

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

Refer Sec. B

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.		
In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive transaction charges, ₹ 150/- (for First time mutual fund investor) or ₹ 100/- (for investor other than First time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the scheme(s) of Tata Mutual Fund			
Sole / 1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression	

2. Applicant's Information

Refer Sec. A, C & J

The Name of the Applicants should be as mentioned in the PAN and the KYC acknowledgement. There can be upto 3 holders. No joint holders allowed with 1<sup>st</sup> applicant as a minor. Any applicants should not be a resident of Canada or a person who falls within the definition of the term "U.S. Person" under the US Securities Act of 1933 and corporations or other entities organised under the laws of the U.S. For Investors New to Tata Mutual Fund, mention the C-KYC No. In case C-KYC No. is not available kindly complete the Know Your Client (KYC) form attached herewith.

1<sup>st</sup> Applicant's Details

Folio No.

The first applicant will be the primary holder and all correspondence will be sent to him/her. Only the first holder can be a minor. Existing Investors may mention the Folio no. and proceed to Sec. 4. Investors to ensure that PAN is linked to Aadhaar.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	C-KYC	PAN / PEKRN
Name		
Date of Birth (DOB)	In case of Minor: Proof of DOB: <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others .....	
Residence Phone (prefix STD Code)		
Office Phone (prefix STD Code)		
Extn		
Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA	
Email	Email belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA	

☐ I hereby authorise TMF, TAMPL and/or its authorized service provider(s) to communicate Mutual Fund scheme related matters/documents and other information related to the investment products either through call, SMS, email, whatsapp or such other means overriding any NDNC registration. On providing email-id investors shall receive the scheme wise 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 scheme wise annual report or an abridged summary thereof [Please tick (Tick Mark)] ☐ Yes ☐ No

Contact Person - Designation (Non Individual Investors) / Power of Attorney (POA) / Proprietor / Guardian details (minor applicant)

POA / Proprietor / Guardian Details	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN
Name		
For Non Individual	Entity Identifier (LEI) Number Mandatory for Transaction Value of INR 50 crore and above	
To be filled by Guardian	Relationship with the Minor Applicant <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Proof of Relationship <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others .....
	Mobile No.	Date of Birth
		C-KYC

Tax Status

☐ Resident Individual ☐ Sole Proprietorship ☐ Public Limited Company ☐ Limited Liability Partnership ☐ Overseas Citizen of India  
☐ NRI-Repatriation ☐ Hindu Undivided Family ☐ Trust ☐ Body of Individuals ☐ Foreign National Resident in India  
☐ NRI-Non-Repatriation ☐ Partnership ☐ Body Corporate ☐ Society / Club / NGO ☐ Person of Indian Origin  
☐ Minor - Resident Individual ☐ Private Limited Company ☐ Non Profit Organization ☐ Others (Please specify) .....

3. Contact Details

Refer Sec. D

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



Acknowledgement Slip

Received from Mr./Ms./M/s. PAN ₹ for purchase in Subject to verification and realisation.

Overseas address

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

		City
State	ZIP Code	Country

4. Payout Bank Account Details Refer Sec. G

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

The bank account details provided below will be held on record and considered as default bank mandate to pay redemption proceeds and IDCW payouts (if applicable).

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

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

Amount Allocation

☐ Lumpsum ☐ Lumpsum + SIP

Scheme Name		Plan (select any one)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option		Sub Option	
IDCW Payout Option (Select Anyone)	<input type="checkbox"/> IDCW Reinvest <input type="checkbox"/> IDCW Payout		

6. Investment Instrument Details Refer Sec. E

Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> Funds Transfer <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT		
The name of the first applicant should be available on the investment Cheque.  Cheque/ DD to be drawn in favour of 'Name of the Scheme'	Amount (₹) (A)	Dated	Cheque / DD No.
	Account Number	A/C type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO
			<input type="checkbox"/> NRNR <input type="checkbox"/> NRE
	Bank Details <input type="checkbox"/> Same as above [Please (✓) if yes] <input type="checkbox"/> Different from above [Please (✓) if it is different from above and fill in the Bank details below]		
Name of Bank and Branch			
Branch City		Mandatory Enclosures (Please tick (✓) (if the first instalment is not through cheque)) <input type="radio"/> Cheque copy <input type="radio"/> Bank Statement <input type="radio"/> Banker's Attestation	

7. Joint Applicant's Details Refer Sec. H & I

Mode of Holding	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any one or Survivor (Default)
-----------------	-----------------------------------------------------------------------------------------------------------------------

II<sup>nd</sup> Applicant's Details Investors to ensure that PAN is linked to Aadhaar.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	C-KYC	PAN / PEKRN
Name		Date of Birth	
Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA		
Email	Email belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA		

**III<sup>rd</sup> Applicant's Details** Investors to ensure that PAN is linked to Aadhaar.

Investors to ensure that PAN is linked to Aadhaar.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	C-KYC <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	PAN / PEKRN <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>
Name			Date of Birth <div> <div></div><div></div><div></div><div></div> / <div></div><div></div><div></div><div></div> / <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	
Mobile No.		Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA		
Email		Email belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA		

## 8. Know Your Customer (KYC) Details Refer Sec. 1

Refer Sec. 1

CATEGORIES	FIRST APPLICANT (Including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Occupation »	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) .....	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) .....	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) .....
Gross Annual Income »	<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 Network <sup>1</sup> in (Mandatory for Non-individual) ₹ <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> as on (not older than 1 year)	<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 Network <sup>1</sup> in ₹ <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> as on (not older than 1 year)	<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 Network <sup>1</sup> in ₹ <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> as on (not older than 1 year)
Others »	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person

### Additional KYC Details for Non - Individuals

For Non Individuals only (Companies, Trust, Partnership etc.)	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Non Individual investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above	

## 9. Foreign Account Tax Compliance Act (FATCA) & CRS Details Refer Sec. K

Refer Sec. K

For Individuals	FIRST APPLICANT (including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Country of Birth >>			
Place of Birth >>			
Nationality >>	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) _____
Type of address given at KRA >>	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Are you also a resident in any other country(ies) for tax purposes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, complete section below.		
Country of Tax Residency 1 >>			
Tax Identification Number 1 >>			
Identification Type 1 >>			
If TIN is not available please tick the reason A, B or C *	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Country of Tax Residency 2 >>			
Tax Identification Number 2 >>			
Identification Type 2 >>			
If TIN is not available please tick the reason A, B or C *	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

\* Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents; Reason B: No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected); Reason C: Others- Please state the reasons thereof

**FATCA & CRS Related Details for Non Individuals: Please submit Form W8 BEN-E / Specified declaration (Enclosed)**

Refer Sec. L

☐ **I 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 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.

☐ **Register nomination as below:** I / We want the details of my / our nominee with % to be printed in the statement of holding, provided to me / us: ☐ Yes ☒ No (Default)

Name		Date of Birth <div><div></div><div>D</div><div></div><div>D</div><div>/</div><div></div><div>M</div><div></div><div>M</div><div>/</div><div></div><div>Y</div><div></div><div>Y</div><div></div><div>Y</div><div></div><div>Y</div></div>
Email	Mobile	PAN / PEKRN
Relationship with Sole/1 <sup>st</sup> Holder	Allocation (%)	Signature of Nominee / Guardian
Identity Type <input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport	Identity Number (Only last 4 digits in case the Identity Type is Aadhaar)	
Address of Nominee / Guardian (in case of Minor Nominee)		
State	PIN	Country
Guardian Name in case of Minor Nominee	Guardian PAN	Relationship of Guardian with Nominee

Name		Date of Birth <div><div><div></div><div>D</div><div></div></div><div><div></div><div>D</div><div></div></div><div>/</div><div><div></div><div>M</div><div></div></div><div><div></div><div>M</div><div></div></div><div>/</div><div><div></div><div>Y</div><div></div></div><div><div></div><div>Y</div><div></div></div><div><div></div><div>Y</div><div></div></div><div><div></div><div>Y</div><div></div></div></div>
Email	Mobile	PAN / PEKRN
Relationship with Sole/1 <sup>st</sup> Holder	Allocation (%)	Signature of Nominee / Guardian
Identity Type <input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport	Identity Number (Only last 4 digits in case the Identity Type is Aadhaar)	
Address of Nominee / Guardian (in case of Minor Nominee)		
State	PIN	Country
Guardian Name in case of Minor Nominee	Guardian PAN	Relationship of Guardian with Nominee

Name		Date of Birth <div><div><div></div><div>D</div><div></div></div><div><div></div><div>D</div><div></div></div><div>/</div><div><div></div><div>M</div><div></div></div><div><div></div><div>M</div><div></div></div><div>/</div><div><div></div><div>Y</div><div></div></div><div><div></div><div>Y</div><div></div></div><div><div></div><div>Y</div><div></div></div><div><div></div><div>Y</div><div></div></div></div>
Email	Mobile	PAN / PEKRN
Relationship with Sole/1 <sup>st</sup> Holder	Allocation (%)	Signature of Nominee / Guardian
Identity Type <input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport	Identity Number (Only last 4 digits in case the Identity Type is Aadhaar)	
Address of Nominee / Guardian (in case of Minor Nominee)		
State	PIN	Country
Guardian Name in case of Minor Nominee	Guardian PAN	Relationship of Guardian with Nominee

Refer Sec. M

Fill these details only if you wish to have your units in Demat mode.

Depository participant Name														
Central Depository Securities Limited										National Securities Depository Limited				
Target ID No.										DP ID No.				
										I	N			
Beneficiary Account No.														

*Refer Sec. N*

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/We hereby confirm and declare as under:-

(1) I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. (2) I/We am/are eligible investor(s) as per the scheme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Pvt. Ltd. (TAMPL)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. (4) That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom. (5) I/We hereby authorize you to disclose, share, remit in any form/manner/mod 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 update/ 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/advise to me/us. I/We hereby authorize you to share the account statement of the folio with the distributor /broker / advisor on record. (6) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (7) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (8) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. (9) I/We agree that the unit balance(s) reflecting in the account statement is subject to realisation of Cheque accompanying the purchase request, PAN validation and KYC compliance. (10) For Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status. (11) For NRIs/ PIO/OCs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws. (12) I/We hereby accord my/our consent to TATA AMC for receiving the promotional information/ material via email, SMS, telemarketing calls, etc. on the mobile number and email provided by me/us in this Application Form.

Date: \_\_\_\_\_

Debit Mandate Form NACH (One Time Mandate - OTM)
[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date DDMMYY

Choose (✓)
[CREATE] [MODIFY] [CANCEL]
Sponsor Bank Code
Office use only
Utility Code
Office use only
I/We hereby authorize TATA MUTUAL FUND to debit (✓)
Bank A/c No.
With Bank:
an amount of Rupees
FREQUENCY
Reference / Folio No.
Scheme / Plan reference No. All Schemes of Tata Mutual Fund
Mobile
I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.
PERIOD
Sign
1.
2.
3.

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

Please tick (✓) as applicable:
Registration of SIP
Registration of MICRO SIP
Renewal of SIP.
Advisor Details (Transaction Charges for Applications routed through distributor/agents only (Kindly refer Instruction 8 overleaf)
ARN / RIA ^ Code
Sub-Broker ARN Code
Sub-Broker / Bank Branch Code
EUIIN Code
Internal Code
OR Declaration for "execution-only" transaction - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund.
Investor Details
Application No.
Folio No.
1st Holder Name
PAN
2nd Holder Name
PAN
3rd Holder Name
PAN
First SIP Cheque Details
Cheque No.
Cheque Amount in Rs.
Cheque Date
Bank Name
Branch
City
SIP Scheme/Option/Sub Option
Plan: Regular Direct
SIP Instalment Amount (₹)
Frequency (\*Default)
SIP Start Date
SIP End Date (Default : 31 December 2099)
Day of the week for weekly frequency: Monday Tuesday Wednesday (Default) Thursday Friday
SIP Top-up (Optional)
Top-up Amount (Rs.)
SIP Top Up Frequency
Upper SIP Amount (Rs.)
Auto Switch Option : Applicable for Tata Retirement Savings Fund (TRSF) only, for default values refer SID.
Plan Name
Please tick the appropriate Autoswitch option (any one as per the plan)
Progressive Plan
Moderate Plan
Systematic Withdrawal Plan : (Please ✓ any one) Applicable after the age of 60 of the 1st unit holder, for TRSF only.
No Auto SWP
Fixed SWP (Select Frequency)
Fixed Amount (Frequency Monthly only) Rs.
Declaration and Signatures : To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s and terms and conditions overleaf, I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s. I/We hereby declare that the particulars given are correct & complete & express my willingness to make payments towards SIP installments referred above through participation in ECS/Direct Debit/Standing Instruction. The ARN Holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different coming Schemes of various Mutual Funds from amounts which the Scheme is being recommended to me /us.
SIGNATURE/S
Sole / 1st Unitholder Signature / Thumb Impression
2nd Unitholder Signature / Thumb Impression
3rd Unitholder Signature / Thumb Impression