COMMON APPLICATION FORM

Application No.:



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.
ARN-181211			E528682		

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 st Applicant / Guardian / Auth. Signatory / PoA / Karta	Sign of 2 nd Applicant / Guardian / Auth. Signatory / PoA	Sign of 3 rd Applicant / Guardian / Auth. Signatory / PoA
Please 🖌 Lumpsum Investment 🗌	Micro Application	SIP Application
TRANSACTION CHARGES (Please \oslash any one of th	e below. Refer Instructions No. 11)	
I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS	_	AN EXISTING INVESTOR IN MUTUAL FUNDS
—	ur distributor has opted for such charges. Upfront commi	ssion shall be paid directly by the investor to the ARN Holder(AMFI
1. EXISTING UNIT HOLDER INFORMATION- Pleas	e fill in your Folio Number, PAN, KIN in below Sect	ions 2, 3, 4 & proceed to Section 7 for Investment Details.
Folio No.		ntioned alongside will apply for this application.All Unit Holders in the n in KYC credentials may be filled in the below sections.
2. APPLICANT(S) NAME AND IN INFORMATION [R	Refer Instruction 2] If the 1 st / Sole Applicant is Mine	or, then please provide details of natural / legal guardian
1 st SOLE APPLICANT Mr. / Ms. /M/s. (Please write the name as per PAN Card)		PAN
LEI Code for entities		
CKYC ID No. (KIN)	Pls	indicate if US Person or a resident for tax purpose / Resident of Canada
GUARDIAN (In case 1 st 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 ٢★ ㅋ are Mandatory	
		eclaration Form in section 11a & 11b - Refer Instruction No. 17]
*Date of Birth/ Incorporation D D M M Y Y Y Y (Individual) (Non-Individual) (Please write the Date of birth as per Aadhaar Card		Birth Certificate School Leaving Certificate / Mark Sheet Passport of the Minor Others (Please specify)
Place of Birth / Country of Incorporation: (Please write the Date of birth as per Aadhaar Card		Gender 🗌 Male 🗌 Female 🗌 Other
	- NRE Trust Bank / FIs FIIs PIO	Society/AOP/BOI Minor through Guardian NRI - NRO
HUF LLP Listed Company Private Company NPO Registration Number of DARPAN Portal (Manda		tnership Firm FOF - MF Schemes Other (Please specify)
(ivate Sector	ervice Student Professional Housewife
a*. Occupation Details [Please ()]	usiness Retired Proprietorship	Others_ (Please specify)
b*. Politically Exposed Person (PEP) Status (Also applicable	for authorised signatories/Promoters/Karta/Trustee/Whole tim	e Directors) 🗌 I am PEP 🗌 I am Related to PEP 🗌 Not Applicable
c*. Gross Annual Income (₹) [Please (✓)]	low 1 Lakh 🔲 1-5 Lakhs 🗌 5-10 Lakhs	□ 10-25 Lakhs □ >25 Lakhs □ > 1 Crore
d*. Net-worth (Mandatory for Non-Individuals) ₹	as	on D D M M Y Y Y Y (Not older than 1 year)
e*. Non-Individual Investors involved/providing any of the mentioned services	 Foreign Exchange / Money Changer Services Money Lending / Pawning 	Gaming/Gambling/Lottery/Casino Services
4. BANK ACCOUNT DETAILS - Mandatory [Ref	fer 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 IFSC Code (Man OR a clear photo copy of a cheque Credit via NEFT/I	

5. JOINT APPLIC	ANTS, IF	ANY A	ND THE	IR KYC	DETAIL	.S All field	ls marked as	۲* are Manda	itory					
Mode of Holding: 2 nd APPLICANT Mr.		yone or s				Single Single		Joint e as per PAN Card)		(Please	note that the Gender			one or Surviv
PAN Details						Pls in	dicates if US P	erson or a resident	for tax pur	pose / Resident	of Canada	Yes [No* (*D	efault if not
CKYC ID No. (KIN)									Proof At	tached Dat (As	e of Birth(More PAN Card)	landatory)	DDM	МҮҮҮ
Place of Birth					Cou	intry of Birth				Nation	ality:			
a*. Occupation Deta	ails [Plea	ise(√)]		_	ivate Seo Isiness	ctor Dublic		Government Agriculture	Service	Student Proprietors		rofessiona thers	al 🔲 (Please sp	Housewife
b*. Politically Expose	d Person	(PEP) S	tatus	🗌 la	am PEP	🗌 I am Re	elated to PEP	Not Applicab	le					
c*. Gross Annual In	come (₹)	[Please	e(🗸)]	🗌 Be	low 1 La	akh 🗌 1-5 Lal	khs	5-10 Lakhs		🗌 10-25 Lak	hs 🗌 >;	25 Lakhs		> 1 Crore
d*. Net-worth ₹						a	s on <u>D</u> D	MMY	YYY	(Not older t	han 1 year)			
Mode of Holding: 3 rd APPLICANT Mr.		yone or : . (N				Single Single		Joint as per PAN Card)		(Please	note that the Gender			one or Survivo nale 🔲 Oth
PAN Details						Pls in	dicates if US Pe	erson or a resident	for tax pur	pose / Resident	of Canada	Yes [No* (*D	efault if not ,
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Place of Birth					Cou	Intry of Birth				Nation				
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b*. Politically Expose	d Person	(PEP) S	tatus	🗌 la	am PEP	🗌 I am Re	elated to PEP	Not Applicabl	le					
c*. Gross Annual In	come (₹)	[Please	e(🗸)]	🗌 Be	low 1 La	akh 🗌 1-5 Lak	khs	5-10 Lakhs		🗌 10-25 Laki	hs 🗆 >:	25 Lakhs		> 1 Crore
d*. Net-worth ₹						_		MMY		/	han 1 year)	Lo Latito		
6. MAILING ADI	DRESS [I	Please	provide	your E	-mail ID	and Mobile Nu	umber to help	o us serve you b	better Ref	er Instruction	s 6]			
Local Address of 1 st	Applicant													
						City		State			Pin Co	ode		
Tel. Off.							Resi.			Mobile	Pin Co	ode		
Mobile No specified a	bove belor Jardian(fo						tick any one op			Mobile		ode		
Mobile No specified a Spouse Gi E - Mail^^	uardian(fo	or Minor	Investme	ent)		stor being(Please	tick any one op	ption from below.) endent Parents		Dependent Sibli	ngs			ase if physica
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9. NOMINATION DETAILS MANDATORY [Minor / HUF / POA Holder / Non Individuals cannot Nominate - Refer Nomination Instruction No. 20]

□ I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

Nomination can three nominees	n be made upto in the account.	Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee				
	· · ·	Mandato	ry Details					
1 Name of tl (Mr./Ms.)*	he nominee(s)							
2 Share of Equally each [If not equally,		%	%	%				
Nominee	please specify percentage]	Any odd lot after division shall be transferred to the first nominee mentioned in the form.						
3 Relationship Applicant	o With the							
Date of Birth (in case	e of Minor)							
Name of Guardian	(in case of Minor)							

Non -Mandatory Details

4	Address of Nominee(s)/ Guardian in case of Minor		
	City / Place: State & Country:		
	PIN Code		
5	Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor		
6	Email ID of nominee(s)/ Guardian in case of Minor		
7	Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same]		
	Photograph & Signature PAN Aadhaar Saving Bank account no. Proof of Identity Demat Account ID		

□ Declaration for opting-out of nomination

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.

Name and Signature of Holder(s)*

	•	
Signature of 1 ^{er} Applicant	Signature of 2 rd Applicant	Signature of 3 rd Applicant

Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Note:

This nomination shall supersede any prior nomination made by the account holder(s), if any.

The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

FOR NON-INDIVIDUALS ONLY

10. <mark>F</mark> / PART	ATCA & CRS DETAILS													TC	A & (CRS c	las	sific	atio	on)										
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We ar Finan	re a, icial institution		te: If you	do not hav	/e a GIIN h	ut you are s	nonserer	l by anothe	er en	tity nlea	se provide		r sponsor'	s GIIN	N abov	e and ind	licate	VOUL	snons	or's n	lame	below								
	t reporting NFE ☐ se tick (✔)]		-		g entity					ary, prod								Joure												
GIIN	not available [Please	tick (✓)]		☐ Appli	ied for		ot reau	ired to	apr	olv for	- pleas	e s	pecify	2 dic	aits s	ub-cat	teac	orv						lot c	obta	ined -	- No	on-par	ticip	ating
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 Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) 							Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange:																							
2	Is the Entity a relate						□ Y	es (If yes	s, pl	ease s	pecify n	ame	of the li	sted	com	oany an	d on	ne sto	ock e	excha	ange	e on w	hich	h the	stoo	ck is re	egula	arly tra	ded)	
	traded company (a regularly traded on					arket)	Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of Listed compnay:																							
							Natu	re of rela	tion		Subsid	ary	of the Li	sted	Com	oany or			Con	trolle	d by	/ a Lis	ted	Com	ipany	/				
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3	Is the Entity an act							es (If yes				lecia	aration in	the	next	section)													
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4	Is the Entity an Pas	sive NFE					ĽΥ	es (If yes	s, pl	ease fi	II UBO d	lecla	aration ir	the	next	section	.)													
								re of Bus																						
For details refer instruction no. 15. # If passive NFE, please provide below additional details. (Please attach additional sheets if necessary). Also provide below mandatory details if the UBO does not have a PAN. (Refer Instruction No. 16)																														
-	Any other Identification N			-				pe: Serv																				,		
Election II	D, Govt. ID, Driving Licence NREGA			acoport,		Nationa	ality:										DOB: Date of Birth Gender: Male, Female, Other													
City of	Birth - Country of Birth					Father'	s Name	: Manda	tory	if PAN	in not a	vaila	able																	
1. PAN						Occupa	-	pe:									Date of Birth:													
	of Birth					Nationa Father'											Gender 🗌 Male 🗌 Female 🗌 Other													
Cou	ntry of Birth:					Father	s Name																							
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* To inclu	nal details to be filled by con Ide US, where controlling pe e Tax Identfication Number i	rson is a US	citizen o	r green c	ard holde	r		citizenshi	p/Gr	reen Ca	ird in any	cou	intry othe	er tha	an Indi	a.														
	ECLARATION FOR U			·				(Refer	ins	struct	ion No	. 17	7)*																	
person(s)	claration is not needed for C), confirming ALL countries	of tax reside	ency / p	ermanen	it residen	cy / citize																								
Statemer	nt and Auditor's Letter with re	quired detail	s as mer	ntioned ir	n Form Wa	8 BENE																								
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11a. U	Itimate Beneficiary O	wner (UB	0) / Co	ontrolli	ng Per	son(s) /	Senio	r Mana	igin	ng Off	icial d	etai	ls.																	
-	our company/entity ha - We hereby declare that t			- C							-																No No		elow	ι.
	declare that no individual p re provided below.	erson (dired	ctly / ind	lirectly) ł	olds con	trolling ov	wnershi	p in our e	entit	ty abov	e the pr	escr	ibed thr	esho	old lim	iit. Deta	ils o	f the	indi	vidua	al wi	ho hol	lds t	the p	ositi	on of S	Seni	or Mar	aginę	g Offic

Application No.:

The detail of this page should be filled by Non-Individual investors only.

Cheque/DD should be Drawn in favour of the Scheme Name

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO / SMO#.			
UBO / SMO PAN#. For Foreign National, TIN to be provided]			
UBO / SMO Country of Tax Residency#			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#.			
UBO / SMO Identity Type			
UBO / SMO Place & Country	Place of Birth	Place of Birth	Place of Birth
of Birth#	Country of Birth	Country of Birth	Country of Birth
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy] #			
UBO / SMO PEP#	I am PEP.	I am PEP. Related to PEP. Not a PEP.	I am PEP.
UBO / SMO Address Type	Residence Business Registered Office	Residence Business Registered Office	Residence Business Registered Office
UBO / SMO Occupation	Public Service	Public Service	Public Service
SMO Designation#			
UBO / SMO KYC Complied**. If not complied, please complete KYC process independently and then submit the proof.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.	Please attach the KYC acknowledgement.

Mandatory column. ** In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country. Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and valid declaration should be submitted again with all the required information

Instructions

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

(i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:

- more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.

- more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership or or who exercises control through other means."

For the purpose of this clause, "Control" shall include the right to control the management or policy decision.

- more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

(ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner. (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s)/SMO(s).

In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country

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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 lies in which the entity is a resident for tax purpose and the associated Tax Identi cation No. below)

1 st Applicant	(Sole / Gu	ardian / Non-Individual		2 nd A	pplicant	3 rd Applicant					
Do you have any non-Indian Country(ies) of Birth / Citizenship / Nationality and Tax Residency		🗌 Yes 🗌 No	Do you have any non- Country(ies) of Birth / Citizenship / Nationalit Tax Residency	ndian ty and	☐ Yes ☐ No	Do you have any non- Country(ies) of Birth / Citizenship / Nationalit Tax Residency	ndian ty and	☐ Yes ☐ 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?		Yes No Please provide Tax Payer Id.	Are you a US specified person?	1	Yes No Please provide Tax Payer Id.	Are you a US specified person?		Yes No Please provide Tax Payer Id.			
For non-Individual inve	stor, in cas	se your country of incorporation / Tax re	esidence is US, but you a	re not a sp	ecified US person then please mention	exemption code	R	efer instruction 15(e))			
Individual or Non-Indi if ticked Yes above.	vidual inv	vestors fill this section	Individual investor	have to f	ill in below details in case of joint ap	plicants					
	Country	<i>ı</i> :		Countr	y:		Countr	y:			
Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:		Tax Residency Status: 1	No.:				
	Туре:			Туре:			Туре:	Туре:			
	Country	<i>ı</i> :		Countr	y:		Countr	y:			
Tax Residency Status: 2 No			Tax Residency Status: 2	No.:		Tax Residency Status: 2 No.:					
	Туре:			Туре:			Туре:	/pe:			
	Country	<i>ı</i> :		Countr	y:	Count		у:			
Tax Residency Status: 3	No.:		Tax Residency Status: 3 No.			Tax Residency Status: 3 No.:					
	Туре:			Туре:			Туре:				
Address Type			Address Type			Address Type					

(Address Type: Residential or Business (default) | Residential | Business | Registered Office) (For address mentioned in form I 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 applied for (Including the scheme (s) available during the New Fund Offer period); I/We hereby apply for units of the said such 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 applied for (Including the scheme (s) available during the New Fund Offer period); I/We hereby apply for units of the said such scheme applied for (Including the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any agree to abide by the terms, conditions, rules and regulations governing the scheme. (B) IWe 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 mylour credit will constitute full discharge of liabilities of Mirae Asset Nutual 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/Registrars and Transfer Agent (RTA) from time to time. IWe hereby confirm that the AMC/Fund shall have the right to share my information and other 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) IWe hereby confirm that IWe 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: IWe have not been offered/communicated any indicative period aby the terms & conditions of the PIN agreement available on the AMC website for transacting online. (H) RIA: IWe hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or therwise. (I) Applicable to Foreign Resident's Nessiting in India: 1 We confirm that IWV easity the Residency test as prescribed under FEMAprovisions. IWe further declare that IWWe analyse and other applicable to solutions. (I/) How confirm that IWV easity the scheme as per the said FEMAregulations and other applicable to avaid as and theyse test as prescribed 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 card to the Fund/AMC for updating the same in my folio.

For Lumpsum 'OR' SIP

ŝ	Received Application from Mr. / Ms. / M/s.		as per details below:
VEN.	Scheme Name and Plan	Payment Details	Date & Stamp of Collection Centre / ISC
ACKNOWLEDGN		Amount (Rs) Cheque/ DD No.: Dated Bank & Branch	