SYSTEMATIC INVESTMENT PLAN (SIP)

Application No.:

MIRAE ASSET Mutual Fund

Registration Cum Mandate Form For SIP Through ECS or Direct Debit (Auto Debit) at Select Locations/Bank Branches

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	Employee Unique Identification Number (EUIN)	ISC Date Time Stamp Reference No.
ARN-52719		E079989	

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".
EUIN is mandatory for all transactions routed through a broker. **For details on Employee Unique Identification Number (EUIN), please refer Point No.12 given in the instructions in the KIM.** If the EUIN box is left blank, then the investor has to certify the following declaration: "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

To The Trustees, Mirae Asset Mutual Fund - I/We have read and understood the contents of the SID of the following Scheme and the terms & conditions of SIP enrolment and registration through ECS or Direct Debit (Auto Debit). Please (✓) relevant option:- ☐ Enrollment for New Registration (Please fill all sections)
☐ Please change my / our bank account for ECS (Debit Clearing) / Direct Debit (Change in bank account) for my existing SIP(s). **Please fill section 1, 4 & 5 only.**

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

Frequency please (✓) ☐ **Monthly (Default) - Min (₹) 1000** ☐ **Quarterly - Min (₹) 1500**

Scheme -
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 or (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 Amt.(₹)** _____

3. SIP PAYMENT DETAILS

3a - Only for Exiting 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 - First SIP via Cheque and Subsequent SIP via ECS (Auto Debit Clearing) at select locations given behind OR via Direct Debit facility for Investors having their bank accounts with Core Banking Branches of the following banks - Axis Bank Ltd., Bank of Baroda, Bank of India, IDBI Bank Ltd., IndusInd Bank, Kotak Mahindra Bank Ltd., ICICI Bank Ltd., SBI and Punjab National Bank.**

First SIP Cheque No. _____ Drawn on Bank _____

Cheque Date _____ **A/c. Type** NRE❖ ◯ CURRENT ◯ SAVINGS ◯ NRO ◯

❖Kindly provide photocopy of the payment instrument or Foreign Inward Remittance Certificate (FIRC) Evidencing source of Funds

4. ECS / DIRECT DEBIT 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 ECS (Auto Debit Clearing / Direct Debit) Facility or any other facility for collection of SIP payments.

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 Please (✓) NRE❖ ◯ CURRENT ◯ SAVINGS ◯ NRO ◯

Mandatory Enclosures : Main Application Form and Please (✓) Blank Cancelled Cheque ◯ "OR" Copy of Cheque ◯

Third Party Cheque / Transfer will not be accepted for Investment (Refer Instruction No. 6)

EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian)

Mandatory Information (Please ✓) : The details of the cheque provided above pertains to my/our own bank account in my/our name ☐ Yes ☐ No*
*If No, my relationship with the bank account holder is (Please specify) (Application Form without this Information may be rejected)

DECLARATION & SIGNATURE: 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 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 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)

5. AUTHORISATION OF BANK ACCOUNT HOLDER [To be signed by the Account Holder(s) as per Bank Records]

This is to inform I/We have registered for the RBI's Electronic Clearing Service (ECS / Direct Debit) Facility and that my / our payment towards my / our investment in Mirae Asset Mutual Fund shall be made from my / our below mentioned Bank Account Number with your bank. I / We authorise Mirae Asset Mutual Fund, acting through their service providers and representative carrying this ECS Mandate / Direct Debit Facility Form to get it verified & executed. Mandate verification charges, if any, may be charged to my/our account.

Name of A/c. Holder as in Bank Records _____

Core Banking A/c. No. _____ Each SIP Amount (₹) _____

⊗ 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)

Investor must read the instructions, terms and conditions overleaf before completing this form. First time investors need to fill up the main Application Form along with SIP application form

27-06-2014