

COMMON TRANSACTION FORM

Name & Broker Code/ARN/RIA Code	Sub Broker/Agent ARN Code	Sub Agent Code	EUIN*	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 1st Applicant/Guardian/Authorised Signatory/PoA/Karta	Signature of 2nd Applicant/Guardian/Authorised Signatory/PoA	Signature of 3rd Applicant/Guardian/Authorised Signatory/PoA
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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. ADDITIONAL PURCHASE

KYC compliance status: Please 1st Applicant 2nd Applicant 3rd Applicant

Scheme	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> IDCW Payout	<input type="checkbox"/> IDCW* Frequency ^A
	<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth (Default)	<input type="checkbox"/> IDCW Reinvestment

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

Payment Type: Please Non-Third Party Payment Third Party Payment (Please attach 'Third Party Payment Declaration Form')

Core Banking A/c No.: _____ A/c. Type Please () NRE CURRENT SAVINGS NRO

Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (₹)	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)

TRANSACTION CHARGES (Refer Instruction No. 11 of the KIM) In case, the additional purchase amount is ₹ 10,000 or above and distributor has opted to receive transaction charges, ₹ 100/- will be deducted from the Purchase amount and paid to the distributor. Units shall be allotted for the balance amount only.

2A. DEMAT ACCOUNT DETAILS – Mandatory for units in Demat Mode - Please ensure that the sequence of names as mentioned as given in folio, matches as per the Depository Details.

National Securities Depository Limited (NSDL)	Central Depository Services (India) Limited (CDSL)
DP Name: _____	DP Name: _____
DP ID I N _____ Benef. A/C No. _____	16 Digit A/C No. _____

Enclosures: Please Client Masters List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

3. REDEMPTION - I WISH TO REDEEM UNITS/AMOUNT AS UNDER

Scheme	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> IDCW Payout	<input type="checkbox"/> IDCW* Frequency ^A
	<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW Reinvestment

Amount (in figures) (₹): _____ Or Units (in figures): _____ Or All Units

Amount (in words) (₹): _____

Direct Credit to other than Default Bank Account: I / We request you to directly credit the proceeds to my _____ (Bank Name) for this transaction, which is one of the multiple bank already registered under the folio.

4. SWITCH REQUEST - I WISH TO SWITCH UNITS / AMOUNT AS UNDER

From Scheme	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> IDCW Payout	<input type="checkbox"/> IDCW* Frequency ^A
	<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW Reinvestment

Amount (in figures) (₹): _____ Or Units (in figures): _____ Or All Units

Amount (in words) (₹): _____

To Scheme	<input type="checkbox"/> Regular Plan	<input type="checkbox"/> IDCW Payout	<input type="checkbox"/> IDCW* Frequency ^A
	<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Growth (Default)	<input type="checkbox"/> IDCW Reinvestment

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5. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(S) [Refer Instructions 2(f) of KIM]

(A) Having read and understood the contents of the SID/SAIKIM 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. (B) I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by Mirae Asset Investment Managers (India) Private Limited* (AMC) Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustees, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "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. (F) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the online facility. I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) Applicable to Foreign Resident's Residing in India- I/We confirm that I/We satisfy the Residency test as prescribed under FEMA provisions. I/We further declare that I/We am/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations and other applicable laws and regulations. (J) I/We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change/modification to the above information in future & also undertake to provide any other additional information as may be required at your end. (L) Aadhaar: I/We hereby voluntarily submit Aadhaar card to the Fund/AMC for updating the same in my folio. * Securities and Exchange Board of India ("SEBI") vide its letter dated November 20, 2019 bearing reference no. SEBI/HO/IMD/DF5/OWP/2019/30719/1 ("SEBI NOC") had granted their non-objection to transfer the AMC Business from 'Mirae Asset Global Investments (India) Pvt Ltd' to 'Mirae Asset Investment Managers

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ACKNOWLEDGEMENT SLIP

Folio No.: _____ Additional Purchase Redemption Switch **Date:**

Scheme: _____ Amount (₹): _____ or Units: _____

From Scheme (in case of switch): _____ To Scheme: _____

Please Read All Instructions as given in KIM, to help you complete the form correctly.

11-2022