TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021

Application Form For Tata Mutual Fund

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	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
ARN -136351			E137804
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.		

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 schemes(s) of Tata Mutual Fund

Sole / 1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression

2. Applicant's Information

Refer Sec. A, C & F

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. Incase C-KYC No. is not available kindly complete the Know Your Client (KYC) form attached herewith. Existing investors whose KYC status reflects as "MF – VERIFIED BY CVLMF", additionally 'KYC Change Details Form' is required.

I st Applicant's Details

C-KYC

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 »

☐ Mr. ☐ Ms. ☐ M/s. | PAN / PEKRN | Folio No.

Name

Date of Birth (DOB) D D / M M / Y Y Y Y

In case of Minor: Proof of DOB: ☐ Birth certificate ☐ School leaving certificate ☐ Passport ☐ Others .....

Power Of Attorney (POA) / Proprietor / Guardian details (minor applicant)

C-KYC

POA / Proprietor / Guardian Details

☐ Mr. ☐ Ms. | PAN / PEKRN

Name

To be filled by Guardian »

Relationship with the Minor Applicant: ☐ Mother ☐ Father ☐ Legal Guardian

Proof of Relationship: ☐ Birth certificate ☐ School leaving certificate ☐ Passport ☐ Others .....

Tax Status

☐ Resident Individual	☐ Sole Proprietorship	☐ Body Corporate	☐ Overseas Citizen of India
☐ NRI-Repatriation	☐ Hindu Undivided Family	☐ Limited Liability Partnership	☐ Foreign National Resident in India
☐ NRI-Non-Repatriation	☐ Partnership	☐ Body of Individuals	☐ Qualified Foreign Investor
☐ Minor - Resident Individual	☐ Company	☐ Society / Club	☐ Foreign Portfolio Investor
☐ Minor - NRI	☐ Trust	☐ Non Profit Organization	☐ Foreign Institutional Investor
☐ Person of Indian Origin	☐ Others (please specify)		

3. Contact Details

Refer Sec. D

Mailing address is required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA records »

		City
PIN	State	Country
Residence Phone (prefix STD Code)	Office Phone (prefix STD Code) Extn	
Mobile	Email	

Overseas address

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

		City
State	ZIP Code	Country

Sr. No.: C

Acknowledgement Slip

Received from Mr./Ms./M/s. _____ PAN _____ ₹ _____

for purchase in _____ Subject to verification and realisation.

4. Joint Applicant's Details

Refer Sec. E & F

Mode of Holding ☐ Single ☐ Joint ☐ Any one or Survivor (Default)

IInd Applicant's Details

C-KYC

Joint holder should be major i.e. above 18 years

☐ Mr. ☐ Ms.	PAN / PEKRN	Status ☐ Resident Individual ☐ NRI
Name		

IIIrd Applicant's Details

C-KYC

Joint holder should be major i.e. above 18 years

☐ Mr. ☐ Ms.	PAN / PEKRN	Status ☐ Resident Individual ☐ NRI
Name		

5. Know Your Customer (KYC) Details

Refer Sec. G

CATEGORIES	FIRST APPLICANT / GUARDIAN	SECOND APPLICANT	THIRD APPLICANT
Occupation »	☐ Private Sector Service ☐ Retired ☐ Public Sector Service ☐ Business ☐ Government Sector ☐ Agriculturist ☐ Professional ☐ Forex Dealer ☐ Housewife ☐ Student ☐ Others (please specify)	☐ Private Sector Service ☐ Retired ☐ Public Sector Service ☐ Business ☐ Government Sector ☐ Agriculturist ☐ Professional ☐ Forex Dealer ☐ Housewife ☐ Student ☐ Others (please specify)	☐ Private Sector Service ☐ Retired ☐ Public Sector Service ☐ Business ☐ Government Sector ☐ Agriculturist ☐ Professional ☐ Forex Dealer ☐ Housewife ☐ Student ☐ Others (please specify) ....
Gross Annual Income »	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore Networth in (Mandatory for Non-individual) ₹ .... as on D D / M M / Y Y Y Y (not older than 1 year)	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore Networth in ₹ .... as on D D / M M / Y Y Y Y (not older than 1 year)	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore Networth in ₹ .... as on D D / M M / Y Y Y Y (not older than 1 year)
Others »	☐ Not Applicable ☐ Politically Exposed Person ☐ Related to Politically Exposed Person	☐ Not Applicable ☐ Politically Exposed Person ☐ Related to Politically Exposed Person	☐ Not Applicable ☐ Politically Exposed Person ☐ 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: ☐ Yes ☐ No
(if No, mandatory to attach the UBO declaration)

Non Individual investors involved/providing any of the mentioned services
☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services
☐ Money Lending / Pawning ☐ None of the above

6. Foreign Account Tax Compliance Act (FATCA) & CRS Details

Refer Sec. H

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

* 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)

Cheque Details **Acknowledgement Slip**

Cheque/DD No. ____________ dated ____________ A/c. No. ________________ Bank ______________

Call 1800 209 0101 (On all days between 9 am and 9.30 pm)

Subject to realisation.

7. Investment Instrument Details

Refer Sec. I

The name of the first applicant should be available on the investment Cheque.

Cheque/ DD to be drawn in favour of **"TATA MUTUAL FUND"**

Gross Amount (A)	DD Charges (if any) (B)	Net Amount (Cheque/DD Amount) (A - B)
₹	₹	₹
A/c No.	A/c Type	Dated D D / M M / Y Y Y Y
Drawn on Bank		Cheque / DD No.
Branch		Branch City

8. Investment Details

Refer Sec. J & Product Labels

Acquaint yourself with the scheme and the options available by referring to the Product Labels on page No. 1 of the Key Information Memorandum (KIM).

Investors having read and understood the terms of Statement of Additional Information (SAI), Scheme Information Document (SID) and KIM of the respective schemes can invest in more than one scheme with one cheque/ payment instrument.

This facility is for administrative convenience only. Such investors must clearly indicate the amount to be invested in the respective scheme(s).

	Scheme / Plan / Option ☐ Regular Plan ☐ Direct Plan	Amount (₹)
1		
2		
3		
4		
5		
6		
7		
8		
	Total	

Systematic Transfer Plan (STP)

STP to start after one month from the date of allotment. For units allotted on 06th December 2016, the STP will start from 06th January 2017.

	STP from Scheme / Plan / Option
1	

	STP to Scheme / Plan / Option	Monthly STP Amount (₹)	No. of Installments
1			
2			
3			
4			
5			
6			
	Total		

Systematic Withdrawal Plan (SWP)

SWP from Scheme / Plan / Option			
SWP amount ₹	SWP Date D D	SWP Frequency ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annual	SWP End Date ☐ Perpetuel OR ☐ D D / M M / Y Y Y Y

9. Bank Account Details

Refer Sec. K

This must be an Indian account. The 1st applicant should be a holder in this account.

The bank account details provided here will be held on record and considered as default bank mandate to pay redemption proceeds and dividend payouts (if applicable).

Bank Name		Branch
Account number		A/C type ☐ Savings ☐ Current ☐ NRO ☐ NRNR ☐ NRE
MICR	IFSC for NEFT	IFSC for RTGS
Address		
City	PIN	State

10. Nomination Details

Refer Sec. L

Mandatory for Individual(s) applying singly or jointly.

You can nominate up to 3 persons to receive the Units allotted to you in your folio in the unfortunate event of death of all unit holders. All payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund/ Trustees.

Select any one »

☐ Register nomination as below ☐ I do not wish to nominate.

1st Nominee	Nominee Name		Date of Birth D D / M M / Y Y Y Y
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
2nd Nominee	Nominee Name		Date of Birth D D / M M / Y Y Y Y
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
3rd Nominee	Nominee Name		Date of Birth D D / M M / Y Y Y Y
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
	1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression

11. Demat Account Details

Refer Sec. M

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 the details are found to be incorrect, Units will be allotted in physical mode.

Fill these details only if you wish to have your units in Demat mode.

Depository participant Name	
Central Depository Securities Limited Target ID No.	National Securities Depository Limited DP ID No. I N Beneficiary Account No.

12. 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 Limited (TAML)/ 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.
(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) 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.
(10) For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.

Date: _____

1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression

TATA MUTUAL FUND
Expertise that's trusted

SIP REGISTRATION FORM

TATA

1. Advisor / Distributor Information

Broker / ARN Code	Sub-Broker / Bank Branch Code	Sub-Broker ARN Code	EUIN Code
ARN - 136351			E137804

☐ 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.

If the total commitment of investment through SIP (i.e. amount per SIP installment X no. of installments) amounts to ₹ 10,000 or more and your Distributor has opted to receive transaction Charges, the same are deductible as applicable from the installment amount and payable to the Distributor. In such cases Transaction Charge will be recoverable in 3-4 installments. Units will be issued against the balance of the installment amounts 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.

Sole / 1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression

2. Applicant's Details

Application No.: **Folio No.:**

INVESTOR DETAILS	NAME	PAN / PEKRN
First Applicant		
Second Applicant		
Third Applicant		

3. Investment Details

Sr. No.	Schemes / Plan / Option / Sub-option	SIP Instalment Amount (₹)	SIP Date#	Frequency*	Start Month / Year	End Month / Year (Default : December 2099)
1.				☐ Monthly		
2.				☐ Monthly		
3.				☐ Monthly		
4.				☐ Monthly		
5.				☐ Monthly		
6.				☐ Monthly		
7.				☐ Monthly		
	Total					

The amount of the instalment per scheme should be less than or equal to the amount as mentioned in One Time Mandate.
OTM has to be registered in the folio.

Default SIP date: **10**
*Default Frequency: **Monthly**

Declaration: Having read, understood and agreed to the contents of OTM facility, the Scheme information Document, Statement of Additional Information, Key Information Memorandum, instructions and Addenda issued from time to time of the respective Scheme(s) of Tata Mutual Fund mentioned within, I hereby declare that the particulars given above are correct my willingness to make payments towards SIP instalments referred above Scheme of various Mutual Funds from amongst which the Scheme being recommended to me/us.

Signatures [as per Mutual Fund Application]	Sole / 1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression

Debit Mandate Form NACH (One Time Mandate - OTM)

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date D D M M Y Y Y Y

UMRN Office use only

Choose (✓)
NEW ☑
CANCEL ☒
AMEND ☒

Sponsor Bank Code Office use only Utility Code Office use only

I/We hereby authorize **TATA MUTUAL FUND** to debit (✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC MICR

an amount of Rupees Amount in Words ₹

FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half Yearly ☑ As when presented (default) DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

Reference / Folio No. Email Id

Scheme / Plan reference No. **All Schemes of Tata Mutual Fund** Mobile

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 D D M M Y Y Y Y
to 3 1 1 2 2 0 9 9
or ☐ ~~Until Cancelled~~

Sign Signature of First Account Holder Sign Signature of Second Account Holder Sign Signature of Third Account Holder

1. Name as in Bank Records 2. Name as in Bank Records 3. 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.