## SYSTEMATIC INVESTMENT PLAN (SIP) WITH TOP-UP FACILITY



Registration Cum	Mandate	Form F	For NACH/Direct De	bit

Application No.:

Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code	Sub Agent Code	EUIN*	Internal Code for Sub-Agent/Employe	e ISC Date Time Stamp Reference No.
Declaration for "Execution Only" Transaction (where has been intentionally left blank by me/us as this to advice of in-appropriateness, if any, provided by the	Employee Unique Identification Nur ansaction is executed without any i employee/relationship manager/sale	hber-EUIN* box is left blanl nteraction or advice by the s person of the distributor/s	(). Please refer instruc employee/relationsh ub broker.	ction 12 of KIM for complete details on ip manager/sales person of the above	EUIN. I/We hereby confirm that the EUIN b distributor/sub broker or notwithstanding t
Signature of 1 <sup>er</sup> Applicant / Guardian / Authorised Sign	atory / PoA / Karta Signatu	e of 2 <sup>nd</sup> Applicant / Guardian /	Authorised Signatory / F	PoA Signature of 3 <sup>rd</sup> Applic.	ant / Guardian / Authorised Signatory / PoA
	gistration (Please fill all section				<b>DR</b> O SIP Top-up Facility
1. EXISTING UNIT HOLDER INFORM		ecords under the fol 1 <sup>st</sup> Unit Holder	io number ment	ioned will apply for this appl	ication.)
2. SIP ENROLMENT DETAILS (Pleas			cheme applied f	or. [Refer Instruction 18 Over	leaf]).
Frequency Please 🧹 🔿 Monthly (De	fault) 🔾 Quarterly 🗌 🔾	Regular Plan 🔿 Dire	ect Plan O Gr	rowth (Default) O Dividen	d Payout 🔿 Dividend Reinvestme
Scheme				<ul> <li>Div freq</li> </ul>	uency*
Dividend frequency is applicable only for					
<u> </u>	efault) ○ 15 <sup>th</sup> ○ 21 <sup>st</sup> ○			○ 10,000 ○ 25,000 ○ Any	
SIP Start Date: M M Y Y Y Y OR Enter S 2a. SIP TOP-UP FACILITY (You can s					utual Fund to discontinue your SI
All Applicants have to submit NACH ma					
Top-up Amount (₹)	(minimum ₹ 500/-	and in multiples of ₹ 1	/- only)	Top-up Start Date M	МҮҮҮҮ
Frequency Please 🕢 🛛 Half	Yearly 🔿 Yearly (D	efault)		Top-up End Date	МҮҮҮҮ
For Existing Investors: Original SIP deta	ils - SIP Date - SIP	Amount (₹)-	Sch	eme -	
3. SIP PAYMENT DETAILS					
a - Only for Existing Investors - I/We v b - For New Investors - Please provide					
irst SIP Cheque No.		awn on Bank			
Cheque Date			O NRE		
4. BANK ACCOUNT DETAILS (Man		o. Type		O CONTREM	
We hereby authorise Mirae Asset Global ny/our following Bank A/c. by NACH/ECS (					thorised service providers to debit
lame of 1 <sup>st</sup> A/c. Holder as in Bank Records					
Bank Name	(	Core Banking A/c. No.			
Branch Name & Address				City	
Digit MICR Code	Ban	k Account Type 🕢			
ECLARATION & SIGNATURE: To The Trustees, Mirae Asse We also agree that if the transaction is delayed or not effect seponsible. We also undertake to keep sufficient funds in my im for the different competing Schemes of various Mutu- pplication would result in aggregate investments exceeding the sufficient of the sufficient of the sufficient of the sufficient section would result in aggregate investments exceeding the sufficient of the suffic	ted for reasons of incomplete or incorrect or bank account on the date of execution of the al Funds from amongst which the Schen	or any other operational reasons said standing instructions. "The ne is being recommended to n	, I/We would not hold Mir ARN holder has disclose	ae Asset Global Investments (India) Pvt. Ltd., ed to me/us all the commissions (in the form	their appointed service providers or representative of trail commission or any other mode), payable
Signature of 1 <sup>er</sup> Applicant/Guardian/Authorised Sig (AS IN BANK RECORDS)	gnatory/PoA/Karta Signatur	e of 2 <sup>nd</sup> Applicant/Guardian / (AS IN BANK REC			ant/Guardian/Authorised Signatory/PoA IN BANK RECORDS)
	For office use	ony		Date <sup>2</sup> DD MM YY	/YY
Create Sponsor Bank Code <sup>3</sup>			Utility Code <sup>4</sup>		
Modify I/We, hereby authorize⁵ [	Mirae Asset Global Investmer	nts (India) Pvt. Ltd.	To Debit (Tick✔) <sup>6</sup>	SB / CA / CC / 3	SB-NRE / SB-NRO / Other
Cancel Bank A/c Number <sup>®</sup>					
ank Name <sup>9</sup>		IFSC <sup>10</sup>		or MICI	
mount in words <sup>12</sup>				Amount in Figures	5 <sup>13</sup> ₹
requency <sup>14</sup> Mthly Qtly	H-Yrly Yrly	As & when pre		Pebit Type <sup>15</sup> Fixed Amo	unt 🗹 Maximum Amount
Ref 1 <sup>16</sup> : Folio No.					
lef 2 <sup>17</sup> : Scheme	Lagree for the debit of manda	te processing charges by		mail ID <sup>19</sup>	per latest schedule of charges of the banl
Period <sup>20</sup> D D M M Y Y Y		to processing charges by		addronzing to depicting docounts ds	Services service of charges of the Dall
From		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8	$\otimes$	
То	] 21 Signature of primary acc			bint account holder	Signature of joint account holder
Or Until cancelled					
	22 Name of primary accou	Int holder	Name of join	t account holder	Name of joint account holder

22 Name of joint account holder This is to confirm that declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate or the bank where I have authorized debit.