

# COMMON APPLICATION FORM

Please read the instructions carefully before filling up the form. (All points marked \* are mandatory)



All sections should be filled in BLACK/BLUE coloured ink and in BLOCK LETTERS.

Application No. \_\_\_\_\_

## 1. DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN)*	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUN)	FOR OFFICE USE ONLY Registrar/ Bank Serial No./ Date and Time of Receipt
ARN- 257030	ARN-		E- (Of Individual ARN) E 479794 (Employee/ Relationship Manager/Sales Person of the Distributor)	

\*By mentioning RIA/ PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund Declaration for "execution-only" transaction (only where EUN box is left blank) (Refer Instruction No.II(10)). – I/We hereby confirm that the EUN 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/sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
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### TRANSACTION CHARGES

(Please ✓ any one of the below)  
(Refer Instruction No. XIII)

☐ I am a first time investor in mutual funds (₹150 will be deducted) OR ☐ I am an existing investor in mutual funds (₹ 100 will be deducted)  
Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

## 2. APPLICANT'S DETAILS

### MODE OF OPERATION

☐ Single ☐ Anyone or Survivor  
☐ Joint (Default Option is Joint)

Folio No. \_\_\_\_\_ (For existing Unitholders)

\*Require Physical Copy of Annual Report ☐ Yes ☐ No

\*On providing email id investors shall receive the Annual Report or an abridged summary thereof, / account statements / statutory and other documents by email. However, if the investors wish to receive physical copy of the Annual Report or an abridged summary thereof please tick the appropriate option.

1<sup>st</sup> APPLICANT NAME\* (As per PAN) Mr. Ms. M/S \_\_\_\_\_

PAN/PEKRN\* \_\_\_\_\_ CKYC No. \_\_\_\_\_ Date of Birth/ Incorporation D D M M Y Y Y Y

E-Mail ID \_\_\_\_\_ Please Specify in BLOCK LETTERS Mobile No. \_\_\_\_\_

This Mobile Number belongs to (\*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

This Email-ID belongs to (\*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

### LEGAL ENTITY IDENTIFICATION (LEI) CODE\*

(\*)LEI is applicable for Non-Individual investor including HUF, not applicable to Individuals, Minor & NRI investor. LEI no. is mandatory for transaction amount Rs. 50 crs and above for Non-Individuals  
In case the First Applicant is Non-Individual please attach FATCA, CRS and UBO Declaration form.

### GUARDIAN DETAILS (IN CASE FIRST APPLICANT IS MINOR) / CONTACT PERSON DESIGNATION / POA HOLDER (FOR NON-INDIVIDUALS INVESTORS)

Name \_\_\_\_\_ Date of Birth D D M M Y Y Y Y

Guardian's Relationship with minor -

☐ Father ☐ Mother ☐ Court Appointed Guardian

Proof of Date of Birth of Minor -

☐ Birth Certificate ☐ Passport ☐ Others \_\_\_\_\_ (Please specify)

PAN/PEKRN\* \_\_\_\_\_ XXXXXXXX

CKYC No. \_\_\_\_\_ XXXX

2<sup>nd</sup> APPLICANT\* Mr. Ms. M/S \_\_\_\_\_

PAN/PEKRN\* \_\_\_\_\_ CKYC No. \_\_\_\_\_ Date of Birth D D M M Y Y Y Y

E-Mail ID \_\_\_\_\_ Please Specify in BLOCK LETTERS Mobile No. \_\_\_\_\_

This Mobile Number belongs to (\*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

This Email-ID belongs to (\*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

3<sup>rd</sup> APPLICANT\* Mr. Ms. M/S \_\_\_\_\_

PAN/PEKRN\* \_\_\_\_\_ CKYC No. \_\_\_\_\_ Date of Birth D D M M Y Y Y Y

E-Mail ID \_\_\_\_\_ Please Specify in BLOCK LETTERS Mobile No. \_\_\_\_\_

This Mobile Number belongs to (\*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

This Email-ID belongs to (\*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

☐ All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (Please ✓ here) Trees are green gold – Save Trees

## ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No. \_\_\_\_\_



Received From \_\_\_\_\_

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Amount \_\_\_\_\_ Cheque/ DD No. \_\_\_\_\_ Date D D M M Y Y Y Y

Bank & Branch Details \_\_\_\_\_

Stamp & Signature

[illegible]

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> Guardian	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO/ Charities	<input type="checkbox"/> Person of Indian Origin
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FII	<input type="checkbox"/> NPO*(FCRA A/c. No.) _____	<input type="checkbox"/> NRI-NRE
<input type="checkbox"/> PSU	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor/ FII	<input type="checkbox"/> NRI-NRO	<input type="checkbox"/> Other _____ (Please specify)	

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

[illegible]

NSDL: Depository Participant (DP) ID (NSDL only)						Beneficiary Account Number (NSDL only)						CDSL: Depository Participant (DP) ID (CDSL only)					

<sup>ss</sup> In case of any ambiguity, AMC is at its discretion to either allot units as per Demat information or in physical mode. Kindly refer Statement of Additional Information and Scheme Information document for details.

Branch City

IFSC Code

MICR Code

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type TIN or other please specify)
First Applicant / Guardian			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

☐ **Reason A** → The country where the Account Holder is liable pay to tax does not issue Tax Identification Number to its residents ☐ **Reason B** → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) ☐ **Reason C** → Others please state the reasons thereof :

Address Type of Sole /1st Holder			Address Type of 2nd Holder			Address Type of 3rd Holder		
<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business

Annexure 1A (Form for Additional KYC, FATCA & CRS Annexure for Individual Accounts) and 1B (Form for Ultimate Beneficial Owner including additional FATCA & CRS information - for Non-Individuals/ Legal Entity) are available on the website of AMC i.e. [www.trustmf.com](http://www.trustmf.com) or at the Official Point of Acceptance of TRUSTMF.

Toll Free Number	Email ID	Website
1800 267 7878	<a href="mailto:investor.service@trustmf.com">investor.service@trustmf.com</a>	<a href="http://www.trustmf.com">www.trustmf.com</a>

KEY INFORMATION MEMORANDUM (KIM)

**8. KYC DETAILS (MANDATORY)**

OCCUPATION [Please tick (✓)]

	Service	Government Official	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Unlisted Company	Listed Company	Private Ltd.	Public Ltd.	Others
First Applicant / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Please specify)
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Please specify)
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Please specify)

GROSS ANNUAL INCOME [Please tick (✓)]

First Applicant / Guardian	For Individual	<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"/> >25 Lacs - 1 crore	<input type="checkbox"/> >1 crore
	OR Net worth (Mandatory for Non-Individuals) ₹					as on	D D M M Y Y Y Y (Not older than 1 year)

**9. PEP DETAILS\*\* (MANDATORY)**

	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you Politically Exposed Person? (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a Politically Exposed Person? (PEP)**	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)

<input type="checkbox"/> Foreign Exchange / Money Changer Service	<input type="checkbox"/> Gambling / Lottery / Casino Services	<input type="checkbox"/> Money Lending / Pawning	<input type="checkbox"/> Not Applicable
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\*\*Politically Exposed Persons (PEP) are defined as Individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

**10. INVESTMENT & PAYMENT DETAILS (Please refer SID of respective scheme for Plans, Sub-options and Dividend frequency)**

For Multiple Investments Cheque/DD should be drawn for Total Amount of Investment in all three schemes in favour of 'TRUST MF Pool Collection Account' & For Single Investment Cheque/DD should be drawn in favour of "Scheme name of TRUSTMF".

Sr. No.	Cheque/ DD Favouring	Plan [Regular / Direct]	Option [Growth/ IDCW Reinvestment/ IDCW Payout]	IDCW Frequency	Amount
1	TRUSTMF				
2	TRUSTMF				
3	TRUSTMF				
TOTAL					(In figures)

**PAYMENT DETAILS**

<input type="checkbox"/> Payment by Self	<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')	Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> Funds Transfer	<input type="checkbox"/> NEFT	<input type="checkbox"/> RTGS
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Cheque/ DD/ UTR No.		A/c No.	
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Drawn on Bank & Branch	Cheque Date	D D M M Y Y	A/c. Type (✓)	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others
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**11. NOMINATION DETAILS\* (Mandatory)**☐ I/We wish to nominate as under:

Sr. No.	Name of Nominee	Share of each Nominee (%)	Relationship with Investor	Nominee Date of Birth* (Mandatory for Minor Nominee)	Guardian Name* (In case of Minor)	Guardian's Signature
1						
2						
3						

☐ I/We DO NOT wish to nominate.

**Declaration for opting out of Nomination** (to be signed by all unitholders including joint holders, irrespective of mode of holdings): I/We hereby confirm that I / We do not wish to appoint my nominee(s) for my Mutual Fund units held in my/our Mutual Fund folio and understand the issues 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 heirs would need to 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.

**12. DECLARATION & SIGNATURE(S)**

I / We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as an Unitholder. I / We hereby apply for allotment of Units of the Scheme(s) and confirm and declare as under: (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited by any order/ruling /judgement passed by any Statutory Authority. 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. I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers registered in the concerned folio, if applicable. (b) I/We hereby provide my/our consent to TRUST Asset Management Private Limited for (i) collecting, / sharing (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"); and (ii) downloading and updating my/our Aadhaar number(s) and associated demographic information (including updated information) in my/our accounts/folios under the scheme, based on my/our Income Tax Permanent Account Number ("PAN") in accordance with the Aadhaar Act, 2016, PMLA and rules & regulations made thereunder and applicable SEBI guidelines. I/We hereby further authorise TRUST MF /AMC for sharing/disclosing of the Aadhaar number(s) and associated demographic information (including any updated information) by itself or through its RTA, depository participants, and asset management companies of other SEBI registered mutual funds, and their RTAs, for the purpose of updating the same in my/our accounts/folios based on my/our PAN. (c) I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 maintained in accordance with applicable RBI guidelines. (d) The information given by me /us in or along with this application form is true and correct and I / We agree to furnish such other further/additional information as may be required by the TRUST MF/AMC. I/We undertake to promptly inform the TRUST MF/ AMC/ Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time. (e) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by TRUST MF/AMC/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time of investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless TRUST MF/AMC/ Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by TRUST MF /AMC in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (f) 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. (g) I/We hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the TRUST MF /AMC /its distributor for this investment and have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. (h) I / We will be bound and shall abide by the terms and conditions as prescribed by the TRUST MF /AMC as amended from time to time.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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# COMMON SIP REGISTRATION CUM ONE TIME DEBIT MANDATE FORM

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form)  
(all points marked \* are mandatory)



## 1. DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN)#	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY Registrar/ Bank Serial No./ Date and Time of Receipt
ARN- <b>257030</b>	ARN-		E- ( <b>479794</b> holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

\*By mentioning RIA/ PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box 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 inappropriateness, if any, provided by the employee/relationship manager/sales/sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
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Please (✓) as applicable:

- ☐ OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in 10 Days i.e. for debit date 15th, form can be submitted till 4th of the month.
- ☐ OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes upto 30 days.

## 1. UNITHOLDER INFORMATION

Folio No.	<input type="text"/>	PAN No.	<input type="text"/>	Date of Birth	<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"/>
1st Unit Holder Name (As per PAN)	Mr. Ms. M/S <input type="text"/>												
Name of the Guardian / POA Holder	Mr. Ms. M/S <input type="text"/>												

## 2. INVESTMENT DETAILS

Scheme Name	<b>TRUSTMF</b>	Plan - <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option - <input type="checkbox"/> Growth <input type="checkbox"/> IDCW* Reinvestment <input type="checkbox"/> IDCW* Payout
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Note: Default Option will be Growth in case option not selected or in case of any ambiguity

\*IDCW - Income Distribution cum Capital Withdrawal Option

## 3. SIP DETAILS

OTM Reference No.	<input type="text"/>	(If Multiple One Time Mandate are registered)
Installment Period: From Date	<input type="text"/>	To Date* <input type="text"/> *(Maximum SIP end date should be upto 40 years from the start date)
First SIP Instalment via: Cheque No.	<input type="text"/>	Drawn on Bank and Branch <input type="text"/>
Amount: ₹	<input type="text"/>	A/c. No. <input type="text"/>
Amount per installment: ₹	<input type="text"/>	Amount in Words <input type="text"/>

I/We hereby authorize TRUST Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing for collection of SIP payments.

Note: Please allow 1 month for NACH Mandate to register and start.

Frequency: (Please ✓)	<input type="checkbox"/> Weekly (Please ✓) Dates: <input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22	<input type="checkbox"/> Fortnightly (Please ✓) SIP Date: <input type="text"/> <input type="text"/> (Any day from 1st to 28th of the month)	<input type="checkbox"/> Monthly** (Please ✓) SIP Date: <input type="text"/> <input type="text"/> (Any day from 1st to 28th of the month)	<input type="checkbox"/> Quarterly (Please ✓) SIP Date: <input type="text"/> <input type="text"/> (Any day from 1st to 28th of the month)
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\*\* Tenth of the month will be the default frequency if not ticked

## 4. DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply for the units of the scheme for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit.

I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Trust Asset Management Private Limited / Trust Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder 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.**

Date	Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This form should be accompanied with One Time Mandate Form (OTM)

# ONE TIME BANK MANDATE

(NACH / OTM / DIRECT DEBIT FORM)

UMRN		F O R O F F I C E U S E O N L Y												Date		D D M M Y Y Y Y															
Tick (✓) CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL <input checked="" type="checkbox"/>		Sponsor Bank Code		FOR OFFICE USE ONLY										Utility Code		FOR OFFICE USE ONLY															
		I/We hereby authorize		<b>TRUST MUTUAL FUND</b>										to debit (tick ✓)		SB		CA		CC		SB-NRE		SB-NRO		Other					
		Bank Account No.																													
With Bank		Name of customers bank										IFSC										or MICR									
an amount of rupees		IN WORDS										₹		IN FIGURES																	
Frequency		<input checked="" type="checkbox"/> Monthly		<input checked="" type="checkbox"/> Quarterly		<input checked="" type="checkbox"/> Half yearly		<input checked="" type="checkbox"/> Annually		<input checked="" type="checkbox"/> As & when presented		DEBIT TYPE		<input checked="" type="checkbox"/> Fixed amount		<input checked="" type="checkbox"/> Maximum Amount															
Reference/Application No.												Phone No.																			
Scheme Name																															
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	Signature of Primary Account Holder As per Bank Record	Signature of Account Holder As per Bank Record	Signature of Account Holder As per Bank Record
To	D	D	M	M	Y	Y	Y	Y	1. Name as in Bank records	2. Name as in Bank records	3. Name as in Bank records

Maximum period of validity of this mandate is 40 years only.

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 instructions 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.