

TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021





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

Sr. No.: C

ARN / RIA ^ Code		Sub-Broker	ARN Code	de	EUIN Code							
ARN-77875	Sub Broker	ART COUC	Ju	b-Broker / Bank Branch Co	uc							
Internal Code		OP Declaration	on for "execution-only" trai	nsaction – I/Wa hara	hy confirm that the FIJIN hav has been i	ntentionally le	E027739  If blank by me/us as this is an "execution-only" transactio					
internal Code		without any inter	raction or advice by the er	mployee/relationshi	p manager/sales person of the above	distributor or	notwithstanding the advice of in-appropriateness, if any advisory fees on this transaction.					
In case the subscription amo	unt is ₹ 10,000 or r						fund investor) or ₹ 100/- (for investor other than ance amount invested. Upfront commission shal					
be paid directly by the invest	or to the AMFI rea	istered Distribu	tors based on the inv	estors' assessm	ent of various factors including t my / our transactions in the sch	he service	rendered by the distributor. $^{\wedge}$ By mentioning RIA					
	licant Signature Impression	2 /		Applicant Sig Thumb Impre			3 <sup>rd</sup> Applicant Signature / Thumb Impression					
2. Applicant's In	formation	1					Refer Sec. A, C &					
	The Name of the Any applicants shother entities org Client (KYC) form	Applicants should nould not be a res anised under the attached herewit	I be as mentioned in the sident of Canada or a pe laws of the U.S. For Inve th. Existing investors wh	PAN and the KYC erson who falls wi stors New to Tata nose KYC status re	acknowledgement. There can be up thin the definition of the term "U.S. Mutual Fund, mention the C-KYC No flects as "MF – VERIFIED BY CVLMF"	to 3 holders. Person" und b. Incase C-K' , additionally	No joint holders allowed with 1st applicant as a minor. ler the US Securities Act of 1933 and corporations or YC No. is not available kindly complete the Know Your 'KYC Change Details Form' is required.					
st Applicant's Det	tails				C-KYC							
The first applicant > will be the primary		. M/s. P	AN / PEKRN			Folio No.						
holder and all correspondence will be sent to him/her. Only the first holder	Name	<u> </u>										
can be a minor. Existing Investors may	Date of Birth	(DOB)		In case of M	linor: Proof of DOB:  Birt	h certifica	ate School leaving certificate					
mention the Folio no. and proceed to Sec. 4	D D /	M M / Y	YYY		☐ Pas	sport	Others					
Power Of Attorney (PO	A) / Proprietor	/ Guardian	details (minor a	pplicant)	C-KYC							
POA / Proprietor / Guardian Details	☐ Mr. ☐ N	۸s.		PAN / PEKR	N							
	Name											
To be filled by ≫ Guardian	I '_	_	* *	Proof of Rel	<u>.</u>	ortificato	Passport Others					
Γax Status	□ Motrier □	rather $\square$	Legal Guardian	Birtii Cert	incate _ school leaving to	ertificate						
	Resident II NRI-Repati NRI-Non-R Minor - Re Minor - NR	riation epatriation sident Individ I	☐ Hindu ☐ Partne dual ☐ Compa ☐ Trust	rship any	☐ Body Corporate mily ☐ Limited Liability Pa ☐ Body of Individual: ☐ Society / Club ☐ Non Profit Organiz ify)	s zation	Overseas Citizen of India Foreign National Resident in India Qualified Foreign Investor Foreign Portfolio Investor Foreign Institutional Investor					
3. Contact Detai	ils						Refer Sec.					
Mailing address is » required for initial communication. We will overwrite the	>											
address with the 1st Applicants address						Cit	У					
as per the KRA records	PIN			Ctata		Co	Country					
records	PIN			State		Col	Country					
	Residence Ph	one (prefix S	STD Code)	Office Phon	e (prefix STD Code)		Extn					
	Mobile			Email								
Overseas address												
Mandatory for Non- Resident Individuals												
and Overseas Investors in addition to the mailing address.						City	ity					
	State				Cour	Country						
%												
TATA Acknowledgemen	t Slip					Sr. No	o.: C					
MUTUAL	•				PAN		₹					
for nurchase in							Subject to verification and realisation					

4. Joint Applican	t's Details		Refer Sec. E & F						
Mode of Holding	☐ Single ☐ Joint	☐ Any one or Survivor (Default)							
II <sup>nd</sup> Applicant's De	tails	C-KYC							
Joint holder should be major i.e. above 18 years	☐ Mr. ☐ Ms.	PAN / PEKRN	Status  Resident Individual NRI						
10 years	Name								
III <sup>rd</sup> Applicant's De	etails	C-KYC							
Joint holder should be major i.e. above 18 years	☐ Mr. ☐ Ms.	PAN / PEKRN	Status  Resident Individual NRI						
, , , , , , , , , , , , , , , , , , , ,	Name		1						
5. Know Your Cu	ıstomer (KYC) Details		Refer Sec. (						
CATEGORIES	FIRST APPLICANT / GUARDIAN	SECOND APPLICANT	THIRD APPLICANT						
Occupation »	Private Sector Service Public Sector Service Government Sector Professional Housewife Others (please specify)	Private Sector Service	Private Sector Service Public Sector Service Government Sector Professional Housewife Others (please specify)						
Gross Annual Income »	□ Below 1 Lac □ 1-5 Lacs □ 5-10 Lacs □ 10-25 Lacs □ >25 Lacs-1 crore □ >1 crore  Networth in (Mandatory for Non-individual) ₹		Below 1 Lac       1-5 Lacs         5-10 Lacs       10-25 Lacs         >25 Lacs-1 crore       >1 crore         Networth in       ₹						
	D D / M M / Y Y Y Y	on D D / M M / Y Y Y Y	D D / M M / Y Y Y						
Others »	(not older than 1 year)  Not Applicable Politically Exposed Person Related to Politically Exposed Person	(not older than 1 year)  Not Applicable Politically Exposed Person Related to Politically Exposed Person	(not older than 1 year)  Not Applicable Politically Exposed Person Related to Politically Exposed Person						
Additional KYC De	tails for Non - Individuals	Related to Folicially Exposed Ferson	Related to Folitically Exposed Ferson						
For Non Individuals » only (Companies, Trust, Partnership etc.)	(if No, mandatory to attach the UBO declar Non Individual investors involved/providin Foreign Exchange / Money Changer Servic Money Lending / Pawning	g any of the mentioned services ces Gaming / Gambling / Lottery / Casino S None of the above							
	nt Tax Compliance Act (FAT	•	Refer Sec. H						
For Individuals  Country of Birth >>	FIRST APPLICANT / GUARDIAN	SECOND APPLICANT	THIRD APPLICANT						
Place of Birth $\gg$									
${\it Nationality} \gg$	☐ Indian ☐ U. S. ☐ Others (Please specify)	Others (Please specify)	☐ Indian ☐ U. S. ☐ Others (Please specify)						
Type of address given at KRA ≫	Residential or Business Residential Registered Office Business	Residential or Business Residential Registered Office Business	Residential or Business Residential Registered Office Business						
Are you also a resident in >> any other country(ies) for tax purposes?	☐ No ☐ Yes  If yes, complete section below.	□ No □ Yes	□ No □ Yes						
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	Reason	Reason A B C						
Country of Tax Residency $2 \gg$									
Tax Identification Number 2 $\gg$									
Identification Type 2 $\gg$									
If TIN is not available please >> tick the reason A, B or C *	Reason A B C	Reason A B C	Reason A B C						
only if the authorities of the FATCA & CRS Related	respective country of tax residence do not requi	not issue Tax Identification Numbers to its resident ire the TIN to be collected); Reason C: Others- Plea: ubmit Form W8 BEN-E / Specified decla	se state the reasons thereof  ration (Enclosed)						
Cheque Details									
Cheque/DD No.	dated A/c. No	Bank	Acknowledgement SII						

Subject to realisation.

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

10. Nomination Details

Refer Sec. 1

10. Nomination	Details			Kefer Sec. L										
Mandatory for Individual(s) applying singly or jointly.		nature of the Nominee(s) acknow		of death of all unit holders. All payments and settlements scharge by the AMC/ Mutual Fund/ Trustees.										
Select any one »	_ 3	s pelow	I do not wish to nominate.											
1 <sup>st</sup> Nominee	Nominee Name	Date of Birth DD D / M M / Y Y Y Y												
	Address	Address												
		City												
		City												
	State		PIN	Country										
	Guardian Name in case of	Minor Nominee	Signature of Nominee / Guardian											
2 <sup>nd</sup> Nominee	Nominee Name	Nominee Name												
	Address													
		City												
	State		Country											
	Guardian Name in case of	Minor Nominee	Signature of Nominee / Guardian											
3 <sup>rd</sup> Nominee	Nominee Name	Date of Birth												
	Address		D D / M M / Y Y Y Y											
	Address													
			City											
	State		Country											
	Guardian Name in case of	Minor Nominee	Signature of Nominee / Guardian											
	1 <sup>st</sup> Applican Thumb Ir	t Signature / npression	3 <sup>rd</sup> Applicant Signature / Thumb Impression											
11. Demat Acco				Refer Sec. M										
Ensure that the	Fill these details only if your Depository participant N		ts in Demat mode.											
sequence of names as mentioned in the application form	Bepository participant is	•												
matches with that of the account held with the	Central Depository Securit Target ID No.	ies Limited	National Securities Depository Limited DP ID No.											
Depository Participant. In case the details are			IN											
found to be incorrect, Units will be allotted in			Beneficiary Account No.											
physical mode.														
12. Declaration		r/ruling/judgment etc of any regula	ation, including SFBL I/We confirm that my ann	Refer Sec. N lication is in compliance with applicable Indian and foreign laws. I										
/ We hereby confirm and declare as (1) I / We have read, understoo application form. (2) I/We am/are eligible Investo of contravention and/or eva	under:- d and hereby agree to comply with the t r(s) as per the scheme related document sion of any act, rules, regulations, notifi	erms and conditions of the scheme r is and am/are authorised to make thi cations or directions issued by any re	elated documents and apply for allotment of Ui s investment. The amount invested in the Schel equilatory authority in India.	nits of the Scheme(s) of Tata Mutual Fund ('Fund') indicated in this me(s) is through legitimate sources only and is not for the purpose be required by the Tata Asset Management Limited (TAML)/ Fund										
and undertake to inform the (4) That in the event, the above (5) I/We hereby authorize you to Trustees, Asset Managemen judicial authorities/agencies	• AMC / Fund/Registrars and Transfer A- information and/or any part of it is/are o disclose, share, remit in any form/man it Company, its employees, agents and t is including but not limited to Financial Ir	gent (RTA) in writing about any chanc found to be false/ untrue/misleadin ner/mode the above information and hird party service providers, SEBI regi ntelligence Unit-India (FIU-IND) etc wit	ge in the information furnished from time to tin g, I/We will be liable for the consequences arisi /or any part of it including the changes/updates stered intermediaries for single updation/ subn thout any intimation/advice to me/us.	ne. ng therefrom. that may be provided by me/us to the Mutual Fund, its Sponsor/s, nission, any Indian or foreign statutory, regulatory, judicial, quasi-										
<ul> <li>(7) The ARN holder (AMFI regist Funds from amongst which</li> <li>(8) I/We hereby confirm that I/V</li> <li>(9) For Foreign Nationals Reside of the failure to redeem on a</li> </ul>	rered Distributor) has disclosed to me/u: the Scheme is being recommended to m We have not been offered/ communicate ent in India only: I/We will redeem my/ou account of change in residential status.	s all the commissions (in the form of te/us. d any indicative portfolio and/ or any ur entire investment/s before I/We ch	r indicative yield by the Fund/AMC/its distribut ange my/our Indian residency status. I/We shall	o him/them for the different competing Schemes of various Mutual										
1st Applica	We confirm that my application is in com  nt Signature / Impression	2 <sup>nd</sup> Applicar	reign laws.  Int Signature /	3 <sup>rd</sup> Applicant Signature / Thumb Impression										

TATA MUTUAL FUND		[/	Manda Applicable	te Forn	NAC Additional	Purchases	as well	as SIF	and Regis	ate tratio	- <b>O</b> ns]	TM)			D	ate					
Choose (✓)	Bank Code	UMRN					use on Utility														
CREATE																					
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Bank A/c No.:																					
With Bank:		k Name & Brancl			IFS	C								ИICR							
an amount of Rupees					nt in Word										₹						
FREQUENCY (preselected) Reference / Folio No.	☑ Monthly	☑ Quarterly	X I	Half Yearly	<b>☑</b> Email	As when I	oresen	ted (d	efault)	)	DE	BIT T	YPE	⊠ F	Fixed /	Amou	nt	<b>☑</b> Ma	ıximum	Amo	ount
Scheme / Plan referenc	e No. All Scheme	es of Tata Mutu	al Fund						I	Mobi	ile										
agree for the debit of manda PERIOD	ate processing charges	by the bank whom I	am authori:	sing to debit n	ny account	as per lates	schedu	le of ch	narges o	of the	bank.										
From D D M M to D D M M		Sign Sign	nature of F	First Account		J								Ü			e of	Third A	ccount	Hold	er
or Until Cance	elled	1. ————Name a	as in Ban	k Records		2	Name	as ir	n Bank	Red	cords		3		Name		ı Ba	nk Re	cords		
This is to confirm that the de I have understood that I am	eclaration has been care authorised to cancel / a	efully read, understo	od & made	by me/us. I a	m authorisi	ng the user	Entity / C	orpora dment	ite to de	ebit m	y acco e user	unt, ba	sed on corpor	the in	structio	ns as a	igree re l l	ed and s	igned by	me. he de	ebit.
		SIP Registr																			
Please tick (√) as appli ☐ OTM Debit Mandate	icable: is already register	ed in the folio. S	IP Auto d	lebit can st	art in TEN	N Days i.e	. for de	bit da	ate 15	th, f	orm c	an be	subn	nitted							
OTM Debit Mandate i  Advisor details (Or								-						•		-			ECS m	odali	ties.
ARN / RIA Code	ny empanenca Di	Sub-Broker		•	intica to		roker/					arra,		EUIN	Code	2		icui			
ARN-77875	5													E	027	773	9				
I/We hereby confirr relationship manager/sa the distributor & the dis	ales person of the a	bove distributor	or notwit	hstanding t	he advice																
Transaction Charges your Distributor has cases Transaction Cl shall be paid directly	narge will be reco	mitment of inv ransaction Cha verable in 3-4 i	nstallme	through S same are ents. Units	IP (i.e. a deductil will be i	ssued ag	er SIP i olicabl ainst t	nstal e froi he ba	Iment m the	t X n inst	the in	insta ent an estallr	ıllmei nouni nent	nts) a and	amou paya unts i	nts to ble to nvest	o Rs	s.10,00 e Dist Upfro	nt con	nore r. In	and such
Investor(s) Details		o the ARR Hole	ici basci	u on the m	vestors	a33C33III	ent or	vario	us ia	Ctor	3 IIICI	uumg	, the	SCI VI	ice re	ilucio	u 1	y the	AINI	oiuc	
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Name of 2nd holder	-											1	/ a		n   c	d a		t	o r	)	/
Name of 3rd holder													/ a		n c	l a		t	o r	)	/
First SIP Cheque I	Details																				
Cheque No.			Cheque	Amount i	in Rs.						Che	que D	ate			/ N4		.   /  ·	/	v	v
Bank Name			Branch								D D / M M / Y Y Y Y City										T
Scheme and SIP D Scheme/Option Sub Option		Regular Direc	ct		talment unt (₹)		Date It 10 <sup>th</sup> )		requei *Defau			Start	Mon	th / \	ear/				onth / Decemb		
									Monthl Quarte	•											
SIP Top-up Top-u	p Amount (Rs.)				SIP Top	p Up Freq	uency		Quuite	,	Up	per SI	P Am	ount	(Rs.)						
	ıltiples of Rs. 500/-	only)			Half	Yearly	Yearly	(defa	ult)												
Auto Switch Option Plan Name						• •					SID.										
Progressive Plan		Please tick the a  Auto Switch ( Auto Switch (	Option 1 Option 2	(Progressi	ve to Mo	derate @	age 45	; Mod	•		Conse	rvativ	e @ag	ge 60	)),						
Moderate Plan		No Auto Swit Auto Switch	Option 3									No Au	to Sw	itch							
Systematic Withdraw No Auto SWP		✓ any one) App (Select Frequend Quarterly (I	cy)	ifter the a		of the 1s						-									
Declaration and Signature the respective Units of Tata & express my willingness t commissions (trail commiss	s : To - The Trustee, Ta Mutual Fund Scheme/s o make payments towa	ta Mutual Fund, Mur at NAV based resal ards SIP installments	nbai. Havin e price & ac referred a	ree to abide l bove through	by terms, co participati	onditions, ru on in ECS/D	iles & re irect De	gulatio bit/Sta	ns of so nding li	heme nstru	e/s. I/V ction. 1	le here The ARI	by decl V Holde	are th er, wh	at the p ere app	articul Iicable	ars g , has	jiven are s disclo	correct	& con	nplete
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Received for Folio No.	/ Application No.														отм г	ebit M	Man	date F	orm [	SIP	Form