COMMON TRANSACTION FORM

CONNINION I RANSA			Mutual Fund			
Name & Broker Code/ARN/RIA Cod	e Sub Broker/Agent ARN C	ode Sub Agent Co	de EUIN*	ISC Date Time Stamp/Reference No.		
EUIN Declaration: Declaration for "Execution Only" Trr that the EUIN box has been intentionally left blank by notwithstanding the advice of in-appropriateness, if an the transactions data feed/portfolio holdings/ NAV etc. is	Insaction (where Employee Unique Identifi me/us as this transaction is executed wi r, provided by the employee/relationship m n respect of my/our investments under Dire	cation Number-EUIN* box is le ithout any interaction or advic anager/sales person of the di act Plan of all Schemes manag	eft blank). Please refer instructions by the employee/relations stributor/sub broker. RIA Dec red by you, to the above men	tion 12 of KIM for complete details on EUIN. I/We hereby confirm ip manager/sales person of the above distributor/sub broker o laration: "UWe hereby give you my/our consent to share/provide tioned SEBI-Registered Investment Adviser/ RIA".		
Signature of 1st Applicant/Guardian/Authorised Signato	ry/PoA/Karta Signature of 2nd	Applicant/Guardian/Authorised Si	gnatory/PoA	Signature of 3rd Applicant/Guardian/Authorised Signatory/PoA		
1. EXISTING UNIT HOLDER INFORMATI	ON (The details in our records u	nder the folio number r	nentioned will apply fo	or this application.)		
Folio No.:	Name of 1 st l	Unit Holder:				
2. ADDITIONAL PURCHASE						
KYC compliance status: Please (✓)	◯ 1 st Applicant	◯ 2 nd Applica	nt C) 3 rd Applicant		
Scheme		ular Plan ct Plan 🛛 🔿 Growth		Payout O Div frequency*		
*Dividend frequency is applicable only for Mir	ae Asset Cash Management Fund	& Mirae Asset Savings F	und.			
Payment Type: Please (✓) ○	Non-Third Party Payment	◯ Third Party Paymer	t (Please attach 'Third	Party Payment Declaration Form')		
Core Banking A/c No.:			A/c. Type Please (✓) ○NRE ○CURRENT ○SAVINGS ○NRC		
	nount of Cheque / DD / I GS / NEFT in figures (₹)	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)		
TRANSACTION CHARGES (Refer Instruction transaction charges, ₹ 100/- will be deduced			· · · · · · · · · · · · · · · · · · ·	O or above and distributor has opted to receive ted for the balance amount only.		
2A. DEMAT ACCOUNT DETAILS – Mandatory f	or units in Demat Mode - Please ens	ure that the sequence of n	ames as mentioned as gi	ven in folio, matches as per the Depository Details.		
National Securities Depository Limi	ied (NSDL)	Central D	epository Services	(India) Limited (CDSL)		
DP Namo:		DP Nama	DB Name:			

MIRAE ASSET

From Scheme (in case of switch): _

Payment Type: Please (🗸)	\bigcirc Non-Third Party Payr	ment O Third P	arty Payment (Please at	ttach 'Third Party Paymen	t Declaration Form')	
Core Banking A/c No.:			A/c. T	ype Please (✓) ○NRE		
Cheque / DD / UTR No. & Date Amount of Cheque / DD RTGS / NEFT in figures					Pay-In Bank A/c No. (For Cheque Only)	
TRANSACTION CHARGES (Refer In transaction charges, ₹ 100/- will be						
2A. DEMAT ACCOUNT DETAILS – Man					-	
National Securities Depository				Services (India) Limi		
DP Name:			DP Name:			
DP ID I N	Benef. A/C No.		16 Digit A/C No.			
Enclosures: Please (✔)	Client Masters List (CML)	⊖ Transad	ction cum Holding Statem	nent OI	Delivery Instruction Slip (DIS)	
3. REDEMPTION - I WISH TO RED	DEEM UNITS/AMOUNT AS U	NDER	-			
Scheme		 Regular Plan Direct Plan 	n 📄 🔿 Growth	Div. PayoutDiv. Reinvestme	ent	
*Dividend frequency is applicable only	for Mirae Asset Cash Manage	ment Fund & Mirae As	set Savings Fund.			
Amount (in figures) (₹):	Or Units (in figu	res):	Or All Units 🔾			
Amount (in words) (₹):						
Direct Credit to other than Default I for this transaction, which is one of th			the proceeds to my	(B	ank Name)	
4. SWITCH REQUEST - I WISH TO	SWITCH UNITS / AMOUNT	AS UNDER				
From Scheme		Regular PlanDirect Plan	n 🔿 Growth	Div. PayoutDiv. Reinvestme	ent Oiv frequency*	
Amount (in figures) (₹):		Or Un	its (in figures):		Or All Units (
Amount (in words) (₹):						
To Scheme		O Regular Plan O Direct Plan	Growth (Default)	 Div. Payout Div. Reinvestment (I 	Default)	
*Dividend frequency is applicable only						
5. DECLARATION AND SIGNATU	RES / THUMB IMPRESSION	OF APPLICANT(s) [Re	efer Instructions 2(f) of I	KIM]		
To The Trustees, Mirza Asset Mutual Fund (The Fund) – (A) Havin ind regulations governing the scheme. (B) I/We hereby declare that withe Government of India from time to time. (C) Signature of the n I/Irae Asset Investment Managers (India) Phrviab Limited' (AMC) F overnment authorities as and whom needed. I/We will inderning the of trail commission or any other mode), payable to him for the indicative yield by the Fund/AMC) for this investment and cative yield by the Fund/AMC) of Catada. In case of change to the I/I agreement available on the AEC wronicit for the investment and cative yield or resident(4) of Catada. In case of change to the I/AI agreement available on the AEC wronicit for the investment of United States or resident(4) of Catada. In case of change to her FATCA & CRS Instructions) and hereby confirm that the informa resumed that apolicant is the utilizate beneficial on wre, with no de indertake to keep you informed in writing about any changes/modifi Securities and Exchange Board of India ("SEIT)" via its lister date India) Private Limited', in this regard we request you to refer to our no	fication to the above information in future & also undert	take to provide any other additional inform	mation as may be required at your end. (L) Aac	dhaar: I/We hereby voluntarily submit Aadhar ca	ard to the Fund/AMC for updating the same in my folio.	
Signature of 1st Applicant/Guardian/Authorised	d Signatory/PoA/Karta	Signature of 2nd Applicant/Guai	rdian/Authorised Signatory/PoA	Signature of 3rd Ap	oplicant/Guardian/Authorised Signatory/PoA	
ACKNOWLEDGEMENT SLIP						
Folio No.:		Additional Purch	hase O Redemption	Switch	Date: D D M M Y Y Y	
Scheme:		Amount((₹):	or Units:		

To Scheme: