

MIRAE ASSET GROUP INVESTMENT PLAN (GRIP)



ARN-4464 E032737 VIKRAM S. BAGADTHEY

Distributor Name & Broker Code / ARN / RIA Code	Sub Broker / Agent ARN Code RIA No.	Sub Agent Code	EUIN*	Internal Code for AMC	ISC Date Time Stamp, Sign, Reference No.

EUIN Declaration: Declaration for "Execution Only" Transaction (where Employee Unique Identification Number-EUIN* box is left blank). Please refer instruction 12 of KIM for complete details on EUIN. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. **RIA Declaration:** "I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes managed by you, to the above mentioned SEBI-Registered Investment Adviser/ RIA".

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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TRANSACTION CHARGES (Please (✓) any one of the below)

I am a first time investor in mutual funds or I am an existing investor in mutual funds

Applicable transaction charges will be deducted in case your distributor has opted for such charges. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investor's assessment of various factors including the services rendered by the ARN Holder.

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: _____

Please note : all new investors will have to submit this GRIP registration form along with the Common Application Form

2. APPLICANT(S) NAME AND INFORMATION

1st SOLE APPLICANT Mr. / Ms. / M/s.

Date of Birth: D D M M Y Y Y Y Employee ID: _____ Name of the Company: _____

2nd APPLICANT Mr. / Ms. / M/s.

3rd APPLICANT Mr. / Ms. / M/s.

Mode of Holding Anyone of Survivor Single Joint Status: Resident Individual

(Please note that the Default option is Anyone or Survivor)

Occupation: Service

3. MAILING ADDRESS [Please provide Full Address P. O. Box Number may not be sufficient]

Local Address of 1st Applicant: _____

City: _____ State: _____ Pincode: _____

Tel. Off.: _____ Resi.: _____ Mobile: _____

E - Mail: _____

4. NOMINATION DETAILS - Mandatory

I/WE DO NOT WISH TO NOMINATE (OR) I/ We, the Applicant(s) do here by nominate the undermentioned Nominee(s) to receive the units to my / our credit in this folio no. in the event of my / our death. I/ We also understand that all payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. Nomination in respect of the units stands rescinded upon Registration of Fresh / Change in Nomination and the AMC shall not be under any obligation to transfer the units in favour of the erstwhile Nominee(s). @If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s).

No.	Nominee(s) Name	Name of the Guardian (In case of Minor)	Relationship	@% of Share	Signature of Nominee / Guardian
1					
2					
3					

*mandatory field

GRIP ACKNOWLEDGEMENT SLIP

Received Application from Mr. / Ms. / M/s. _____ Application No.: _____ as per details below:

Scheme Name and Plan	Plan	Option	Payment Details	Date & Stamp of Collection Centre / ISC
	<input type="radio"/> Regular <input type="radio"/> Direct	<input type="radio"/> Growth <input type="radio"/> Dividend	Amount (₹) _____ Cheque/DD No. _____ Dated _____ Bank & Branch _____	

5. BANK ACCOUNT DETAILS - Mandatory (Employee)

Name of the Bank:

Core Banking A/c No.		Bank A/c Type: SAVINGS
Branch Name:	Address:	
Bank Branch City:	State:	Pin Code
MICR Code	Please attach a cancelled cheque OR a clear photo copy of a cheque	
IFSC Code (Mandatory for Credit Via NEFT/RTGS)		

6. INVESTMENT AND PAYMENT DETAILS (For complete information on Investment Details please refer to Instructions overleaf)

Scheme :

<input type="radio"/> Regular Plan	<input type="radio"/> Growth (Default)	<input type="radio"/> Dividend
<input type="radio"/> Direct Plan	<input type="radio"/> Payout	<input type="radio"/> Reinvestment (Default)

Payment Type [Please (✓)] Third Party Payment (Please see 'Third Party Payment Declaration' in point 7 below)

Cheque / DD / UTR No. & Date	Amount of Cheque / DD / RTGS / NEFT in figures (Rs.)	DD Charges, if any	Net Purchase Amount	Drawn on Bank / Branch	Pay-In Bank A/c No. (For Cheque Only)

7. EXCEPTION TO THIRD PARTY PAYMENT - Mandatory (To be filled by Employer)

Payment by Employer on behalf of employee to Mirae Asset Global Investments (India) Pvt. Ltd. We hereby declare that the funds for this GRIP application for the said employee for subscription of units as given in point 6 is part of the total payment for GRIP; which has been done through the salary payment deduction of the given employee and the details of the total payment is as below -

Accompanied by the cheque (details mentioned) : Drawn on Bank: _____ Branch / City: _____

Drawn in favour of MIRAE ASSET GROUP SIP POOL A/C A/C: 57500000273290 Cheque No. _____ Cheque Date

D	D	M	M	Y	Y	Y	Y
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 OR

Electronic Transfer of bank details: Bank Name: HDFC Bank NEFT IFSC code: HDFC0000240 RTGS IFSC code: HDFC0000060

Consolidated Cheque/Fund Transfer Amount: ₹ _____ for _____ number of employees.

We confirm that the beneficial owner(s) of the investment in these units is Mr./Ms. _____ who is our employee and has provided the funds on account of personal investments.

Signature of Declarant(s) (Company HR / A/c Team / Authorized person): _____

Name of Declarant(s) (Company HR / A/c Team / Authorized person): _____

Income Tax PAN No. (Company): _____ (With Company Seal)

Address of Declarant(s) (Company): _____ Please attach KYC Compliance status proof of the Employer

8. PAYMENT DETAILS - Mandatory

Employee to Employer : Monthly Deduct from Employee's Salary Savings Bank A/c Number _____

9. DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(e)]

To The Trustees, Mirae Asset Mutual Fund (The Fund) - (A) Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s) available during the New Fund Offer period); 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. (B) I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any 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. (C) Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. (D) The information given in / with this application form is true and correct and further agrees to furnish additional information sought by Mirae Asset Global Investments (India) Private Limited (AMC)/ Fund and undertake to update the information/details with the AMC / Fund/Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Fund shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (E) I/We further declare that "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. (F) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. (G) Applicable to Investors availing the online facility: I/We have read, understood and shall be bound by the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. (I) 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 and other applicable laws and regulations. (J) I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s). (K) FATCA/CRS Certification: I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end. (L) Aadhaar: I/We hereby voluntarily submit Aadhar No. to the fund/AMC for updating the same in my portfolio. As and when the Govt./Regulator requires the AMC to use/validate/authenticate my details, the AMC/Fund House may do so in accordance with the Aadhar Act 2016 and PMLA guidelines.

Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA/Karta	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA
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Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

INSTRUCTIONS FOR FILLING APPLICATION FORM

Mirae Asset Group Investment Plan (GRIP)

ARN-4464

E032737 VIKRAM S. BAGADTHEY



11. Authorisation to the Organisation (To be filled in by the Investor / Employee) (Copy of the Form has to submitted to AMC)

FREQUENCY : MONTHLY

To,

Accounts Department,

Dear Sir/Madam,

I hereby authorize the organization to deduct the below mentioned amount towards Mirae Asset Group Investment Plan (GRIP) from my salary every month and remit it to Mirae Asset Mutual Fund.

Name of the Applicant (Employee) _____

Rupees in Figures ₹ _____ /- (Rupees in Words _____ only)

START DATE : IMMEDIATE

Note: For the Accounts Department: A consolidated cheque representing all the salary deductions needs to be issued by the Salary Department (alongwith a list of employees, respective employee codes & respective deduction amount) in favour of Mirae Asset Group SIP Pool A/c.

APPLICATION No.:

Date

D	D	M	M	Y	Y	Y	Y
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SIGNATURE OF THE
FIRST APPLICANT (EMPLOYEE)

A. MODE OF PAYMENT: For Accounts / Payroll Department of the Organisation participating in GRIP

- Employee authorizes the company to deduct the investment amount from monthly salary.
- Accounts/HR Department issues a consolidated cheque in favour of Mirae Asset Group SIP Pool A/c for the total amount of investment (of all employees put together) along with employee wise deduction details in the specified format or alternatively Accounts/HR Department can do Fund transfer in bank account, details followed.
Bank Name: HDFC Bank. Bank A/c no: 57500000273290 NEFT IFSC Code: HDFC0000240 RTGS Branch address: NANIK MOTWANI MARG, FORT, MUMBAI RTGS IFSC code: HDFC0000060
- Credit of Refund, Redemption & Dividend-The Mutual Fund will electronically payout to the registered bank account of the respect investor (Employees).
- Cheque drawn on the bank not participating in the clearing house will not be accepted.

B. GENERAL INSTRUCTIONS

- Please read the terms of the Key Information Memorandum and the Scheme Information Document carefully before filling the Application Form.
Employees should also apprise themselves of the prevailing Load structure on the date of submitting the Application Form. Employees are deemed to have accepted the terms subject to which this offer is being made and bind themselves to the terms upon signing the GRIP Application Form and authorization copy to HR.
- Application form should be completed in English and in BLOCK LETTERS. Please tick in the appropriate boxes wherever applicable.
- The signature should be in English or in any of the Indian languages specified in the eighth schedule of the Constitution of India. Thumb Impressions must be attested by a magistrate or a notary public or a special executive magistrate under his / her official seal.
- The application form needs to be submitted by the Employee to the Salary Department of its Organization. The Salary Department will detach the portion authorizing the salary deduction and send the remaining portion of the form to Mirae Asset Mutual Fund along with a copy of authorization form AMC person. Applications incomplete in any respect are liable to be rejected.
- The designated Investors Service Centre will time stamp and return the acknowledgment slip along with a photo copy of receipt of the application to authorization person.

C. SPECIFIC INSTRUCTION FOR MIRAE ASSET GROUP SIP (GRIP)

- All schemes available under the GRIP facility
- This form should be submitted at least 5 working days before the salary date. Investor shall have the option of choosing any date of the month as the SIP date from 01st to 28th except the last three calendar dates 29th, 30th and 31st.
- All GRIP purchases are subject to realization of the Cheque / fund transfer by the Salary Department of the Organisation.
- The Employer will upload the data in the agreed format enclosed, upload time will be taken as the time stamp for the purpose of the NAV applicability. The Original forms has to submitted to the AMC branch office or at the nearest Investor Service Centre.
- Units to be allotted in Physical Mode only. Option to hold units in demat mode will not be available.
- NRI will not be able to invest though this facility.
- The employee has to be the First / Sole Applicant for the facility.
- Cheque drawn on the bank not participating in the clearing house will not be accepted.
- Payment through Stockinvest, outstation cheques and cash will not be accepted.
- Organisations in Centres where the Investors service Centres of the mutual fund are not located are requested to make payment electronic mode/Funds Transfer. Any Banking charges would not be borne by the fund.
- The Organisation has to remit/transfer GRIP amount of the respective amount of the Employee aggregated total amount as per participating in GRIP and it should tally with the amount in the upload file/ xls.