## SYSTEMATIC INVESTMENT PLAN (SIP)

Application No.:



Registration Cum Mandate Form For SIP Through ECS or Direct Debit (Auto Debit) at Select Locations/Bank Branches

Name & Broker Code / ARN	Sub Broker / S ARN Co		Emp Identificati	loyee Unio ion Numb		ISC Date Time Stamp Reference No.		
Bonanza - 0186								
Bonanza - 0186         "Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor".         EUIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIN), please refer Point No.12 given in the instructions in the KIM. If the EUIN box is left blank, then the investor has to certify the following declaration: "IWe 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 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 or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."         Signature of 1 <sup>st</sup> Applicant / Guardian / Authorised Signatory /PoA/Karta       Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA         To The Trustees, Mirae, Asset Mutual Fund - JWe have read and understood the contents of the SID of the following Scheme and the terms & conditions of SIP enrolment and registration through ECS or								
	Quandian (	Qian	-turn of ond Ar			Qianat		
Signature of 1 <sup>St</sup> Applicant / Authorised Signatory /Po		$\otimes$	Authorised Single Singl	gnatory /PoA			ure of 3 <sup>rd</sup> Applicant / Guardian / Authorised Signatory /PoA	
To The Trustees, Mirae Asset Mutual Fund - I/We have read and understood the contents of the SID of the following Scheme and the terms & conditions of SIP enrolment and registration through ECS or Direct Debit (Auto Debit). Please (/) relevant option: Enrolment for New Registration (Please fill al sections)         Image: Debit Auto Debit.       Please (/) relevant option: Enrolment for New Registration through ECS or Direct Debit (Auto Debit). Please (/) relevant option: Enrolment for New Registration through ECS or Direct Debit (Auto Debit). Please fill section 1, 4 & 5 only.         Image: Debit Auto Debit.       Please (/) relevant option: Enrolment for New Registration through ECS or Direct Debit (Change in bank account) for my existing SIP(s). Please fill section 1, 4 & 5 only.         Image: Debit Auto Debit.       Nem of 1st Unit Holder -         2. SIP ENROLMENT DETAILS       Frequency please (/) Monthly (Default) - Min (₹) 1000 Quarterly - Min (₹) 1500								
1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)								
Folio No.	Name o	of 1st Unit Hold	er -					
2. SIP ENROLMENT DETAILS Scheme		Frequency p	lease (✓ )			efault) - Min (₹) 100	0 Quarterly - Min (₹) 1500 Dividend	
Plan -		a				Growth (Default)	Payout Reinvestment	
SIP Date Please (✓) 01st		,	15 <sup>th</sup>		21 <sup>st</sup>	28 <sup>th</sup>	Fried to discontinue (CID)	
^SIP PERIOD: SIP Start Date : M				```	•		I Fund to discontinue your SIP)	
OR Enter SIP End Date : MM	- Y Y Y Y SIP	Amount (₹)	5,000	10,000	□ 25,000	Any Other Am	t.(₹)	
3. SIP PAYMENT DETAILS 3a - Only for Exiting Investors - I/			h - hif 0					
3b - For New Investors - First SIP	via Cheque and Sub	sequent SIP vi	a ECS (Auto	Debit Clea	ring) at select	locations** given b	Cheque submitted Please ( Plea	
Bank, Kotak Mahindra Bank Ltd.,	ICICI Bank Ltd., SBI			y ballks - A		Dalik of Daloua, Da	ink of mula, ibbi bank Etd., indusind	
First SIP Cheque No.	Drawn on Bank							
Cheque Date	A/c. Ty		NRE*			SAVINO	ů ů	
I/We hereby authorise Mirae Asset C debit my/our following Bank A/c. by I							gh their authorised service providers to	
Name of 1st A/c. Holder as in Bank I			sity i dointy of t	any other re	ionity for concer		·	
Bank Name -			Core B	anking A/c.	No.			
Branch Name & Address	c	1						
9 Digit MICR Code		Bank Ac	count Type Ple	ease (✔)	NRE*		) SAVINGS NRO ()	
Mandatory Enclosures : Main		and Please (				" Copy of Cheque	) r Instruction No. 6(e)]	
	EXCEPTION TO THIF	RD PARTY PAY	MENT (i.e. pa	ayment by	Guardian, Em	ployer or a Custod	ian)	
Mandatory Information (Please ) *If No, my relationship with the banl DECLARATION & SIGNATURE: IWe hereby decl agree that if the transaction is delayed or not effect responsible. I/we will also inform Mirae Asset Glob the date of execution of the said standing instruction Mutual Funds from amongst which the Scheme investments exceeding 50,000 in a rolling 12 mo	k account holder is		(Please specif	fv)	(Appli	cation Form without	e Yes No* this Information may be rejected) up participation in ECS / Direct Debit Facility. IWe also did, their appointed service providers or representatives dertake to keep sufficient funds in my bank account of infor the different competing Schemes of various th the current application would result in aggregate	
Signature of 1 <sup>st</sup> Applicant / Authorised Signatory /Por (AS IN BANK RECOR	A/Karta	Sigr	ature of 2 <sup>nd</sup> Ap Authorised Sig (AS IN BANK	plicant / Guar gnatory /PoA RECORDS)	dian /		ure of 3 <sup>rd</sup> Applicant / Guardian / uthorised Signatory /PoA AS IN BANK RECORDS)	
5. AUTHORISATION OF BANK ACCOUNT HOLDER [To be signed by the Account Holder(s) as per Bank Records] This is to inform I/We have registered for the RBI's Electronic Clearing Service (ECS / Direct Debit) Facility and that my / our payment towards my / our investment in Mirae Asset Mutual Fund shall be made from my / our below mentioned Bank Account Number with your bank. I / We authorise Mirae Asset Mutual Fund, acting through their service providers and representative carrying this ECS Mandate / Direct Debit Facility Form to get it verified & executed. Mandate verification charges, if any, may be charged to my/our account. Name of A/c. Holder as in Bank Records								
Core Banking A/c. No.								
					Each	SIP Amount (₹)		
Signature of 1 <sup>st</sup> Applicant / 0 Authorised Signatory /Po/ (AS IN BANK RECOR	Signature of 2 <sup>nd</sup> Applicant / Guardian / Authorised Signatory /PoA (AS IN BANK RECORDS)				Signatu Ø	ure of 3rd Applicant / Guardian / withorised Signatory /PoA AS IN BANK RECORDS)		