COMMON APPLICATION FORM Application No.:

* mandatory fields



ANN-652242 Nal	Name & Br ARN / R								ker / I Code	,	Sub	Agent Co	de	EUIN*		Internal C	ode for	AMC	IS			me St		
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TRANSACTION CHARGES (Pilease 2) any one of the below. Refer Instruction No. 11) July An PRIST TRANS MUTUAL FUNDS Applicable instruction charges will be debuted in case your distribution has one of the results' assessment of various factor underlying the service and one of the results' assessment of various factor underlying the service and one of the results' assessment of various factor underlying the service and one of the results' assessment of various factor underlying the service and one of the ARN Holder (AMF I registered Distribution) based on the results' assessment of various factor underlying the service and one of the ARN Holder (AMF I registered Distribution) based on the results' assessment of various factor underlying the results of the results and the paid directly by the investor to the ARN Holder (AMF I registered Distribution) and the paid directly by the investor to the ARN Holder (AMF I registered Distribution) and the paid of the paid on											Signa						Sign	Authorise	Applied Sign	cant / natory	/PoA	an /		
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CKYC Identification No. (KIN) Control Co	I AM A FIRST TIME	E INVEST	OR IN	MUTU	JAL I	FUNE	os				C)R	•	☐ I AM A								AMFI re	gister	ed
APPLICANT N. M. E. AND INFORMATION Refer instruction 2 If the 1" / Sole Applicant is Minor, then please provide details of natural / legal guardian		IT HOLD	ER IN	IFORI	MAT	ION	[Ple	ase	fill in yo	ur Fo					to S	ection 7 -	Investn	nent Det	ails]					
PAN				INC		A =1-0								` '				-11						
AADHAAR No. Aadhaar Copy (Please *) Enclosed CKYC ID No. (KIN) Pla indicate if US Person or a resident for tax purpose / Resident of Canada CKYC ID No. (KIN) Pla indicate if US Person or a resident for tax purpose / Resident of Canada No. * (DoRadian Kinc S. No. * OSCHARILIT Find S. OSCHARILIT FIND S. * OSCHARILIT FIND S. OSC	1st SOLE APPLICA	NT Mr.	/ Ms. /	M/s.	RM	ATIO	N [R	Kefer	Instruc	tion 2	z] If t	ne 1" / Sole	Apı	plicant is Minor, the	en p			āils of n	atura	I7 leç	gal gu	ardian		
CKYC ID No. (KIN) CUARDIAN (In case 1"Applicant is a Minor) Mr. / Ms. / Ms. Mr. / Ms. /	AADHAAR No.															Aad	dhaar Co	py (Pleas	se 🗸)	Er	nclosed	l		
GUARDIAN (In case 1*Applicant is a Minor) Mr. / Ms. / Mis. Mr. / Ms. / Mis. Mr. / Ms. / Mis. GUARDIAN CKYC ID No. (KIN) CUASTOLAN AADHAAR No. GUARDIAN AADHAAR NO. GUARD	CKYC ID No. (KIN)		Ť			<u> </u>		Ī		Ť	Ī			Pls in	dica								of Can	nada
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Adhaar Copy (Please ♥)																								
POA / Custodian POA / Custodian PAN POA / Custodian PAN PAN PAN PAN PAN PAN PAN PAN PAN PAN PAN PA		AAR No.								Ť				i looi Attached				py (Pleas	se √)[Er	nclosed	1		_
Contact Person for Corporate Investor: Designation: Designation:	POA / Custodian N	ame:									-							KYO	C (Ple	ase 1	<u>/</u>) [Proof	Attac	ched
Contact Person for Corporate Investor: Secondary Contact Person for Corporate Investor: Name Designation:			Τ												POA									
1* SOLE APPLICANT Individual or Non-Individual [Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. 17] **Pate of Birth/Incorporation		Corpor	ate In	vesto	r:				Name	е														_
**Pote of Birth / (Non-individual)	3. FIRST APPLI	CANT A	ND K	YC DE	TAI	LS																		
Passport of the Minor Others O	1st SOLE APPLICAL	NT 🔲 In	divid	ual o	r 🗀	Nor	n-Inc	divid	ual [Plea	ase fil	l Ultir	mate Benefi	icial (Ownership (UBO) De	ecla	ration Form	n in sect	ion 11a 8	& 11b	- Ref	er Ins	truction	No.	17]
Incorporation: Incorp	(Individual) / (Non-	-individual) —			ΥY	ΥΥ	_	F					ise ,			linor			_eavin	g Certi	ficate / N	fark S	heet
HUF ☐ LLP ☐ Listed Company ☐ Private Company ☐ Public Ltd. Company ☐ Artificial Juridicial Person ☐ Partnership Firm ☐ FOF -MF Schemes ☐ Others ☐ Please specify ☐ a*. Occupation Details [Please tick (✓)] ☐ Private Sector ☐ Public Sector ☐ Government Service ☐ Student ☐ Professional ☐ Housewife ☐ Agriculture ☐ Proprietorship ☐ Others ☐ Other	Incorporation:	f birth as p	er Aadl	haar Ca		Cour	ntry o	of Bir	th /				N	lationality:			0	Gender	М	lale	Fe	male)ther
a*. Occupation Details [Please tick (♥)]	Type: Resident	Individual		Sole	Prop	p	<u> </u>	NRI - I	NRE	Tr	ust	Bank / F	Fls	Fils PIO		Society/A	AOP/BOI	М	inor th	ru Gua	ardian		NRI - I	NRO
a*. Occupation Details [Please tick (*)]	HUF LLP	Listed Cor	mpany	ПР	rivate	e Con	npany		Public Lt	d. Con	npany	Artificial	Jurid	licial Person Partne	ership	Firm F	OF - MF	Schemes		Others	(Please s	ecify)	_
b*. Gross Annual Income (₹) [Please tick (✓)]	a*. Occupation Deta	ails [Plea	ase tio	ck (√))]					tor	=		or	=	vice	_		hip	=			_		
d*. Net-worth (Mandatory for Non-Individuals) ₹	c*. Politically Expose	d Person	(PEP)	Status	s (A	lso ap	oplica	able fo	or authori	sed si	gnato	ries/Promoter	rs/Ka	rta/Trustee/Whole time	Dire	ectors)	I am PEF	P 🔲 I ar	n Rela	ited to	PEP	No	Appli	icable
e*. Non-Individual Investors involved/providing any of the mentioned services Gaming/Gambling/Lottery/Casino Services Money Lending / Pawning None of the above 4. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4] Name of the Bank: Core Banking A/c No. A/c. Type Pls. (*) NRE CURRENT SAVINGS NRO Branch Name: Address: Bank Branch City: State: Pin Code	b*. Gross Annual Ir	ncome (₹) [Ple	ase tio	ck (/)]		Bel	ow 1 Lał	kh		1-5 Lakh	١	5-10 Lakh		10-	-25 Lakh		>25	5 Lakl	h	<u> </u>	1 Cro	ore
any of the mentioned services	•	-				•						ma / 8.4 -	CI:		_			Y Y			•	older th	an 1 y	year)
Name of the Bank: Core Banking A/c No.	any of the mentioned convices																							
Core Banking A/c No. A/c. Type Pls. (✓) NRE		OUNT DE	TAILS	5 - Ma	nda	tory	[Ref	fer Ir	structio	on No	s. 3	& 4]												
Branch Name: Address: Bank Branch City: State: Pin Code		. —			_								<u> </u>										_	
Bank Branch City: State: Pin Code		No.												A/c. Typ	e Pl	s. (√)	NRE	∐CU	RREN	т [SAV	INGS	Ш	√RO
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5. JOINT APPLICANTS, IF ANY AN	ND THEIR KYC DETAILS				
Mode of Holding: Anyone or S	Survivor Single	Joint	(Ple	ease note that the Default	option is Anyone or Survivor)
2 nd APPLICANT Mr. / Ms. / M/s. (No (Please write the name as per Aadhaar Card)	t Applicable in case of Minor Applicant)			Gender	Male Female Other
AADHAAR No.				Aadhaar	Copy (Please ✓) ☐ Enclosed
PAN Details	PI	s indicate if US Person or a res	dent for tax purpose /	/ Resident of Canada	es
CKYC ID No. (KIN)		KYC Pls (Proof Attache	ed Date of Birth (Manda (As per Aadhaar Card)	atory) D M M Y Y Y Y
Place of Birth	Country of Birth			Nationality:	
a*. Occupation Details [Please tick (\b*. Gross Annual Income (₹) [Please	Business	= =	rnment Service ulture Lakh	Proprietorship O	rofessional Housewife thers (Please specify) 25 Lakh S 1 Crore
c*. Politically Exposed Person (PEP) State	tus I am PEP I am Relat	D D M M		Nist alder these 4 years)	
d. Net-worth ₹	Cingle Cingle	as on	(I	Not older than 1 year)	ention is Anyone or Sundiver
Mode of Holding: Anyone or S		Joint	(PIE	Gender	option is Anyone or Survivor) Male Female Other
3 rd APPLICANT Mr. / Ms. / M/s. (No (Please write the name as per Aadhaar Card)	t Applicable in case of Minor Applicant)	1			
AADHAAR No.					Copy (Please ✓) Enclosed
PAN Details	PI	s indicate if US Person or a res		Data of Divite (M)	<u> </u>
CKYC ID No. (KIN)		KYC Pls (Proof Attache	ed Date of Birth (Manda (As per Aadhaar Card)	D D M M Y Y Y Y
Place of Birth	Country of Birth Private Sector	Public Sector Gove	rnment Service	Nationality: ☐ Student ☐ P	rofessional Housewife
a*. Occupation Details [Please tick (Business	Retired Agric	ulture	Proprietorship 0	thers (Please specify)
b*. Gross Annual Income (₹) [Please c*. Politically Exposed Person (PEP) State		l 1-5 Lakh	_	10-25 Lakh >:	25 Lakh
d. Net-worth ₹		as on D D M M	Y Y Y Y (Not older than 1 year)	
6a. MAILING ADDRESS [Please pro	ovide vour E-mail ID and Mobile I	Number to help us serve v	ou betterl	• •	
Local Address of 1st Applicant	,	,	,		
	City	S	tate	Pin Code	
Tel. Off.		Resi.		Mobile	
E - Mail^^					
^^Please Use Block Letters. Investors pr	roviding email ID would mandatorily r	eceive all Communications, S	tatement of Accounts	s and Abridged Annual Repo	ort through e-mail only.
6b. Mandatory for NRI / FII Applica	ant [Please provide Full Address.	P. O. Box No. may not be	sufficient. For Ove	erseas Investors, Indian A	ddress is preferred]
Overseas Correspondence Address	-				
	DETAILS (For complete informat		please refer to Inst	•	. _
Scheme		Regular Plan Direct Plan Growth	(Default) Pa	Dividend* ayout Reinvestment	Div frequency*
Payment Type [Please (√)]	Self (Non-Third Party Payment)	Third Party Payme	nt (Please attach 'T	Third Party Payment Decla	ration Form')
Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)
* Di il 16					
*Dividend frequency is applicable only				dan aaastian 2 mastalaan aa mans	ha Damasitam, Dataila
National Securities Depository	tory for units in Demat Mode - Please of Limited (NSDL)			rices (India) Limited (C	
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 Ho			Instruction Slip (DIS)
9. NOMINATION DETAILS [Minor PLEASE REGISTER MY/OUR NO	/ HUF / POA Holder / Non Individ MINEE AS PER BELOW DETAILS		fer Instruction No. I/WE DO NOT WIS	-	
No. Nominee(s) Name	Date of Birth (in case of Minor)	Name of the Guardian (in case of Minor)	Relationship		re of Nominee / Guardian
1	D D M M Y Y Y Y	(iii case of Million)			
2	D D M M Y Y Y				
3	D D M M Y Y Y				

* mandatory fields

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_	ATCA & CRS DETAIL	· ·					_	FATCA &	CRS classificati	ion)				
PART	A To be filled by Fin		stitutions or Dire	ect Repor	rting No	on Finacial Entity	y (NFEs)							
Ne are Financ or	e a, ial institution 🔲	GIIN	e: If you do not have a GIIN	I but you are sp	ponsored by	another entity, please prov	ride your sponsor's GIIN at	pove and indica	te your sponsor's name be	low				
	reporting NFE etick ()]	Name o	of sponsoring en	itity:										
SIIN no	ot available [Please t	ick (√)]	Applied	for	☐ No	t required to apply fo	or - please specify 2	digits sub-c	ategory		Not obtained -	Non-participatin		
PART	B (please fill any on	e as app	ropriate "to be f	illed by N	IFEs ot	her than Direct F	Reporting NFEs"	')						
1	Is the Entity a publi (that is, a company traded on an establ	whose sh	ares are regularly	у	_	es (If yes, please sp of stock exchange:			on which the stock is	regular	ly traded)			
2	Is the Entity a relate traded company (a regularly traded on	company	whose shares ar			es (If yes, please sp	*		•	change	on which the stock is	regularly traded)		
	regularly traded off	an establi	isiled seculides ii	narket)		_	•		or Controlled	by a Lis	sted Company			
_						of stock exchange:								
3	Is the Entity an acti	ve NFE			_	es (If yes, please fill e of Business:	I UBO declaration in	the next se	ection.)					
					Pleas	e specify the sub-ca	tegory of Active NFE		Mention code: Ref	er instru	uction 16(c)			
4	Is the Entity a pass	ive NFE			_	es (If yes, please fill	I UBO declaration in	the next se	ection.)					
						details refer ins	truction No. 16.							
1a. [DECLARATION FOR	ULTIMATI	E BENEFICIAL C	OWNERS	HIP [UE	BO] (Refer instructi	on No. 17)*							
erson(s) tatemer	claration is not needed for C , confirming ALL countries nt and Auditor's Letter with re DETAILS OF ULTIMA	of tax reside equired detai	ency / permanent residuals as mentioned in Fo	dency / citiz orm W8 BEN	enship an I E.	d ALL Tax Identification	on Numbers for EAC	H controlling	person(s). Owner-do	cumente	d FFI's should provide	FFI Owner Repor		
	Name of UBO & Addres		Address Type ^{ss}	PAN/Tax	AN/Tax Payer Document Type Country of tax Coun				ry of UBO C	Code	KYC (Yes / NO)	% of beneficia		
				Equivalen		No. 16(d)	Residency/ permanent residency*	citizer	ıship (Manda	itory)	the KYC acknowledgement copy]	merest		
nformation nat appli	ess Type: Residential or Bu on is not provided, it will be pr cant has concealed the facts on as may be required at you	esumed that of bene cial	t applicant is the UBO,	with no decla	aration to:	submit. In such case, N	MAMF/AMC reserves t	he right to re	ject the application or r	everse th	ne allotment of units, if s	ubsequently it is for		
lf passi	ve NFE, please provide bel	ow addition	al details. (Please att			• • • • • • • • • • • • • • • • • • • •	•	atory detail	s if the UBO does not	have a P	PAN. (Refer Instruction	No. 16)		
Election II	Any other Identificatior D, Govt. ID, Driving Licence NREC f Birth - Country of Bir	GA Job Card, O		Natio	nality:	ype: Service, Busine: Mandatory if PAN			DOB: Date of Bir Gender: Male, Fe		Other			
1. PAN		•••			pation T	•	Tio not aranabio		Date Of Birth:					
					ionality: her's Name:				Gender Male Female Other					
2. PAN: Occ					cupation Type:				Date Of Birth:					
						onality: er's Name:				Gender Male Female Other				
3. PAN: Oc.						supation Type:				Date Of Birth:				
	of Birth: ntry of Birth:				onality: er's Name:				Gender Ma	le	Female Othe	r		
To inclu	onal details to be filled by oude US, where controlling a Tax Identification Number	person is a	US citizen or green	card holde	er	•	p / Green Card in ar	ny country o	ther than India.					
	ation No.:					ld be Drawn in	favour of the S	Scheme	 Name*					
	Mirae Asset India Equ		511	_ q 401DL					Mirae Ass					

Mirae Asset India Equity Fund	Mirae Asset Emerging Bluechip Fund	Mirae Asset Cash Management Fund
Mirae Asset Hybrid Equity Fund	Mirae Asset Tax Saver Fund	Mirae Asset Dynamic Bond Fund
Mirae Asset Savings Fund	Mirae Asset Great Consumer Fund	Mirae Asset Short Term Fund

FOR INDIVIDUALS: Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below. FOR NON-INDIVIDUALS: Is the "Entity" a tax resident of any country other than India? Yes No (If Yes, please provide country/ies in which the entity is a resident for tax purpose and the associated Tax Identification No. below) 1st Applicant (Sole / Guardian / Non-Individual) 2nd Applicant 3rd Applicant Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality Do you have any non-Indian Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality Country(ies) of Birth / Citizenship / Nationality No Yes No No Yes Yes and Tax Residency Country of Birth / Country of Birth Country of Birth Incorporation Country Citizenship / Country Citizenship / Country Citizenship / Nationality Nationality Nationality Are you a US specified Yes Yes ☐ No Are you a US specified Yes ☐ No Are you a US specified ☐ No person? person? person? Please provide Tax Payer Id. Please provide Tax Payer Id. Please provide Tax Payer Id. For non-Individual investor in case, if you country of incorporation / Tax resistance in US, but you are not a specified US person then please mention exemption code (Refer instruction 16(e)) Individual or Non-Individual investors fill this section Individual investor have to fill in below details in case of joint applicants if ticked Yes above Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 1 Status: 1 Status: 1 Type: Type: Type: Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 2 Status: 2 Status: 2 Type: Type: Type: Country: Country: Country: Tax Residency Tax Residency Tax Residency No.: No.: No.: Status: 3 Status: 3 Status: 3 Type: Type: Type: Address Type **Address Type Address Type** (Address Type: Residential or Business (default) / Residential / Business / Registered Office) (For address mentioned in form / existing address appearing in folio) In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(e)] To The Trustees, Mirae Asset Mutual Fund (The Fund) – (A) 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 ablide 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 mylour credit will constitute define the 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 Global Investments (India) Private Limited (AMC) Fund and undertake to update the information sought by Mirae Asset Global Investments (India) Private Limited (AMC) Fund and undertake to update the information sought by Mirae Asset Global Investments (India) Private Limited (AMC) Fund and undertake to update the information sought by Mirae Asset Global Investments (India) Private Limited (AMC) Fund and undertake to update the information sought by Mirae Asset Global Investments (India) Private Limited (AMC) Fund and undertake to update the information sought by Mirae Asset Global Investments (India) Private Limited (AMC) Fund and undertake to update the information sought by Mirae Asset Global Investments (India) Private Limited (AMC) Fund and undertake to update the information sought by Mirae Asset Global Investments (India) Private Limited (AMC) Fund and undertake to update the information sought by Mirae Asset Global Investments (India) Private Limited (AMC) Fund and undertake to update the information sought by Mirae Asset Global Investments (India) Private Limited (AMC) Fund And undertake to update the information of the India Mirae Asset information/details with the AMC / Fund/Registrars and Transfer /gent (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 indennify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding legibility, validity and authorization on fmy/our transactions, (E) I/We further declarer 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 jeided 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 Investions 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 we obstite for transacting online. (H) RIAL: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registers 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 amfare "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 to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my I our investments in the Scheme(s). (K) FATCA/CRS Certification: I/We have understood the information requ accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/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 Aadhar No. to the fund/AMC for updating the same in my portfolio. As and when the Govt./Regulator requires the AMC to use/validate/authenticate my details, the AMC/Fund House may do so in accordance with the Aadhar Act 2016 and PMLA guidelines. For Lumpsum 'OR' SIP ACKNOWLEDGMENT SLIP Received Application from Mr. / Ms. / M/s. as per details below: Date & Stamp of Collection Centre / ISC Scheme Name and Plan **Payment Details** Amount (Rs.) Cheque / DD No.:

Dated Bank & Branch