APPLICATION FORM - MIRAE ASSET EQUITY SAVINGS FUND

(An open ended scheme investing in equity, arbitrage and debt) 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 18/12/2018



05-2018

Mirae Asset Equity Saving	s Fund	This product is suitable for investors who are seeking*								
(An open ended scheme investing in equity, arb New Fund Offer opens on : 26/11/2018 New Fund Offer closes on : 10/12/2018 Application No.:	bitrage and debt)	Investme and deb *Investors	ents in equit t and money s should con	y and equ y market i sult their	ne distribution ity related instruments, arbitrag istruments inancial advisers uitability of the product	e opportunities	Model on Model on Model on Low	\sim	11000000000000000000000000000000000000	High
Name & Broker Code /	Sub Broke	er /						Moderate	ly High Ris	k .
ARN / RIA Code	Agent ARN		Sub Ag	ent Co	de EUIN*	Internal Cod	e for AMC		eference N	
ARN - 48012					E053085					
EUIN Declaration: Declaration for "Execution Only" that the EUIN box has been intentionally left blank notwithstanding the advice of in-appropriateness, if a the transactions data feed/portfolio holdings/ NAV etc	Transaction (where Em by me/us as this trans any, provided by the em c. in respect of my/our ir	ployee Uniqu action is exe pployee/relation nvestments u	e Identificatio cuted withou onship mana nder Direct F	on Numbe ut any inte ger/sales Plan of all	r-EUIN* box is left blank). Please raction or advice by the employ person of the distributor/sub brol Schemes managed by you, to the	e refer instruction 12 d yee/relationship man ker. RIA Declaration e above mentioned S	of KIM for compl ager/sales perso 1: "I/We hereby c EBI-Registered	ete details on on of the abo give you my/o Investment A	EUIN. I/We he ve distributor/s ur consent to s dviser/ RIA".	ereby confirm sub broker or share/provide
Signature of 1 st Applicant / Guardi Authorised Signatory /PoA/Kart	an /									
Please					ication ()			pplication	-	
TRANSACTION CHARGES (Please IAMAFIRST TIME INVESTOR IN MUTU/ Applicable transaction charges will be deducted Distributor) based on the investor's assessme 1. EXISTING UNIT HOLDER INFORM	AL FUNDS ed in case your distrib nt of various factors i	outor has op including the	OR oted for suc e services i	h charge rendered	. Upfront commission shall by the ARN Holder.		the investor to	the ARN H	-	registered
Folio No.			ск	YC Ide	ntification No. (KIN)					
2. APPLICANT(S) NAME AND INFOR 1 st SOLE APPLICANT Mr. / Ms. / M/s. (Please write the name as per Aadhaar Card)	RMATION [Refer In	struction	2] If the 1	l st / Sole	Applicant is Minor, then	n please provide PAN	e details of n	atural / le	gal guardia	n
AADHAAR No.						Aadha	ar Copy (Pleas	se 🗸) 🔿 E	nclosed	
CKYC ID No. (KIN)					Pls indi	icate if US Person () Yes		or tax purpo o ^s (\$Defaul		t of Canada
GUARDIAN (In case 1 st Applicant is a Mir	nor)					o	Relationshi	-		-
Mr. / Ms. / M/s. GUARDIAN CKYC ID No. (KIN)					KYC (Please ✓) ○ Proof Attached	GUARDIAN PAN	ther O	Father		al Guardian
GUARDIAN AADHAAR No.						Aadha	ar Copy (Pleas	se 🗸) 🔿 E	nclosed	
POA / Custodian Name:							KY	C (Please) O Proc	of Attached
POA / Custodian CKYC ID No. (KIN)					P	OA / Custodian PAN				
Contact Person for Corporate Investor:	:	Name				Designa	ition:			·
3. FIRST APPLICANT AND KYC DET	TAILS									
1 st SOLE APPLICANT O Individual or *Date of Birth/Incorporation (Individual) (Non-individual)			f of Date of		Please	claration Form in Certificate sport of the Mino	0 S		fer Instruction ng Certificate (Please spe	Mark Sheet
(Please write the Date of birth as per Aadhaar Card) Place of Birth / Incorporation:	Country of Birth	1			Nationality:		Gender	⊖ Male	○ Female	O Other
(Please write the Date of birth as per Aadhaar Card) Type: Resident Individual Sole F	Prop ONRI - NR	RE O T	rust C) Bank / I		Society/AOF		linor thru Gu	ardian C	NRI - NRO
○ HUF ○ LLP ○ Listed Company ○ Priv	vate Company 🔘 Pi	ublic Ltd. Co	mpany 🔿	Artificial	Juridicial Person O Partners	ship Firm FOF	- MF Schemes	O Others	(Please	specify)
a*. Occupation Details [Please tick (✓)]	-	te Sector	O Pub) Profess		Housewife
c*. Politically Exposed Person (PEP) Status	(Also applicable for a		Reti signatories/		Agriculture s/Karta/Trustee/Whole time I	⊖ Propri Directors) ◯ I ar		Others_ m Related to	Please s	
b*. Gross Annual Income (₹) [Please ticl			0 1-5		○ 5-10 Lakh	0 10-25		⊃ >25 Lak	-	> 1 Crore
 d*. Net-worth (Mandatory for Non-Indivi e*. Non-Individual Investors involved/p any of the mentioned services 		Foreign E Money Le			as or Changer Services	D D M Gaming/Gaml None of the a	• •	Casino Sei	(Not older t vices	han 1 year
4. BANK ACCOUNT DETAILS - Man										
Name of the Bank:										
Core Banking A/c No.					A/c.Type P	rls. (🗸) 🔿 NRE 🔇				○ Others
Branch Name:		Ado	Iress:							
Bank Branch City:		Stat	te:				Pin Co	ode		
MICR Code		ease attach R a clear ph								

* mandatory fields

5. JOINT APPLICANTS, IF ANY A	ND THEIR KYC DETA	AILS			
Mode of Holding: O Anyone or	Survivor	◯ Single	⊖ Joint	(Please note that the	Default option is Anyone or Survivor)
2 nd APPLICANT Mr. / Ms. / M/s. (Please write the name as per Aadhaar Card	iot Applicable in case of N)			Ge	nder 🔿 Male 🔿 Female 🔿 Other
AADHAAR No.					Aadhaar Copy (Please ✓) ○ Enclosed
PAN Details		Pls indicate if US	Person or a resident for tax	purpose / Resident of Canada	a
CKYC ID No. (KIN)			KYC Pls 🕢 🔿 Pro	of Attached Date of Bir (As per Aadha	th (Mandatory) aar Card)
Place of Birth	Co	untry of Birth		Nationality:	
a*. Occupation Details [Please tick	(✓)]	te Sector O Public Sector	or O Government Ser	rvice O Student O Proprietorship	 Professional Housewife Others
b*. Gross Annual Income (₹) [Pleas	e tick (🗸)] 🛛 Belov	w 1 Lakh O 1-5 Lakh	○ 5-10 Lakh	○ 10-25 Lakh	○ >25 Lakh ○ > 1 Crore
c*. Politically Exposed Person (PEP) St	atus 🔿 I am PEP	◯ I am Related to PEP	O Not Applicable		
d. Net-worth ₹		as on		(Not older than 1 ye	ear)
3rd APPLICANT Mr. / Ms. / M/s. (Please write the name as per Aadhaar Card	of Applicable in case of M)			Ge	nder 🔿 Male 🔿 Female 🔿 Other
AADHAAR No.					Aadhaar Copy (Please \checkmark) \bigcirc Enclosed
PAN Details		Pls indicate if US	Person or a resident for tax	purpose / Resident of Canada	a Yes No* (*Default if not ✔)
CKYC ID No. (KIN)			KYC Pls 🕢 🔾 Pro	of Attached Date of Bir (As per Aadha	th (Mandatory) ar Card)
Place of Birth	Co	untry of Birth		Nationality:	
a*. Occupation Details [Please tick	(✓)]	te Sector O Public Sectoress O Retired	or O Government Ser	rvice O Student O Proprietorship	 Professional Housewife Others
b*. Gross Annual Income (₹) [Pleas	e tick (🗸)] 🛛 🔿 Belov	w 1 Lakh 🛛 🔿 1-5 Lakh	◯ 5-10 Lakh	10-25 Lakh	○ >25 Lakh ○ > 1 Crore
c*. Politically Exposed Person (PEP) St	atus 🔿 I am PEP	◯ I am Related to PEP	O Not Applicable		
d. Net-worth ₹		as on		(Not older than 1 ye	ear)
6a. MAILING ADDRESS [Please p	rovide your E-mail ID	and Mobile Number to he	lp us serve you better]		
Local Address of 1 st Applicant					
Local Address of 1 st Applicant		City	State	P	in Code
Local Address of 1 st Applicant		City Resi.	State	P Mobile	in Code
		-	State		in Code
Tel. Off. E - Mail^^ ^Please Use Block Letters. Investors		Resi.	munications, Statement of	Mobile	nual Report through e-mail only.
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FOR NON-INDIVIDUALS ONLY

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PART	A To be filled by Fi		institu			COLIN	coport				ity (NF	Es)												
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or Direct	reporting NFE							insoled by	anouler entity, pr	lease prov	nue your a		abov		iuloate yo			eiow						
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GIIN n	ot available [Please	tick (🗸)]	() A	pplied	for		◯ Not	required to a	apply fo	or - plea	se specif	y 2 dię	gits su	ub-cate	gory				○ Not	obtaine	d – N	Non-par	ticipatir
PART	B (please fill any o	one as ap	propr	iate "to	be fi	illed	by NF	Es oth	ner than Di	irect F	Report	ing NFI	Es")											
1	Is the Entity a pub							⊖ Ye	s (If yes, pl	ease sp	pecify a	ny one st	ock ex	xchan	ge on w	hich th	e stock i	is regu	larly t	raded)				
	(that is, a compan traded on an estal					У		Name	of stock excl	hange:														
2	Is the Entity a rela	ted entity	/ of a p	ublicly				⊖ Ye	s (If yes, pl	ease sp	becify na	ame of th	ie liste	ed com	npany a	ind one	stock e	xchang	ge on	which th	he stock	is re	egularly	traded
	traded company (a regularly traded or						et)	Name	of listed corr	npany:_														
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3	Is the Entity an ac	tive NFF						⊖ Ye	s (If yes, pl	ease fill	UBO d	leclaratio	n in th	ne nex	t sectio	n)								
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								Please	e specify the	sub-cat	tegory o	of Active I	NFE		М	ention	code: Re	efer ins	structio	on 15(c))			
4	Is the Entity a pas	sive NFE						⊖ Ye	s (If yes, pl	ease fill	I UBO d	leclaratio	n in th	ne nex	t sectio	n.)								
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Application No.:

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

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

12. FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 16)

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? O Yes O No

(If Yes, please provide country/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below) 3rd Applicant 1st Applicant (Sole / Guardian / Non-Individual) 2nd Applicant Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality Yes \bigcirc No ○ Yes \bigcirc No O Yes \bigcirc No and Tax Residency and Tax Residency and Tax Residency Country of Birth / Country of Birth Country of Birth Incorporation Country Citizenship / Nationality Country Citizenship / Country Citizenship / Nationality Nationality Are you a US specified ○ Yes O No Are you a US specified ○ Yes O No Are you a US specified ○ Yes O No person? person? person? Please provide Tax Payer Id. Please provide Tax Payer Id. Please provide Tax Payer Id. (Refer instruction 15(e)) For non-Individual investor in case, if you country of incorporation / Tax resistance in US, but you are not a specified US person then please mention exemption code

Individual or Non-Individual investors fill this section

Individual investor have to fill in below details in case of joint applicants

if ticked Yes above.								
	Country:		Country:		Country:			
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	Туре:		Туре:	-	Туре:			
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	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, Mirae 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. (B) I/We hereby 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 Income 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 nomine acknowledging receipts of my/our credit will constitute (AMC)/ Fund and undertake to update the information dytent in the NMC/ Fund/Registrars and Transfer Agent (RTA) from time to time. (I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. We will indemnify the Fund/Registrars and Transfer Agent (RTA) from time to time. (I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. We will read accurate that "The ARN holder has disclosed to melus all the commission (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 melus. (F) I/We hereby confirm that I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (IG) Applicable to foreign Resident's Residing in India:- I/We confirm that I/We have rost neeside do making the scheme (s). (K) RTA: I/We have may agree to consent the AMC to share my formation equiptione and indicens the regulations on the rapplicable laws and regulations. (J) I/We confirm that I/We have rost exa

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For C Lumpsum 'OR' SIP

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 Equity Savings Fund	Amount (Rs.)	

MIRAE ASSET EQUITY SAVINGS FUND

(An open ended scheme investing in equity, arbitrage and debt)

SYSTEMATIC INVESTMENT PLAN (SIP)

Registration Cum Mandate Form with Goal SIP & Top-Up Facility Application No.:



New Fund Offer opens on: 26/11/2018 & closes on: 10/12/2018	
Scheme re-open for continuous sale & re-purchase on and from 18/1	2/2018

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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.