

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.

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 st Applicant / Guardian / Authorised Signatory / PoA / Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory / PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory / PoA
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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 1st 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 1st till 28th of the month, If left blank 5th 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 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

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 Investment Managers (India) Private Limited, 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 st Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS)	Signature of 2 nd Applicant/Guardian /Authorised Signatory/PoA (AS IN BANK RECORDS)	Signature of 3 rd Applicant/Guardian/Authorised Signatory/PoA (AS IN BANK RECORDS)
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Tick(✓)? UMRN¹ _____ for office use only _____ Date² DD MM YYYY _____
Create Sponsor Bank Code³ _____ Utility Code⁴ _____
Modify I/We, hereby authorize⁵ Mirae Asset Investment Managers (India) Pvt. Ltd. To Debit (Tick ✓)⁶ SB / CA / CC / SB-NRE / SB-NRO / Other _____
Cancel Bank A/c Number⁸ _____
Bank Name⁹ _____ IFSC¹⁰ _____ or MICR¹¹ _____
Amount in words¹² _____ Amount in Figures¹³ ₹ _____
Frequency¹⁴ Mthly Qtly H-Yrly Yrly As & when presented Debit Type¹⁵ Fixed Amount Maximum Amount
Ref 1¹⁶: Folio No. _____ Mobile¹⁸ _____
Ref 2¹⁷: Scheme _____ Email ID¹⁹ _____

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.

Signature of primary account holder Signature of joint account holder Signature of joint account holder

21 _____ 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)

01-2020