

COMMON TRANSACTION FORM

| Name & Broker Code / ARN | Sub Broker / Sub Agent ARN Code | Employee Unique Identification Number (EUIN) | ISC Date Time Stamp Reference No. |
|--------------------------|---------------------------------|--|-----------------------------------|
| | | | |

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".
If the Employee Unique Identification Number (EUIN) box is left blank please refer Point No.5 related to EUIN.
 "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

| | | |
|---|---|---|
| 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 |
|---|---|---|

TRANSACTION CHARGES - Refer Instruction No. 11. For all existing investors Rs. 100 will be deducted as transaction charges for transaction of Rs. 10,000 and more

Please Specify Allotment Preference-Units in Physical Mode (Default Option) – Please OR Units in Demat Mode* Please

*Please provide details in below section. In case of any ambiguity in the details provided, the units shall be allotted in the physical mode (Default option)

| | |
|--|---|
| National Securities Depository Limited (NSDL) | Central Depository Services (India) Limited (CDSL) |
|--|---|

| | |
|-----------|-----------|
| DP Name - | DP Name - |
|-----------|-----------|

| | | |
|------------------------------|---------------------------------------|---|
| DP ID - <input type="text"/> | Benef. A/C No. - <input type="text"/> | 16 Digit A/C No. - <input type="text"/> |
|------------------------------|---------------------------------------|---|

Enclosures - Please Client Masters List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

1. Investor Details

| | |
|--------------------------------|---|
| Folio No. <input type="text"/> | Sole First Applicant <input type="text"/> |
|--------------------------------|---|

| | |
|-----------------------------|------------------------------------|
| Scheme <input type="text"/> | Plan / Option <input type="text"/> |
|-----------------------------|------------------------------------|

Dividend - Payout Reinvestment (frequency please Daily Weekly Monthly Quarterly

Please Specify Scheme / Plan

| |
|---|
| I/We wish to apply Units for Rs. (figures) <input type="text"/> |
|---|

2. Additional Purchase

| | | |
|----------------------------------|-----------------|------------------------------|
| Rs. (words) <input type="text"/> | First Applicant | Yes <input type="checkbox"/> |
|----------------------------------|-----------------|------------------------------|

| | | | |
|---|---------------------------|------------------|------------------------------|
| Cheque / DD Number <input type="text"/> | Date <input type="text"/> | Second Applicant | Yes <input type="checkbox"/> |
|---|---------------------------|------------------|------------------------------|

| | | |
|-------------------------------|-----------------|------------------------------|
| Drawn on <input type="text"/> | Third Applicant | Yes <input type="checkbox"/> |
|-------------------------------|-----------------|------------------------------|

| | | | |
|-----------------------------|---------------------------|------------------------------|------------------------------|
| Branch <input type="text"/> | City <input type="text"/> | Guardian (In case Minor)/POA | Yes <input type="checkbox"/> |
|-----------------------------|---------------------------|------------------------------|------------------------------|

Please Source of Funds:- *A/c Type - S/B NRE* Current NRO Others (Please specify) Bank A/c No.:

*Kindly provide photocopy of the payment Instrument or Foreign Inward remittance Certificate (FIRC) or Account Debit Certificate from Bankers evidencing source of funds.

Third Party Cheque / Transfer will not be accepted for Investment (Refer Instruction No. 6)

EXCEPTION TO THIRD PARTY PAYMENT (i.e. payment by Guardian, Employer or a Custodian)

Mandatory Information (Please): The detail of the cheque provided above pertains to my/our own bank account in my/our name Yes No*
 *If No, my relationship with the bank account holder is (Please specify) (Application Form without this Information may be rejected)

3. Redemption

| | |
|--|-------------------------------|
| I/We wish to Redemption Units for Rs. (figures) <input type="text"/> | Or Units <input type="text"/> |
|--|-------------------------------|

| |
|----------------------------------|
| Rs. (words) <input type="text"/> |
|----------------------------------|

| |
|--|
| To Scheme/Plan/Option <input type="text"/> |
|--|

4. Switch Request

| | |
|--|-------------------------------|
| I/We wish to Switch Units for Rs. (figures) <input type="text"/> | Or Units <input type="text"/> |
|--|-------------------------------|

| |
|----------------------------------|
| Rs. (words) <input type="text"/> |
|----------------------------------|

| |
|--|
| To Scheme/Plan/Option <input type="text"/> |
|--|

5. Declaration & Signatures

To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to, will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the 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. I/We have understood the details of the scheme(s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. I hereby declare that if the Nomination section is left blank, it will be construed and deemed that I do not wish to nominate for the above investments. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. I/We confirm that I/We have read and understood the "Know Your Customer" (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum. **Applicable to Investors availing the e-fund market 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 through the Mirae Asset e-fund market facility. 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. I/We have not made any other Micro application [including Lumpsum + SIPs] which together with the current application would result in aggregate investments exceeding Rs. 50,000/- in a rolling twelve month period or in a financial year". **Applicable to NRIs only**- I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE Account. **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. The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them. I/We confirm that the details provided by me/us are true and correct.

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Signature of 1 st Applicant / Guardian / Authorised Signatory /PoA / Karta | <input checked="" type="checkbox"/> Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA | <input checked="" type="checkbox"/> Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA |
|---|---|---|

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Acknowledgment Slip

Add. Purchase Redemption Switch

| | | |
|------------------------------------|--------------------------------|---|
| Received from <input type="text"/> | Folio No. <input type="text"/> | Date and Stamp of Collection Centre/ISC |
|------------------------------------|--------------------------------|---|

| | | |
|---|----------------------------|--|
| an application for Rs. <input type="text"/> | Units <input type="text"/> | |
|---|----------------------------|--|

| | | |
|--------------------------------------|---------------------------|--|
| vide cheque no. <input type="text"/> | Date <input type="text"/> | |
|--------------------------------------|---------------------------|--|

| | | |
|-------------------------------|--|--|
| drawn on <input type="text"/> | | |
|-------------------------------|--|--|

| | | |
|----------------------------------|---|--|
| Scheme name <input type="text"/> | (Please Specify Plan / Option / Sub Option) | |
|----------------------------------|---|--|

| | | |
|---|---|--|
| For Switch Transaction - To Scheme <input type="text"/> | (Please Specify Plan / Option / Sub Option) | |
|---|---|--|

OTHER FACILITIES FORM

| Name & Broker Code / ARN | Sub Broker / Sub Agent ARN Code | Employee Unique Identification Number (EUIN) | ISC Date Time Stamp Reference No. |
|--------------------------|---------------------------------|--|-----------------------------------|
| | | | |

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor".
 EUIN is mandatory for all transactions routed through a broker. For details on Employee Unique Identification Number (EUIN), please refer Point No.5 given in the instructions.
If the Employee Unique Identification Number (EUIN) box is left blank please refer Point No.8 related to 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."

| | | |
|--|--|--|
| 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 |
|--|--|--|

1. Investor Details

Folio No. Sole First Applicant

2. Change of Address / Contact Details#

New Address
 City Pin State
 Tel. Off. Resi. Mobile
 E - Mail

If you are KYC compliant, change of address request has to be submitted at POS of CVL using their form.

3. Change of Bank Mandate (Refer Instruction No. 3, 4 & 5) - Also read instruction on Multiple Bank Accounts Registration facility

| | | | | | | | | | | | |
|----------------------|---|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|--|
| Name of the Bank | | | | | | | | | | | |
| Core Banking A/c No. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | A/c. Type Pls. (✓) NRE <input type="radio"/> CURRENT <input type="radio"/> SAVINGS <input type="radio"/> NRO <input type="radio"/> |
| Branch Name | Address | | | | | | | | | | |
| Bank Branch City | State | | | | | | | | | | |
| MICR Code | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Pin Code <input type="text"/> |
| | Please attach a cancelled cheque OR a clear photo copy of a cheque | | | | | IFSC Code (Mandatory for Credit via NEFT/RTGS) | | | | | |

4. Nomination Details (Optional) Minor / HUF / POA Holder / Non Individuals cannot Nominate

I / We, the Applicant(s) do here by nominate the undermentioned Nominee(s) to receive the allotted units to me / us 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).
 (Please ✓) Fresh Nomination Change in Nominees

| No. | Nominee(s) Name | Date of Birth (in case of Minor) | Name of the Guardian (in case of Minor) | Relationship | % of Share | Signature of Nominee / Guardian |
|-----|-----------------|----------------------------------|---|--------------|------------|---------------------------------|
| 1 | | D D M M Y Y Y Y | | | | |
| 2 | | D D M M Y Y Y Y | | | | |
| 3 | | D D M M Y Y Y Y | | | | |

*If the percentage of share is not mentioned then the claim will be settled equally amongst all the indicated nominee(s)

5. E-COMMUNICATIONS / SMS SERVICES (PLEASE ✓)

I / We wish to receive Account Statements / Annual Reports / Qlty. 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.

6. Transact On-line (Please ✓) - Refer instruction no.8 of Key Information Memorandum.

I / We wish to transact On-line through Mirae Asset e-Fund Market Facility. Please issue my unique I-PIN.

7. Documents Submission (Please ✓)

Memorandum & Articles of Association Resolution / Authorisation to Invest PAN Proof List of Auth. Signatories & Specimen Signature(s)
 KYC Compliance Status Proof Trust Deed Power of Attorney Bye-Laws Partnership Deed FIRC Cancelled Cheque Copy

8. Declaration & Signatures

To The Trustees, Mirae Asset Mutual Fund - Having read and understood the contents of the SID of the Scheme(s) applied for hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We understand that the investments are exposed to market risks. I/We confirm that all the risks which the scheme is subject to, will be borne by me/us and that there is no guarantee given by the Fund of any returns including repayment of principal. I/We hereby declare that the amount invested in the scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the 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. I/We have understood the details of the scheme(s) and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions from nomination. I hereby declare that if the Nomination section is left blank, it will be construed and deemed that I do not wish to nominate for the above investments. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Mirae Asset Mutual Fund. I/We confirm that I/We have read and understood the 'Know Your Customer' (KYC) norms as mentioned under the General Instructions in point 2(e) of this Key Information Memorandum. Applicable to Investors availing the e-fund market 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 through the Mirae Asset e-fund market facility. 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. I/We have not made any other Micro application (including Lumpsum + SIPs) which together with the current application would result in aggregate investments exceeding Rs. 50,000/- in a rolling twelve month period or in a financial year". Applicable for NRIs only:- I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/our NRE Account. 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 are/are "Person Resident in India" and are allowed to invest into the Scheme as per the said FEMA regulations. The Companies investing in this fund declares that they have complied with all the laws, rules, regulations, guidelines, etc. as applicable to them. I/We confirm that the details provided by me/us are true and correct. However, in case of any exceptional cases where there is no interaction by the employee/sales person/relationship manager of the distributor/sub broker with respect to the transaction, AMCs shall take the following declaration separately signed by the investor.

| | | |
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| ⊗ Signature of 1st Applicant / Guardian / Authorised Signatory /PoA / Karta | ⊗ Signature of 2nd Applicant / Guardian / Authorised Signatory /PoA | ⊗ Signature of 3rd Applicant / Guardian / Authorised Signatory /PoA |
|--|--|--|

| | |
|---|---|
| <p>MIRAE ASSET Mutual Fund</p> <p>Received from Mr./Ms./Mrs. _____ under Application / Folio No. _____ an application as per below details - (Please ✓)</p> <p>Change of Address / Contact Details <input type="radio"/> Nomination Details <input type="radio"/> SMS Services <input type="radio"/> Transact On-line <input type="radio"/> Change of Bank Details <input type="radio"/> e-Communications <input type="radio"/> Documents Submission <input type="radio"/></p> | <p>ACKNOWLEDGEMENT SLIP</p> <p>DATE AND STAMP OF COLLECTION CENTRE/ISC</p> |
| | <p>21-06-2013</p> |