TAURUS Mutual Fund

COMMON APPLICATION FORM

(Please read instructions carefully before filling up the form. The product labelling details available on cover page)

Application No.

ARN/RIA Code and Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN-257030		E-479794		

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.
Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column

EXECUTION ONLY (To be signed when EUIN is left blank)

*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.

Please Sign here _____ First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Please Sign here _____ Second Applicant / Auth. Sign

Please Sign here _____ Third Applicant Sign

TRANSACTION CHARGES (Please tick any one of the below. Refer Instruction no.7)

☐ I am a first time investor in Mutual Funds or ☐ I am an existing Investor in Mutual Funds

1. UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 10) Applicable details and mode of holding will be as per the existing Folio.

New Investor ☐ Y ☐ N Folio No.

2. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY) (Refer Instruction 2, 16 & 17)

	PAN/PEKERN No.	KYC Number	Nationality
First / Sole Applicant			
Second Applicant			
Third Applicant			
Guardian POA Holder/Contact Person			

Please attach Proof. for PAN/PEKRN for KYC (KRA). Refer instruction No 17 for KYC Identification Number issued by CKYCR.

3. UNIT HOLDER / NEW APPLICANT INFORMATION (Refer Instruction Page) Fresh / New investors to fill in all the Sections 2 to 15

NAME OF FIRST / SOLE APPLICANT

☐ Ms. ☐ M/s.

DATE OF BIRTH (DOB) D D M M Y Y Y Y (Mandatory in case of minor) DATE OF INCORPORATION D D M M Y Y Y Y

NAME OF THE GUARDIAN / POA Holder/ Contact Person

☐ Ms. ☐ M/s.

For Investments "On behalf of Minor": (*Refer Instruction 3 for mandatory documents to be attached)

Proof of DOB & Relationship attached ☐ Birth Certificate ☐ School Certificate / Marksheet ☐ Passport ☐ Any other.....

NAME OF SECOND APPLICANT

☐ Ms.

NAME OF THIRD APPLICANT

☐ Ms.

4. MODE OF HOLDING [PLEASE TICK (✓)]

☐ Single ☐ Joint (Default) ☐ Anyone or Survivor

5. FIRST/SOLE APPLICANT - MAILING ADDRESS & CONTACT DETAILS

City

State Pin Code Country

STD Code Telephone Off. Resi. Mob.

E-Mail**

This E-Mail ID/Mobile No. belongs to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian in case of minor ☐ PMS ☐ Custodian ☐ POA holder **Refer instruction No 12

OVERSEAS ADDRESS (Mandatory for NRI / FII application)

City

State Pin Code Country

6. Other KYC details (Mandatory) ☐ Individual ☐ Non-Individual

6a. Status of First/Sole Applicant [Please (✓)]

☐ Partnership ☐ Society/Club ☐ Listed Company ☐ Unlisted Company ☐ Individual ☐ Minor through guardian ☐ HUF
☐ NRI-Repatriable ☐ NRI-Non-Repatriable ☐ Company ☐ Body Corporate ☐ Trust ☐ Mutual Fund ☐ FPI
☐ FII/Sub account of FII ☐ Fund of Funds in India ☐ QFI ☐ Others _____ (please specify)

6b. Occupation Details [Please (✓)] (To be filled only if the applicant is an individual)

First Applicant	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Business	☐ Professional	☐ Agriculturist
	☐ Retired	☐ Housewife	☐ Student	☐ Forex Dealer	☐ Others _____	(please specify)
Second Applicant	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Business	☐ Professional	☐ Agriculturist
	☐ Retired	☐ Housewife	☐ Student	☐ Forex Dealer	☐ Others _____	(please specify)
Third Applicant	☐ Private Sector Service	☐ Public Sector Service	☐ Government Service	☐ Business	☐ Professional	☐ Agriculturist
	☐ Retired	☐ Housewife	☐ Student	☐ Forex Dealer	☐ Others _____	(please specify)

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ACKNOWLEDGEMENT SLIP - Common Application Form

TAURUS Mutual Fund

TAURUS MUTUAL FUND

APPLICATION. NO.

Received from Mr. / Ms. / M/s. _____ Date : _____

6c. Gross Annual Income (in ₹) [Please (✓)]

First Applicant ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore (or)
☐ Networth (Mandatory for non-individuals) ₹_____ as on D D M M Y Y Y Y (Not older than one year)

Second Applicant ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore (or) Networth_____

Third Applicant ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore (or) Networth_____

6d. First Applicant

For Individuals [Please (✓)] Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) ☐ I am PEP ☐ I am related to PEP ☐ Not Applicable

For Non Individuals providing any of the below mentioned services [Please (✓)]

☐ Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending/Pawning None of the above

Second Applicant: (To be filled only if the applicant is an individual) ☐ I am PEP ☐ I am related to PEP ☐ Not Applicable

Third Applicant: (To be filled only if the applicant is an individual) ☐ I am PEP ☐ I am related to PEP ☐ Not Applicable

7. FATCA & CRS INFORMATION (FOR INDIVIDUAL INCLUDING SOLE PROPRIETOR) (SELF CERTIFICATION) (REFER INSTRUCTION 18)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency			
Tax Payer Ref. ID No.			
Identification Type [TIN or other, please specify]			
Country of Tax Residency			
Tax Payer Ref. ID No.			
Identification Type [TIN or other, please specify]			

Mandatory

#To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.

8. POWER OF ATTORNEY (POA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s.

PAN#/ PEKRN# KYC Number

KYC # [Please tick (✓)] (Mandatory) ☐ Proof Attached

Please attach Proof. Refer instruction No 16, 17 & 18

9. DEMAT ACCOUNT DETAILS

I would like units to be allotted in DEMAT mode as per the details below:

Beneficiary Owner Identification Number (BO ID)		Depository Participant (DP) Name
DP ID No.	Client ID No.	☐ NSDL ☐ CDSL

Enclosures for Demat option ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

10. BANK ACCOUNT DETAILS (Please note that as per SEBI regulations, it is mandatory for investors to provide their bank account details) (Refer Instruction 4)

Name of the Bank

Branch Address

City Pin Code

Account No. Account Type Please tick (✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (please specify)

MICR Code This is a 9 digit number next to your cheque number. Please attach a blank extra cheque cancelled or a clear photocopy of a cheque

IFSC Code It is the responsibility of the investor to ensure the correctness of the IFSC code of the recipient /destination branch corresponding to the bank details mentioned in Section 10.

11. INVESTMENT DETAILS - (Refer Instruction 5)

	Scheme 1	Scheme 2	Scheme 3
Name of the Scheme	Taurus -	Taurus -	Taurus -
Plan			
Option			

Cheque No.	Amount	Scheme/Plan/Option

Collection Centre / AMC Stamp / Signature

Investment Type (Please (✓)) ☐ ONE TIME PURCHASE ☐ SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)

12. Payment Details (Refer Instruction No. 6)

		Scheme 1	Scheme 2	Scheme 3
Cheque / DD / RTGS / UMR No. & Date:				
Bank & Branch Name				
Amount in figures ₹ (i)				
DD Charges if any, in figures ₹ (ii)				
Net Amount (i) + (ii)	in figures ₹			
	in words ₹			

Account Type Please tick (✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (please specify)

*** Refer Instruction 4 (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)

13. Nomination Details - Mandatory if mode of holding is single (Refer Instruction 14)

☐ I/We wish to nominate ☐ I/We DO NOT wish to nominate

I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio and understand the issue involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heir would need to be submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

Please Sign here Please Sign here Please Sign here

First / Sole Applicant/ Guardian / POA Holder / Auth. Sign | Second Applicant / Auth. Sign | Third Applicant Sign

	Nominee Name & Address	Guardian Name & Address (In case Nominee is Minor)	Nominee Relationship with 1st Holder	Allocation (Total = 100%)	Nominee / Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					

14. DOCUMENTS ENCLOSED (Please ✓)

- ☐ Memorandum & Articles of Association
- ☐ Resolution / Authorisation to invest
- ☐ Power of Attorney
- ☐ List of Authorised Signatories with Specimen Signature(s)
- ☐ Trust Deed
- ☐ PAN Copy
- ☐ Certificate of Incorporation
- ☐ Bye-Laws
- ☐ KYC acknowledgement
- ☐ LLP Agreement
- ☐ Partnership Deed
- ☐ HUF Deed
- ☐ Beneficiary ownership list
- ☐ SIP Enrolment Form (For Investment through PDC)
- ☐ SIP Enrolment Form (For Investment through NACH / Auto Debit)
- ☐ SWP/STP/DSO Enrolment Form
- ☐ Third Party Payment Declaration Form
- ☐ Multiple Bank Account Registration Form

15. Non-Profit Organization (NPO)

We are falling under "**Non-Profit Organization**" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

☐ Yes ☐ No

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

16. Declaration(s) & Signature(s) (Refer Instruction 15)

To,
The Trustee,
Taurus Mutual Fund

Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

Applicable for NRI's only - I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I/We confirm that details provided by me/us are true and correct.

**I agree to receive all communication i.e. Statement of Account (SOA), Portfolio, Annual / Abridged Reports etc. (including regulatory updates) related to my investment via email. I may voluntarily subscribe to the on-line access for transacting through the internet facility provided by Taurus Mutual Fund and confirm of having read, understood and agree to abide by the terms and conditions for availing of the internet facility more particularly mentioned on the website www.taurusmutualfund.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

I/We confirm ☐ A resident of US/Canada ☐ Not a resident of US/Canada

Opt-in (Select this box in order to receive the physical copy of the schemewise Annual / Abridged Report at the end of financial year) ☐

Please Sign here Please Sign here Please Sign here

First / Sole Applicant/ Guardian / POA Holder / Auth. Sign | Second Applicant / Auth. Sign | Third Applicant Sign

TAURUS MUTUAL FUND

TAURUS Mutual Fund

SIP / *Opti*SIP ENROLMENT - CUM - AUTO DEBIT / SIP CANCELLATION (Please read instructions carefully before filling up the form) Application No.

ARN/RIA Code and Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN-257030		E-479794		

Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column.
#By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Taurus Mutual Fund.

EXECUTION ONLY (To be signed when EUIN is left blank)

"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.

Please sign here — First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Please sign here — Second Account Holder's Signature

Please sign here — Third Account Holder's Signature

☐ Registration of SIP/*Opti*SIP/Micro SIP ☐ Cancellation of SIP/*Opti*SIP/Micro SIP ☐ Renewal of SIP/*Opti*SIP/Micro SIP

New Investor ☐ Y ☐ N Folio No.

INVESTOR AND INVESTMENT DETAILS

Name of Sole/First Applicant Mr. Ms. M/s

Name of Second Applicant Mr. Ms.

Name of Third Applicant Mr. Ms.

Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-indl. Applicant)

Mr. Ms.

ID & Add Proof Document Name, in case of Micro SIP	Sole/First Applicant/ Guardian	Second Applicant	Third Applicant

Name of Scheme | Plan | Option

☐ **SIP / Micro SIP** ☐ ***Opti*SIP**

SIP Amount (₹) SIP Date D D SIP Period From M M Y Y Y Y To M M Y Y Y Y OR ☐ 40 Years

Frequency Details [Please ✓]

☐ Daily SIP	☐ Weekly SIP	☐ Fortnightly SIP	☐ Monthly SIP	☐ Quarterly SIP
All Days between 1 to 28	7th, 14th, 21st, 28th of every month	Date will be 1st and 15th	Any date between 1 to 28. Default date will be 10th	

First/Initial Investment Cheque Number Cheque Date D D / M M / Y Y Y Y

☐ **SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Minimum Amount Rs. 500/- for Half Yearly and Rs. 1000/- for yearly**

SIP Top-up Amount (₹) ☐ Half Yearly ☐ Yearly (Default taken will be yearly and for Rs. 1000/-)

PARTICULARS OF BANK ACCOUNT

I/We hereby, authorize Taurus Mutual Fund and their authorized service providers, to debit my/our following bank account by ECS (Debit Clearing)/auto debit to account for collection of SIP/*Opti*SIP payments.

Name of the Account Holder as per Bank Records

Bank Name

Branch Address City

Account Number Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO

9 digit MICR Code 11 digit IFSC Code

Declaration & Signature (s): Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. **Applicable for NRI's only** - I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account. **The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.**
I/We confirm that details provided by me/us are true and correct. Please ✓ ☐ Repatriation basis ☐ Non-Repatriation basis * Please strike out whichever is not applicable.

Please sign here — First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Please sign here — Second Account Holder's Signature

Please sign here — Third Account Holder's Signature

One Time Mandate (OTM)

TAURUS Mutual Fund

UMRN FOR OFFICE USE Date D D M M Y Y Y Y

Tick (✓)

CREATE	✓
MODIFY	X
CANCEL	X

Sponsor Bank Code FOR OFFICE USE Utility Code FOR OFFICE USE

I/We, hereby authorize Taurus Mutual Fund To debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c Number:

With Bank IFSC or MICR

An amount of Rupees ₹

FREQUENCY [X] Mthly [X] Qtly [X] H-Yrly [X] Yrly [✓] As & when presented DEBIT TYPE [X] Fixed Amount [✓] Maximum Amount

PAN/Folio No. Mobile No.

Reference Email ID

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD From D D M M Y Y Y Y To D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only

Signature Primary Account Holder Signature of Account Holder Signature of 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 authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.