Application Form For Tata Mutual Fund

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

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

1. Advisor / Distributor Information

ΤΛΤΛ

mutual fund

													0,01 000.
ARN / RIA ^ Code		Sub-Broke	r ARN Code		Sub-Bro	oker / Bank B	ranch C	ode	EL	JIN Code			
ARN-2	57030										-47979		
Internal Code		without any int provided by the	tion for "execution-only eraction or advice by t employee/relationship	ne employee/rela manager/sales p	tionship man person of the	ager/sales person (distributor and the	of the abov distributor	e distributo has not cha	or or notv arged any	vithstanding v advisory fe	the advice of in- es on this transa	appropria	ateness, if any,
In case the subscription amo other than First time mutual commission shall be paid dir ^ By mentioning RIA code, I /	ectly by the inves	stor to the AMF	I registered Distrik	utors based o	n the inves	tors' assessmer	nt of vario	us factor	s includ	ling the se	rvice rendered	d by the	distributor.
Sole / 1 st Appl Thumb I	icant Signatur mpression			2 nd Applican Thumb Ir							nt Signatur Impression		
2. Applicant's In	formatio	n									Re	fer Se	c. A, C &
	with 1 st applic under the US	ant as a mino Securities Act	should be as men r. Any applicants of 1933 and corp ase C-KYC No. is r	should not be orations or o	a residen ther entiti	t of Canada or es organised u	a person nder the	who fall laws of t	ls withi the U.S.	n the defi . For Inve	nition of the stors New to	term "l	J.S. Person"
I st Applicant's Det					. ,			Folio N					
The first applicant >> will be the primary	Mr. M	s M/s.	PAN / PEKRN				C-KYC	2					
holder and all correspondence will be sent to him/her. Only the first holder	Name												
can be a minor. Existing Investors may mention the Folio no. and proceed to Sec. 4.	Date of Birth		Y Y Y Y	In ca	se of Mir	nor: Proof of	-				chool leavin	-	
Investors to ensure that PAN is linked to Aadhaar.	Mobile No.	IVI IVI 1	T T T T					Passpor e belong f	-		thers		
							Spo			C			
Contact Barcon Decim			MPL/ TMF to ser	•				•				ole nu	mber.
Contact Person - Design POA / Proprietor /			vestors) / row		ey (PUA)	/ Flopfield	-	PEKRN			applicalit)		
Guardian Details	Mr.	Ms.											
	Name												
For Non Individual »	Entity Identif	ier (LEI) Nun	nber Mandatory	for Transac	tion Valu	e of INR 50 c	rore and	1 above					
To be filled by ≫ Guardian			10r Applicant Legal Guardi		of Relatio h certifica	nship ate 🗌 School	leaving	certifica	ate 🗌	Passport	Others		
	Mobile No.			Date o			C	С-КҮС					
-				DD	/ M M	/ Y Y Y	Y						
Tax Status	🗆 Resident I	ndividual	Sol	e Proprietors	shin	Body Cor	norate			Overse	as Citizen o	of Indi	<u> </u>
	NRI-Repat NRI-Non-R Minor - Re Minor - NF Person of	riation epatriation sident Indiv RI	☐ Hin □ Par idual □ Cor □ Tru	du Undivide tnership npany st	d Family	 Body Corp Limited Li Body of Ir Society / Non Profi 	iability F ndividua Club t Organi	ls ization	hip	Foreig Qualifi Foreig	n National F ed Foreign n Portfolio I n Institutior	Resider Invest nvesto	nt in India :or or
3. Contact Detai	ls											R	efer Sec. I
Mailing address is »													
required for initial communication. We													
will overwrite this address with the 1 st								(City				
Applicants address as per the KRA	PIN			State				(Counti	ry			
records	Residence Ph	one (prefix	STD Code)	Office I	Phone (pi	efix STD Co	de)						
	Email							1		Extn belongs	to Self		Parent
			nt have email a vsical copy of t			ual report or	abridg	ed sum	mary	thereof	Spouse		Child No
% TATA													- >
nutual fund				nowledgemer									
Received from Mr./Ms./M/s.						PAN				₹	:f:		
for purchase in									Subj	ject to ver	ification and I	realisati	on.

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

Refer Sec. F & Product Labels

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

5. Investment Scheme Details

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

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).

This must be an Indian account. The 1 st applicant should be a holder in this	Bank Name		Brar	Branch		
account.	Account number		A/C	C type Savings Current NRO		
				NRNR NRE		
	MICR	IFSC for RTGS	IFSO	C for NEFT		
	Address					
	City	PIN	Stat	e		
%			·	≫₀		
Cheque Details				Acknowledgement Slip		
Cheque/DD No	dated	A/c. No	Bank			
C (1 (022) C202 7777 (M) 1		• •				

Mode of Holding	Single	[Joint	Any one or Survivor (E	Default)			
II nd Applicant's Detai	ls					Investors	to ensure that PAN is	s linked to Aadhaar
Mr. Ms.				Status		PAN / PEK	RN	
				🗌 Resident Individual	NRI			
Name				1				
Mobile No.		Mobile belon	gs to	Date of Birth		С-КҮС		
		Self	Parent Child		YY			
III rd Applicant's Deta	ils			1		Investors	to ensure that PAN is	s linked to Aadhaar
Mr. Ms.				Status		PAN / PEK	RN	
				Resident Individual	NRI			
Name								
Mobile No.		Mobile belon	J	Date of Birth		C-KYC		
		Self	Parent Child		YY			
8. Know Your Ci	ustomer ((KYC) Det	ails					Refer Sec.
CATEGORIES		PLICANT (Inclu	3	SECOND APPLICAN	-		THIRD AP	
Occupation >>	 Public Sec Governme Profession Housewife 	ent Sector	Retired Business Agriculturist Forex Dealer Student	 Private Sector Service Public Sector Service Government Sector Professional Housewife Others (please specified) 	Busin Agric Fore>	ess ulturist Dealer ent	 Private Sector Servic Public Sector Servic Government Sector Professional Housewife Others (please spector) 	e Business Agriculturist Forex Dealer Student
Gross Annual Income »			1-5 Lacs	Below 1 Lac	□ 1-5 L		Below 1 Lac	1-5 Lacs
	□ 5-10 Lacs □ >25 Lacs-		10-25 Lacs	5-10 Lacs >25 Lacs-1 crore	□ 10-2 □ >1 ci		5-10 Lacs >25 Lacs-1 crore	□ 10-25 Lacs □ >1 crore
		. ,	Non-individual)	Networth in			Networth in ≠	
		м м / Ү		₹ on DD/MM			₹ D D / M M ,	
	(not older than	•		(not older than 1 year)			(not older than 1 year)	
Others »	· · ·	cable Exposed Perso Politically Exp		Not Applicable Politically Exposed Pe Related to Politically		erson	Not Applicable Politically Exposed Related to Political	
Additional KYC De								
For Non Individuals » only (Companies, Trust, Partnership etc.)	(if No, mand Non Individu Foreign Ex	atory to attach Ial investors in	the UBO declara volved/providing changer Service	diary of Listed Company of ation) g any of the mentioned se ces Gaming / Gamblin None of the above	ervices ig / Lottery			′es 🗌 No
9. Foreign Accou								Refer Sec.
For Individuals		PLICANT (inclu		SECOND APPLICAN		DIAN	THIRD APP	•
Country of Birth \gg								
Place of Birth \gg								
Nationality »		ase specify)	U. S.	 Indian Others (Please specify) 	🗌 U. S.	[Indian Others (Please specify	U. S.
Type of address given at KRA \gg		l or Business	Residential Business	Residential or Busines		ential	Residential or Busine Registered Office	
Ann ann alas a maidemt in a					_			
Are you also a resident in \gg	No No	L	Yes	No No	Yes			
any other country(ies) for tax purposes?		ete section bel		No	☐ Yes			
any other country(ies) for tax				No	L Yes			
any other country(ies) for tax purposes?				□ No	U Yes			
any other country(ies) for tax purposes? Country of Tax Residency 1 >>				_ No	☐ Yes			
any other country(ies) for tax purposes? Country of Tax Residency 1 » Tax Identification Number 1 »	If yes, compl	ete section bel		Reason A B	C		Reason 🗌 A 🗌 B	C
any other country(ies) for tax purposes? Country of Tax Residency 1 » Tax Identification Number 1 » Identification Type 1 » If TIN is not available please »	If yes, compl	ete section bel	ow.				Reason 🗌 A 🗌 B	C
any other country(ies) for tax purposes? 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 *	If yes, compl	ete section bel	ow.				Reason 🗌 A 🗌 B	C
any other country(ies) for tax purposes? 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 * Country of Tax Residency 2 >>	If yes, compl	ete section bel	ow.				Reason 🗌 A 🗌 B	C

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)

0. Nomination	Details		Refer Sec.				
Mandatory for Individual(s) applying	You can nominate up to 3 persons to receive the Units a made to such Nominee(s) and Signature of the Nominee	allotted to you in your folio in the unfortuna	te event of death of all unit holders. All payments and settlements a valid discharge by the AMC/ Mutual Fund/ Trustees.				
singly or jointly.	Register nomination as below	I do not wish to nom					
Select any one	»						
1 st Nominee	Nominee Name						
	Relationship with Nominee	Date of Birth					
	Address	City					
	State	PIN	Country				
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian				
2 nd Nominee	Nominee Name						
2 nd Nominee							
	Relationship with Nominee	Date of Birth					
	Address	City					
	State	PIN	Country				
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian				
3 rd Nominee	Nominee Name						
	Relationship with Nominee	Date of Birth D D / M M Y Y Y					
	Address	Address					
	State	PIN	Country				
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian				

11. Demat Account Details

ure that the ce of names ioned in the	Depository participant Name	
application form ches with that of the account held with the	Central Depository Securities Limited	National Securities Depository Limited
Participant.	Target ID No.	DP ID No.
e details are		IN
e incorrect, e allotted in		Beneficiary Account No.
iysical mode.		

12. Declaration and Signatures

Refer Sec. N

Refer Sec. M

- I/We am/are not prohibited from accessing capital markets under any order//uling/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 /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 (2)
- Twe any are engine investor(s) as per the scheme related documents and any are autionised to make the scheme(s) is through regulations, notifications or directions issued by any regulatory autionised to make the scheme (s) is through regulations, notifications or directions issued by any regulatory autionised to find at the scheme (s) is through regulations, notifications or directions issued by any regulatory autionised to find at the scheme (s) is through regulations and are autions of directions and any are autions and any are autions where the scheme (s) is through regulations of directions issued by any regulatory aution and/or evasion of any are autions of the scheme (s) is through 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. (3)
- (4)

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. (5) (6)

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. (7)

- 1/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/ts distributor for this investment. I/We are 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. (8)
- (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 (10) 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.

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

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

Application form for Tata Retirement Savings Fund	Tata Retirement Savings Fund	Retirement	For Tata	Form I	plication	Ap
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Moderate Plan &	Conservative
Progressive Plan	Plan
HSK-O-METER	A DEC -O - METER
vestors understand that their principal	investors understand that their principal
will be at Very High Risk	will be at Moderately High Risk

Refer Sec. B

••	or Tata Re	e tirement Savings Fun I, Fort, Mumbai - 400 001	This product is suitable for investors who are se Moderate Plan: - Long Term Capital Appreciati (between 65%-85%) savings scheme which provid investors. Progressive Plan: - Long Term Capital 85%-100%) savings scheme which provides tool for Conservative Plan: - Long Term Capital Apprec (between 70%-100%) savings scheme which prove investors. *Investors should consult their financial adviso suitable for them	ion & Current Income. • An e les tool for retirement planning I Appreciation. • An equity orie retirement planning to individua ciation & Current Income. • A dies tool for retirement planning	to individual need (between al investors. debt oriented o to individual	Conservative Plan December 2010 December 201
ALL THE DETAILS REQ 1. Advisor / Distribu		HE FORM ARE MANDATORY ation	FOR EACH OF THE APPLIC	ANTS		Refer Sec. E
ARN / RIA ^ Code ARN-2	57030	Sub-Broker ARN Code	Sub-Broker / Bank Br	ranch Code	EUIN Code E-47	79794
Internal Code		this is an "execution-only" transact distributor or notwithstanding the a	nly" transaction - I/We hereby conf ion without any interaction or advic dvice of in-appropriateness, if any, not charged any advisory fees on th	e by the employee/re provided by the emplo	lationship manager/sales p	erson of the above
other than First time mutual commission shall be paid dire	fund investor) wi ectly by the invest	r more and your Distributor has opt ill be deducted from the subscription for to the AMFI registered Distributor a to share with the SEBI Registered Ir	n amount and paid to the distributor s based on the investors' assessmen	r. Units will be issued It of various factors in	against the balance amoun cluding the service rendered	t invested. Upfront by the distributor.
Sole / 1 st Appli Thumb I	cant Signature mpression		Applicant Signature / humb Impression		3 rd Applicant Signature Thumb Impression	
2. Applicant's Inform	nation			I	Rej	fer Sec. A, C &
I st Applicant's Deta	as a minor. Any a corporations or o number. In case	Applicants should be as mentioned in applicants should not be a resident of Ca other entities organised under the laws the C-KYC number is not available, kind	anada or a person who falls within the d of the U.S. Individual Investors who are	lefinition of the term "U e KYC KRA verified after	S. Person" under the US Securi 10th Feb 2017, should additi	ities Act of 1933 and
The first applicant » will be the primary holder and all	Mr. Ms	. M/s. PAN / PEKRN		C-KYC		
correspondence will be sent to him/her. Only the first holder can be a minor. Existing Investors may	Name					
mention the Folio no. and proceed to Sec. 4	Date of Birth	м м /	In case of Minor: Proof of I	DOB: DBirth certif	icate School leaving	-
	Mobile No.			Mobile belongs to Self Spouse	Parent Child	
Power Of Attorney (POA	,	uthorize TAMPL/ TMF to send in / Guardian details (minor ag	•	saction updates to	o me on WhatsApp mob	ile number.
POA / Proprietor / Guardian Details		1s.		PAN / PEKRN		
	Name					
To be filled by » Guardian	· ·	with the Minor Applicant	Proof of Relationship	looving cortificato	Baccoport Others	
	Mobile No.	Father Legal Guardian	Date of Birth	C-KYC		
				Y Y Y		
Tax Status						
	Resident Ir NRI-Repatr NRI-Non-Re Minor - Res	iation	 Minor - NRI Person of Indian Origin Sole Proprietorship Hindu Undivided Family 	🗆 Fe	verseas Citizen of India oreign National Residen ualified Foreign Investo	it in India
3. Contact Detai	ls					Refer Sec. L
Mailing address is » required for initial communication. We will overwrite this						
address with the 1 st Applicants address				City	/	
as per the KRA	PIN		State	Cοι	intry	
records	Residence Pho	one (prefix STD Code)	Office Phone (prefix STD Coo	de)	Extn	
·	Email			Ema	ail belongs to Self	Parent Child
		who do not have email addre receive physical copy of the s		abridged summa	ry thereof 🗌 Yes	□ No
						<i>≫</i> ⊚ = -

mutual fund Received from Mr./Ms./M/s.

Acknowledgement Slip

PAN

₹

Overseas address

Mandatory for Non-Resident Individuals and Overseas Investors in addition to the mailing address.			
maning address.			City
	State	ZIP Code	Country
4. Investment Instru	ment Details		Refer Sec. E
The name of the » first applicant should be available on the investment	Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)

Cheque/ DD to be
drawn in favour of
'Tata Retirement
Savings Fund'

Cheque.

 (B)
 (A - B)

 Account Number
 A/c Type

 Dated

 Drawn on Bank

 Branch

 Branch City

Refer Sec. F & G

Refer Sec. G

5. Investment Scheme Details

 TATA RETIREMENT SAVINGS FUND

 Select any one
 Plan Name
 Please tick the appropriate option (any one per plan)

 Progressive Plan - Regular Plan
 Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60),

 Progressive Plan - Direct Plan
 Auto Switch Option 2 (Progressive to Conservative @ age 60)

 Moderate Plan - Regular Plan
 Auto Switch Option 3 (Moderate to Conservative @ age 60)

 Moderate Plan - Regular Plan
 Auto Switch Option 3 (Moderate to Conservative @ age 60)

 Conservative Plan - Direct Plan
 Auto Switch Option 3 (Moderate to Conservative @ age 60)

 Conservative Plan - Direct Plan

6. Auto SWP Facility

Select any one only » Will be applicable after attaining 60		No Auto SWP			
years	OR	Fixed SWP (Select Frequency)	O Monthly	OR	O Quarterly (Default)
	OR	□ Fixed Amount (Frequency Monthly only) Rs.			

7. Bank Account Details

This must be an Indian account. The 1 st applicant	Bank Name	Branch				
should be a holder in this account.	Account number		A/C type Savings Current NRO			
The bank account						
details provided below will be held on record and	MICR	IFSC for NEFT	IFSC for RTGS			
considered as default bank mandate to pay redemption proceeds and IDCW payouts	Address	· 				
(if applicable).						
	City	PIN	State			
%			🎉			
Cheque Details	Ac	knowledgement Slip				
Cheque/DD No	dated	A/c. No	Bank			
Call (022) 6282 7777 (M	onday to Saturday 9:00 am to 5:30 pm) •	SMS: TMF To 57575 • E-mail: eng_T@	camsonline.com Subject to realisation.			

8. Joint Applicant's Details

Country of Tax Residency $2 \gg$ Tax Identification Number 2 \gg

8. Joint Applicant's I	Details							Refer Sec. E &
Mode of Holding	□ Single		🗆 Joint	Any one or Survivor (De	efault)			
II nd Applicant's Detai	ls					Investors	to ensure that PAN is li	nked to Aadhaar
Mr. Ms.				Status		PAN / PEK	RN	
				Resident Individual	NRI			
Name								
Mobile No.		Mobile belon	igs to	Date of Birth		C-KYC		
		Self Spouse	Parent Child	D D M M M V Y				
III rd Applicant's Deta	ils					Investors	to ensure that PAN is li	nked to Aadhaa
Mr. Ms.				Status		PAN / PEK	RN	
				Resident Individual	NRI			
Name								
Mobile No.		Mobile belor	igs to	Date of Birth		C-KYC		
		Self Spouse	Parent Child		YY			
9. Know Your Custo	mer (KYC) l	Details						Refer Sec.
CATEGORIES	FIRST API	PLICANT (Incl	uding Minor)	SECOND APPLICAN	T / GUAR	DIAN	THIRD APPLI	CANT
Occupation »	🗆 Private Se	ctor Service	Retired	 Private Sector Service Public Sector Service Government Sector Professional 	•	ed ess ulturist	 Private Sector Service Public Sector Service Government Sector Professional 	Retired Business Agriculturist Forex Dealer
	🗆 Housewife	e [Student	HousewifeOthers (please specify	🗆 Stude	nt	 Housewife Others (please specify) 	Student
Gross Annual Income »	□ 5-10 Lacs □ >25 Lacs-	Lacs 🗌 10-25 Lacs		 Below 1 Lac 5-10 Lacs >25 Lacs-1 crore Networth in 	□ 1-5 L □ 10-2! □ >1 cr	5 Lacs	☐ Below 1 Lac ☐ 5-10 Lacs ☐ >25 Lacs-1 crore Networth in	 1-5 Lacs 10-25 Lacs >1 crore
	₹	M M / Y	as on	₹	/	as	₹ D D / M M /	as on Y Y Y Y
	(not older than	1 year)		(not older than 1 year)			(not older than 1 year)	
Others »	Politically	cable Exposed Pers Politically Exp		 Not Applicable Politically Exposed Per Related to Politically E 		erson	Not Applicable Politically Exposed Pe Related to Politically	
10. Foreign Account	Tax Compl	iance Act (FATCA) & CRS	5 Details				Refer Sec.
For Individuals	FIRST API	PLICANT (incl	uding Minor)	SECOND APPLICANT	/ GUARI	DIAN	THIRD APPLIC	CANT
Country of Birth \gg								
Place of Birth \gg								
Nationality \gg		ase specify)	U. S.	 Indian Others (Please specify) 	U. S.		Indian Others (Please specify)	U. S.
Type of address given at KRA \gg		l or Business	Residential Business	Residential or Business Registered Office	Resid Busin		Residential or Business Registered Office	Residential Business
Are you also a resident in \gg	□ No		Yes	□ No	🗌 Yes	[No	Yes
any other country(ies) for tax purposes?	If yes, comp	ete section be	low.					
Country of Tax Residency 1 \gg								
Tax Identification Number 1 \gg								
Identification Type 1 \gg								
If TIN is not available please » tick the reason A, B or C *	Reason 🗌	A B	C	Reason 🗌 A 🗌 B	C	F	Reason 🗌 A 🗌 B	C

Identification Type 2 \gg											
If TIN is not available please \gg tick the reason A, B or C *	Reason	□ A	B	□ C	Reason	□ A	B	□ C	Reason	□ A □ B	□ C
* Reason A: The country whe	ere the Acco	unt Hol	der is lia	ble to pay tax does n	ot issue Ta	x Identifi	cation Ni	umbers to its residen	ts; Reason	B: No TIN requir	ed (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 Deta	uls		Refer Sec. L		
Mandatory for Individual(s) applying singly or jointly.	You can nominate up to 3 persons to receive the Units allott made to such Nominee(s) and Signature of the Nominee(s) a	ed to you in your folio in the unfortunate event o cknowledging receipt thereof, shall be a valid dis	f death of all unit holders. All payments and settlements charge by the AMC/ Mutual Fund/ Trustees.		
singly of jointly.	Register nomination as below	I do not wish to nominate.			
Select any one 🤉	•				
1 st Nominee	Nominee Name				
	Relationship with Nominee		Date of Birth D D I M M I Y Y Y Y		
	Address		City		
	State	PIN	Country		
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian		
2 nd Nominee	Nominee Name				
	Relationship with Nominee	Date of Birth D D I M M I Y Y Y Y			
	Address	City			
	State	PIN	Country		
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian		
3 rd Nominee	Nominee Name				
	Relationship with Nominee		Date of Birth		
	Address		City		
	State	PIN	Country		
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian		
	1st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression		

12. Demat Account Details

Ensure that the	Fill these details only if you wish to have your units in Demat mode.									
sequence of names as mentioned in the	Depository participant Name									
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.	Central Depository Securities Limited Target ID No.	National Securities Depository Limited DP ID No. I N Beneficiary Account No.								

13. Declaration and Signatures

Refer Sec. N

Refer Sec. M

- 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 an/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)
 The information given in / with this application or be faise / 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 inducing the regulator) submission, any India or foreign statutory, regulatory, judicial, quasi- judicial undinformation agreent Company, its employees, agents and third party

Date:

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

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mutual	fund

Debit Mandate Form NACH (One Time Mandate - OTM)

Date D D M M Y Y Y Y

mutuui		U	MRN				Office u			··1							
Choose (✓) Spor	nsor Bank Code		Office use only					Utility Code			Office use only						
MODIFY	hereby authorize		TATA MUTUAL FUND to debit (✓) □ SB □					CA	CA CC SB-NRE SB-NRO Other								
CANCEL Bank A/c No.:																Ouloi	
With Bank:		Bank Nar	ne & Brancl	h		IFSC					N	/ICR					
an amount of Rupee	es				Amount in	Words						₹					
FREQUENCY (preselected) Reference / Folio No	S.	XQ	uarterly	🗵 Hal	,	Í As wł Email Id		nted (default))	DEBIT	TYPE	I Fixed	l Amou	nt 🗹 M	aximun	n Amount	
Scheme / Plan refer					sing to debit my ac	count as	per latest s	chedule of charg	Mobi jes of the								
PERIOD From D D M	IMYYY	Y Sig	n <u>Sigr</u>	nature of F	First Account Hole	der	Sign	Signature of S	Second A	ccount H	older	Sign	lignatur	e of Third /	Account	Holder	
to DDM		Y 1				2.					3						
This is to confirm that the interview of the second s	ne declaration has be	ncel / amend	ead, understo this mandate	as in Ban od & made by approp	k Records by me/us. I am aut riately communicati	thorising ng the ca	the user Er ancellation /	Name as in Ba tity / Corporate t amendment req	ank Rec to debit m uest to the	ords y account, l e user entit	y / corpor	the instruct ate or the b	ions as a ank whei	e I have au	signed by thorised		
Please tick (√) as ap Advisor Details (Tr		gistration o	of SIP	Registrati	/ Renewa on of MICRO SIP ough distributo	R	tenewal of	SIP.				y)					
ARN / RIA [^] Code	้ ง-2570)30	Sub-Brok	er ARN	Code		Sub-Bro	oker / Bank	Branch	n Code	I	EUIN Co	^{de} E	-47	979	94	
Internal Code			an "executi notwithstan distributor	on-only" ti iding the a has not ch	or "execution-only ransaction withou advice of in-appro narged any adviso RA) the details of	it any in opriatene ry fees c	teraction o ess, if any on this trai	or advice by the provided by the saction. ^ By n	e employ he emplo nentionir	ree/relatio oyee/relatio ng RIA cod	nship ma onship m e, I / we	anager/sal nanager/sa authorize	es perso lles pers	n of the a on of the	bove dis distribu	tributor or tor and the	
	st Applicant S humb Impress				2nd Ap Thu		t Signat npressio				3r			ignatur ression			
Investor Details		Applicat	ion No.						Fol	io No.							
1 st Holder Name	1									PAN							
2 nd Holder Name	5									PAN							
3 rd Holder Name	2									PAN							
First SIP Chequ	e Details																
Cheque No.				Cheque	e Amount in R	s.				Cheque	Date		/ M	M /			
Bank Name				Branch						City							
SIP Scheme Sub Op		Plan:	Regular 🗌 I	Direct	SIP Instalme Amount (₹)				SIP St	art Date			(Defau	SIP End lt : 31 Dec		2099)	
							Daily ^ Weekly Monthly Ouarter	*								(
Day of the week fo	r weekly frequen	v · Mor	udav.	Tuesday	wednes	day (De		y Direction Thursday		Friday	nuay to	Friday -	On Bus	iness Da	ys oniy	·	
SIP Top-up	op-up Amount (R n multiples of Rs.	, s.)		Tuesday	SI	P Top L	Jp Freque				SIP Am	ount (Rs.)					
Auto Switch Opt	ion : Applicable	for Tata	Retireme	nt Savin			•		-	SID.							
Plan Name					ate Autoswitch	-											
Progressive Plan					(Progressive to (Progressive to					Conservation Switcl		ge 60),					
Moderate Plan					(Moderate to C			-	(T D/		Auto Sw	itch					
Systematic Withd No Auto SWP					Quarterly (D			ixed Amount			nthly or	nly) Rs.					
Declaration and S conditions overleaf scheme/s. I/We her in ECS/Direct Debit different cometing	, I/We hereby app eby declare that the Standing Instruc	ly for the i ne particula tion. The A	respective U Irs given are RN Holder,	nits of Ta correct & where ap	ata Mutual Fund complete & exp plicable, has dis	Schemoress my sclosed	e/s at NA y willingn to me/us	V based resaless to make pa all the comm	e price & ayments issions (& agree to towards !	o abide SIP insta	by terms, llments re	conditi ferred a	ons, rules bove thro	s & regu ough pa	lations of rticipation	
SIGNATURE/S	Sole / 1st Unith						-	ure / Thumb In		n	3rd	Unitholder	Signatu	re / Thum	b Impre	ssion	

SYSTEMATIC TRANSFER PLAN FORM (Including Flex STP)

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

TATA mutual fund

1. ADVISOR DETAILS							Refer Ins	struction 2	
ARN / RIA ^ Code	257030	Sub-Broker	ARN Code	Sub-Broker / Bank Branch	n Code	EUIN Code	E-479	9794	
Internal Code		interaction or advic relationship manage	e by the employee/relationship manager/ er/sales person of the distributor and the o	eby confirm that the EUIN box has been int ales person of the above distributor or no distributor has not charged any advisory fee / our transactions in the schemes(s) of Tat	advice of in-appropriater	iess, if any, provide	d by the employee/		
	pplicant Signati	ure /		nt Signature / mpression		3rd Applicant Thumb Im		/	
2. INVESTOR DETAI	LS				Folio No.				
1 st Holder Name					PA	N			
С-КҮС			e of Birth D	Mobile No.	Ма	bile belongs to	Self	Parent	
2 nd Holder Name					PA	N			
С-КҮС			e of Birth D / M M / Y Y Y	Mobile No.	Mc	bile belongs to	o Self	Parent Child	
3 rd Holder Name				'	PA	N			
С-КҮС			e of Birth D	Mobile No.	Mo	bile belongs to	Self	Parent	
3. PURPOSE OF FORM	1 (tick any one)								
Fresh Registration		Cancel	lation						
4. SYSTEMATIC TRAN									
Flex STP		No (Default)		Flex STP is available for Mo	nthly and Quar	rterly frequencies:	Flex STP is not	available from	
Refer Instruction 5				"Daily / Weekly" IDCW plans option of the target scheme.	s of the source				
Scheme Details									
Source Scheme / Plan	/ Option								
Target Scheme / Plan	/ Option								
Target Scheme Sub O	ption			Div. Payout Option: (s	elect any on Div. Payo				
Transfer Plan Details	s (Select any one	e) Flex STP is	applicable only under Fix	ked Amount Transfer Plan.					
Fixed Amount Transfer Plan (FATP) /1st Installment for	Amount in Rs.			Amount in Words					
Flex STP Fixed Units Transfer Plan (FUTP)	Number of Unit	S		Units in Words					
Capital Appreciatio	on Transfer Plan (CATP)		DIDCW Transfer Plan (DTP)					
Transfer Frequency	Select any one -	Not Applicat	ble for IDCW Transfer Plar						
Daily	Only from Mon	day to Friday l	In case any day is a non-h	" usiness day for any one of r website www.tatamutualf	the schemes	s (either STP fro	om or STP to	scheme) the	
Weekly				t) 🗆 Thursday 🗆 Frid	av	the day of STF) is a new key	sinoss davi	
Monthly			s of the Month (Select any		in case	quest will be c	onsidered fo		
Quarterly	1 st 7	th 10 th	20 th 28 th			busine	ess day.		
Enrolment Period (No	ot Applicable for	IDCW Transf	er Plan)						
Start Date	Y Y Y Y Y	End Date	/ M M / Y Y Y	OR Number of Ins	tallments /	Transfers			
5. DECLARATION AN									
I/We have read, understood the Scheme(s) of Tata Mutu validity and authorization o to him /them for the different	and hereby agree to al Fund ("Fund") indic f my/our transactions. nt competing Scheme	comply with the t ated in this appli The ARN holder s of various Mutu	erms and conditions of the schem cation form. I/We will indemnify th (AMFI registered Distributor) has o al Funds from amongst which the	e related documents including the ne Fund, AMC, Trustee, RTA and ot isclosed to me / us all the commis Scheme is being recommended to	key information ther intermediat sions (in the for me/us.	n Memorandum and tes in case of any di rm of trail commiss	apply for allotn sputes regardin ion or any other Date	nent of Units of g the eligibility, mode), payable	
	cant Signature / b Impression			nt Signature / 3rd Applicant Signature / Thumb Impression					
								>	
TATA mutual fund Received from Mr./Ms./M/	S		Acknowledg	gement Slip	Folio No			STP request	
from Scheme				to Schemes					
			DTP for Amount (₹)						

COMMON TRANSACTION FORM

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

ΤΛΤΛ mutual fund

1. ADVISOR DETAILS						Refer In	struction 2.
ARN / RIA Code ARN-257030	Sub-Broker A	ARN Code	Sub-Broker / Bank Branch C	ode El	JIN Code	E-479	9794
Internal Code	interaction or advice relationship manage	e by the employee/relationship manager/s r/sales person of the distributor and the d	eby confirm that the EUIN box has been intentic ales person of the above distributor or notwiti istributor has not charged any advisory fees or / our transactions in the schemes(s) of Tata Mu	hstanding the advice this transaction. ^	e of in-appropriaten	ess, if any, provide	d by the employee/
Sole / 1st Applicant Signat Thumb Impression	ure /	2nd Applican Thumb In			Applicant		
2. INVESTOR DETAILS				Folio No.			
1 st Holder Name				PAN			
С-КҮС		e of Birth D	Mobile No.	Mobile	belongs to	Self	Parent
Entity Identifier (LEI) Number Mandato	ry for Non Ind	ividual Investor for Transa	ction Value of INR 50 crore a	nd above			
2 nd Holder Name				PAN			
С-КҮС		e of Birth D	Mobile No.	Mobile	belongs to	Self	Parent Child
3 rd Holder Name				PAN			
С-КҮС		e of Birth D	Mobile No.	Mobile	belongs to	Self	Parent
3. ADDITIONAL PURCHASE DET	AILS					Refer In	struction 3.
Payment Mode : OTM facility (Reg Scheme / Plan / Option	gistered in foli	o) 🗌 Cheque / DE	D 🗌 Fund Transfer	NEFT / I	RTGS		
Gross Amount (A)			DD Charges (if any) (B)	Net Amou	nt (A - B)		
₹			₹	₹			
Account Number			Account Type	Dated	M M /	YYYY	Y
Drawn on Bank				Cheque /	DD / UTR N	0.	
4. SWITCH OUT DETAILS						Refer In	struction 4.
From Scheme / Plan / Option							
To Scheme / Plan / Option							
☐ Amount (in figure) ₹		OR Unit	s igure)			OR AI	l Units
5. REDEMPTION DETAILS						Refer In	struction 5.
From Scheme / Plan / Option							
O Amount (in figure) ₹		OR Unit (in f	s igure)			OR AI	l Units
Redemption Bank Account Details this section if not used). The reden Bank Name							
				MICD			
IFSC for NEFT		IFSC for RTGS		MICR			
Note: If the bank account mentioned the redemption will be processed int 6. DECLARATION AND SIGNATU	o the "Default			If the bank a	account deta	uls are not	filled above,
I/We have read, understood and hereby agree to comply y ('Fund') indicated in this application form. I/We will indi (AMFI registered Distributor) has disclosed to me / us all Scheme is being recommended to me/us. I/We hereby co my/our consent to TATA AMC for receiving the promotion	vith the terms and co emnify the Fund, AMG the commissions (in t nfirm that I/We have al information/ mate	nditions of the scheme related docume C, Trustee, RTA and other intermediate the form of trail commission or any othe not been offered /communicated any in rial via email, SMS, telemarketing calls,	nts including the key information Memorand s in case of any disputes regarding the elig r mode), payable to him /them for the diffe dicative portfolio and/ or any indicative yiel etc. on the mobile number and email provid	lum and apply for a ibility, validity and rent competing Sch d by the Fund/AMC ed by me/us in this	allotment of Units of authorization of n emes of various M C/its distributor for Application form.	of the Scheme(s) o ny/our transactior utual Funds from this investment. Date	f Tata Mutual Fund is. The ARN holder amongst which the //We hereby accord
1st Applicant Signature / Thumb Impression		2 nd Applican Thumb In	t Signature / npression		rd Applicant Thumb Im		
		Δ	nowledgement Slip				>
mutual fund _{Folio No.}		Purchase Redempttio					

ADDITIONAL PURCHASE / SWITCH FORM FOR TATA RETIRMENT SAVINGS FUND

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

ΤΛΤΛ	
mutual	fund

1. ADVISOR DETAILS					Refer Instruction 2
ARN / RIA Code ARN-257030	Sub-Broker	ARN Code	Sub-Broker / Bank Branch	Code EUIN C	^{ode} E-479794
Internal Code	any interaction or employee/relation	r advice by the employee/relationship m iship manager/sales person of the distrib	anager/sales person of the above distribut	or or notwithstanding the advic advisory fees on this transactio	as this is an "execution-only" transaction withou e of in-appropriateness, if any, provided by the n. ^ By mentioning RIA code, I / we authorize you
Sole / 1st Applicant Signatur Thumb Impression	re /		nt Signature / mpression		licant Signature / nb Impression
2. INVESTOR DETAILS		11101115	in pression	Folio No.	
1 st Holder Name				PAN	
Date of Birth C-KYC	-		Mobile No.	Mabila balan	ngs to Self Parent
			Mobile No.	Mobile belon	igs to Self Parent Spouse Child
2 nd Holder Name				PAN	
Date of Birth C-KYC	2		Mobile No.	Mobile belon	as to Self Parent
				Mobile Sciol	Spouse Child
3 rd Holder Name				PAN	
Date of Birth C-KYC	2		Mobile No.	Mobile belon	as to Self Parent
					Spouse Child
3. ADDITIONAL PURCHASE DETAILS	;		1		Refer Instruction 3.
TATA RETIREMENT SAVINGS FUND Plan Name		Pleas	e tick the appropriate opt	ion (any one per pl	an)
Progressive Plan - Regular Plan Progressive Plan - Direct Plan		witch Option 1 (Progressive to M	Moderate @ age 45; Moderate to Co Conservative @ age 60) \Box No Auto	nservative @age 60),	un <i>)</i>
Moderate Plan - Regular Plan Moderate Plan - Direct Plan		witch Option 3 (Moderate to C	3		🗆 No Auto Switch
Conservative Plan - Regular Plan Conservative Plan - Direct Plan					
Payment Mode : OTM facility (Regis	stered in folio	o) Cheque / DE	Fund Transfer	NEFT / RTGS	
Gross Amount (A) ₹			DD Charges (if any) (B) ₹	Net Amount (A - ₹	B)
Account Number			Account Type	Dated	
				DD/MM	
Drawn on Bank				Cheque / DD / U	TR No.
Branch				Branch City	
4. SWITCH DETAILS					Refer Instruction 4.
From Scheme / Plan / Option					
To Scheme TATA RETIREMENT SAVIN	GS FUND				
Plan Name Progressive Plan - Regular Plan	Auto		e tick the appropriate opt ive to Moderate @ age 45; Mod		
Progressive Plan - Direct Plan	🗌 🗌 Auto	Switch Option 2 (Progressi	ive to Conservative @ age 60) the to Conservative @ age 60	No Auto Switch	No Auto Switch
Moderate Plan - Regular Plan Moderate Plan - Direct Plan		Switch Option 5 (Moderat)	
Conservative Plan - Regular Plan Conservative Plan - Direct Plan					
Amount (in figure) ₹			Inits in figure)		OR All Units
5. AUTO SWP FACILITY (Will be app	licable after	attaining 60 years).			Refer Sec.
No Auto SWP Fixed SWP (Sele	Quarter		ked Amount (Frequency Montl	nly only) Rs.	
6. DECLARATION AND SIGNATURES /We am/are not prohibited from accessing capital markets under any order/ru	uling/judgment etc., of a	iny regulation, including SEBI. I/We confirm that n	ny application is in compliance with applicable Indian	n and foreign laws. I / We hereby conf	irm and declare as under:- (1) I / We have read, understr
We and/are not prohibited from accessing capital markets under any order/n ind hereby agree to comply with the terms and conditions of the scheme relat- letedet documents and and/are authorised to make this investment. The amoun- the information given in / with this application form is true and correct and fu- hout any change in the information furnished from time to time. (4) That in t manner/mode the above information and/or any part of it including the chang ubmission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial ingute regarding the eligibility, validity and authorization of my/our transaction unds from amongst which the Scheme is being recommended to me/us. (8) Jil ill redeem my/our entrie investment/s before I/We change my/our Indian resi ompliance with applicable Indian and Foreign laws. (11) //We hereby accord my	ed documents including tt invested in the Schem rther agree to furnish su he event, the above info es/updates that may be authorities/agencies incling ins. (7) The ARN holder I We hereby confirm that dency status. I/We shall /our consent to TATA AM	the Kéy Information Mémorandum and apply for e(s) is through legitimate sources only and is not ch other further/additional information as may be mmation and/or any part of it is/are found to be provided by me/us to the Mutual Fund, its Spon- ulding but not limited to Financial Intelligence Unit AMFI registered Distributor) has disclosed to me/, IVME have not been offered/ communicated any i be fully liable for all consequences (including taxa C for receiving the promotional information/ mate	uliomient of Units of the Scheme(s) of Tata Murual Fu for the purpose of contravention and/or evasion of required by the Tata Asset Management PvL Ltd. (T talse/ untrue/misleading, 1/We will be liable for the c ordy, Trustees, Asset Management Company, its emy -India (FIUHND) etc without any intimation/advice to us all the commissions (in the form of trail commissions indicative portfolio and/ or any indicative yield by the tion) arising out of the failure to redeem on account rail via email. 3/Ko tlemarketing calls, etc. on the m	nd (Fund) ² indicated in this applications mWH), Fund and undertake to inform the onsequences arising therefrom. (5) I/W olyvees, agents and third party service me/us. (6) I/We will indemnify the Fund on or any other mode), payable to him, Fund/AMC/its distributor for this inve- of change in residential status. (10) For bile number and email provided by me	1 form. (2) IWe any/are eligible investors) as per the schword or directions issued by any regulatory authority in India. a MC / Fund/Registrats and Transfer Agent (RTA) in write hereby authorize you to disclose, share, remit in any for providers, SBI registered intermedianes for single updati J, AMC, Trustee, RTA and other intermedianes in case of them for the different competing Schemes of various Mustment. (9) For Foreign Nationals Resident in India only. I r MSI, PMO/OCIs only. (We confirm that my application in you in this Application form.
Sole / 1st Applicant Signatur Thumb Impression	e /	2nd Applican Thumb In	t Signature / npression	3rd App Thur	licant Signature / nb Impression
<u>%</u> ΤΛΤΛ					
mutual fund			wledgement Slip		
Received from Mr./Ms./M/s for purchase / switch in Scheme Name					
,				, ,	

FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification) Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001



1. Entity Details

Name of the Entity					
Type of address given at KRA	Residential or Business	Residential	Business	Registered Offic	e
	Address of tax residence would	be taken as available in	KRA database. In case of any o	change, please approach KRA & notify	the changes
Application No.			Folio No.		
PAN Number			Date of Incorporation		YY
City of Incorporation			Country of Incorporation		
Entity Constitution Type	Partnership Firm HUF Trust Liquic	Private Limited		ed Company Society ridical Person Others specify	AOP/BOI
Please tick the applicable tax resident declaration	Is "Entity" a tax resident of any (If yes, please provide country,	•		□ No s and the associated Tax ID number	below.)
(Country	Tax Identii	fication Number [%]	Identification Type (TIN or Oth	er, please specify)
%In case Tax Identifica	ation Number is not available, l	kindly provide its funct	ional equivalent.		

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

2. FATCA & CRS Declaration

PART	A (to be Filled by Financial Institutions or Dir	ect Reporting NFEs)
1	We are a, Financial institution ³ or Direct reporting NFE ⁴ (please tick as appropriate)	GIIN
	GIIN not available (please tick as applicable) Applied for
	If the entity is a Financial institution,	 Not required to apply for - please specify 2 digits sub-category¹⁰ Not obtained - Non-participating FI
PART	B (please fill any one as appropriate "to be fil	led by NFEs other than Direct Reporting NFEs")
1	Is the Entity a listed company (that is, a company whose shares are regularly traded on an established stock exchanges)	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)	 Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on where this stock is regularly traded) Name of listed company Nature of relation: Subsidiary of the Listed Company Controlled by a Listed Company Name of stock exchange
3	Is the Entity an active ¹ NFE	Yes No Nature of Business
4	Is the Entity a passive ² NFE	Yes No (If yes, please fill UBO declaration in the next section.) Nature of Business

¹ Refer 2 of Part D | ² Refer 3(ii) of Part D | ³ Refer 1(i) of Part D | ⁴ Refer 3(vi) of Part D | ¹⁰ 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 a	attach additional sheets if necessary)
Name PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. Name PAN City of Birth Country of Birth 2. Name PAN City of Birth City of Birth Country of Birth City of Birth City of Birth City of Birth City of Birth	Nationality Father's Name Occupation Type Nationality Father's Name	DOB Gender Male Female Other DOB DOB DOB DOB DOB DOB DOB DOB
3. Name PAN City of Birth Country of Birth		Gender Male Female Other

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

Place: _____

Date: D D / M M / Y Y Y Y

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 / S	ubsidiary Company						
 (i) I We Hereby declare that- Our Company is a Listed Company listed Our Company is Controlled by a Listed Company is Controlled by a Listed Company ^ Stock Exchange on which it is listed ^ The Details of holding/parent company to be provo 	ompany	Company is a Subsidary of a Listed Company ity ISIN ompany					
3. Applicable for Non Individuals other	than Listed Company / its Subsidiary	Company					
Unincorporated association / body of individuals		Private Trust					
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	Address State: Country:	Tax ID Type Beneficial Interest					
	PIN/ZIP Code	Type Code					
Tax ID No. [%]		Add. Type \bigcirc Residence \bigcirc Business \bigcirc Registered office					
2. Name	Address	Tax ID Type					
	State: Country:	Beneficial Interest					
Country	PIN/ZIP Code	Type Code					
Tax ID No. [%]		Add. Type \bigcirc Residence \bigcirc Business \bigcirc Registered office					
	Address	Tax ID Type					
3. Name	State: Country:	Beneficial Interest					
Country	PIN/ZIP Code	Type Code					
Tax ID No. [%]		Add. Type \bigcirc Residence \bigcirc Business \bigcirc Registered office					
1. PAN	Occupation Type						
City of Birth	Nationality	DOB					
Country of Birth	Father's Name	Gender 🗌 Male 🔤 Female 🗌 Other					
2. PAN	Occupation Type						
City of Birth	Nationality						
Country of Birth	Father's Name	Gender Male Female Other					
3. PAN	Occupation Type						
City of Birth	Nationality	Gender Male Female Other					
Country of Birth	Father's Name	enshin / Green Card in any country other than India:					

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 shall reserve the right to reject the application and/or reverse the allotment of units and the same. In/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.

A							

Authorised Signator

Date: D D / M M / Y Y Y Y

Authonseu Signato

Place: