

ARN-4464 E032737 VIKRAM S. BAGADTHEY
CHANGE OF BANK MANDATE FOR EXISTING SYSTEMATIC INVESTMENT PLAN (SIP)



1. EXISTING UNIT HOLDER INFORMATION (The details in our records under the folio number mentioned will apply for this application.)

Name of 1st Unit Holder _____ Folio No. _____

2. MOBILE AND EMAIL UPDATION (IN CAPITAL LETTERS)

E-mail: _____ Mobile No. _____

I / We wish to receive Account Statement / Annual Reports / Qly. Statements / Newsletter / Updates or any other Statutory Information via E-mail in lieu of Physical Documents.
 I / We wish to receive SMS alerts for our Investments.

3. EXISTING SIP DETAILS (Mandatory)

Scheme Name _____ Plan _____ Option _____
 SIP Frequency (Please) Monthly Quarterly SIP Due Date _____ SIP Period From _____ to _____
 SIP Amount (in figure) _____ (in words) _____ I.H. No. _____

IH Number (refer SOA for the I.H no)for which the New Bank has to be registered _____

4. OLD SIP BANK ACCOUNT DETAILS (Mandatory)

Bank Name _____
 Bank A/c. No. _____ Bank A/c. Type NRE CURRENT SAVINGS NRO
 Branch Name _____ City _____ Pin _____
 11 Digit IFSC Code^A _____ 9 Digit MICR Code^{AA} _____

5. NEW SIP BANK ACCOUNT DETAILS (Mandatory)

Name of 1st A/c. Holder as in Bank Records _____
 Bank Name _____
 Bank A/c. No. _____ Bank A/c. Type NRE CURRENT SAVINGS NRO
 Branch Name _____ City _____ Pin _____
 11 Digit IFSC Code^A _____ 9 Digit MICR Code^{AA} _____
 Document attached (Please any one): Cancelled Cheque with name pre-printed Bank Statement Pass Book Bank Certificate

^A 11 digit IFSC code printed on your cheque. ^{AA} 9 digit MICR code on your cheque next to the cheque number.

DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme applied for; I/We hereby apply for units of the said such scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme & conditions of SIP enrolment and registration through NACH/ECS or Direct Debit (Auto Debit). I/We also agree that if the transaction is delayed or not effected for reasons of incomplete or incorrect or any other operational reasons, I/We would not hold Mirae Asset Global Investments (India) Pvt. Ltd., their appointed service providers or representatives responsible. I/We also undertake to keep sufficient funds in my bank account on the date of execution of the said standing instructions. "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 have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding ₹ 50,000 in a rolling 12 month period or in a financial year". Aadhaar: I/We hereby voluntarily submit Aadhaar card to the Fund/AMC for updating my address in my folio. (Please tick, if enclosed)

Signature of 1st Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS) _____
 Signature of 2nd Applicant/Guardian /Authorised Signatory/PoA (AS IN BANK RECORDS) _____
 Signature of 3rd Applicant/Guardian/Authorised Signatory/PoA (AS IN BANK RECORDS) _____

ARN-4464 E032737 VIKRAM S. BAGADTHEY

Tick(✓)⁷ UMRN¹ _____ for office use only _____ Date² DD MM YYYY _____
 Create Sponsor Bank Code³ _____ Utility Code⁴ _____
 Modify I/We, hereby authorize⁵ Mirae Asset Global Investments (India) Pvt. Ltd. To Debit (Tick✓)⁶ SB / CA / CC / SB-NRE / SB-NRO / Other
 Cancel Bank A/c Number⁸ _____
 Bank Name⁹ _____ IFSC¹⁰ _____ or MICR¹¹ _____
 Amount in words¹² _____ Amount in Figures¹³ ₹ _____
 Frequency¹⁴ Mthly Qly H-Yrly Yrly As & when presented Debit Type¹⁵ Fixed Amount Maximum Amount
 Ref 1¹⁶: Folio No. _____ Mobile¹⁸ _____
 Ref 2¹⁷: Scheme _____ Email ID¹⁹ _____

Period²⁰ D D M M Y Y Y Y
 From _____
 To _____
 Or Until cancelled

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

Signature of primary account holder _____ Signature of joint account holder _____ Signature of joint account holder _____
 21 Name of primary account holder _____ Name of joint account holder _____ 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.

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

SIP-COB-12-2019