

COMMON TRANSACTION FORM

Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	ISC Date Time Stamp Reference No.
ARN-3086				

Declaration for "Execution Only" Transaction (where 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 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: _____
 AADHAAR No.: _____ Aadhaar Copy (Please) Enclosed

2. ADDITIONAL PURCHASE

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

Scheme Regular Plan Direct Plan Growth (Default) Div. Payout Div. Reinvestment (Default) Div frequency*

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

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 _____	16 Digit A/C No. _____
Benef. 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 Regular Plan Direct Plan Growth Div. Payout Div. Reinvestment Div frequency*

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

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 Regular Plan Direct Plan Growth Div. Payout Div. Reinvestment Div frequency*

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

To Scheme Regular Plan Direct Plan Growth (Default) Div. Payout Div. Reinvestment (Default) Div frequency*

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

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

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. 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 hereby confirm that I/we have not been offered/communicated any indicative portfolio and/or any indicative yield for this investment. 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 / our investments in the Scheme(s). I/We hereby permit the AMC to share my/our current & historic transaction details to the Registered Investment Advisor (RIA), if any transactions are carried out using the RIA code. Aadhaar: I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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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ACKNOWLEDGEMENT SLIP

Folio No.: _____ Additional Purchase Redemption Switch Date: D D M M Y Y Y Y

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

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