COMMON APPLICATION FORM Application No.:



Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Co		EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
ARN - 146262			E 253637		
EUIN Declaration: Declaration for "Execution Only" that the EUIN box has been intentionally left blank notwithstanding the advice of in-appropriateness, if the transactions data feed/portfolio holdings/ NAV eto	Transaction (where Employ by me/us as this transacti any, provided by the employ c. in respect of my/our invest	ee Unique Identification Number-EU on is executed without any interacti yee/relationship manager/sales pers tments under Direct Plan of all Sche	IN* box is left blank). Please ion or advice by the emplo on of the distributor/sub bro mes managed by you, to the	e refer instruction 12 of KIM for comple yee/relationship manager/sales persc ker. RIA Declaration: I/We hereby g e above mentioned SEBI-Registered	ete details on EUIN. I/We hereby confirm n of the above distributor/sub broker or ive you my/our consent to share/provide nvestment Adviser/ RIA".
Signature of 1≝Applicant / Guardia		Signature of 2 rd Applica			[#] Applicant / Guardian /
Authorised Signatory /PoA/Kart		Authorised Signat Micro Applicat			pplication
TRANSACTION CHARGES (Please @				SIFA	
IAM A FIRST TIME INVESTOR IN MUTUA Applicable transaction charges will be deducte Distributor) based on the investor's assessme		OR r has opted for such charges. U uding the services rendered by t		NEXISTING INVESTOR IN MUT be paid directly by the investor to	
1. EXISTING UNIT HOLDER INFORM Folio No.	ATION [Please fill in		ection 2 & proceed to	Section 7 - Investment Det	ails]
2. APPLICANT(S) NAME AND INFOR	MATION [Refer Instr	uction 2] If the 1 st / Sole Ap	plicant is Minor, ther	n please provide details of n	atural / legal guardian
1 st SOLE APPLICANT Mr. / Ms. / M/s. Please write the name as per PAN Card)			Pls ind	PAN	pr tax purpose / Resident of Canada
CKYC ID No. (KIN)					s (\$Default if not ✓)
GUARDIAN (In case 1 st Applicant is a Mir Ir. / Ms. / M/s.	nor)			Relationshi	o with Minor (Please √) Father ☐ Legal Guardia
GUARDIAN CKYC			KYC (Please ✓) Proof Attached	GUARDIAN PAN	
UARDIAN AADHAAR No.				Aadhaar Copy (Pleas	e ✔) 🔲 Enclosed
OA / Custodian Name:				KYC	C (Please ✓) 🗌 Proof Attache
POA / Custodian CKYC ID No. (KIN)			Р	OA / Custodian PAN	
Contact Person for Corporate Investor:	Na Na	ame		Designation:	
3. FIRST APPLICANT AND KYC DET	TAILS				
st SOLE APPLICANT Individual or	Non-Individual [F	Please fill Ultimate Beneficial	Ownership (UBO) Dec	claration Form in section 11a 8	& 11b - Refer Instruction No. 17
Date of Birth/Incorporation		Proof of Date of Birth (Plea (For minor applicant)			chool Leaving Certificate / Mark Shee thers (Please specify)
lace of Birth / icorporation: Please write the Date of birth as per Aadhaar Car	Country of Birth / Incorporation:	1	Nationality:	Gender	Male Female Othe
ype: Resident Individual Sole P		Trust Bank / Fls	Fils Pio	Society/AOP/BOI Minor	through Guardian NRI - NRO
HUF LLP Listed Company	vate Company	c Ltd. Company Artificial Jurio	dicial Person Partner	ship Firm FOF - MF Schemes	Others (Please specify)
n*. Occupation Details [Please tick (✔)]	Private S		Government Serv	ice Student	Professional Housewife Others(Please specify)
*. Politically Exposed Person (PEP) Status	(Also applicable for auth	norised signatories/Promoters/Ka	arta/Trustee/Whole time [Directors) 🔲 I am PEP 🔲 I ar	n Related to PEP 🔲 Not Applicat
*. Gross Annual Income (₹) [Please tick	∢ (√)] Below 1	Lakh 🔲 1-5 Lakh	5-10 Lakh	10-25 Lakh	>25 Lakh > 1 Crore
*. Net-worth (Mandatory for Non-Indivi	duals) ₹		as or	D D M M Y Y	Y Y (Not older than 1 yea
*. Non-Individual Investors involved/p any of the mentioned services	* =	reign Exchange / Money Cha oney Lending / Pawning	anger Services	Gaming/Gambling/Lottery/C None of the above	Casino Services
4. BANK ACCOUNT DETAILS - Man	datory [Refer Instrue	ction Nos. 3 & 4]			
Core Banking A/c No.		Address:	A/c. Type	Pls. (🗸) 📄 NRE 🗌 CUI	
Name of the Bank: Core Banking A/c No.		Address:	A/c. Type	Pls. (✓)	

* mandatory fields

5. JOINT APPLICANTS, IF ANY AN	ND THEIR KYC DETAILS				
Mode of Holding: Anyone or S	Survivor Sing	le	Joint (F	Please note that the D	efault option is Anyone or Survivor
2 nd APPLICANT Mr. / Ms. / M/s. (No (Please write the name as per PAN Card)				Geno	ler Male Female Othe
PAN Details		Pls indicate if US Person o	r a resident for tax purpose	e / Resident of Canada	Yes No* (*Default if not 🗸
CKYC ID No. (KIN)		КҮС	Pls 🕢 🔲 Proof Attac	hed Date of Birth (As per PAN Car	(Mandatory) D D M M Y Y Y Y
Place of Birth	Country of Birth	ı		Nationality:	
a*. Occupation Details [Please tick (✓)] □ Private Sector □ Business	Public Sector	Government Service Agriculture	Student Proprietorship	Professional Housewif Others_(Please specify)
b*. Gross Annual Income (₹) [Please		1-5 Lakh	5-10 Lakh	10-25 Lakh	>25 Lakh >1 Crore
t*. Politically Exposed Person (PEP) Stat d. Net-worth ₹	tus 🔄 I am PEP 🔄 I am Rel	ated to PEP Not Ap	M Y Y Y Y	(Not older than 1 year	-)
Mode of Holding: Anyone or S	Survivor Sing	le 🗌	Joint (F	Please note that the D	efault option is Anyone or Survivor
	t Applicable in case of Minor Applican	t)		Geno	ler Male Female Othe
(Please write the name as per PAN Card) PAN Details		Dia indianta if US Daraga		- / Posident of Conada	
		Pls indicate if US Person o	Pls 🕢 🗌 Proof Attac	Data of Diath	Yes No* (*Default if not ✓ (Mandatory)
CKYC ID No. (KIN)	Country of Pirth			(As per PAN Car	
Place of Birth	Country of Birth	Public Sector	Government Service	Student	Professional Housewif
a*. Occupation Details [Please tick (Business	Retired	Agriculture	Proprietorship	Others (Please specify)
b*. Gross Annual Income (₹) [Please b*. Politically Exposed Person (PEP) Stat		1-5 Lakh ated to PEP Not Ap	5-10 Lakh plicable	10-25 Lakh	>25 Lakh > 1 Crore
d. Net-worth ₹				(Not older than 1 year	.)
6a. MAILING ADDRESS [Please pr	ovide your E-mail ID and Mobile	e Number to help us se	rve you better]		
ocal Address of 1 st Applicant					
	City		State	Pin	Code
Tel. Off.		Resi.	Μ	lobile^^	
E - Mail^^					
The primary email address as provide orm/not available in the transaction ^^Please Use Block Letters. Investors p However, if you still wish to receive physion 6b. Mandatory for NRI / FII Application	feed file, the e-mail address/mot providing email ID would mandatoril	bile no. of the sole/first y receive all Communicat al prepare of abridged su	applicant details will be ions, Statement of Accou ummery thereof please (1	e updated as per the ints and Abridged Annu ✓) here □	KYC data. Ial Report through e-mail only.
Overseas Correspondence Address	·				
7. INVESTMENT AND PAYMENT	DETAILS (For complete inform	ation on Investment D	etails please refer to In	nstructions No. 6.)	
Scheme :		Regular Pl		Default)	Dividend ayout 🔲 Reinvestment (Default
Payment Type [Please (✓)]	Self (Non-Third Party Paymen		ayment (Please attach	· · · ·	
Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount	Drawn on Ba Branch	ank / Pay-In Bank A/c No. (For Cheque Only)
	······································			Drahon	(
8. DEMAT ACCOUNT DETAILS - Manda	tory for units in Demat Mode - Pleas	e ensure that the sequence	of names as mentioned u	nder section 3 matches	as per the Depository Details.
National Securities Depository			ntral Depository Ser		
DP Name		DPI	Name dgdfpgup		
DPID I N	Benef. A/C No.	16 D	git A/C No.		
inclosures - Please (🗸)	Client Masters List (CML)		um Holding Statement		elivery Instruction Slip (DIS)
9. NOMINATION DETAILS [Minor PLEASE REGISTER MY/OUR NO	/ HUF / POA Holder / Non Indivi MINEE AS PER BELOW DETAIL			o. 9] /ISH TO NOMINATE	
No. Nominee(s) Name	Date of Birth	Name of the Guardi			ignature of Nominee / Guardian
	(in case of Minor)	(in case of Minor)	Keiddonanip		
1					
2					
3	D D M M Y Y Y				

* mandatory fields

FOR NON-INDIVIDUALS ONLY

	ATCA & CRS DE		· ·									<u> </u>		n F/	ATCA 8	CR	S cla	ssifi	catio	n)							
	A To be filled by			nstitut	ions or	Dire	t Rep	orting N	lon	Finacial Enti	ty (I	NFE	s)	_										_			_
We are Financ or	· · · -	⊐ '		ote: If you	do not have a	a GIIN t	ut you are	sponsored t	by and	other entity, please pr	ovide y	your s	ponsor's GII	V abov	ve and indic	ate you	r spons	or's nam	ne belov	v							
Direct	reporting NFE		Name	of spo	onsoring	ı ent	ity:																				_
	e tick (✓)]						-		-4	and an alter an alter		-1		0 -1									- 1- 4 - 1	-1 N		41-14	
	ot available [Plea B (please fill any									equired to apply					gits sub-	catego	ory					INOT	obtaine	:a – N	ion-par	тісірат	inę
1		-				ре пп	ed by								vohongo		sich th				els e de mo	adad)					
	Is the Entity a p (that is, a comp traded on an es	any w	hose s	shares	are regu					(If yes, please stock exchange	· .	·	iy one sto	оске	xcnange	on wr				egular	ny tra	aded)					
2	Is the Entity a re	elated	entity	of a p	ublicly				Yes	(If yes, please	speci	fy na	ame of the	e liste	ed comp	any an	nd one	e stocł	exch	ange	on w	hich th	e stock	is re	gularly	trade	d)
	traded company regularly traded							Nam	ne of	listed company																	_
								Natu	ire of	f relation	ubsid	diary	of the Lis	ted (Compan	y or		Contro	lled b	y a Lis	sted	Compa	any				
								Nam	ne of	stock exchange	:																
3	Is the Entity an	active	NFE						Yes	(If yes, please	ill UE	30 d	eclaration	in th	ne next s	ection	ı.)										-
								Natu	ire of	f Business:																	
														Г		_				instru	otion	16(a)					
								Piea	38 S	pecify the sub-c	alego		ACLIVE N			IVIE	пиоп	coue:	reiel	mstru	JULION	16(c)					
4	Is the Entity a p	bassive	NFE						Yes	(If yes, please t	ill UE	30 d	eclaration	in th	ne next s	ection	.)										
										f Business:	_			_													_
11a.	DECLARATION F		TIMA	TE DE	NEELCLA					etails refer in				6.													
This dec	claration is not needed	for Com	panies	that are	listed on a	ny rec	ognized s	tock exch	ange	e or is a Subsidia	ry of	such	Listed Co	mpar	ny or is C	ontrolle	ed by :	such L	isted (Compa	any. P	Please I	st below	v the	details o	of cont	rc
Statemer), confirming ALL count nt and Auditor's Letter w DETAILS OF ULT	with requ	ired de	tails as r	nentioned	in For	n Ŵ8 BE	NE.								• •										er Rep	C
110.	Name of UBO & Ad		DEN	1	dress Typ			ax Payer		Document Type			ntry of tax			itry of	1		SO Co		1		es / NO	1	% of b	enefic	cia
								ation No. nt ID No.		Refer instructior No. 16(d)		ре	sidency/ rmanent sidency*		citize	nship		(Ma	indato	ory)	1.	the knowle	e attach KYC edgeme py]		int	erest	
																											_
																											_
nformati nat appl	ess Type: Residential of on is not provided, it will icant has concealed the l information as may be	l be presi e facts c	umed th	at applic icial own	ant is the U	BO, w	ith no de	claration to	o sub	mit. In such case,	MAN	1F/AI	MC reserve	es the	e right to r	eject th	ie appl	licatior	or rev	verse th	he allo	otment	of units,	ifsub	sequen	tly it is	fc
lfpassi	ve NFE, please provid	le below	additic	onal deta	ails. (Pleas	e atta	ch additi	onal shee	ets if	necessary). Als	o pro	vide	below ma	indat	tory deta	ils if th	e UBC) does	not h	ave a P	PAN. ((Refer	nstruct	ion N	o. 16)		
	Any other Identifica D, Govt. ID, Driving Licence				adhaar, Passp	oort,		upation onality:	Туре	e: Service, Bus	ines	s, Ot	hers			DC)B: D	ate of	Birth								
	D, Govt. ID, Driving Licence f Birth - Country of		oo card,	Julers)				-	ne: N	Mandatory if PA	N is	not	available			Ge	nder	: Male	e, Fer	nale, (Othe	er					
1. PAN	:						Осси	pation .	Туре	e:						_		Dist									
City	of Birth:							onality:										Birth		_	1	mal-					
Cou	ntry of Birth:						Fath	er's Nan	ne:							Ge	ender		Male		Fer	male	Ot	iner			
2. PAN	:						Осси	pation [·]	Туре	e:						De	to 04	Birth									
City	of Birth:						Natio	onality:] E	male	Πot	hor			
Cou	ntry of Birth:						Fath	er's Nan	ne:							Ge	nder		wale		_ rer	nale					
3. PAN	:					_	Осси	pation .	Туре	e:	_	_		_		Do	to Of	Birth									
City	of Birth:						Natio	onality:										_			1	mala	Πot	tho-			
Cou	ntry of Birth:						Fath	er's Nan	ne:							Ge	maer		INIGIE		_ rer	male		uieľ			
* To incl	onal details to be filled ude US, where contro e Tax Identification N	olling pe	rson is	a US c	itizen or g	reen o	ard hold	ler		dency / citizens	nip /	Gree	en Card in	any	country	other	than I	India.									

Application No.:	Cheque/DD should be Drawn in	favour of the Scheme Name*	
Mirae Asset Large Cap Fund	Mirae Asset Emerging Bluechip Fund	Mirae Asset Cash Management Fund	Mirae Asset Focused Fund
Mirae Asset Hybrid Equity Fund	Mirae Asset Tax Saver Fund	Mirae Asset Dynamic Bond Fund	Mirae Asset Midcap Fund
Mirae Asset Savings Fund	Mirae Asset Great Consumer Fund	Mirae Asset Short Term Fund	

12.	FATCA AND CR	S 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? 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 st Applicant	(Sole / G	uardian / Non-Individual)		2 nd A	pplicant		3 rd Applicant
Do you have any no Country(ies) of Birth Citizenship / Nation and Tax Residency	n/	Yes No	Do you have any no Country(ies) of Birtl Citizenship / Nation and Tax Residency	h/	Yes No	Do you have any no Country(ies) of Birtt Citizenship / Nation and Tax Residency	h/ ality Yes No
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?	fied Yes 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 16(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	
	Country	y:		Countr	y:		Country:
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:
	Туре:			Туре:			Туре:
	Countr	y:		Countr	y:		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) 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 mylour 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 adjournment and other details with the adjournment and other details with the adjournment and undertake to update the ainformaticitation of my our transaction. (E) I/We further declare that "The ARM holder has disclosed to mer/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemee of various Mutual Funds from amongst which the Scheme is being recommended to mel/us. (F) I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/it 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. I/We have not received nor have been induced by any rebate or gifts. (Hereby Confirm that Haw M

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

For 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
	Amount (Rs.)	

Cheque / DD is subject to realisation

SYSTEMATIC INVESTMENT PLAN (SIP) Registration Cum Mandate Form For NACH/Direct Debit



With Goal	I SIP	&	Top-	Up	Facility
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Application No.:

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		
UIN Declaration: Declaration for "Execution Only at the EUIN box has been intentionally left blai of the second second second second second second second e transactions data feed/portfolio holdings/ NAV	"Transaction (where Employee Uniq nk by me/us as this transaction is ex if any, provided by the employee/relat etc. in respect of my/our investments i	L ue Identification Number-EU ecuted without any interact ionship manager/sales pers under Direct Plan of all Sche	I IIN* box is left blank). Please ion or advice by the employ on of the distributor/sub brok emes 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	L lete details on EUIN. I/We hereby conf on of the above distributor/sub broker give you my/our consent to share/prov Investment Adviser/ RIA".
Signature of 1 st Applicant / Guardian / Authorised Sig	gnatory / PoA / Karta Signatu	re of 2 nd Applicant / Guardian /	Authorised Signatory / PoA	Signature of 3 rd Applicant /	Guardian / Authorised Signatory / PoA
	Registration (Please fill all sectio	· —		OR Goal SIP	
 EXISTING UNIT HOLDER INFOR ame of 1st Unit Holder 	MATION (The details in our i	records under the fol		l will apply for this applicat Folio No.	tion.)
2. SIP ENROLMENT DETAILS (Plea	se check the Minimum Amo	ount Criteria for the s	cheme applied for. [R	efer Instruction 17 Overlea	f]).
requency Please 🧹 🔲 Monthly (Default) 🔲 Quarterly	Regular Plan	Direct Plan	Growth (Default)	Dividend Reinvestment (Please
cheme:					Dividend Payout
	y Date from 1 st till 28 th of the m be considered as the default		(₹) 5,000 10,0	000 25,000 Any oth	ner Amount. (₹)
IP Start Month (MM/YY) M M Y	Y SIP End Month (MM/Y)		· 😐		set Mutual Fund to discontinue your S
a. Goal SIP - Do you want to assig ease specify your goal amount ₹		s No If yes plo Kids Marriage ()	ease select (✓) your g Kids Educ	goal [Refer Instruction 24 (Dverleaf]. etirement Planning (Default)
Tax Savings 🌮 🔲 Dream Ho			am Vacation 🔊		Please specify
b. SIP TOP-UP FACILITY (You can			ا <i>چ</i> ے ا	<u> </u>	
II Applicants have to submit NACH m	andate and will need to fill th	e maximum amount i	n line with Top Up amo	ount, SIP amount & tenure.	(Not available for micro SIPs)
op-up Amount (₹) (minim	um ₹ 500/- & in multiples of ₹ 1/	/- only) Top-up Start I	Month (MM/YY) M	I Y Y Top-up End Mo	onth (MM/YY) M M Y
kisting Investors Availing Top-Up: Ple	ease provide current SIP IH N	umber as per SOA	F	requency Please 🕢 🔲 I	Half Yearly 🔲 Yearly (Defa
3. SIP PAYMENT DETAILS (New In		py of cancelled cheo			n and NACH mandate.)
Cancelled cheque Leaf	First SIP Cheque No.	·		rawn on Bank	
		/с. Туре	NRE	CURRENT	SAVINGS
4. BANK ACCOUNT DETAILS (Mai ame of 1 st A/c. Holder as in Bank Record					
anie of 1° A/C. Holder as in Bank Record		Core Banking A/c. No.			
		J		City	
ranch Name & Address					
	Ban	ık Account Type 🕢			S NRO
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ranch Name & Address Digit MICR Code CLARATION & SIGNATURE: To The Trustees, Mirae As ch scheme and agree to abide by the terms, conditions, ru asons of incomplete or incorrect or any other operational re the date of execution of the said standing instructions. "Th nongst which the Scheme is being recommended to m ling 12 month period or in a financial year". Aadhaar: I	set Mutual Fund - Having read and understoo less and regulations governing the scheme & easons, I/We would not hold Mirae Asset Glob e ARN holder has disclosed to melus all it e/us", "I/We have not made any other Micr	od the contents of the SID of the S conditions of SIP enrolment and r al Investments (India) Pvt. Ltd., th ec commissions (in the form of t o application [including Lumps	cheme applied for (Including the so egistration through NACH/ECS or eir appointed service providers or rail commission or any other mo um + SIPs] which together with	CURRENT SAVING cheme(s) available during the New Fund O Direct Debit (Auto Debit). I/We also agree i representatives responsible. I/We also und de), payable to him for the different com the current application would result in a	ffer period); I/We hereby apply for units of the hat if the transaction is delayed or not effecter ertake to keep sufficient funds in my bank accor peting Schemes of various Mutual Funds fi
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