



APPLICATION FORM :

Systematic Transfer Plan (STP), Systematic Withdrawal Plan (SWP)
Systematic Investment Plan (SIP)* - *Through Post dated cheques



Investor must read the instructions section before completing this form. First time investors need to fill up the main Application Form along with SIP application form

Broker Name / ARN	Sub Broker Code / ARN	ISC Date Time Stamp Reference No.
NJ India Invest / ARN-0155		

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

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. SYSTEMATIC TRANSFER PLAN (STP)

From Scheme	Plan	Option
To Scheme	Plan	Option
Transfer Frequency (Please ✓)	Monthly # (Min. 6 Nos. and each transfer of Rs. 1000/- and above)	Quarterly # (Min. 4 Nos. and each transfer of Rs. 1500/- and above)
<input type="checkbox"/> Daily (Monday to Friday)	<input type="checkbox"/> Monthly #	<input type="checkbox"/> Quarterly #
<input type="checkbox"/> Weekly (Every Wednesday)	<input type="checkbox"/> Fortnightly (Every Alternate Wednesday)	
# Dates for Monthly or Quarterly option	Transfer Period From	To
<input type="checkbox"/> 01st <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	MM / YYYY	MM / YYYY
Fixed Amount per Transfer	in figures	

3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

From Scheme	Plan	Option
Withdrawal Option (Please ✓)	Fixed Amount Per Withdrawal Rs.	in figures
<input type="checkbox"/> Fixed (Min. 12 Months/4 Quarters of Rs. 1000 and above)	<input type="checkbox"/> Appreciation withdrawal (1st of each Month/Quarter) (Min. 12 Months/4 Quarters of Rs. 1000 and above)	
Withdrawal Date (Please ✓)	Withdrawal Period From	To
<input type="checkbox"/> 01st <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	MM / YYYY	MM / YYYY

4. SYSTEMATIC INVESTMENT PLAN (SIP) ENROLMENT DETAILS

Scheme / Plan / Option	<input type="checkbox"/> ≤ Rs. 50,000 per annum <input type="checkbox"/> > Rs. 50,000 per annum	Frequency (Please ✓)	<input type="checkbox"/> Monthly (Min. 6 installments of Rs. 1,000/- each)	<input type="checkbox"/> Quarterly (Min. 4 installments of Rs. 1,500/- each)
SIP Date (Please ✓)	Period of enrolment	From	To	
<input type="checkbox"/> 01st <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	MM - YY YY	MM - YY YY	MM - YY YY	
SIP Amount (Rs.)	Amount (Rs.) (in words)	* Default End Date would be 12 months from the 1st installment		
Investment Period	From	To	Details of Cheque Nos.	
in Months	MM / YYYY	MM / YYYY	From	To
Cheque Dates From	To	From	To	Total Chqs
DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY	
Drawn on Bank	Branch Name			
A/c. Type (Please ✓)	*Kindly provide copy of the payment instrument or Foreign Inward Remittance Certificate (FIRC) Evidencing source of Funds			
SAVINGS <input checked="" type="radio"/> NRE* <input type="radio"/> CURRENT <input type="radio"/> NRO <input type="radio"/> FCNR* <input type="radio"/>				

5. DECLARATION & SIGNATURE

To The Trustees,
Mirae Asset Mutual Fund

Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to, will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. I/We hereby declare that the amount invested in the scheme (s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the 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. I/We have understood the details of the scheme (s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum.

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 do not have any existing Micro SIPs which together with the current application would result in aggregate investments exceeding Rs. 50,000 in a rolling 12 month period or in a financial year.

Applicable for NRIs only:- I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account / FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

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.

The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them.

I/We confirm that the details provided by me/us are true and correct.

<input checked="" type="checkbox"/> Signature of 1st Applicant / Guardian / Authorised Signatory /PoA	<input checked="" type="checkbox"/> Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA	<input checked="" type="checkbox"/> Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA
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	Received From _____	ACKNOWLEDGEMENT SLIP	
	an application for Systematic Investment / Systematic Withdrawal / Systematic Transfer	APPLICATION / FOLIO NO.	
Scheme _____	SIP <input type="checkbox"/>	Date DD / MM / YYYY	Amount (Rs) _____
Plan _____	SWP <input type="checkbox"/>	Date DD / MM / YYYY	Amount (Rs) _____
Option _____	STP <input type="checkbox"/>	Date DD / MM / YYYY	Amount (Rs) _____
			Official Acceptance Point Stamp & Sign

