

for purchase in  $\_\_$ 

TATA MUTUAL FUND

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





\_Subject to verification and realisation.

ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS Sr. No.: **C** 

1. Advisor / Dis	tributor inio	illation					Refer Sec.					
ARN / RIA <sup>^</sup> Code	Sub-	Broker ARN Code	Sub-Broker / Bank	Branch Code	EUIN Code							
ommission shall be paid dire	withou provid ount is ₹ 10,000 or more fund investor) will be d ectly by the investor to t	It any interaction or advice by the en ed by the employee/relationship man e and your Distributor has op leducted from the subscriptio he AMFI registered Distributor	saction - I/We hereby confirm that the EUIN ployee/relationship manager/sales person ager/sales person of the distributor and the do receive transaction charges n amount and paid to the distribut s based on the investors' assessmestment Adviser (RIA) the details	of the above distribute distributor has not c ₹ 150/- (for First or. Units will be is ent of various facto	or or notwithstanding harged any advisory fee time mutual fund bused against the bors including the se	the advice of in-ap s on this transacti nvestor) or ₹ 1 alance amount rvice rendered	propriateness, if an on. 00/- (for investo invested. Upfror by the distributo					
Sole / 1st Appl	icant Signature /	2 <sup>nd</sup> /	Applicant Signature /	or my / our trains	3 <sup>rd</sup> Applica	nt Signature						
	mpression		humb Impression		Inumb	mpression						
. Applicant's In							r Sec. A, C &					
	with 1st applicant as under the US Securit mention the C-KYC N	a minor. Any applicants shou ies Act of 1933 and corporat	ed in the PAN and the KYC acknow Ild not be a resident of Canada o iions or other entities organised vailable kindly complete the Kno	r a person who fa under the laws of	lls within the defi the U.S. For Inves	nition of the te tors New to T	rm "U.S. Person					
t Applicant's Det	ails			Folio	No.							
The first applicant >> will be the primary holder and all	Mr. Ms.	M/s. PAN / PEKRN		C-KYC								
orrespondence will be sent to him/her. Only the first holder can be a minor.	Name											
Existing Investors may mention the Folio no.	Date of Birth (DOB		In case of Minor: Proof of	DOB: Birth o	ertificate 🗆 Sc	hool leaving	certificate					
and proceed to Sec. 4. Investors to ensure	D D / M M			Passpo	ort 0	hers						
that PAN is linked to Aadhaar.	Mobile No.		Mobile belongs to ☐ Self ☐ Parent									
	I hereby authori	ze TAMI / TMF to send im	portant information and trar	Spouse	CI CI		numher					
ontact Person - Design			f Attorney (POA) / Propriet	· · · · · · · · · · · · · · · · · · ·			number.					
POA / Proprietor /		uai ilivestors) / rower o	PAN / PEKRN									
Guardian Details	☐ Mr. ☐ Ms.		FAN / FERRI	<u> </u>								
For Non Individual »	Name		- · · · · · · · · · · · · · · · · · · ·									
101 Holl marriada.	Entity Identifier (LE	i) Number Mandatory for	Transaction Value of INR 50	crore and above	<u> </u>							
To be filled by » Guardian	Relationship with t	he Minor Applicant ner 🗌 Legal Guardian	Proof of Relationship  Birth certificate Schoo	l leaving certific	ate Passport	Others						
	Mobile No.		Date of Birth	C-KYC	·							
				Y								
Tax Status												
	Resident Individ NRI-Repatriatior NRI-Non-Repatri Minor - Residen Minor - NRI Person of Indiar	ation Hindu Partner t Individual Compa Trust	ny Society /	Liability Partner Individuals Club Tit Organization	ship	as Citizen of 1 National Re 2d Foreign II 1 Portfolio In 1 Institutiona	sident in India ovestor vestor					
3. Contact Detai			, , , , , , , , , , , , , , , , , , ,				Refer Sec.					
Mailing address is » required for initial communication. We							nojer see.					
will overwrite this address with the 1st					City							
Applicants address	PIN		State		Country							
as per the KRA records		out CTD Code	Office Phone (prefix STD C	- 1.1	Country							
records	Residence Phone (	prefix STD Code)	Extn									
	Email				Email belongs t	o Self Spouse	☐ Parent☐ Child					
		do not have email addre	r abridged sur	nmary thereof	Yes	□ No						
							>					
TATA MUTUAL		Acknow	ledgement Slip	Sr	. No.: <b>C</b>							

Overseas address													
Mandatory for Non- Resident Individuals and Overseas Investors in addition to the mailing			City										
address.													
	State	ZIP Code	Country										
4. Investment In	strument Details		Refer Sec. I										
The name of the »	Gross Amount (₹) (A)	DD Charges (₹) (if any)	Net Amount (₹) (Cheque / DD Amount)										
first applicant should be available		(B)	(A - B)										
on the investment Cheque.	Account Number	A/c Type	Dated										
Cheque/ DD to be													
drawn in favour of 'Name of the	Drawn on Bank		Cheque / DD No.										
Scheme'													
	Branch		Branch City										
5. Investment So	cheme Details		Refer Sec. F & Product Label.										
Scheme Name »													
<b>Plan</b> (select any one)	Regular Direct												
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,													
Option »													
Sub Option »													
Div. Payout Option (select any one)	DCW Reinvestment DCW Payout												
	IDCW - Income Distribution cum Capital Witho	Irawal.											
6. Bank Account	Details		Refer Sec. (										
	The bank account details provided below w proceeds and IDCW payouts (if applicable).		s default bank mandate to pay redemption										
This must be an Indian account. The	Bank Name		Branch										
1 <sup>st</sup> applicant should be a holder in this													
account.	Account number	A/C type Savings Current NRO											
			□ NRNR □ NRE										
	MICR	IFSC for RTGS	IFSC for NEFT										
	Address												
	City	PIN	State										
			State										
Chaque Datails			Acknowledgement Sliv										
Cheque/DD No	dated A/c No	Rank	Acknowledgement Slip										

7. Joint Applican	t's Detail	ls						Refer Sec. H & I				
Mode of Holding	☐ Single		□ Joint	Any one or Survivor (D	efault)							
II <sup>nd</sup> Applicant's Detail	ls					Investors	to ensure that PAN is li	nked to Aadhaar.				
☐ Mr. ☐ Ms.				Status		PAN / PEK	(RN					
				Resident Individual	NRI							
Name												
Mobile No.		Mobile belo	ngs to	Date of Birth		C-KYC						
		Self Spouse	☐ Parent ☐ Child		YYY							
IIIrd Applicant's Detai	ls					Investors	to ensure that PAN is li	nked to Aadhaar.				
☐ Mr. ☐ Ms.				Status  Resident Individual	NRI	PAN / PEK	(RN					
Name				incolor individual								
Mobile No.		Mobile belo	nas to	Date of Birth		C-KYC						
Widdle IVO.		Self Spouse	Parent Child		YY							
8. Know Your Cu	ıstomer (	(KYC) De	tails					Refer Sec. J				
CATEGORIES	FIRST APE	PLICANT (Inc	luding Minor)	SECOND APPLICAN	T / GUAF	RDIAN	THIRD APPLI	CANT				
Occupation »	☐ Public Sec ☐ Governme ☐ Profession ☐ Housewife	tor Service ent Sector nal	Retired Business Agriculturist Forex Dealer Student	Private Sector Service Public Sector Service Government Sector Professional Housewife Others (please specify	☐ Busir ☐ Agric ☐ Forex ☐ Stude	ness culturist x Dealer	Private Sector Service Public Sector Service Government Sector Professional Housewife Others (please specify)	Retired Business Agriculturist Forex Dealer Student				
Gross Annual Income »	□ 5-10 Lacs □ >25 Lacs- Networth in	1 crore (Mandatory fo	☐ 1-5 Lacs ☐ 10-25 Lacs ☐ >1 crore r Non-individual)			5 Lacs rore	□ Below 1 Lac □ 5-10 Lacs □ >25 Lacs-1 crore Networth in ₹					
	(not older than 1 year)			on DD/MM. (not older than 1 year)	/	YY	(not older than 1 year)					
Others »	Others » Not Applicable Politically Exposed Person Related to Politically Exposed Person				rson Exposed P	Person	☐ Not Applicable ☐ Politically Exposed Person ☐ Related to Politically Exposed Person					
Additional KYC De	tails for N	Non - Indi	viduals									
For Non Individuals » only (Companies, Trust, Partnership etc.)	(if No, mand Non Individu Foreign Ex	atory to attac al investors i	th the UBO declara nvolved/providing ney Changer Servic	g any of the mentioned se	rvices g / Lottery			□ No				
9. Foreign Accou	nt Tax C	omplian	ce Act (FAT	CA) & CRS Detai	ls			Refer Sec. K				
For Individuals	FIRST API	PLICANT (inc	luding Minor)	SECOND APPLICANT	/ GUAR	DIAN	THIRD APPLIC	CANT				
Country of Birth »												
Place of Birth $\gg$												
Nationality »		ease specify) _	☐ U. S.	☐ Indian☐ Others (Please specify)	☐ U. S.		Indian Others (Please specify)	☐ U. S.				
Type of address given at KRA $\gg$	Residentia Registered	l or Business I Office	Residential Business	Residential or Business Registered Office	Resid		Residential or Business Registered Office	Residential Business				
Are you also a resident in >> any other country(ies) for tax purposes?	☐ No If ves. compl	ete section be	Yes	□ No	☐ Yes		□ No	Yes				
Country of Tax Residency 1 »												
Tax Identification Number 1 $\gg$												
Identification Type 1 $\gg$												
If TIN is not available please $\gg$ tick the reason A, B or C $^{\ast}$	Reason 🗌	A 🗌 B	С	Reason	С		Reason 🗌 A 🗌 B	С				
Country of Tax Residency $2 \gg$												
Tax Identification Number 2 $\gg$												
Identification Type 2 $\gg$												
If TIN is not available please >> tick the reason A, B or C *	Reason	A 🗌 B	С	Reason	С		Reason 🗌 A 🔲 B	С				

<sup>\*</sup> Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents; Reason B: No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected); Reason C: Others- Please state the reasons thereof FATCA & CRS Related Details for Non Individuals: Please submit Form W8 BEN-E / Specified declaration (Enclosed)

10. Nomination Details

10. Nomination	Details		Kefer Sec. I											
Mandatory for Individual(s) applying singly or jointly.	You can nominate up to 3 persons to receive the Units allotted to you made to such Nominee(s) and Signature of the Nominee(s) acknowled Register nomination as below													
Select any one »														
1 <sup>st</sup> Nominee	Nominee Name													
	Relationship with Nominee	Date of Birth												
	Address	City												
	State	Country												
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian											
2 <sup>nd</sup> Nominee	Nominee Name													
	Relationship with Nominee	Date of Birth												
	Address	City												
	State	PIN	Country											
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian											
3 <sup>rd</sup> Nominee	Nominee Name													
	Relationship with Nominee	Date of Birth												
	Address	City												
	State	Country												
	Guardian Name in case of Minor	Signature of Nominee / Guardian												
	1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression											
11. Demat Accou	unt Details		Refer Sec. N											
E	Fill these details only if you wish to have your unit	s in Demat mode.												
Ensure that the sequence of names as mentioned in the application form	Depository participant Name													
matches with that of the account held with the	Central Depository Securities Limited Target ID No.	National Securities Depository Limited DP ID No.												
Depository Participant. In case the details are found to be incorrect,			I N Beneficiary Account No.											
Units will be allotted in physical mode.														
12. Declaration	and Signatures		Refer Sec. N											
	g capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/ I hereby agree to comply with the terms and conditions of the scheme related documents a													
<ul> <li>(2) I/We am/are eligible Investor(s) a any act, rules, regulations, notific</li> <li>(3) The information given in / with t</li> </ul>	is per the scheme related documents and amylar authorised to make this investment. The cations or directions issued by any regulatory authority in India. his application form is true and correct and further agree to furnish such other further/ac ent (RTA) in writing about any change in the information furnished from time to time.	amount invested in the Scheme(s) is through legitimate	e sources only and is not for the purpose of contravention and/or evasion o											
(4) That in the event, the above info (5) I/We hereby authorize you to dis Company, its employees, agents Intelligence Unit-India (FIU-IND) e	rmation and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liabl sclose, share, remit in any form/manner/mode the above information and/or any part of and third party service providers, SEBI registered intermediaries for single updation/ subm to without any intimation/advice to me/us. I/We hereby authorize you to share the accoun	it including the changes/updates that may be providec ission, any Indian or foreign statutory, regulatory, judic t statement of the folio with the distributor /broker / ac	ial, quasi-judicial authorities/agencies including but not limited to Financia											
(7) The ARN holder (AMFI registered Scheme is being recommended to		or any other mode), payable to him/them for the diffe	erent competing Schemes of various Mutual Funds from amongst which th											
(9) I / We agree that the unit balance	we not been offered/communicated any indicative portfolio and/or any indicative yield by e(s) reflecting in the account statement is subject to realisation of Cheque accompanying the India only: I/We will redeem my/our entire investment/s before I/We change my/our India	ne purchase request, PAN validation and KYC complianc												
	nfirm that my application is in compliance with applicable Indian and Foreign laws. ent to TATA AMC for receiving the promotional information/ material via email, SMS, telem	arketing calls, etc. on the mobile number and email pro	ovided by me/us in this Application Form.  Date:											

TATA MUTUAL FUND				ate Form		Purchases		II as S				OTN	l)		[	Date	D I	D M	M	YY	Y
Choose (✓)  ☐ CREATE  Sponsor	Bank Code		Office us	se only			Utilit	у Со	de					(	Office u	se only	/				
■ MODIFY I/We here	eby authorize	TATA M	IUTUAL	FUND	to c	debit (√)		SB		CA		] CC		SE	3-NRE		s	B-NR	o		Other
☑ CANCEL  Bank A/c No.:													Ť				Ė		<del></del>	T	
		ank Nama & Pran	oh		IFSO	<u> </u>								MICE							
With Bank:	В	ank Name & Brand	CN											MICI							
an amount of Rupees					in Word										₹						
FREQUENCY (preselected) Reference / Folio No.	☑ Monthly	☑ Quarterly	<b>⊠</b> Ha	lf Yearly	☑ As Email	when pre	sente	d (de	fault)		D	EBIT	TYPI	EX	Fixed	Amou	ınt	<b>⊠</b> M	aximu	ım A	mount
Scheme / Plan reference	No. All Sch	emes of Tata Mut	ual Fund							Mol	oile						T			T	
agree for the debit of mandat	e processing charç	ges by the bank whom	I am author	rising to debit my	y account a	as per lates	t sched	ule of	charge	s of th	e bank	ζ.									
PERIOD From D D M M	YYYY	Sign Sig	gnature of	First Account	Holder	Sign	Sigi	nature	e of Se	econd	Acco	unt Ho	lder	_ Sign	Si	ignatur	re of	Third	Accou	nt Ho	older
to DDMM	YYYY																				
or <del>□-Until Cancel</del>	l <del>led</del>	1. ———— Name	as in Bar	nk Records		2	Nam	ne as	in Ba	nk Re	cord	s	3.		Nam	e as ir	n Ba	ank Re	cords	 S	
• This is to confirm that the dec		carefully read, underst	tood & made	e by me/us. I am	authorisir	ng the user	Entity /	Corpo	rate to	debit ı	ny ac	count, b									
Please tick (✓) as applica  Advisor Details (Transa			Registrat	ion of MICRO	SIP	Renewal ents only	of SIP. (Kindl	y ref	er Ins	structi	on 8	overl									
ARN / RIA ^ Code		Sub-Brol	ker ARN	Code		Sub-B	rokei	r / B	ank	вran	n C	ode		EUIN	l Cod	ie					
Internal Code		an "execut notwithsta distributor	tion-only" t anding the r has not c	for "execution- transaction wit advice of in-ap harged any adv RIA) the details	hout any opropriate visory fee	interaction eness, if ar s on this tr	or ad ly, pro ansact	lvice l vided tion. /	by the by the By me	emplo e emp ention	yee/r loyee, ing R	elatior /relation IA code	iship inship e, I / v	manag mana ve auth	er/sale ger/sal	s perso	on o	f the a of the	bove d distrib	distril outor	butor o and the
	Applicant Sig 1b Impressio					int Signa Impress										ant S Imp					
Investor Details	A	Application No.								Fc	lio 1	No.									
1st Holder Name											P	AN									
2 <sup>nd</sup> Holder Name											P	AN									
3 <sup>rd</sup> Holder Name											P	AN									
First SIP Cheque D	etails																				
Cheque No.			Chequ	e Amount ir	n Rs.						Ch	eque	Date	D		/ M		4   /			
Bank Name			Branch								Cit	У									
SIP Scheme/Op Sub Option		Plan: Regular	Direct	SIP Instal Amount		Frequer (*Defau				SIP	Start	Date				(Defa		P End 31 Dec			99)
						Daily / Weekl	y		D /		м  /				D	D /		M			
						Quarte	erly		^	Dail	y SIP	- Mor	ıday	to Fri	lay - C	On Bus	sine	ss Da	ys on	ly	
Day of the week for we		: Monday	Tuesda	y Wed	nesday (	•			rsday		Fri										
_ Jii Top up	o Amount (Rs.) Itiples of Rs. 50	0/- only)				<b>OUP Freq</b> Yearly			fault)		U	pper	SIP A	mount	(Rs.)						
Auto Switch Option	: Applicable f	or Tata Retirem	ent Savii	ngs Fund (T	RSF) or	nly, for o	lefau	lt va	lues	refer	SID										
Plan Name		Please tick the						•			C-		i.,- ^	\n=: ~	0)						
Progressive Plan		Auto Switch Auto Switch										servat Switch		age 6	υ),						
Moderate Plan		☐ Auto Switch	•										uto S	Switch							
Systematic Withdrawa  No Auto SWP Fi		se ✓ any one) Ap ct Frequency) 🗆 M	-				1						ithly	only)	Rs.						
Declaration and Signa conditions overleaf, I/W scheme/s. I/We hereby of in ECS/Direct Debit/Star different cometing Sche	e hereby apply declare that the nding Instructio	for the respective particulars given ar n. The ARN Holder	Units of T e correct of , where a	ata Mutual Fu complete & pplicable, has	und Sche express disclose	me/s at N my willing ed to me/i	IAV ba ness t us all 1	ased of the country o	resale ke pay ommis	price ment ssions	& ag s tow	ree to ards S	abid IP ins missio	le by to tallme on or a	erms, nts ref any oth	condit ferred ner mo	abov ode)	s, rule ve thro , paya	s & re ough p ble to	gulat partio him	tions o cipation for the
SIGNATURE/S	ole / 1st Unithol	der Signature / Thun		sion 2	2nd Unith		ature /	Thur						d Unitl		Signatı	are /	/ Thum			

Received for Folio No. / Application No.

OTM Debit Mandate Form SIP Form