

TRANSACTION SLIP

Investment Manager: Tata Asset Management Limited **Trustee:** Tata Trustee Company Limited
Toll Free: 1800 - 209 - 0101, **Fax:** (022) 66315194, **Email:** kiran@tataamc.com, **Website:** www.tatamutualfund.com



* To be filled in BLOCK LETTERS (Please strike off section(s) that is (are) not applicable)

BROKER / AGENT CODE	SUB-BROKER / BANK BRANCH CODE	SUB-BROKER ARN CODE	EUIN CODE	FOR OFFICE USE ONLY (TIME STAMP)
ARN - 98471			E115901	

☐ 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 distributor/sub broker. 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. (Refer instruction 15 & 16)

Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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Folio Number: _____

Date: _____

e-mail → (IN CAPITAL) (Refer Inst. 17) _____

DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, an account statement shall be sent to them. Such investors will not be able to trade on the stock exchange. (Refer Inst. - 14)

NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)										CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)																																		
Depository Participant Name: _____										Depository Participant Name: _____																																		
DPID No.:		<table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								I	N									Beneficiary A/c No.		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
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INVESTOR DETAILS: PAN AND KYC COMPLIANT STATUS DETAILS (MANDATORY)

	Name	PAN Number										KYC Compliant Status (please attach proof). Refer Instruction 4.
First Applicant/Guardian*												<input type="checkbox"/> Yes
Second Applicant												<input type="checkbox"/> Yes
Third Applicant												<input type="checkbox"/> Yes

*If the First Applicant is a Minor, then please state the details of Guardian. Please attach PAN proof.

ADDITIONAL PURCHASE REQUEST

Payment Mode: <input type="checkbox"/> OTM facility (One Time Mandate) <input type="checkbox"/> Cheque / DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> RTGS/NEFT
Scheme _____ Plan _____ Option _____
Gross Amount in ₹ _____ DD Charges ₹ (if any) _____ Net Amount in ₹ _____
₹ (in Words) _____
Account No. _____ Cheque/DD No. _____ Dated _____
Drawn on Bank & Branch _____

SWITCH REQUEST (Refer Instruction 8)

From Scheme _____ Plan _____ Option _____
To Scheme _____ Plan _____ Option _____
No. of Units _____ or Amount (₹) _____ Amount (in Words) _____

REDEMPTION REQUEST

Scheme _____ Plan _____ Option _____
No. of Units _____ or Amount (₹) _____ Amount (in Words) _____

For investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off this section if not used) Refer Inst. 11 & 12

The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us:

Name of the Bank: _____ Branch: _____
 Account No.: _____ Account Type: _____ Bank City: _____

Important Note : If the bank account mentioned above is different from those already registered in your folio OR If the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio.

The Trustee, Tata Mutual Fund

a) Having read & understood the contents of the Scheme Information Document of the Scheme, Switch-in Scheme. I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme.

I/ We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt of India from time to time. I/ We have understood the details of the scheme & I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Client" process is not completed by me/us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to refund/redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b) For NRIs: I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. c) 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. d) I/ We confirm that details provided by me / us in this application are true & correct. e) I/We have read & understood the AMFI Circular No. 35/MEM-COR/62/10-11 dt. 07/10/2010 regarding mandatory KYC requirement.

**Signature(s)
/ Thumb
Impression**

Folio _____ Scheme _____ Option _____	For office use Signature of receiving authority.
Received from Mr./Ms. _____	
<input type="checkbox"/> Additional Purchase: ₹ _____ Cheque/DD No _____ dated _____ drawn on _____	Date of Receipt: _____
<input type="checkbox"/> Redemption <input type="checkbox"/> Switch: Amount (₹) _____ ₹ in words _____	Time of Receipt: _____
OR Unit _____ Units in words _____	

Current Load structure enclosed