SYSTEMATIC INVESTMENT PLAN (SIP) Registration Cum Mandate Form For SIP Through ECS or Direct Debit (Auto Debit) at Select Locations/Bank Branches



Investor must read the instructions, terms and conditions overleaf before completing this form.

First time investors need to fill up the main Application Form along with S		Appl. No. MA-SIP-
Broker Name / ARN	Sub Broker Code / ARN	ISC Date Time Stamp Reference No.
ARN-13308	AMEL second Distribution based on the investory' and	comment of verices feature including the convice conduced by the distributor"
"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". To The Trustees, Mirae Asset Mutual Fund - I/We have read and understood the contents of the SID of the following Scheme and the terms & conditions of SIP enrolment and		
registration through ECS or Direct Debit (Auto Debit).	Please (✓) any one of the below options:- ECS (Debit Clearing) / Direct Debit of the followi	ng Scheme / Plan / Option and agree to abide by the terms and conditions
		ount) for my existing SIP(s). Please fill section 1, 5 & 6 only.
1. EXISTING UNIT HOLDER INFORMATION (Th		ber mentioned will apply for this application.)
	Name of 1st Unit Holder	
2. SIP ENROLMENT DETAILS Scheme /	□ ≤ Rs. 50,000 per annum Frequenc	
Plan :	□ > Rs. 50,000 per annum Please (✓	
SIP Date 01st 10th (Default)	15th 21st 28th Star	
Please (✓)		* Default End Date would be 12 months from the 1st installment
There should be a minimum time gap of 30 days and maximum	time gap of 60 days between the first cheque for SIP	investment and first installment of SIP through ECS (Debit Clearing) or Direct Debit.
3. ^s INVESTMENT DETAILS (Please ✓)		
Growth Dividend Payout Dividend Reinv ^s Default Option is Growth. In case of Dividend default is Reinve other scheme (available at the time of making application), the I	estment. Under the Dividend Transfer option, an investo	Please Specify Scheme / Plan or can transfer the amount of dividend declared and paid by the Plan / scheme to any plicable to such transfer and reinvestment.
4. SIP PAYMENT DETAILS		
4A - Only for Existing Investors - I/We wish to regist	ter my/our SIP on the basis of Cancelled Cheq	ue leaf or Photocopy of the Cheque submitted \bigcirc Please (\checkmark)
Investors having their bank accounts with Core Ba	anking Branches of the following 8 banks -	ng) at select locations** given overleaf OR via Direct Debit facility for Axis Bank Limited, Bank of Baroda, Bank of India, HDFC Bank Ltd [#] , # Excluding Merged Branches of Centurion Bank of Punjab).
Each SIP Amount (Rs.) (Min. Rs. 1000/-)	First SIP Cheque N	c. Chq. Date
Drawn on Bank A/c. Type Please () NRE* CURRENT SAVINGS</td <td>Branch Na</td> <td>me & City</td>	Branch Na	me & City
5. ECS / DIRECT DEBIT BANK ACCOUNT DETAILS (Mandatory)		
I/We hereby authorise Mirae Asset Global Investments (India) Pvt. Ltd., Investment manager to Mirae Asset Mutual Fund acting through their authorised service providers to debit my/our following Bank A/c. by ECS (Auto Debit Clearing / Direct Debit) Facility or any other facility for collection of SIP payments.		
Name of A/c. Holder as in Bank Records		
Bank Name	Core Banking A	/c. No.
Branch Name & Address		City
9 Digit MICR Code	Bank Account Type NRE*	
Mandatory Enclosures : Please (✓) Blank Cancelled Cheque () "OR" Copy of Cheque ()		
Third Party Cheque / Transfer will not be accepted for Investment (Refer Instruction No. 6)		
EXCEPTION TO THIRD PARTY PAYMENT (i.e. paym Mandatory Information (Please ✓) : The detail of th *If No, my relationship with the bank account holder	ne cheque provided above pertains to my/our	·
DECLARATION & SIGNATURE: I/We hereby declare that the particulars given in this SIP Application Form are correct and express my/our willingness to make payments referred above through participation in ECS / Direct Debit Facility. 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 or service providers or representatives responsible. I/we will also inform Mirae Asset Global Investments (India) Pvt. Ltd., (Investment Managers to Mirae Asset Mutual Fund) about any change in my/our bank account and also undertake to keep sufficient funds in my bank account on the date of execution of the said standing instructions. I // We have read and understood the contents of the SID/SAI of the Scheme and agree to the Terms and conditions mentioned therein. "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 do not have any existing Micro SIPs which together with the current application would result in aggregate investments exceeding Rs. 50,000 in a rolling 12 month period or in a financial year".		
Signature of 1 st Applicant / Guardian / Authorised Signatory / PoA / Karta (AS IN BANK RECORDS)	Signature of 2 nd Applicant / Guardian / Authorised Signatory /PoA (AS IN BANK RECORDS)	Signature of 3 rd Applicant / Guardian / Authorised Signatory /PoA (AS IN BANK RECORDS)
6. AUTHORISATION OF BANK ACCOUNT HOLDER [To be signed by the Account Holder(s) as per Bank Records]		
This is to inform I/We have registered for the RBI's Electronic Clearing Service (ECS / Direct Debit) Facility and that my / our payment towards my / our investment in Mirae Asset Mutual Fund shall be made from my / our below mentioned Bank Account Number with your bank. I / We authorise Mirae Asset Mutual Fund, acting through their service providers and representative carrying this ECS Mandate / Direct Debit Facility Form to get it verified & executed. Mandate verification charges, if any, may be charged to my/our account.		
Core Banking A/c. No.		Each SIP Amount (Rs.)
Signature of 1 st A/c Holder / Guardian / Authorised Signatory / PoA / Karta (AS IN BANK RECORDS)	Signature of 2 nd A/c Holder / Guardian , Authorised Signatory /PoA (AS IN BANK RECORDS)	/ Signature of 3rd A/c Holder / Guardian / Authorised Signatory /PoA (AS IN BANK RECORDS)