605001 • Pune - Mozaic Bldg., CTS No. 1216/1, Final Plot No.576/1 TP, Scheme No. 1, F C Road, Bhamburda, Shivaji Nagar, Pune-411004 • Raipur - 2 & 3 Lower Level, Millenium Plaza, Room No. LI 2& 3, Behind Indian Coffee House, Raipur-492001 • Rajkot - 104, Siddhi Vinayak Complex, Dr. YagnikRoad, Opp. Ramkrishna Ashram, Rajkot-360001 • Ranchi - Room No. 307, 3rd Floor, Commerce Towers, Beside Mahabir Towers, Main Road, Ranchi-834001 • Rourkella - (Only for Equity transactions) 1st Floor, Sandhu Complex, Kacheri Road, Udit Nagar, Rourkella, Odisha-769012 • Salem • No 40, 2nd Floor, Brindavan Road, Near Perumal Koil, Fairlands, Salem-636016 • Sambalpur - Koshal Builder Complex, Near Goal Bazaar Petrol Pump, Sambalpur-768001 • Shillong - Mani Bhawan, Thana Road, Lower Police Bazar, Shillong-793 001 • Secunderabad - (Only for Equity transactions) 1st Floor, Thirumala Complex, Opp. Hotel Kamat, Paradise Circle, S. D. Road, Secunderabad, Andhra Pradesh - 500 003 • Siliguri -Nanak Complex, Near Church Road, Sevoke Road, Siliguri-734001 • Surat - G-5 Empire State Building, Near Parag House, Udhna Darwaja, Ring Road, Surat-395002 • Trichy - 60, Sri Krishna Arcade, 1st Floor, Thennur High Road, Trichy -620017 • Trivandrum - 2nd Floor, Ashaya Towers, Above Jetairways, Sasthamangalam, Trivandrum-695010 • Udaipur - 201-202, Madhav Chambers, Opp. G. P. O., Chetak Circle, Madhuban, Udaipur-313001 • Valsad - Shop No.2, Phiroza Corner, Opp. Next Showroom, Tithal Road, Valsad-396001 • Vapi - Shop No.12, Ground Floor, Shital Appartment, Opp. K. P. Tower, Imran Nagar, Silvassa Road, Vapi-396195 • Varanasi - D-64/132, KA 1st Floor, Anant Complex, Sigra, Varanasi-221010 • Vijayawada - 39-10-7 Opp. Municipal Water Tank, Labbipet Vijayawada-520010 • Visakhapatnam - Door No.48-8-7, Dwaraka Diamond, Ground Floor, Srinagar, Visakhapatnam-530016 • Vellore - No.1, M N R Árcade, Officers Line, Krishna Nagar, Vellore-632001 • Warrangal - 5-6-95, 1st Floor, Opp. B Ed College, Lashkar Bazar, Chandra Complex, Hanmakonda, Warrangal-506001.