Application Form For Tata Mutual Fund

for purchase in ___

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





_Subject to verification and realisation.

Sr. No.: **C**

. Advisor / Dis		Sub-Broker ARN Co	de	Sub-Rro	ker / Bank Bran	ch Code	EUIN Cod	le			
ARN-	320687	Sub Blokel ARIV Col	uc	300 010	Kei / Dailk Blail	cii code	LOIN COU	E607502			
case the subscription am her than First time mutua mmission shall be paid di By mentioning RIA code. I	nount is ₹ 10,000 o al fund investor) w irectly by the inves / we authorize vo	without any interaction or ac provided by the employee/re or more and your Distrib vill be deducted from the ctor to the AMFI registered	dvice by the empelationship mana outor has opte subscription d Distributors	ployee/relationship mana ger/sales person of the c ed to receive transac amount and paid to based on the invest	ger/sales person of th listributor and the distr ction charges, ₹ 15 the distributor. Ut ors' assessment of	e above distribution has not on the control of the	itor or notwithstandin charged any advisory f time mutual func ssued against the ors including the s	us as this is an "execution-only" transact ig the advice of in-appropriateness, if a			
		gnature / Thumb Impressio		nd Unitholder Signatu				Signature / Thumb Impression			
. Applicant's Ir	nformation	 1				'		Refer Sec. A, C			
^t Applicant's De	the US Securition C-KYC No. Inca	he Applicants should be nt as a minor. Any applic es Act of 1933 and corpo ase C-KYC No. is not avai	orations or ot	her entities organis:	ed under the laws	of the U.S. F	or Investors New d herewith.	holders. No joint holders allow on of the term "U.S. Person" und to Tata Mutual Fund, mention t			
The first applicant > will be the primary holder and all rrespondence will be sent to him/her.		Mr. Ms. M/s. C-KYC						AN / PEKRN			
Only the first holder can be a minor. cisting Investors may nention the Folio no. no proceed to Sec. 4.	1 1 1	Date of Birth (DOB) In case of Minor: Proof of DOB: Birth certificate School leaving certificate Passport Others									
Investors to ensure that PAN is linked to Aadhaar.	Residence Ph	none (prefix STD Co	de)	C	Office Phone (prefix STD Code) Extn						
	Mobile No.				Mobile belongs to Self Parent Sibling Custodian Spouse Child Guardian PMS PO						
	Email				mail belon	gs to	ibling Custodian				
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Overseas address	Mandatory for Non-Resi	ident Individuals and Ove	erseas Investors in addit	ion to the mailing addres
			City	
State	ZIP Code		Country	
4. Investment Scheme and Instrum	nent Details			Refer Sec.
Gross Amount (₹) (A)	DD Charges (₹) (if any)) (B) Net Amount (₹) (Chec	que / DD Amount) (A - B)	Cheque / DD No/ UTR
Account Number	Cheque Date	Drawn on Bank		Branch
Scheme / Sub option				Plan Regular Direct
Option \square Growth \square IDCW (Income Distribu	ution cum Capital Withdra	wal) IDCW Sub Option	Payout Rei	nvest
Gross Amount (₹) (A)	DD Charges (₹) (if any)) (B) Net Amount (₹) (Chec	rue / DD Amount) (A - R)	Cheque / DD No/ UTR
Gross Amount (X) (A)	DD Charges (1) (ii any)	(b) Net Amount (c) (chec	que / DD Amount) (A - B)	Clieque / DD No/ OTK
Assount Number	Chagua Data	Drawn on Bank		Branch
Account Number	Cheque Date	Drawn on Bank		Branch
Scheme / Sub option				Plan Regular Direct
Option Growth IDCW (Income Distribu	ution cum Capital Withdra	wal) IDCW Sub Ontion	☐ Payout ☐ Rei	nvest
option = drown = bew (income bistribe	ation cam capital withdra	wai) IDCW 300 Option	rayout Ref	nivest
Gross Amount (₹) (A)	DD Charges (₹) (if any)) (B) Net Amount (₹) (Che	que / DD Amount) (A - B)	Cheque / DD No/ UTR
Account Number	Cheque Date	Drawn on Bank		Branch
Scheme / Sub option				Plan Regular Direct
Option \square Growth \square IDCW (Income Distribu	ution cum Capital Withdra	wal) IDCW Sub Option	Payout Rei	nvest
Gross Amount (₹) (A)	DD Charges (₹) (if any)) (B) Net Amount (₹) (Chec	que / DD Amount) (A - B)	Cheque / DD No/ UTR
Account Number	Cheque Date	Drawn on Bank		Branch
				J. a.i.e.i
Scheme / Sub option				
Scheme / Sub option				Plan Regular Direct
Option Growth IDCW (Income Distribu	ution cum Capital Withdra	wal) IDCW Sub Option	☐ Payout ☐ Rei	nvest
		,		
5. Payout Bank Account Details The bank account details provided below will be	held on record and con-	sidered as default bank	mandate to pay redem	Refer Sec.
payouts (if applicable). This must be an Indian acc				process and in
Bank Name		Branch		City
Account Number		IFSC for RTGS		MICR
A/C type Savings Current NRO	NRNR NRE			
· %				
Cheque Details	A /- N-			Acknowledgement S
Cheque/DD No dated Call (022) 6282 7777 (Monday to Saturday 9:00 am to 5:30 pn		Bank		Subject to realisation

Mode of Holding	☐ Single		Joint	□ Aı	ny one oi	Survivor (E	efaul	t)				
II nd Applicant's Detai	ls							Investors	to ens	ure that PAN is	link	ed to Aadhaa
☐ Mr. ☐ Ms.		Status			C-KYC					PAN / PEKRN		
		Resider	nt Individual \Box	NRI								
Name										Date of Birth		
										DDDMM	/	YYYY
Mobile No.								Mobile belon Self	gs to Parent	Sibling	Cu	stodian
Email								Spouse Email belong		Guardian	J PM	IS POA
Liliali								Self	Parent	Sibling Guardian	Cu	stodian IS POA
Hird Annicentie Dete	:1-							Spouse			100 10	
III rd Applicant's Deta	115	Chahara			C IVVC			investors	to ens	ure that PAN is	IIIK	ed to Addria
Mr. Ms.		Status	nt Individual 🗌	NRI	C-KYC					PAN / PEKRN		
Name		Kesidei	Te marvidual	IVIXI						Date of Birth		
											/	7 Y Y Y
Mobile No.								Mobile belon	gs to	,		
								Self Spouse			Cu PM	stodian IS POA
Email								Email belong Self Spouse	Parent		Cu	stodian IS POA
7. Know Your Cı	ustomer (K	YC) Deta	ils					- species		- Cuaranan		Refer Sec.
CATEGORIES	FIRST APPLIC				SECONE	APPLICAN	T / G	JUARDIAN		THIRD APPL	.IC/	
Occupation »	☐ Private Secto☐ Public Sector		Retired Business			ctor Service		Retired Business		ate Sector Service		Retired Business
	Government Sector Agriculturist Professional Forex Dealer			☐ Government Sector ☐ A		griculturist 🔲 Gov		vernment Sector Agricultu ofessional Forex De				
	Housewife Others (pleas		Student	□H	lousewife	2		Student	☐ Hot	isewife ers (please specify		Student
Gross Annual Income »			1-5 Lacs		elow 1 L			1-5 Lacs		ow 1 Lac		□ 1-5 Lacs
	□ 5-10 Lacs		10-25 Lacs		-10 Lacs			10-25 Lacs		0 Lacs		10-25 Lacs
	>25 Lacs-1 crore >1 crore				□ >25 Lacs-1 crore □ >1 crore Networth in			□ >25 Lacs-1 crore □ >1 crore Networth in				
	₹		as on		D D		1 v	as		D / M M /		
	(not older than 1 y		1 1 1		older than	/ M M	/ 1	1 1 1		der than 1 year)	1	1 1 1
Others »					lot Appli	cable				: Applicable		
	Politically Exp					Exposed Pe Politically I		ed Person		itically Exposed P ated to Politically		
Additional KYC De						•				•		
For Non Individuals »	Is the company					Company o	r Co	ntrolled by a L	isted Co	mpany: \square Ye	s	□ No
only (Companies,	(if No, mandato Non Individual i				of the m							
Trust, Partnership etc.)	Foreign Excha		/ Changer Servio	ces		g / Gamblin of the above		ottery / Casino S	Services			
8. Foreign Accou		J , .	•	CA)								Refer Sec.
For Individuals	FIRST APPLIC	CANT (inclu	ding Minor)	!	SECOND	APPLICAN ⁻	r / GI	UARDIAN		THIRD APPLI	ICA	NT
Country of Birth \gg												
Place of Birth >>												
			шс		alia			1.6				11.6
Nationality \gg	☐ Indian☐ Others (Please		U. S.		idian thers (Ple	ase specify)		J. S .	☐ Indiai ☐ Othei	n 's (Please specify)		U. S.
Type of address given at KRA \gg	Residential or Registered Of		Residential Business		esidentia egistered	l or Busines: Office		Residential Business		lential or Business tered Office		Residential Business
Are you also a resident in >>			Yes		No.				☐ No			Yes
any other country(ies) for tax purposes?	If yes, complete	section belo	w.									
Country of Tax Residency $1 \gg$												
Tax Identification Number 1 »												
Identification Type 1 \gg												
If TIN is not available please »	Reason	□ B □	С	Reas	on 🗌	A]	Reason	□ A □ B		С
tick the reason A, B or C *												
Country of Tax Residency 2 »												
Tax Identification Number 2 >>												

I do not wish to nominate. I / Wo are aware that in case of death of all Register nomination as below: 1 st Nominee Details	e hereby confirm that I / We do not wish to appoint any nomin the account holder(s), my / our legal heirs would need to sub I / We want the details of my / our nominee with % to be pri	nee(s) for my mutual fund bmit all the requisite docu nted in the statement of	units held in my / our mutual fund folio and iments issued by Court or other such compe holding, provided to me/ us: Yes	understand the issues involved in non appointment of nominee(s) and furthetent authority, based on the value of assets held in the mutual fund folio. No (Default)				
Name			100	Date of Birth				
Email		Mobile		PAN / PEKRN				
Relationship with Sole/	1st Holder	Allocation (%)	S	ignature of Nominee / Guardian				
Identity Type		Identity Numb	per (Only last 4 digits in case the	identity Type is Aadhaar)				
PAN Driving Licer	nce 🗆 Aadhaar 🗆 Passport							
Address of Nominee / 0	Guardian (in case of Minor Nominee)							
State		PIN	С	Country				
Guardian Name in case	of Minor Nominee	Guardian PAN	R	elationship of Guardian with Nominee				
2 nd Nominee Details								
Name			The state of the s	Date of Birth				
Email		Mobile	P.	PAN / PEKRN				
Relationship with Sole/	1 st Holder	Allocation (%)	S	ignature of Nominee / Guardian				
Identity Type		Identity Numb	Der (Only last 4 digits in case the	Identity Type is Aadhaar)				
	nce Aadhaar Passport							
Address of Nominee / C	Guardian (in case of Minor Nominee)							
State		PIN	C	Country				
Guardian Name in case	of Minor Nominee	Guardian PAN	R	elationship of Guardian with Nominee				
3 rd Nominee Details								
Name				Date of Birth				
Email		Mobile	P.	AN / PEKRN				
Relationship with Sole/	1 st Holder	Allocation (%)	S	ignature of Nominee / Guardian				
Identity Type		Identity Numb	per (Only last 4 digits in case the	Identity Type is Aadhaar)				
	nce Aadhaar Passport							
Address of Nominee / 0	Guardian (in case of Minor Nominee)							
State		PIN	С	Country				
Guardian Name in case	of Minor Nominee	Guardian PAN		Relationship of Guardian with Nominee				
Sign here	st Applicant Signature / Thumb Impression	2nd Applica	nt Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression				
10. Demat Acco	unt Details			Refer Sec.				
The sequence of names as mentioned in the application form	NSDL Depository Participant Name		DP ID No.	Beneficiary Account No.				
matches with that of the account held with DP. In case of discrepancy, Units will be allotted in	CDSL Depository Participant Name		Target ID No.					
physical mode.	Enclosures Client Masters List (C	CML) T	ransaction cum Holding Stat	nent Delivery Instruction Slip (DIS)				
11. Declaration	and Signatures	Refer Se						
and declare as under:- (1) I / We have	read, understood and hereby agree to comply with the terms	s and conditions of the so	cheme, related documents and apply for allowers this investment. The amount invested in	is in compliance with applicable Indian and foreign laws. I / We hereby condotment of Units of the Scheme(s) of Tata Mutual Fund ('Fund') indicated in the Scheme(s) is through legitimate sources only and is not for the purp with this application form is true and correct and further agree to furnish strars and Transfer Agent (RTA) in writing about any change in the informat sequences arising therefrom. (5) I/We hereby authorize you to disclose, short/s. Trustees. Asset Management Company, its employees, agents and it				

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 amply 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 Not. (4) That in the event, the above information and/or any part of it is/fave untrue/misleading, I/We will be liable for the consequences arising thereform. (5) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it is/fave untrue/misleading, I/We will be liable for the consequences arising thereform. (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 the providers, SEBI registered intermediaries for single updation/ submission, any Indian of rorigin statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/a

Date:

Sign here

Debit Mandate Form NACH (One Time Mandate - OTM) Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001 ıtual fund [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Choose (√) UMRN **☑** CREATE Utility Code **⊠** MODIFY Sponsor Bank Code **区** CANCEL I/We hereby authorize TATA MUTUAL FUND ☐ SB CA CC SB-NRE SB-NRO Bank A/c No.: IESC MICR With Bank an amount of Rupees ₹ **FREQUENCY** ■ Half Yearly As when presented (default) DEBIT TYPE I Fixed Amount Maximum Amount ☑ Monthly Quarterly Email Id Reference / Folio No I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank PERIOD From M M Sign Sign Sign_ Max Validity: 40 years only. Name as in Bank Records Name as in Bank Records Name as in Bank Records • This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate to debit my account, based on the instructions as agreed and signed by me • I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorised the debit. SIP Registration in Multiple Schemes / Renewal Form (For OTM Registered Investors only) Please tick (🗸) as applicable: Registration of SIP Registration of MICRO SIP Renewal of SIP. Registration via Existing OTM Advisor Details (Transaction Charges for Applications routed through distributor/agents only (Kindly refer Instruction 8 overleaf) ARN / RIA ^ Code Sub-Broker ARN Code **FUIN Code** Sub-Broker / Bank Branch Code ARN-320687 E607502 Internal Code OR 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. A 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 schemes(s) of Tata Mutual Fund. Folio No. **Investor Details** Application No. Sole/1st Holder Name PAN First SIP Cheque Details / OTM Mandate Details Cheque Amount in Rs Cheque No. Cheque Date DDMMM/Y Bank Name Branch City SIP Installment Top-Up (Amount ₹500 or in percentage) SIP Day SIP Start Month & Year and Sr Scheme Name/Plan/Option/Sub-option#5 SIP Frequency No. & Date SIP End Month & Year Amount (₹) Amount (₹) or Percentage (%) Frequency* 1 O Daily Monthly & Quarterly Yearly OR Half Yearly Weekly Monthly Weekly** TOP UP CAP Amount ₹ OR Month-Year: Quarterly 2 O Daily Monthly & Quarterly Yearly OR O Half Yearly ○ Weekly TOP UP CAP Amount ₹ Monthly Weekly** OR Month-Year: Quarterly O Yearly 3 Monthly & Quarterly O Daily OR Half Yearly Weekly O Monthly Weekly** TOP UP CAP Amount ₹ OR Month-Year: O Quarterly 4 Yearly O Daily Monthly & Quarterly OR % ○ Half Yearly O Weekly to O Monthly TOP UP CAP Amount ₹ Weekly** OR Month-Year: O Quarterly *In case of Quarterly SIP, only Yearly frequency is available under SIP TOP UP. (Top-up % is multiples of 5% only. Top-Up amount In case of multiple schemes. Cheque/DD should be drawn in favour of "Tata Mutual Fund Collection A/c." should be in multiple of 500). **investors can choose any day of the week from Monday to Friday to register under weekly frequency. Declaration and Signatures: To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s and terms and conditions overleaf, I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s. I/We hereby declare that the particulars given are correct & complete & express my willingness to make payments towards SIP installments referred above through participation in ECS/Direct Debit/Standing Instruction. The ARN Holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different cometing Schemes of various Mutual Funds from amoungs which the Scheme is being recommended to me/us. SIGNATURE/S Received for Folio No. / Application No. OTM Debit Mandate Form SIP Form