## SIP ENROLMENT CUM ONE TIME DEBIT MANDATE (OTM) FORM with Goal SIP & Top Facility Registration Cum Mandate Form For NACH

Application No.:

Registration Cum Mandate Form For NACH/Direct Debit

Mutual Fund

Name & Broker Code/ ARN/RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp Reference No.
ARN-11310			E-156922		
EUIN Declaration: Declaration for "Execution On confirm that the EUIN box has been intentionally l broker or notwithstanding the advice of in-approprior share/provide the transactions data feed/portf. Adviser/RIA".	ly" Transaction (where Employee eft blank by me/us as this transac riateness, if any, provided by the e olio holdings/NAV etc. in respect	Unique Identification Numb ion is executed without any mployee/relationship mana of my/our investments und	er-EUIN* box is left blank). F r interaction or advice by the ger/sales person of the distr er Direct Plan of all Scheme	Please refer instruction 12 of KIM for employee/relationship manager/s ibutor/sub broker. RIA/Declaration so managed by you, to the above r	r complete details on EUIN. I/We hereby ales person of the above distributor/sub n: "I/We hereby give you my/our consent mentioned SEBI-Registered Investment
Signature of 1st Applicant / Guardian / Authorised Sign		ure of 2 <sup>nd</sup> Applicant / Guardian			Guardian / Authorised Signatory / PoA
<ol> <li>Please SIP ENROLMENT with One</li> <li>EXISTING UNIT HOLDER INFO</li> </ol>	, , ,	,	☐ SIP Top-up		s application \
Name of 1 <sup>st</sup> Unit Holder	MMATION (The details in	rodi records dilder		Folio No.	
2. SIP ENROLMENT DETAILS (PI	ease check the Minimum	Amount Criteria fo	r the scheme applied	d for. [Refer General Instr	uction 15 Overleaf]).
Frequency Please	efault) Quarterly Re	gular Plan 🗌 Direct F	Plan Growth	option	ution cum capital withdrawal
Scheme:				Reinvestment of Income withdrawal option (Defau	
	Date from 1 <sup>st</sup> till 28 <sup>th</sup> of the r be considered as the default		: (₹) □ 5,000 □ 10,	000  ☐ 25,000  ☐ Any ot	her Amount. (₹)
SIP Start Month (MM/YY) M M Y	Y SIP End Month (MM/Y)	) M M Y Y	OR Perpetual De	ec 2099 (Till you instruct Mirae As	set Mutual Fund to discontinue your SIP)
2a. Goal SIP - Do you want to assi	· · · · ·	500		~~~	Instruction No. 23 Overleaf ].
Please specify your goal amount* ₹		Kids Marriage	☐ Kids Educ		rement Planning (Default)
☐ Tax Savings ☐ Dream Ho		40 <u>11</u> 05 11	eam Vacation	☐ Others- Please sp	
2b. SIP TOP-UP FACILITY (You can			, ·	•	•
All Applicants have to submit NACH m  Top-up Amount (₹) (minimum	₹ 500/- & in multiples of ₹ 1			Top-up End Mo	·
Existing Investors Availing Top-Up: Plea	·	2,			alf Yearly  Yearly (Default)
3. SIP PAYMENT DETAILS (New In	•	·			, ,
	rst SIP Cheque No.	copy of cancelled of	•	Prawn on Bank	
4. OTM BANK ACCOUNT DETAILS	S (Mandatory) Name of 1°	A/c. Holder as in Ban	k Records		
Bank Name		Core Banking A/c. No			
Branch Name & City		Bank Account		CURRENT [	SAVINGS
DECLARATION & SIGNATURE: To The Trustees, M scheme and agree to abide by the terms, condition transaction is delayed or not effected for reasons of representatives responsible. I/We also undertake to k of trail commission or any other mode), payable to the Micro application [including Lumpsum + SIII]	eep sufficient funds in my bank acco	d and understood the content he scheme & conditions of Soperational reasons, I/We wunt on the date of execution o Schemes of various Mutua	ts of the SID of the Scheme ap SIP enrolment and registration rould not hold Mirae Asset Inv f the said standing instructions Il Funds from amongst whic	s. "The ARN holder has disclosed to th the Scheme is being recommen	o me/us all the commissions (in the form ded to me/us". "I/We have not made any
Signature of 1 <sup>st</sup> Applicant/Guardian/Authorised Si (AS IN BANK RECORDS)	ignatory/PoA/Karta Signati	re of 2 <sup>rd</sup> Applicant/Guardian (AS IN BANK RE			Guardian/Authorised Signatory/PoA ANK RECORDS)
		Bank use		Date	
MIRAE ASSET  Mutual Fund  Sponsor Bank (	Code	k use		CREATE X MC	DIFY X CANCEL
Utility Code	Ba	alk use			nent Managers (India) Pvt. Ltd.
To Debit (tick ✓) SB CA C	C SB-NRE SB-NI	RO Other Bank	autho	prize	I I I I I I I I I I I I I I I I I I I
, , ,					
With Bank	Name of custome	rs bank		IFSC / MICR	
An Amount Of Rupees					
DEBIT TYPE X Fixed Amount Amount FREQUENCY		FREQUENCY	X Mthly X Qtly X H-Yrly X Yrly ✓ As & when presented		
DEBIT THE EXTENSION	v Waxiinum Amount				
Reference 1	Folio No.		eference 2	Scheme N	
Reference 1	Folio No.				
Reference 1  1. I agree for the debit of mandate processing charead, understood & made by me/us. I am authorize this mandate by appropriately communicating the	Folio No.				

Name Of Primary Account Holder
 Name Of Joint Account Holder

NACH MANDATE INSTRUCTION FORM (Refer guidelines / Instruction over leaf before filling)