SIP ENROLMENT CUM ONE TIME DEBIT MANDATE (OTM) FORM
with Goal SIP & Top - Up Facility

Registration Cum Mandate Form For NACH/Direct Debit

Application No.:

MIRAE ASSET Mutual Fund

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-79158			E027845		

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 1st Applicant / Guardian / Authorised Signatory / PoA / Karta	Signature of 2nd Applicant / Guardian / Authorised Signatory / PoA	Signature of 3rd Applicant / Guardian / Authorised Signatory / PoA

Please ✓ SIP ENROLMENT with One Time Mandate (OTM) (Please fill all sections) ☐ SIP Top-up Facility ☐ 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 (as per PAN card) **Folio No.**

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

Frequency Please ✓ ☐ **Monthly (Default)** ☐ Quarterly ☐ Regular Plan ☐ Direct Plan ☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment ☐ IDCW* Frequency^

Scheme:

*IDCW frequency is applicable only for Mirae Asset Liquid Fund, Mirae Asset Overnight Fund & Mirae Asset Low Duration Fund. Default option here will be Daily if frequency not selected.
*Income Distribution cum Capital Withdrawal. IDCW ^Frequency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default, refer SID for more details

SIP Date D D **(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) M M Y Y **SIP End Month (MM/YY)** M M Y Y

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

If Goal & SIP amount is same default will be taken as ₹ 1 crore **Goal Amount ₹** ☐ **Kids Education** ☐ **Retirement Planning (Default)**

☐ **Tax Savings** ☐ **Dream House** ☐ **Dream Car** ☐ **Dream Vacation** ☐ **Kids Marriage** ☐ **Others-** Please specify

2b. SIP TOP-UP FACILITY (You can start SIP Top-up facility after minimum 6 months from 1st SIP) [Refer General Instruction No. 23 Overleaf].

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)** M M Y Y **Top-up End Month (MM/YY)** M M Y Y

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 One Time Mandate.)

☑ Cancelled cheque Leaf First SIP Cheque No. Drawn on Bank

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)); 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".**

CU/09/2024

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)

NACH MANDATE INSTRUCTION FORM (Refer guidelines / instruction over leaf before filling)

MIRAE ASSET Mutual Fund

UMRN (Bank use) Date D D M M Y Y Y Y

Utility Code N A C H 0 0 0 0 0 0 0 0 0 5 1 4 8 ☑ CREATE ☒ MODIFY ☒ CANCEL

Sponsor Bank Code (Bank use) I/We hereby authorize Mirae Asset Investment Managers (India) Pvt. Ltd.

To Debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other Bank A/c

With Bank Name of customers bank IFSC / MICR

An Amount Of Rupees ₹

DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount FREQUENCY ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☑ As & when presented

Reference 1 Folio No. Reference 2 Scheme Name

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the 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. 3. 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 the debit.

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only

Maximum period of validity of this mandate is 40 years only

Signature Of Primary Account Holder | Signature Of Joint Account Holder | Signature Of Joint Account Holder

Phone No.

1. Name Of Primary Account Holder 2. Name Of Joint Account Holder 3. Name Of Joint Account Holder