COMMON TRANSACTION FORM

drawn on Scheme name

For Switch Transaction - To Scheme

| COMMON TRANSACTION FORM | | | | | MIRAE ASSET Mutual Fund | | |
|---|--|---|--|--|--|--|--|
| Name & Broker Code / ARN | Sub Broker / Sub Agent ARN Code | | ployee Unique tion Number (EUII | N) ISC Date Ti | me Stamp Reference No. | | |
| SGSSL - 54854 | | E | 026651 | | | | |
| If the Employee Unique Identification N the AMFI registered Distributors based | lumber (EUIN) box is left blank please refer Poir on the investors' assessment of various factors | nt No.5 related including the s | to EUIN. "Upfront co service rendered by th | mmission shall be pa ne distributor". | id directly by the investor to | | |
| | struction No. 11. For all existing investors R | ~ | | C | on of Rs. 10,000 and more | | |
| | Inits in Physical Mode (Default Option) – Please n. In case of any ambiguity in the details provided | | Units in Demat Moo | |) Dition) | | |
| National Securities | Depositary Limited (NSDL) | | | y Services (India) L | · · · · · · · · · · · · · · · · · · · | | |
| DP Name - | | DP Name - | | | | | |
| | Benef. A/C No | 16 Digit A/C N | | | | | |
| Enclosures - Please (/) O | Client Masters List (CML) () Trans | saction cum Ho | olding Statement | U Dell | very Instruction Slip (DIS) | | |
| Folio No. | Sole First A | Applicant | | | | | |
| Scheme | | Plan / C | Intion | | | | |
| | ○ (frequency please ✓) Daily ○ Weekly | | • | | | | |
| I/We wish to apply Units for Rs. (figure | es) | | | | | | |
| 2. Additional Purchase | | | | K.Y.C. Complia | nce Proof Attached (√) | | |
| Rs. (words) | | | F | First Applicant | Yes 🔾 | | |
| Cheque / DD Number Date | | | | Second Applicant | Yes 🔾 | | |
| Drawn on | | | | Third Applicant | Yes 🔾 | | |
| Branch City | | | | Guardian (In case Minor |)/POA Yes 🔿 | | |
| Please (/) Source of Funds:- *A/c Type - S/B NRE* Current NRO Others Please specify Bank A/c No.: | | | | | | | |
| *Kindly provide photocopy of the paym | nent Instrument or Foreign Inward remittance Cer Third Party Cheque / Tra | . , | | | evidencing source of funds. (Refer Instruction No. 6) | | |
| EXCEPTION TO THIRD PARTY PAYM | MENT (i.e. payment by Guardian, Employer of | | | estiment | | | |
| Mandatory Information (Please ✓) *If No, my relationship with the bank | : The detail of the cheque provided above perta account holder is (Please speci | | | | Yes INo* nation may be rejected) | | |
| 3. Redemption | | (y) | () (ppiloation r o | | | | |
| I/We wish to Redemption Units for Rs | . (figures) | | Or Units | | | | |
| Rs. (words) | | | | | | | |
| To Scheme/Plan/Option | | | | | | | |
| 4. Switch Request | | | | | | | |
| I/We wish to Switch Units for Rs. (figu | ires) | | Or Units | | | | |
| Rs. (words) | | | | | | | |
| To Scheme/Plan/Option | | | | | | | |
| 5. Declaration & Signatures | | | | | | | |
| We understand that the investments are exposed to ma | ad and understood the contents of the SID of the Scheme(s) applied if rket risks. We confirm that all the risks which the scheme is subject if by it through legitimate courses only and does not involve and is not in the scheme and is not involve and involve and is not involve and is not involve and is not involve and is not involve and involve and involve and is not involve and involve and involve and involve and involve and is not involve and involv | to will be borne by m | e/us and that there is no quara | ntee given by the Fund of any r | returns including repayment of principal 1006 | | |
| ncome Tax Act, Anti Money Laundering Laws or any other lirectly or indirectly in making this investment. I/We confirm | b) is through tegitimate sources only and does not involve and ison or applicable laws enacted by the Government of India from time to tim in that the funds invested in the Scheme, leggly belong to mevus. WW pination section is left blank, it will be construed and deemed that I do | ne. I/We have unders | tood the details of the scheme | s) and I/We have not received be amounts to my/our credits in | nor have been induced by any rebate or gifts the event of my/our death and have read the | | |
| nstructions fornomination. I hereby declare that if the Nom ull discharge of liabilities of Mirae Asset Mutual Fund. I/W | ination section is left blank, it will be construed and deemed that I do the confirm that IWe have read and understood the 'Know Your Custor | not wish to nominate i ner' (KYC) norms as r | for the above investments. Sign nentioned under the General Ir | nature of the nominee acknowled the structions in point 2(e) of this K | edging receipts of my/our credit will constitute ev Information Memorandum. Applicable to | | |
| nvestors availing the e-fund market facility:- I/We hav leclare that "The ARN holder has disclosed to me/us a | Inflation Section Is let blank, it will be construed and deemed that I do (e confirm that IWe have read and understood the 'Know Your Custon le read, understood and shall be bound by the terms & conditions of th all the commissions (in the form of trail commission or any other e any other Micro application (including Lumpsum + SIPs) which IRIs only:- IWe confirm that I am/We are Non-Resident of Indian Na (Ordinary Account. IWe undertake that all additional purchases made in badies. IMM, confirm that a proversion | ne PIN agreement ava r mode), payable to h | ailable on the AMC website for the different competing the different competing the different competing the second se | transacting online through the Mig Schemes of various Mutua | /lirae Asset e-fund market facility. I/We furthe I Funds from amongst which the Scheme | | |
| s being recommended to me/us. I/We have not mad nonth period or in a financial year". Applicable for N | e any other Micro application [including Lumpsum + SIPs] which IRIs only:- I/We confirm that I am/We are Non-Resident of Indian Na | h together with the c ationality/Origin and IA | current application would res | ult in aggregate investments ds for subscription have been r | exceeding Rs. 50,000/- in a rolling twelve emitted from abroad through normal banking | | |
| ACCOUNT. Applicable to roreign residents residing i | | IDEU UNUEL I LIVIA DIO | | מנוויזער מוועמור ברכוסטוו הכסועכ | | | |
| | es investing in this fund declares that they have complied with all the la s been intentionally left blank by me/us then it should be assumed t | • | | | | | |
| | of in-appropriateness, if any, provided by the employee/relations | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Signature of 1st Applicant / Gua | | | an / 🚫 | | Applicant / Guardian / | | |
| Authorised Signatory /PoA / k | Karta Authorised S | Signatory /PoA | | | Signatory /PoA | | |
| Acknowledgment Slip Add. | Purchase O Redemption O Switc | ch 🔿 | | | Date and Stamp of Collection Centre/ISC | | |
| Received from | | | Folio No. | | | | |
| an application for Rs. | | | Units | | | | |
| vide cheque no. | Da | te | | | | | |