

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

1. Advisor / Distributor Information

Refer Sec. B

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
ARN-257030			E-479794
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 schemes(s) of Tata Mutual Fund			
Sole / 1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant 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 1<sup>st</sup> 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.

I<sup>st</sup> 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.

☐ Mr. ☐ Ms. ☐ M/s. PAN / PEKRN C-KYC

Name

Date of Birth (DOB) In case of Minor: Proof of DOB: ☐ Birth certificate ☐ School leaving certificate  
☐ Passport ☐ Others

Mobile No. Mobile belongs to  
☐ Self ☐ Parent  
☐ Spouse ☐ Child

☐ I hereby authorize TAMPL/ TMF to send important information and transaction updates to me on WhatsApp mobile number.

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	Entity Identifier (LEI) Number Mandatory for Transaction Value of INR 50 crore and above
To be filled by Guardian	Relationship with the Minor Applicant Proof of Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <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"/> Qualified Foreign Investor
<input type="checkbox"/> Minor - Resident Individual	<input type="checkbox"/> Company	<input type="checkbox"/> Society / Club	<input type="checkbox"/> Foreign Portfolio Investor
<input type="checkbox"/> Minor - NRI	<input type="checkbox"/> Trust	<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Foreign Institutional Investor
<input type="checkbox"/> Person of Indian Origin	<input type="checkbox"/> Others (please specify)		

3. Contact Details

Refer Sec. D

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

PIN

State

Country

Residence Phone (prefix STD Code)

Office Phone (prefix STD Code)

Extn

Email

Email belongs to ☐ Self ☐ Parent ☐ Spouse ☐ Child

For investors who do not have email address on record:

I/We wish to receive physical copy of the scheme-wise annual report or abridged summary thereof ☐ Yes ☐ No

Overseas address

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

		City
State	ZIP Code	Country

4. Investment Instrument Details Refer Sec. E

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

Cheque/ DD to be drawn in favour of 'Name of the Scheme'

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

5. Investment Scheme Details Refer Sec. F & Product Labels

Scheme Name

Plan (select any one)

☐ Regular☐ Direct

Option

Sub Option

Div. Payout Option (select any one)

☐ IDCW Reinvestment☐ IDCW Payout

IDCW - Income Distribution cum Capital Withdrawal.

6. Bank Account Details Refer Sec. G

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

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).

Bank Name	Branch	
Account number	A/C type <div><input type="checkbox"/> Savings<input type="checkbox"/> Current<input type="checkbox"/> NRO<input type="checkbox"/> NRNR<input type="checkbox"/> NRE</div>	
MICR	IFSC for RTGS	IFSC for NEFT
Address		
City	PIN	State

7. Joint Applicant's Details

Refer Sec. H & I

Mode of Holding

☐ Single

☐ Joint

☐ Any one or Survivor (Default)

II<sup>nd</sup> Applicant's Details

Investors to ensure that PAN is linked to Aadhaar.

☐ Mr. ☐ Ms.

Status

PAN / PEKRN

☐ Resident Individual ☐ NRI

Name

Mobile No.

Mobile belongs to

Date of Birth

C-KYC

☐ Self ☐ Parent

☐ Spouse ☐ Child

III<sup>rd</sup> Applicant's Details

Investors to ensure that PAN is linked to Aadhaar.

☐ Mr. ☐ Ms.

Status

PAN / PEKRN

☐ Resident Individual ☐ NRI

Name

Mobile No.

Mobile belongs to

Date of Birth

C-KYC

☐ Self ☐ Parent

☐ Spouse ☐ Child

8. Know Your Customer (KYC) Details

Refer Sec. J

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

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

9. 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 >>	<div><input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) .....</div>	<div><input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) .....</div>	<div><input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) .....</div>
Type of address given at KRA >>	<div><input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business</div>	<div><input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business</div>	<div><input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business</div>
Are you also a resident in any other country(ies) for tax purposes? >>	<div><input type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No <input type="checkbox"/> Yes</div>
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 >>			
Identification Type 2 >>			
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

\* 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

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.		
	<input type="checkbox"/> Register nomination as below <input type="checkbox"/> I do not wish to nominate.		
Select any one >>			
1 <sup>st</sup> Nominee	Nominee Name		
	Relationship with Nominee		Date of Birth <div> <div>D</div> <div>D</div> <div>/</div> <div>M</div> <div>M</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
	Address		City
	State	PIN	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 <div> <div>D</div> <div>D</div> <div>/</div> <div>M</div> <div>M</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
	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 <div> <div>D</div> <div>D</div> <div>/</div> <div>M</div> <div>M</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
	Address		City
	State	PIN	Country
	Guardian Name in case of Minor	Allocation (%)	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 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	National Securities Depository Limited	
	Target ID No. <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	DP ID No. <div> <div>I</div> <div>N</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
		Beneficiary Account No. <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	

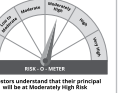
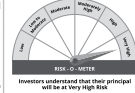
## 12. Declaration and Signatures

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:-
- 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.
  - 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.
  - 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 Pvt. Ltd. (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.
  - 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.
  - 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.
  - 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.
  - 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.
  - 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.
  - 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.
  - 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.
  - For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.
  - 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: \_\_\_\_\_

1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression
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ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS

1. Advisor / Distributor Information

Refer Sec. B

ARN / RIA ^ Code <b>ARN-257030</b>	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code <b>E-479794</b>
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 schemes(s) of Tata Mutual Fund			
Sole / 1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression	

2. Applicant's Information

Refer Sec. A, C & I

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 1<sup>st</sup> 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. Individual Investors who are KYC KRA verified after 10th Feb 2017, should additionally submit C-KYC number. In case the C-KYC number is not available, kindly complete the CKYC Application Form - Individual available on www.tatamutualfund.com.

1<sup>st</sup> 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

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	PAN / PEKRN _____	C-KYC _____
Name _____		
Date of Birth (DOB)   D   D   /   M   M   /   Y   Y   Y   Y		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 .....
Mobile No. _____		Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
<input type="checkbox"/> I hereby authorize TAMPL/ TMF to send important information and transaction updates to me on WhatsApp mobile number.		

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

POA / Proprietor / Guardian Details	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN _____
Name _____		
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   D   D   /   M   M   /   Y   Y   Y   Y
		C-KYC _____

Tax Status

<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non-Repatriation <input type="checkbox"/> Minor - Resident Individual	<input type="checkbox"/> Minor - NRI <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Hindu Undivided Family	<input type="checkbox"/> Overseas Citizen of India <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> Qualified Foreign Investor
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3. Contact Details

Refer Sec. D

Mailing address is >> required for initial communication. We will overwrite this address with the 1 <sup>st</sup> Applicants address as per the KRA records	_____		
PIN		State	City
Residence Phone (prefix STD Code)		Country	
Email		Extn	
		Email belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
For investors who do not have email address on record: I/We wish to receive physical copy of the scheme-wise annual report or abridged summary thereof <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Overseas address

Mandatory for Non-Resident Individuals and Overseas Investors in addition to the mailing address.			
			City
	State	ZIP Code	Country

## 4. Investment Instrument Details

Refer Sec. E

The name of the first applicant should be available on the investment Cheque.  Cheque/ DD to be drawn in favour of 'Tata Retirement Savings Fund'	Gross Amount (₹) (A)		DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)
	Account Number		A/c Type	Dated
				D   D / M   M / Y   Y Y   Y   Y
	Drawn on Bank			Cheque / DD No.
	Branch			Branch City

## 5. Investment Scheme Details

Refer Sec. F & G

Select any one »	<b>TATA RETIREMENT SAVINGS FUND</b>		
	<b>Plan Name</b>	<b>Please tick the appropriate option (any one per plan)</b>	
	<input type="checkbox"/> Progressive Plan - Regular Plan <input type="checkbox"/> Progressive Plan - Direct Plan	<input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60), <input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch	
	<input type="checkbox"/> Moderate Plan - Regular Plan <input type="checkbox"/> Moderate Plan - Direct Plan	<input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60)	<input type="checkbox"/> No Auto Switch
	<input type="checkbox"/> Conservative Plan - Regular Plan <input type="checkbox"/> Conservative Plan - Direct Plan	-----	

## 6. Auto SWP Facility

Select any one only » Will be applicable after attaining 60 years	<input type="checkbox"/> No Auto SWP
	OR <input type="checkbox"/> Fixed SWP (Select Frequency) <input type="radio"/> Monthly OR <input type="radio"/> Quarterly (Default)
	OR <input type="checkbox"/> Fixed Amount (Frequency Monthly only) Rs. <input type="text"/>

## 7. Bank Account Details

Refer Sec. G

This must be an Indian account. The 1 <sup>st</sup> applicant should be a holder in this account.  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).	Bank Name		Branch	
	Account number		A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> NRE	
	MICR	IFSC for NEFT	IFSC for RTGS	
	Address			
	City	PIN	State	

## Cheque Details

## Acknowledgement Slip

Cheque/DD No. \_\_\_\_\_ dated \_\_\_\_\_ A/c. No. \_\_\_\_\_ Bank \_\_\_\_\_

Call (022) 6282 7777 (Monday to Saturday 9:00 am to 5:30 pm) • SMS: TMF To 57575 • E-mail: enq\_T@camsonline.com

Subject to realisation.

Mode of Holding

☐ Single

☐ Joint

☐ Any one or Survivor (Default)

II<sup>nd</sup> Applicant's Details

Investors to ensure that PAN is linked to Aadhaar.

☐ Mr. ☐ Ms.

Status

PAN / PEKRN

☐ Resident Individual ☐ NRI

Name

Mobile No.

Mobile belongs to

Date of Birth

C-KYC

☐ Self ☐ Parent

☐ Spouse ☐ Child

III<sup>rd</sup> Applicant's Details

Investors to ensure that PAN is linked to Aadhaar.

☐ Mr. ☐ Ms.

Status

PAN / PEKRN

☐ Resident Individual ☐ NRI

Name

Mobile No.

Mobile belongs to

Date of Birth

C-KYC

☐ Self ☐ Parent

☐ Spouse ☐ Child

9. Know Your Customer (KYC) Details

Refer Sec. J

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

10. 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 >>	<div><input type="checkbox"/> Indian</div> <div><input type="checkbox"/> U. S.</div> <div><input type="checkbox"/> Others (Please specify) .....</div>	<div><input type="checkbox"/> Indian</div> <div><input type="checkbox"/> U. S.</div> <div><input type="checkbox"/> Others (Please specify) .....</div>	<div><input type="checkbox"/> Indian</div> <div><input type="checkbox"/> U. S.</div> <div><input type="checkbox"/> Others (Please specify) .....</div>
Type of address given at KRA >>	<div><input type="checkbox"/> Residential or Business</div> <div><input type="checkbox"/> Registered Office</div> <div><input type="checkbox"/> Residential Business</div>	<div><input type="checkbox"/> Residential or Business</div> <div><input type="checkbox"/> Registered Office</div> <div><input type="checkbox"/> Residential Business</div>	<div><input type="checkbox"/> Residential or Business</div> <div><input type="checkbox"/> Registered Office</div> <div><input type="checkbox"/> Residential Business</div>
Are you also a resident in any other country(ies) for tax purposes?	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>
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 <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 >>			
Identification Type 2 >>			
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

\* 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

## 11. 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.		
	<input type="checkbox"/> Register nomination as below <input type="checkbox"/> I do not wish to nominate.		
Select any one >>			
1 <sup>st</sup> Nominee	Nominee Name		
	Relationship with Nominee		Date of Birth D D / M M / Y Y Y Y
	Address		City
	State	PIN	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 D D / M M / Y Y Y Y
	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 D D / M M / Y Y Y Y
	Address		City
	State	PIN	Country
	Guardian Name in case of Minor	Allocation (%)	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

## 12. 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.	
		Beneficiary Account No.	

## 13. 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 Pvt. Ltd. (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: \_\_\_\_\_

1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression
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Debit Mandate Form NACH (One Time Mandate - OTM)

Date DDMMYY

Choose (✓) ☒ CREATE ☒ MODIFY ☒ CANCEL

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 (preselected) ☒ 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 DDMMYY to DDMMYY 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.

SIP Registration / Renewal Form (For OTM Registered Investors only)

Please tick (✓) as applicable: ☐ Registration of SIP ☐ Registration of MICRO SIP ☐ Renewal of SIP.

Advisor Details (Transaction Charges for Applications routed through distributor/agents only (Kindly refer Instruction 8 overleaf))

ARN / RIA ^ Code <b>ARN-257030</b>	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code <b>E-479794</b>
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. ^ 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

Investor Details	Application No.	Folio No.
1 <sup>st</sup> Holder Name	PAN	
2 <sup>nd</sup> Holder Name	PAN	
3 <sup>rd</sup> Holder Name	PAN	

First SIP Cheque Details		
Cheque No.	Cheque Amount in Rs.	Cheque Date DD/MM/YYYY
Bank Name	Branch	City

SIP Scheme/Option/Sub Option	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	SIP Instalment Amount (₹)	Frequency (*Default) <input type="checkbox"/> Daily ^ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly * <input type="checkbox"/> Quarterly	SIP Start Date DD/MM/YYYY	SIP End Date (Default : 31 December 2099) DD/MM/YYYY
^ Daily SIP - Monday to Friday - On Business Days only					

Day of the week for weekly frequency : ☐ Monday ☐ Tuesday ☐ Wednesday (Default) ☐ Thursday ☐ Friday

<input type="checkbox"/> SIP Top-up (Optional)	Top-up Amount (Rs.) (In multiples of Rs. 500/- only)	SIP Top Up Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (default)	Upper SIP Amount (Rs.)
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Auto Switch Option : Applicable for Tata Retirement Savings Fund (TRSF) only, for default values refer SID.

Plan Name	Please tick the appropriate Autoswitch option (any one as per the plan)		
Progressive Plan	<input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60), <input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch		
Moderate Plan	<input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60)		<input type="checkbox"/> No Auto Switch

Systematic Withdrawal Plan : (Please ✓ any one) Applicable after the age of 60 of the 1st unit holder, for TRSF only.

<input type="checkbox"/> No Auto SWP	<input type="checkbox"/> Fixed SWP (Select Frequency) <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly (Default)	<input type="checkbox"/> Fixed Amount (Frequency Monthly only) Rs.
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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	Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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1. ADVISOR DETAILS

Refer Instruction 2.

ARN / RIA ^ Code <b>ARN-257030</b>	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code <b>E-479794</b>
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. ^ 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. INVESTOR DETAILS

Folio No.

1 <sup>st</sup> Holder Name			PAN
C-KYC	Date of Birth	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
2 <sup>nd</sup> Holder Name			PAN
C-KYC	Date of Birth	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
3 <sup>rd</sup> Holder Name			PAN
C-KYC	Date of Birth	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child

3. PURPOSE OF FORM (tick any one)

☐ Fresh Registration ☐ Cancellation

4. SYSTEMATIC TRANSFER DETAILS

Flex STP Refer Instruction 5	<input type="checkbox"/> Yes <input type="checkbox"/> No (Default)	Flex STP is available for Monthly and Quarterly frequencies; Flex STP is not available from "Daily / Weekly" IDCW plans of the source schemes; Flex STP is available only in "Growth" option of the target scheme.
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Scheme Details

Source Scheme / Plan / Option	
Target Scheme / Plan / Option	
Target Scheme Sub Option	Div. Payout Option: (select any one) <input type="checkbox"/> Div. Reinvest <input type="checkbox"/> Div. Payout

Transfer Plan Details (Select any one) Flex STP is applicable only under Fixed Amount Transfer Plan.

<input type="checkbox"/> Fixed Amount Transfer Plan (FATP) /1 <sup>st</sup> Installment for Flex STP	Amount in Rs. ₹	Amount in Words
<input type="checkbox"/> Fixed Units Transfer Plan (FUTP)	Number of Units	Units in Words
<input type="checkbox"/> Capital Appreciation Transfer Plan (CATP)	<input type="checkbox"/> IDCW Transfer Plan (DTP)	

Transfer Frequency (Select any one - Not Applicable for IDCW Transfer Plan)

<input type="checkbox"/> Daily	Only from Monday to Friday [In case any day is a non-business day for any one of the schemes (either STP from or STP to scheme) the STP will be processed as per the matrix provided on our website <a href="http://www.tatamutualfund.com">www.tatamutualfund.com</a> .]	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	In case the day of STP is a non business day the request will be considered for the next business day.
<input type="checkbox"/> Monthly	Days of the Month (Select any one)	
<input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 28 <sup>th</sup>	

Enrolment Period (Not Applicable for IDCW Transfer Plan)

Start Date	End Date	OR	Number of Installments / Transfers

5. DECLARATION AND SIGNATURES

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediates in case of any disputes regarding the eligibility, validity and authorization of my/our transactions. 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.  
Date \_\_\_\_\_

1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression
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1. ADVISOR DETAILS

Refer Instruction 2.

ARN / RIA ^ Code <b>ARN-257030</b>	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code <b>E-479794</b>
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. ^ 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. INVESTOR DETAILS

Folio No.

1 <sup>st</sup> Holder Name			PAN
C-KYC	Date of Birth	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Entity Identifier (LEI) Number Mandatory for Non Individual Investor for Transaction Value of INR 50 crore and above			
2 <sup>nd</sup> Holder Name			PAN
C-KYC	Date of Birth	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
3 <sup>rd</sup> Holder Name			PAN
C-KYC	Date of Birth	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child

3. ADDITIONAL PURCHASE DETAILS

Refer Instruction 3.

Payment Mode : <input type="checkbox"/> OTM facility (Registered in folio) <input type="checkbox"/> Cheque / DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> NEFT / RTGS		
Scheme / Plan / Option		
Gross Amount (A)	DD Charges (if any) (B)	Net Amount (A - B)
Account Number	Account Type	Dated
Drawn on Bank	Cheque / DD / UTR No.	

4. SWITCH OUT DETAILS

Refer Instruction 4.

From Scheme / Plan / Option		
To Scheme / Plan / Option		
<input type="checkbox"/> Amount (in figure)	<input type="checkbox"/> Units (in figure)	<input type="checkbox"/> All Units

5. REDEMPTION DETAILS

Refer Instruction 5.

From Scheme / Plan / Option		
<input type="checkbox"/> Amount (in figure)	<input type="checkbox"/> Units (in figure)	<input type="checkbox"/> All Units
Redemption Bank Account Details for investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off this section if not used). The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us:		
Bank Name	Bank Account Number	
IFSC for NEFT	IFSC for RTGS	MICR
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.		

6. DECLARATION AND SIGNATURES

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes regarding the eligibility, validity and authorization of my/our transactions. 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. 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. 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 _____.		
1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression

ADDITIONAL PURCHASE / SWITCH FORM FOR TATA RETIRMENT SAVINGS FUND

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



1. ADVISOR DETAILS

Refer Instruction 2.

ARN / RIA Code <b>ARN-257030</b>	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code <b>E-479794</b>
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. ^ 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. INVESTOR DETAILS

Folio No.

1 <sup>st</sup> Holder Name		PAN	
Date of Birth D D / M M / Y Y Y Y Y	C-KYC	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
2 <sup>nd</sup> Holder Name		PAN	
Date of Birth D D / M M / Y Y Y Y Y	C-KYC	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
3 <sup>rd</sup> Holder Name		PAN	
Date of Birth D D / M M / Y Y Y Y Y	C-KYC	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child

3. ADDITIONAL PURCHASE DETAILS

Refer Instruction 3.

TATA RETIREMENT SAVINGS FUND			
Plan Name		Please tick the appropriate option (any one per plan)	
<input type="checkbox"/> Progressive Plan - Regular Plan	<input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60),		
<input type="checkbox"/> Progressive Plan - Direct Plan	<input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch		
<input type="checkbox"/> Moderate Plan - Regular Plan	<input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60)	<input type="checkbox"/> No Auto Switch	
<input type="checkbox"/> Moderate Plan - Direct Plan			
<input type="checkbox"/> Conservative Plan - Regular Plan			
<input type="checkbox"/> Conservative Plan - Direct Plan			
Payment Mode : <input type="checkbox"/> OTM facility (Registered in folio) <input type="checkbox"/> Cheque / DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> NEFT / RTGS			
Gross Amount (A)	DD Charges (if any) (B)	Net Amount (A - B)	
₹	₹	₹	
Account Number	Account Type	Dated	
		D D / M M / Y Y Y Y Y	
Drawn on Bank	Cheque / DD / UTR No.		
Branch	Branch City		

4. SWITCH DETAILS

Refer Instruction 4.

From Scheme / Plan / Option			
To Scheme TATA RETIREMENT SAVINGS FUND			
Plan Name		Please tick the appropriate option (any one per plan)	
<input type="checkbox"/> Progressive Plan - Regular Plan	<input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60),		
<input type="checkbox"/> Progressive Plan - Direct Plan	<input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch		
<input type="checkbox"/> Moderate Plan - Regular Plan	<input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60)	<input type="checkbox"/> No Auto Switch	
<input type="checkbox"/> Moderate Plan - Direct Plan			
<input type="checkbox"/> Conservative Plan - Regular Plan			
<input type="checkbox"/> Conservative Plan - Direct Plan			
Amount (in figure) ₹	OR <input type="checkbox"/> Units (in figure)	OR <input type="checkbox"/> All Units	

5. AUTO SWP FACILITY (Will be applicable after attaining 60 years).

Refer Sec. H

<input type="checkbox"/> No Auto SWP	<input type="checkbox"/> Fixed SWP (Select Frequency) <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly (Default)	<input type="checkbox"/> Fixed Amount (Frequency Monthly only) Rs.
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6. DECLARATION AND SIGNATURES

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 including the Key Information Memorandum 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 Pvt. Ltd. (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. (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. (11) 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: \_\_\_\_\_

Sole / 1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression
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TATA mutual fund		Acknowledgement Slip	
Received from Mr./Ms./M/s. _____		Folio No. _____ ₹ _____	
for purchase / switch in Scheme Name _____		(mention cheque details overleaf) Subject to realisation.	

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

**TATA**  
mutual fund

Name of the Entity																								
Type of address given at KRA	<input type="checkbox"/> Residential or Business				<input type="checkbox"/> Residential				<input type="checkbox"/> Business				<input type="checkbox"/> Registered Office											
	Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes																							
Application No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								Folio No.				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
PAN Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								Date of Incorporation				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
City of Incorporation									Country of Incorporation															
Entity Constitution Type	<input type="checkbox"/> Partnership Firm				<input type="checkbox"/> HUF				<input type="checkbox"/> Private Limited Company				<input type="checkbox"/> Public Limited Company				<input type="checkbox"/> Society				<input type="checkbox"/> AOP/BOI			
	<input type="checkbox"/> Trust				<input type="checkbox"/> Liquidator				<input type="checkbox"/> Limited Liability Partnership				<input type="checkbox"/> Artificial Juridical Person				<input type="checkbox"/> Others specify							
Please tick the applicable tax resident declaration	Is "Entity" a tax resident of any country other than India: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)</i>																							

Country	Tax Identification Number*	Identification Type (TIN or Other, please specify)

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here \_\_\_\_\_  
Please refer to para 3(vii) exemption code for U.S. persons in FATCA Instructions & Definitions

[illegible]

1	Is the Entity a listed company (that is, a company whose shares are regularly traded on an established stock exchanges)	<input type="checkbox"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2	Is the Entity a related entity of a listed company (a company whose shares are regularly traded on an established stock exchanges)	<input type="checkbox"/> Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on where this stock is regularly traded) <input type="checkbox"/> No Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3	Is the Entity an active <sup>1</sup> NFE	<input type="checkbox"/> Yes <input type="checkbox"/> No Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/>
4	Is the Entity a passive <sup>2</sup> NFE	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill UBO declaration in the next section.) Nature of Business _____

<sup>1</sup> Refer 2 of Part D | <sup>2</sup> Refer 3(ii) of Part D | <sup>3</sup> Refer 1(i) of Part D | <sup>4</sup> Refer 3(vi) of Part D | <sup>10</sup> Refer 1A of Part D

### 3. Ultimate Beneficial Ownership (UBO) Details for Passive NFE

# If passive NFE, please provide below additional details for each of controlling persons. (Please attach additional sheets if necessary)

<b>Name</b> <b>PAN / Any other Identification Number</b> <i>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)</i> <b>City of Birth - Country of Birth</b>	<b>Occupation Type -</b> Service, Business, Others <b>Nationality</b> <b>Father's Name -</b> Mandatory if PAN is not available	<b>DOB - Date of Birth</b> <b>Gender - Male, Female, Other</b>										
1. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
2. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
3. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India: \* To include US, where controlling person is a US citizen or green card holder.

% In case Tax Identification Number is not available, kindly provide functional equivalent.

### 4. FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules- 1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change any information provided by you, please insure your advice us promptly, i.e. within 30 days.

If any controlling person of any utility is US citizen or Green card holder, please include United States in the foreign country information field along with the US Tax Identification number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form.

### 5. Declaration and Signatures

I/We have understood the information requirements of this Form (Read along with FATCA & CRS Instructions) and hereby confirm that information provided by me / us on this Form is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same.

Name \_\_\_\_\_

Designation \_\_\_\_\_

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Place: \_\_\_\_\_

Date: 

D	D	/	M	M	/	Y	Y	Y	Y
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Declaration for Ultimate Beneficial Ownership (UBO) / Controlling Persons  
(Mandatory for Non-individual Investors)

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



1. Entity Details

Name of the Entity	
PAN Number	

2. Applicable for Listed Company / Subsidiary Company

(i) I We Hereby declare that-  
☐ Our Company is a Listed Company listed on recognised stock exchange in India    ☐ Our Company is a Subsidiary of a Listed Company  
☐ Our Company is Controlled by a Listed Company

(ii) Details of the Listed Company ^  
Stock Exchange on which it is listed \_\_\_\_\_ Security ISIN \_\_\_\_\_  
^ The Details of holding/parent company to be provided in case the applicant / investor is a subsidiary company

3. Applicable for Non Individuals other than Listed Company / its Subsidiary Company

Category (Please tick applicable category):  
☐ Unlisted Company    ☐ Partnership Firm    ☐ Limited Liability Partnership Company  
☐ Unincorporated association / body of individuals    ☐ Public Charitable Trust    ☐ Religious Trust    ☐ Private Trust  
☐ Others (please specify \_\_\_\_\_ )

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s)^.

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country%	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code - of Controlling person
1. Name _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office
2. Name _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office
3. Name _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office

1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:  
\* To include US, where controlling person is a US citizen or green card holder. % In case Tax Identification Number is not available, kindly provide functional equivalent. ^Attach sheets if necessary.

4. Declaration and Signatures

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorised Signatory	Authorised Signatory	Authorised Signatory
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Place: \_\_\_\_\_ Date: 

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---