

SYSTEMATIC INVESTMENT PLAN (SIP) WITH TOP-UP FACILITY

Registration Cum Mandate Form For NACH/Direct Debit

Application No.:



Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for Sub-Agent/Employee	ISC Date Time Stamp Reference No.
ARN-36863			E025451		

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.

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 Change my/our bank account for existing SIP(s) OR SIP Top-up Facility

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. _____

Aadhaar No. _____ Aadhaar Copy (Please Enclosed

2. SIP ENROLLMENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for. [Refer Instruction 18 Overleaf]).

Frequency Please Monthly (Default) Quarterly Regular Plan Direct Plan Growth (Default) Dividend Payout Dividend Reinvestment
 Scheme _____ Div frequency*.....

*Dividend frequency is applicable only for Mirae Asset Cash Management Fund & Mirae Asset Savings Fund.

SIP Date Please 01st 10th (Default) 15th 21st 28th SIP Amount (₹) 5,000 10,000 25,000 Any other Amount. (₹)

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

2a. 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.

Top-up Amount (₹) _____ (minimum ₹ 500/- and in multiples of ₹ 1/- only) Top-up Start Date M M Y Y Y Y
 Frequency Please Half Yearly Yearly (Default) Top-up End Date M M Y Y Y Y

For Existing Investors: Original SIP details - SIP Date - SIP Amount (₹)- Scheme -

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 NACH 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.

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 - 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 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 Rs. 50,000 in a rolling 12 month period or in a financial year*.

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

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Branch Name & Address _____ City _____

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

Tick <input checked="" type="checkbox"/> Create	UMRN ¹ _____	For office use only	Date ² DD MM YYYY _____
<input checked="" type="checkbox"/> Modify	Sponsor Bank Code ³ _____	Utility Code ⁴ _____	
<input type="checkbox"/> Cancel	I/We, hereby authorize ⁵ Mirae Asset Global Investments (India) Pvt. Ltd. To Debit (Tick <input checked="" type="checkbox"/>) ⁶ SB / CA / CC / SB-NRE / SB-NRO / Other		
	Bank A/c Number ⁸ _____		
	Bank Name ⁹ _____ IFSC ¹⁰ _____ or MICR ¹¹ _____		
	Amount in words ¹² _____		Amount in Figures ¹³ ₹ _____
	Frequency ¹⁴ <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		Debit Type ¹⁵ <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
	Ref 1 ¹⁶ : Folio No. _____		Mobile ¹⁸ _____
	Ref 2 ¹⁷ : Scheme _____		Email ID ¹⁹ _____
	Period ²⁰ D D M M Y Y Y Y		
	From _____		
	To _____		
	Or <input checked="" type="checkbox"/> Until cancelled		
	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.		
	<input checked="" type="checkbox"/> Signature of primary account holder	<input checked="" type="checkbox"/> Signature of joint account holder	<input checked="" type="checkbox"/> Signature of joint account holder
	_____	_____	_____
	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.

10-2017