SYSTEMATIC INVESTMENT PLAN (SIP)

Application No.:

Registration Cum Mandate Form For NACH/ECS/Direct Debit

MIRAE ASSET Mutual Fund

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIN)	ISC Date Time Stamp Reference No.
85723		E098968	

Declaration for "Execution Only" Transaction (where EUIN box is left blank). Please refer instruction 12 of KIM for complete details on EUIN. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

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

Please ✓ ○ Enrollment for New Registration (Please fill all sections) **OR** ○ Change my/our bank account for existing SIP(s).

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

Folio No. Name of 1st Unit Holder

2. SIP ENROLMENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for. [Refer Instruction 16 Overleaf]).

Frequency please ✓ ○ **Monthly (Default)** ○ **Quarterly**

Scheme ○ Regular Plan ○ Direct Plan ○ Growth (Default) Dividend ○ Payout ○ Reinvestment

SIP Date Please ✓ ○ 01st ○ 10th (Default) ○ 15th ○ 21st ○ 28th

SIP PERIOD: SIP Start Date : M M Y Y Y Y **End Date : Perpetual** ○ **Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP)**

OR Enter SIP End Date : M M Y Y Y Y **SIP Amount (₹)** ○ **5,000** ○ **10,000** ○ **25,000** ○ **Any other Amount. (₹)**

3. SIP PAYMENT DETAILS

3a - Only for Existing Investors - I/We wish to register my/our SIP on the basis of Cancelled Cheque leaf or Photocopy of the Cheque submitted ✓ **Please** ○

3b - For New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and ACH mandate. Cheque leaf enclosed ○

First SIP Cheque No. Drawn on Bank

Cheque Date **A/c. Type** ○ NRE ○ CURRENT ○ SAVINGS ○ NRO

4. BANK ACCOUNT DETAILS (Mandatory)

I/We hereby authorise Mirae Asset Global Investments (India) Pvt. Ltd., Investment manager to Mirae Asset Mutual Fund acting through their authorised service providers to debit my/our following Bank A/c. by NACH/ECS (Auto Debit Clearing / Direct Debit) Facility or any other facility for collection of SIP payments.

01-2016

Name of 1st A/c. Holder as in Bank Records

Bank Name Core Banking A/c. No.

Branch Name & Address City

9 Digit MICR Code Bank Account Type ✓ ○ NRE ○ CURRENT ○ SAVINGS ○ NRO

Mandatory Enclosures : Main Application Form and ✓ Blank Cancelled Cheque ○ "OR" Copy of Cheque ○

DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Mutual Fund - I/We have read and understood the contents of the SID of the applied Scheme and the terms & conditions of SIP enrolment and registration through NACH/ECS or Direct Debit (Auto Debit). I/We hereby declare that the particulars given in this SIP Application Form are correct and express my/our willingness to make payments referred above through participation in NACH/ECS/Direct Debit Facility. I/We also agree that if the transaction is delayed or not effected for reasons of incomplete or incorrect or any other operational reasons; I/We would not hold Mirae Asset Global Investments (India) Pvt. Ltd., their appointed service providers or representatives responsible. I/we will also inform Mirae Asset Global Investments (India) Pvt. Ltd. (Investment Managers to Mirae Asset Mutual Fund) about any change in my/our bank account and also undertake to keep sufficient funds in my bank account on the date of execution of the said standing instructions. **"The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us". "I/We have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding Rs. 50,000 in a rolling 12 month period or in a financial year".**

Signature of 1st Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS)	Signature of 2nd Applicant/Guardian /Authorised Signatory/PoA (AS IN BANK RECORDS)	Signature of 3rd Applicant/Guardian/Authorised Signatory/PoA (AS IN BANK RECORDS)

NACH MANDATE INSTRUCTION FORM (Refer Instruction over leaf before (Filling)

Tick(✓)[7]
Create ☐
Modify ☐
Cancel ☐

UMRN[1] For office use only Date[2] D D M M Y Y Y Y

Sponsor Bank Code[3] For office use only Utility Code[4] For office use only

I/We, hereby authorize[5] Mirae Asset Global Investments India Private Limited To Debit (Tick✓)[6] SB / CA / ~~CC~~ / SB-NRE / SB-NRO / ~~Other~~

Bank A/c Number[8]

With Bank[9] Name of Customers Bank IFSC[10] or MICR[11]

An Amount of Rupees[12] In Words Amount in Figures[13] ₹

Frequency[14] ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☑ As & when presented Debit Type[15] ☒ Fixed Amount ☑ Maximum Amount

Reference 1[16] Folio No Mobile[18]

Reference 2[17] Scheme Name Email ID[19]

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

Period[20]
From D D M M Y Y Y Y
To D D M M Y Y Y Y
Or ☐ Until cancelled

21 Signature of the account holder Signature of the account holder Signature of the account holder

22 Name of the account holder Name of the account holder Name of the account holder

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.