







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

**(FOR INDIVIDUALS & NON-INDIVIDUALS)**

**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?  Yes  No

(If Yes, please provide country/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

1 <sup>st</sup> Applicant (Sole / Guardian / Non-Individual)		2 <sup>nd</sup> Applicant		3 <sup>rd</sup> Applicant	
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth / Incorporation		Country of Birth		Country of Birth	
Country Citizenship / Nationality		Country Citizenship / Nationality		Country Citizenship / Nationality	
Are you a US specified person?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id. _____	Are you a US specified person?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Tax Payer Id. _____

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 \_\_\_\_\_ (Refer instruction 16(e))

Individual or Non-Individual investors fill this section if ticked Yes above.		Individual investor have to fill in below details in case of joint applicants			
Tax Residency Status: 1	Country:	Tax Residency Status: 1	Country:	Tax Residency Status: 1	Country:
	No.:		No.:		No.:
	Type:		Type:		Type:
Tax Residency Status: 2	Country:	Tax Residency Status: 2	Country:	Tax Residency Status: 2	Country:
	No.:		No.:		No.:
	Type:		Type:		Type:
Tax Residency Status: 3	Country:	Tax Residency Status: 3	Country:	Tax Residency Status: 3	Country:
	No.:		No.:		No.:
	Type:		Type:		Type:
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 nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. (D) 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/details with the AMC / 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. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding 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 hereby confirm that I/We have not been offered/communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the online facility: I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) Applicable to Foreign Resident's Residing in India: - I/ We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations and other applicable laws and regulations. (J) I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s). (K) FATCA /CRS Certification: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end. (L) Aadhaar: I/We hereby voluntarily submit Aadhaar card to the Fund/AMC for updating the same in my folio.

Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA
---	---	---

ACKNOWLEDGMENT SLIP

Received Application from Mr. / Ms. / M/s. \_\_\_\_\_ For  Lumpsum 'OR'  SIP as per details below:

Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
	Amount (Rs.) _____ Cheque / DD No.: _____ Dated _____ Bank & Branch _____	

Cheque / DD is subject to realisation

06-2019

**SYSTEMATIC INVESTMENT PLAN (SIP)** Registration Cum Mandate Form For NACH/Direct Debit  
With Goal SIP & Top-Up Facility



Application No.:

Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
ARN-146262			E 253637		

**EUIN Declaration:** Declaration for "Execution Only" Transaction (where Employee Unique Identification Number-EUIN\* box is left blank). Please refer instruction 12 of KIM for complete details on EUIN. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. **RIA Declaration:** I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/ RIA\*.

Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory / PoA / Karta	Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory / PoA	Signature of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory / PoA
--	--	--

Please  Enrollment for New Registration (Please fill all sections) OR  SIP Top-up Facility OR  Goal SIP

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

Name of 1<sup>st</sup> Unit Holder \_\_\_\_\_ Folio No. \_\_\_\_\_

**2. SIP ENROLMENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for. [Refer Instruction 17 Overleaf]).**

Frequency Please  Monthly (Default)  Quarterly  Regular Plan  Direct Plan  Growth (Default)  Dividend Reinvestment (Please  Dividend Payout

Scheme: \_\_\_\_\_

SIP Date   (Please choose Any Date from 1<sup>st</sup> till 28<sup>th</sup> of the month, If left blank 5<sup>th</sup> will be considered as the default date) SIP Amount (₹)  5,000  10,000  25,000  Any other Amount. (₹)

SIP Start Month (MM/YY)     SIP End Month (MM/YY)     OR Perpetual  Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP)

**2a. Goal SIP - Do you want to assign a goal for your SIP. Yes  No  If yes please select (✓) your goal [Refer Instruction 24 Overleaf].**

Please specify your goal amount ₹  Kids Marriage  Kids Education  Retirement Planning (Default)  Tax Savings  Dream House  Dream Car  Dream Vacation  Others- Please specify

**2b. SIP TOP-UP FACILITY (You can start SIP Top-up facility after minimum 6 months from 1st SIP) Refer Instruction No. 23 on the reverse on SIP Top-up**

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure. (Not available for micro SIPs)

Top-up Amount (₹) (minimum ₹ 500/- & in multiples of ₹ 1/- only) Top-up Start Month (MM/YY)     Top-up End Month (MM/YY)

Existing Investors Availing Top-Up: Please provide current SIP IH Number as per SOA \_\_\_\_\_ Frequency Please  Half Yearly  Yearly (Default)

**3. SIP PAYMENT DETAILS (New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and NACH mandate.)**

Cancelled cheque Leaf First SIP Cheque No. \_\_\_\_\_ Drawn on Bank \_\_\_\_\_  
Cheque Date \_\_\_\_\_ A/c. Type  NRE  CURRENT  SAVINGS  NRO

**4. BANK ACCOUNT DETAILS (Mandatory)**

Name of 1<sup>st</sup> 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

**DECLARATION & SIGNATURE:** To The Trustees, Mirae Asset Mutual Fund - 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 & conditions of SIP enrolment and registration through NACH/ECS or Direct Debit (Auto Debit). 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 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 ₹ 50,000 in a rolling 12 month period or in a financial year". Aadhaar: I/We hereby voluntarily submit Aadhaar card to the Fund/AMC for updating my address in my folio  (Please tick, if enclosed)

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

Tick(✓)<sup>7</sup> UMRN<sup>1</sup> \_\_\_\_\_ for office use only \_\_\_\_\_ Date<sup>2</sup> DD MM YYYY \_\_\_\_\_

Create  Sponsor Bank Code<sup>3</sup> \_\_\_\_\_ Utility Code<sup>4</sup> \_\_\_\_\_

Modify  I/We, hereby authorize<sup>5</sup> Mirae Asset Global Investments (India) Pvt. Ltd. To Debit (Tick ✓)<sup>6</sup> SB  / CA  / CC  / SB-NRE  / SB-NRO  / Other \_\_\_\_\_

Cancel  Bank A/c Number<sup>8</sup> \_\_\_\_\_

Bank Name<sup>9</sup> \_\_\_\_\_ IFSC<sup>10</sup> \_\_\_\_\_ or MICR<sup>11</sup> \_\_\_\_\_

Amount in words<sup>12</sup> \_\_\_\_\_ Amount in Figures<sup>13</sup> ₹ \_\_\_\_\_

Frequency<sup>14</sup>  Mthly  Qtly  H-Yrly  Yrly  As & when presented Debit Type<sup>15</sup>  Fixed Amount  Maximum Amount

Ref 1<sup>16</sup>: Folio No. \_\_\_\_\_ Mobile<sup>18</sup> \_\_\_\_\_

Ref 2<sup>17</sup>: Scheme \_\_\_\_\_ Email ID<sup>19</sup> \_\_\_\_\_

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.

21 Signature of primary account holder \_\_\_\_\_ Signature of joint account holder \_\_\_\_\_ Signature of joint account holder \_\_\_\_\_

22 Name of primary account holder \_\_\_\_\_ Name of joint account holder \_\_\_\_\_ Name of joint 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.

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

06-2019