

# MIRAE ASSET MULTICAP FUND (MAMUF) Application No.:



**Multi Cap - An open-ended equity scheme investing across large cap, mid cap and small cap stocks)**

Offer for units of ₹ 10/- each during the New Fund Offer period and at NAV based prices upon re-opening.  
Scheme re-opens for continuous sale & re-purchase on and from 22/08/2023

**Mirae Asset Multicap Fund (MAMUF)**

**Multi Cap - An open-ended equity scheme investing across large cap, mid cap and small cap stocks)**

New Fund Offer opens on: 28/07/2023  
New Fund Offer closes on: 11/08/2023

**Application No.:**

This product is suitable for investors who are seeking\*

**Scheme Riskometer** **Scheme Benchmark**  
NIFTY 500 Multicap 50:25:25 TRI Index

To generate long term capital appreciation / income  
 Investment predominantly in equity related securities of large cap / mid cap / small cap companies

\*Investors should consult their financial advisor if they are not clear about the suitability of the product

Investors understand that their principal will be at Very High Risk

The Benchmark is at Very High Risk

| 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. |
|----------------------------------|-----------------------------|----------------|-------|-----------------------|-----------------------------------|
|                                  |                             |                |       |                       |                                   |

**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 distributors/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".

|  |  |  |
|--|--|--|
| Sign of 1 <sup>st</sup> Applicant / Guardian / Auth. Signatory / PoA / Karta | Sign of 2 <sup>nd</sup> Applicant / Guardian / Auth. Signatory / PoA | Sign of 3 <sup>rd</sup> Applicant / Guardian / Auth. Signatory / PoA |
|--|--|--|

Please  Lumpsum Investment  Micro Application  SIP Application

**TRANSACTION CHARGES (Please  any one of the below. Refer Instructions No. 11)**

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- Please fill in your Folio Number, PAN, KIN in below Sections 2, 3, 4 & proceed to Section 7 for Investment Details.**

**Folio No.**  The details in our records under the Folio No. mentioned alongside will apply for this application. All Unit Holders in the given Folio should be KYC compliant. Any updation in KYC credentials may be filled in the below sections.

**2. APPLICANT(S) NAME AND INFORMATION [Refer Instruction 2] If the 1<sup>st</sup> / Sole Applicant is Minor, then please provide details of natural / legal guardian**

**1<sup>st</sup> SOLE APPLICANT** Mr. / Ms. / M/s.  
(Please write the name as per PAN Card)

**PAN**

**LEI Code for entities**  **LEI Expiry date:**

**CKYC ID No. (KIN)**  Pls indicate if US Person or a resident for tax purpose / Resident of Canada  
 Yes  No<sup>s</sup> (\$Default if not )

**GUARDIAN** (In case 1<sup>st</sup> Applicant is a Minor)  
Mr. / Ms. / M/s.

**Relationship with Minor (Please )**  
 Mother  Father  Legal Guardian

**GUARDIAN CKYC ID No. (KIN)**  **KYC (Please )**  
 Proof Attached **GUARDIAN PAN**

**POA / Custodian Name:**  **KYC (Please )**  Proof Attached

**POA / Custodian CKYC ID No. (KIN)**  **POA / Custodian PAN**

**Contact Person for Corporate Investor:**  Designation:

**3. FIRST APPLICANT AND KYC DETAILS All fields marked as \* are Mandatory**

**1<sup>st</sup> SOLE APPLICANT**  Individual or  Non-Individual [Please fill Ultimate Beneficial Ownership (UBO) Declaration Form in section 11a & 11b - Refer Instruction No. 17]

**\*Date of Birth/ Incorporation**  **Proof of Date of Birth (Please )**  Birth Certificate  School Leaving Certificate / Mark Sheet  
(Individual) (Non-Individual) (For minor applicant)  Passport of the Minor  Others (Please specify)

(Please write the Date of birth as per Aadhaar Card)

**Place of Birth / Incorporation:**  **Country of Birth / Incorporation:**  **Nationality:**  **Gender**  Male  Female  Other

(Please write the Date of birth as per Aadhaar Card)

**Type:**  Resident Individual  Sole Prop  NRI - NRE  Trust  Bank / Fls  FIs  PIO  Society/AOP/BOI  Minor through Guardian  NRI - NRO  
 HUF  LLP  Listed Company  Private Company  Public Ltd. Company  Artificial Juridical Person  Partnership Firm  FOF - MF Schemes  Other (Please specify)

**a\*. Occupation Details (Please )**  Private Sector  Public Sector  Government Service  Student  Professional  Housewife  
 Business  Retired  Retired  Proprietorship  Others (Please specify)

**b\*. Politically Exposed Person (PEP) Status** (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors)  I am PEP  I am Related to PEP  Not Applicable

**c\*. Gross Annual Income (₹) (Please )**  Below 1 Lakh  1-5 Lakhs  5-10 Lakhs  10-25 Lakhs  >25 Lakhs  > 1 Crore

**d\*. Net-worth (Mandatory for Non-Individuals) ₹**  as on  (Not older than 1 year)

**e\*. Non-Individual Investors involved/providing any of the mentioned services**  Foreign Exchange / Money Changer Services  Gaming/Gambling/Lottery/Casino Services  
 Money Lending / Pawning  None of the above

**4. BANK ACCOUNT DETAILS - Mandatory [Refer Instruction Nos. 3 & 4]**

**Name of the Bank:**

**Core Banking A/c No.**  A/c. Type Pls.  NRE  CURRENT  SAVINGS  NRO  Other

**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)**

Please Read All Instruments as given in KIM, to help you complete the Application Form Correctly.

01/CU/05/2023





**12 . FATCA AND CRS DETAILS (Self Certification) (Refer instruction No. 15)**

**(FOR INDIVIDUALS & NON-INDIVIDUALS)**

**FOR INDIVIDUALS:** Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

**FOR NON-INDIVIDUALS:** Is the "Entity" a tax resident of any country other than India?  Yes  No

(If Yes, please provide country in which the entity is a resident for tax purpose and the associated Tax Identification No. below)

| 1 <sup>st</sup> Applicant (Sole / Guardian / Non-Individual)                                   |  | 2 <sup>nd</sup> Applicant  |  | 3 <sup>rd</sup> Applicant  |  |
|--|--|--|--|--|--|
| Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency | <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency | <input type="checkbox"/> Yes <input type="checkbox"/> No                                       | Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency | <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| Country of Birth / Incorporation   |  | Country of Birth   |  | Country of Birth   |  |
| Country Citizenship / Nationality  |  | Country Citizenship / Nationality  |  | Country Citizenship / Nationality  |  |
| Are you a US specified person?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please provide Tax Payer Id. _____ | Are you a US specified person?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please provide Tax Payer Id. _____ | Are you a US specified person?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please provide Tax Payer Id. _____ |

For non-Individual investor, in case your country of incorporation / Tax residence is US, but you are not a specified US person then please mention exemption code \_\_\_\_\_ Refer instruction 15( e)

| Individual or Non-Individual investors fill this section if ticked Yes above.  |          |                    | Individual investor have to fill in below details in case of joint applicants |                    |  |
|--|----------|--------------------|---|--------------------|--|
| Tax Residency Status: 1  | Country: |                    | Tax Residency Status: 1   | Country:           |  |
|  | No.:     |                    |   | No.:               |  |
|  | Type:    |                    |   | Type:              |  |
| Tax Residency Status: 2  | Country: |                    | Tax Residency Status: 2   | Country:           |  |
|  | No.:     |                    |   | No.:               |  |
|  | Type:    |                    |   | Type:              |  |
| Tax Residency Status: 3  | Country: |                    | Tax Residency Status: 3   | Country:           |  |
|  | No.:     |                    |   | No.:               |  |
|  | Type:    |                    |   | Type:              |  |
| Address Type _____   |          | Address Type _____ |   | Address Type _____ |  |
| (Address Type: Residential or Business (default)   Residential   Business   Registered Office) (For address mentioned in form   existing address appearing in folio) |          |                    |   |                    |  |

In case of applications with POA, the POA holder should fill separate form to provide the above details mandatorily.

**13 . DECLARATION AND SIGNATURES / THUMB IMPRESSION OF APPLICANT(s) [Refer Instructions 2(f) ]**

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 Investment Managers (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 Aadhaar card to the Fund/AMC for updating the same in my folio.

|  |  |  |
|--|--|--|
| Sign of 1 <sup>st</sup> Applicant / Guardian /<br>Authorised Signatory / PoA | Sign of 2 <sup>nd</sup> Applicant / Guardian /<br>Authorised Signatory / PoA | Sign of 3 <sup>rd</sup> Applicant / Guardian /<br>Authorised Signatory / PoA |
|--|--|--|

For  Lumpsum 'OR'  SIP

Received Application from Mr. / Ms. / M/s. \_\_\_\_\_ as per details below:

| Scheme Name and Plan              | Payment Details  | Date & Stamp of Collection Centre / ISC |
|-----------------------------------|--|---|
| MIRAE ASSET MULTICAP FUND (MAMUF) | Amount (Rs) _____<br>Cheque/ DD No.: _____<br>Dated _____<br>Bank & Branch _____ |   |

Cheque / DD is subject to realisation

SIP ENROLMENT CUM ONE TIME DEBIT MANDATE (OTM) FORM with Goal SIP & Top Facility

Registration Cum Mandate Form For NACH/Direct Debit



Application No.:

Table with 6 columns: 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.

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 lines for 1st, 2nd, and 3rd Applicant / Guardian / Authorised Signatory / PoA / Karta

Please [X] SIP ENROLMENT with One Time Mandate (OTM) (Please fill all sections) [ ] SIP Top-up Facility [ ] Goal 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. SIP ENROLMENT DETAILS (Please check the Minimum Amount Criteria for the scheme applied for. [Refer General Instruction 17 Overleaf].)

Frequency Please [X] Monthly (Default) [ ] Quarterly [ ] Regular Plan [ ] Direct Plan [ ] Growth [ ] IDCW Payout [ ] IDCW\* Frequency^

Scheme: MIRAE ASSET MULTICAP FUND (MAMUF)

\*IDCW frequency is applicable only for Mirae Asset Cash Management Fund, Mirae Asset Overnight Fund & Mirae Asset Savings Fund. Default option here will be Daily if frequency not selected. \*Income Distribution cum Capital Withdrawal. IDCW ^Frequency can be Daily or Weekly or Monthly; If not selected Monthly will be considered as default, refer SID for more details

SIP Date [D][D], SIP Amount (₹) [ ] 5,000 [ ] 10,000 [ ] 25,000 [ ] Any other Amount. (₹)

SIP Start Month (MM/YY) [M][M][Y][Y], SIP End Month (MM/YY) [M][M][Y][Y], OR Perpetual [ ] Dec 2099 (Till you instruct Mirae Asset Mutual Fund to discontinue your SIP)

2a. Goal SIP - Do you want to assign a goal for your SIP. [ ] Yes [ ] No If yes please select (✓) your goal [Refer General Instruction No. 24 Overleaf]

If Goal & SIP amount is same default will be taken as ₹ 1 crore, Goal Amount ₹ [ ] Kids Education [ ] Retirement Planning (Default)

[ ] Tax Savings [ ] Dream House [ ] Dream Car [ ] Dream Vacation [ ] Kids Marriage [ ] Others- Please specify

2b. SIP TOP-UP FACILITY (You can start SIP Top-up facility after minimum 6 months from 1st SIP) [Refer General Instruction No. 23 Overleaf].

All Applicants have to submit NACH mandate and will need to fill the maximum amount in line with Top Up amount, SIP amount & tenure. (Not available for micro SIPs)

Top-up Amount (₹) (minimum ₹ 500/- & in multiples of ₹ 1/- only) Top-up Start Month (MM/YY) [M][M][Y][Y], Top-up End Month (MM/YY) [M][M][Y][Y]

Existing Investors Availing Top-Up: Please provide current SIP IH Number as per SOA, Frequency Please [X] Half Yearly [ ] Yearly (Default)

3. SIP PAYMENT DETAILS (New Investors - Please provide copy of cancelled cheque and mention relevant SIP details in the form and One Time Mandate.)

[ ] Cancelled cheque Leaf, First SIP Cheque No., Drawn on Bank

4. OTM BANK ACCOUNT DETAILS (Mandatory) Name of 1st A/c. Holder as in Bank Records

Bank Name, Core Banking A/c. No.

Branch Name & City, Bank Account Type [X] NRE [ ] CURRENT [ ] SAVINGS [ ] NRO

DECLARATION & SIGNATURE: To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme applied for (Including the scheme(s)); 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 Investment Managers (India) Private Limited, 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".

Signature lines for 1st, 2nd, and 3rd Applicant/Guardian/Authorised Signatory/PoA/Karta (AS IN BANK RECORDS)

MIRAE ASSET Mutual Fund logo, UMRN, Bank use, Date [D][D][M][M][Y][Y][Y][Y]

Sponsor Bank Code, Bank use, [X] CREATE [X] MODIFY [X] CANCEL

Utility Code, Bank use, I/We hereby authorize Mirae Asset Investment Managers (India) Pvt. Ltd.

To Debit (tick ✓) [ ] SB [ ] CA [ ] CC [ ] SB-NRE [ ] SB-NRO [ ] Other, Bank A/c

With Bank, Name of customers bank, IFSC / MICR

An Amount Of Rupees, ₹

DEBIT TYPE [X] Fixed Amount [X] Maximum Amount, FREQUENCY [X] Mthly [X] Qtly [X] H-Yrly [X] Yrly [X] As & when presented

Reference 1, Folio No., Reference 2, Scheme Name

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the 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. 3. 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 the debit.

PERIOD, From [D][D][M][M][Y][Y][Y][Y]

To [3][1][1][2][2][0][9][9]

Or [X] Until Cancelled, Signature Of Primary Account Holder, Signature Of Joint Account Holder, Signature Of Joint Account Holder

Phone No., 1. Name Of Primary Account Holder, 2. Name Of Joint Account Holder, 3. Name Of Joint Account Holder

07/CU/05/2023

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