COMMON TRANSACTION FORM

MIRAE ASSET Mutual Fund

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

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

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

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 ◯ 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 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 ◯ 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.

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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 Infromation 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).

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

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:** _____