

Application Form For Tata Mutual Fund

Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001



ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS

Sr. No.: C

1. Advisor / Distributor Information

Refer Sec. B

ARN / RIA ^ Code ARN- 320687	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code E607502
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - 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.		
In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive transaction charges, ₹ 150/- (for First time mutual fund investor) or ₹ 100/- (for investor other than First time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. 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. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the scheme(s) of Tata Mutual Fund			
	Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression

2. Applicant's Information

Refer Sec. A, C & J

The Name of the Applicants should be as mentioned in the PAN and the KYC acknowledgement. There can be upto 3 holders. No joint holders allowed with 1st applicant as a minor. Any applicants should not be a resident of Canada or a person who falls within the definition of the term "U.S. Person" under the US Securities Act of 1933 and corporations or other entities organised under the laws of the U.S. For Investors New to Tata Mutual Fund, mention the C-KYC No. In case C-KYC No. is not available kindly complete the Know Your Client (KYC) form attached herewith.

1st Applicant's Details

Folio No.

The first applicant will be the primary holder and all correspondence will be sent to him/her. Only the first holder can be a minor. Existing Investors may mention the Folio no. and proceed to Sec. 4. Investors to ensure that PAN is linked to Aadhaar.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	C-KYC	PAN / PEKRN
	Name		
	Date of Birth (DOB)		In case of Minor: Proof of DOB: <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others
	Residence Phone (prefix STD Code)		Office Phone (prefix STD Code) Extn
	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA	
	Email	Email belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA	

☐ I hereby authorise TMF, TAMPL and/or its authorized service provider(s) to communicate Mutual Fund scheme related matters/documents and other information related to the investment products either through call, SMS, email, WhatsApp or such other means overriding any NDNC registration.
On providing email-id investors shall receive the scheme wise annual report or an abridged summary thereof/ account statements/ statutory and other documents by email. However, if the investors wish to receive physical copy of the scheme wise annual report or an abridged summary thereof [Please tick (Tick Mark)] ☐ Yes ☐ No

Contact Person - Designation (Non Individual Investors) / Power of Attorney (POA) / Proprietor / Guardian details (minor applicant)

POA / Proprietor / Guardian Details	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN
Name		
For Non Individual	Legal Entity Identifier (LEI) Number	
To be filled by Guardian	Relationship with the Minor Applicant <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Proof of Relationship <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others
	Mobile No.	Date of Birth C-KYC

Tax Status

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Overseas Citizen of India
<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> Hindu Undivided Family	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Foreign National Resident in India
<input type="checkbox"/> NRI-Non-Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Person of Indian Origin
<input type="checkbox"/> Minor - Resident Individual	<input type="checkbox"/> Company	<input type="checkbox"/> Society / Club	<input type="checkbox"/> Others (Please specify)
<input type="checkbox"/> Minor - NRI	<input type="checkbox"/> Trust	<input type="checkbox"/> Non Profit Organization	

3. Contact Details

Refer Sec. D

Mailing address is required for initial communication. We will overwrite this address with the 1 st Applicant's address as per the KRA records			
	City		
PIN	State	Country	



Acknowledgement Slip

Sr. No.: C

Received from Mr./Ms./M/s. PAN ₹
for purchase in Subject to verification and realisation.

Overseas address*Mandatory for Non-Resident Individuals and Overseas Investors in addition to the mailing address.*

		City
State	ZIP Code	Country

4. Investment Scheme and Instrument Details*Refer Sec. E*

Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)	Cheque / DD No/ UTR
Account Number	Cheque Date	Drawn on Bank	Branch
Scheme / Sub option			Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Income Distribution cum Capital Withdrawal) IDCW Sub Option <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest			

Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)	Cheque / DD No/ UTR
Account Number	Cheque Date	Drawn on Bank	Branch
Scheme / Sub option			Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Income Distribution cum Capital Withdrawal) IDCW Sub Option <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest			

Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)	Cheque / DD No/ UTR
Account Number	Cheque Date	Drawn on Bank	Branch
Scheme / Sub option			Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Income Distribution cum Capital Withdrawal) IDCW Sub Option <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest			

Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)	Cheque / DD No/ UTR
Account Number	Cheque Date	Drawn on Bank	Branch
Scheme / Sub option			Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option <input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Income Distribution cum Capital Withdrawal) IDCW Sub Option <input type="checkbox"/> Payout <input type="checkbox"/> Reinvest			

5. Payout Bank Account Details*Refer Sec. G*

The bank account details provided below will be held on record and considered as default bank mandate to pay redemption proceeds and IDCW payouts (if applicable). This must be an Indian account. The 1st applicant should be a holder in this account.

Bank Name	Branch	City
Account Number	IFSC for RTGS	MICR
A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> NRE		

Cheque Details

Cheque/DD No. _____ dated _____ A/c. No. _____ Bank _____

Call (022) 6282 7777 (Monday to Saturday 9:00 am to 5:30 pm)

Acknowledgement Slip

Subject to realisation.

6. Joint Applicant's Details

Refer Sec. H & I

Mode of Holding	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Any one or Survivor (Default)
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IInd Applicant's Details Investors to ensure that PAN is linked to Aadhaar.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	C-KYC	PAN / PEKRN
Name		Date of Birth	
Mobile No.		Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA	
Email		Email belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA	

IIIrd Applicant's Details

Investors to ensure that PAN is linked to Aadhaar.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	C-KYC	PAN / PEKRN
Name		Date of Birth	
Mobile No.		Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA	
Email		Email belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA	

7. Know Your Customer (KYC) Details

Refer Sec. J

CATEGORIES	FIRST APPLICANT (Including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Occupation >>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)
Gross Annual Income >>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore Networth in (Mandatory for Non-individual) ₹ as on (not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore Networth in ₹ as on (not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore Networth in ₹ as on (not older than 1 year)
Others >>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person

Additional KYC Details for Non - Individuals

For Non Individuals only (Companies, Trust, Partnership etc.)	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, mandatory to attach the UBO declaration) Non Individual investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> None of the above
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8. Foreign Account Tax Compliance Act (FATCA) & CRS Details

Refer Sec. K

For Individuals	FIRST APPLICANT (including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Country of Birth >>			
Place of Birth >>			
Nationality >>	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)
Type of address given at KRA >>	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Registered Office
Are you also a resident in any other country(ies) for tax purposes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Country of Tax Residency 1 >>			
Tax Identification Number 1 >>			
Identification Type 1 >>			
If TIN is not available please tick the reason A, B or C *	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Country of Tax Residency 2 >>			
Tax Identification Number 2 >>			

9. Nomination Details (All fields are Mandatory)

Refer Sec. L

☐ I do not wish to nominate. I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund 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 issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

☐ Register nomination as below: I / We want the details of my / our nominee with % to be printed in the statement of holding, provided to me/ us: ☐ Yes ☐ No (Default)

1st Nominee Details

Name		Date of Birth
		<div>DD / MM / YYYY</div>
Email	Mobile	PAN / PEKRN
Relationship with Sole/1 st Holder	Allocation (%)	Signature of Nominee / Guardian
Identity Type	Identity Number (Only last 4 digits in case the Identity Type is Aadhaar)	
<input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport		
Address of Nominee / Guardian (in case of Minor Nominee)		
State	PIN	Country
Guardian Name in case of Minor Nominee	Guardian PAN	Relationship of Guardian with Nominee

2nd Nominee Details

Name		Date of Birth
		<div>DD / MM / YYYY</div>
Email	Mobile	PAN / PEKRN
Relationship with Sole/1 st Holder	Allocation (%)	Signature of Nominee / Guardian
Identity Type	Identity Number (Only last 4 digits in case the Identity Type is Aadhaar)	
<input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport		
Address of Nominee / Guardian (in case of Minor Nominee)		
State	PIN	Country
Guardian Name in case of Minor Nominee	Guardian PAN	Relationship of Guardian with Nominee

3rd Nominee Details

Name		Date of Birth
		<div>DD / MM / YYYY</div>
Email	Mobile	PAN / PEKRN
Relationship with Sole/1 st Holder	Allocation (%)	Signature of Nominee / Guardian
Identity Type	Identity Number (Only last 4 digits in case the Identity Type is Aadhaar)	
<input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport		
Address of Nominee / Guardian (in case of Minor Nominee)		
State	PIN	Country
Guardian Name in case of Minor Nominee	Guardian PAN	Relationship of Guardian with Nominee

<div>Sign here</div>	1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression
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10. Demat Account Details

Refer Sec. M

The sequence of names as mentioned in the application form matches with that of the account held with DP. In case of discrepancy, Units will be allotted in physical mode.

NDSL Depository Participant Name	DP ID No.	Beneficiary Account No.
	<div>IN</div>	
CDSL Depository Participant Name	Target ID No.	
Enclosures <input type="checkbox"/> Client Masters List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Delivery Instruction Slip (DIS)		

11. Declaration and Signatures

Refer Sec. N

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under: (1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme, related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ('Fund') indicated in this application form. (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Private Limited (TAMPL)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. (4) That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom. (5) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We hereby authorize you to share the account statement of the folio with the distributor /broker / advisor on record. (6) 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. (7) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (8) 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. (9) I / We agree that the unit balance(s) reflecting in the account statement is subject to realisation of Cheque accompanying the purchase request, PAN validation and KYC compliance. (10) For Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status. (11) For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws. (12) I/We hereby accord my/our consent to TATA AMC for receiving the promotional information/ material via email, SMS, telemarketing calls, etc. on the mobile number and email provided by me/us in this Application Form.

Date: _____

<div>Sign here</div>	Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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