

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-Broke	Sub-Broker ARN Code Sub-Broker / Bank Branch Code			de EUIN Code							
166809							E3	E324659				
Internal Code	without any interaction or advice by the emp		saction – I/We hereby confirm that the EUIN box has been intentionally I ployee/relationship manager/sales person of the above distributor o ager/sales person of the distributor and the distributor has not charg				or or notwit	hstanding	the advi	ce of in-a _l	propriate	
	ount is ₹ 10,000 or more and fund investor) will be deduct											
ommission shall be paid dir	ectly by the investor to the AM we authorize you to share wi	FI registered Distributors	based on the	investor	assessment of va	rious facto	rs includir	ig the se	rvice re	ndered	by the di	istributo
		_										
Sole / 1st Applicant Signature / 2nd Thumb Impression												
Amaliaans'a In	formetion											
. Applicant's In	The Name of the Applicants sh applicant as a minor. Any appli- and corporations or other entit complete the Know Your Client	cants should not be a resider ies organised under the laws	nt of Canada or s of the U.S. Fo	a person v	vho falls within the d	efinition of t	he term "U.	S. Person	" under	oint hold the US Se	lers allow ecurities A	Act of 193
The first applicant >>		PAN / PEKRN				Folio N						
will be the primary holder and all	☐ Mr. ☐ Ms. ☐ M/s.	PAIN / PERRIN				FUIIU IN	J.					
orrespondence will be sent to him/her. Only the first holder	Name											
can be a minor. xisting Investors may	Date of Birth (DOB)		In case of	f Minor:	Proof of DOB:	Birth ce	rtificate	Sch	nool le	aving	certifica	ate
mention the Folio no. and proceed to Sec. 4	D D M M /					Passpor	t	Otl	ners			
	Aadhaar No.				C-KYC							
owar Of Attornov (BO)	A) / Proprietor / Guardia	n dotails (minor an	nlicant)									,
POA / Proprietor /	() / Proprietor / Guardio	iii uetaiis (iiiiiioi ap		/DNI								
Guardian Details	☐ Mr. ☐ Ms.		PAN / PE	CKIN								
	Name											
To be filled by »	Relationship with the Minor Applicant Proof of Relationship											
Guardian	\square Mother \square Father \square Legal Guardian		☐ Birth certificate ☐ School leaving certificate ☐ Passport ☐ Others									
	Aadhaar No.	Date of Birth C-KYC										
ax Status												
	Resident Individual		prietorship		Body Corporate			Overse				
	□ NRI-Repatriation □ Hindu Ut □ NRI-Non-Repatriation □ Partners		Undivided Family									
	Minor - Resident Indi	+~*										
	☐ Minor - NRI☐ Person of Indian Orig	☐ Trust in ☐ Others ((please spec					roreigi	ii iiisti	luliona	u mves	tor
. Contact Detai	ls										Ref	er Sec.
Mailing address is »												
required for initial												
required for initial communication. We will overwrite this												
required for initial communication. We will overwrite this address with the 1st							City					
required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA							City					
required for initial communication. We will overwrite this address with the 1st Applicants address	PIN		State				<i>.</i>					
required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA			State				City					
required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA				ne (prefi	x STD Code)		<i>.</i>					
required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA	PIN			ne (prefi	x STD Code)		Country	ctn				
required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA	PIN	(STD Code)		ne (prefi	x STD Code)		Country					
required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA	PIN Residence Phone (prefix Mobile	(STD Code)	Office Phor Email				Country	(tn				&
required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA records	PIN Residence Phone (prefix Mobile	s STD Code)	Office Phor Email				Country	xtn			·	&
required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA records	PIN Residence Phone (prefix Mobile	s STD Code)	Office Phor Email			Sr	Ex	ktn			89	<u>~</u>

Overseas address				
Mandatory for Non- Resident Individuals and Overseas Investors in addition				
to the mailing address.				City
	State	ZIP Code		Country
4. Investment In	strument Details			Refer Sec. E
The name of the »	Gross Amount (₹) (A)	DD Char	ges (₹) (if any)	Net Amount (₹) (Cheque / DD Amount)
first applicant should be available		(B)		(A - B)
on the investment Cheque.	Account Number		A/c Type	Dated
Cheque/ DD to be	Account Number		A/C Type	
drawn in favour of 'Name of the	Drawn on Bank			D D / M M / Y Y Y Y Cheque / DD No.
Scheme'				
	Branch			Branch City
				Station City
5. Investment Sc	heme Details			Refer Sec. F & Product Labels
Scheme Name »				
Plan »	Regular Direct			
(select any one) "				
Option »				
Sub Option »				
Div. Payout Option (select any one)	Dividend Reinvestment Dividen	d Payout		
6 Pank Assount	Dotails			P. C. C. C.
6. Bank Account	The bank account details provided below will be held	on record and considered	l as default bank manda	Refer Sec. G
	payouts (if applicable).	on record and considered	i as uciault balik ilialiua	te to pay redemption proceeds and dividend
This must be an Indian account. The	Bank Name			Branch
1 st applicant should be a holder in this				
account.	Account number	A/C type Savings Current NRO		
				□ NRNR □ NRE
	MICR	IFSC for RTGS		IFSC for NEFT
	Address			
	Address			
	City	PIN		State
Cheque Details	dated A/c No		Rank	Acknowledgement Slip

Subject to realisation.

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

7. Joint Applican	t's Details					Refer Sec. E & F		
Mode of Holding	Single	☐ Any one or Survivor (Default)						
II nd Applicant's Detai	ls							
☐ Mr. ☐ Ms.		PAN / PEKRN		Sta	Status			
					Resident Individual 🔲	NRI		
Name								
A. H M.		D. C. CRI d		C IOVC				
Aadhaar No.		Date of Birth		C-KYC				
IIIrd Augustianus Data	:1-		7					
III rd Applicant's Deta	IIS	DANI / DEI/DNI		C+	atus			
☐ Mr. ☐ Ms.		PAN / PEKRN		Status				
Name					ricsident marvidual	INN		
				T =				
Aadhaar No.		Date of Birth		C-KYC				
0. V V	(KVC) D		/					
CATEGORIES	ISTOMER (KYC) Deta		SECOND APPLICAN	T / CHAPDIAN	THIRD APPL	Refer Sec. G		
Occupation >>	□ Private Sector Service □		☐ Private Sector Service	-	☐ Private Sector Service	Retired		
		Business Agriculturist	☐ Public Sector Service ☐ Government Sector	☐ Business☐ Agriculturist	☐ Public Sector Service☐ Government Sector	☐ Business☐ Agriculturist		
	□ Professional	Forex Dealer Student	□ Professional□ Housewife	☐ Forex Dealer ☐ Student	☐ Professional ☐ Housewife	☐ Forex Dealer ☐ Student		
	Others (please specify)		Others (please specify	/)	Others (please specify)		
Gross Annual Income »		1-5 Lacs 10-25 Lacs	☐ Below 1 Lac ☐ 5-10 Lacs	□ 1-5 Lacs □ 10-25 Lacs	☐ Below 1 Lac ☐ 5-10 Lacs	□ 1-5 Lacs □ 10-25 Lacs		
	□>25 Lacs-1 crore □	>1 crore	□ >25 Lacs-1 crore	□ >1 crore	>25 Lacs-1 crore	□ >1 crore		
	Networth in (Mandatory for N		Networth in ₹	as	Networth in	as on		
	D D / M M / Y		on DD/MM		D D / M M /			
	(not older than 1 year)		(not older than 1 year)		(not older than 1 year)			
Others »	Not Applicable Politically Exposed Person	n	Not Applicable Politically Exposed Pe	rson	Not Applicable Politically Exposed Pe	erson		
	Related to Politically Expo	osed Person	Related to Politically E		Related to Politically			
Additional KYC De	tails for Non - Indivi							
For Non Individuals >> only (Companies,	Is the company a Listed Cor (if No, mandatory to attach			r Controlled by a L	isted Company:	□ No		
Trust, Partnership	Non Individual investors inv				Services			
etc.)	☐ Money Lending / Pawning	9	☐ None of the above					
9. Foreign Accou	nt Tax Compliance	Act (FAT	CA) & CRS Detai	ls		Refer Sec. H		
For Individuals	FIRST APPLICANT (inclu	ding Minor)	SECOND APPLICANT	Γ / GUARDIAN	THIRD APPLIC	CANT		
Country of Birth ≫								
Place of Birth »								
Nationality >>	☐ Indian ☐	U. S.	Indian	□ U. S.	☐ Indian	□ U. S.		
,	Others (Please specify)		Others (Please specify)		Others (Please specify)			
Type of address given at KRA »	Residential or Business Registered Office	Residential Business	Residential or Business Registered Office	Residential Business	Residential or Business Registered Office	Residential Business		
Are you also a resident in >> any other country(ies) for tax	□ No □	Yes	□ No	Yes	□ No	☐ Yes		
purposes?	If yes, complete section belo	w.						
Country of Tax Residency 1 »								
Tax Identification Number 1 \gg								
Identification Type 1 >>								
If TIN is not available please >>	D		D		D			
tick the reason A, B or C *	Reason A B E	C	Reason A B	С	Reason A B	С		
Country of Tax Residency $2 \gg$								
Tax Identification Number 2 >>								
Identification Type 2 >>								
				_		_		
If TIN is not available please >> tick the reason A, B or C *	Reason A B E	C	Reason	С	Reason A B	С		

^{*} 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)

10. Nomination Details Refer Sec. L

Mandatory for Individual(s) applying singly or jointly.	You can nominate up to 3 persons to receive the Units allottec made to such Nominee(s) and Signature of the Nominee(s) ack	nowledging receipt thereof, shall be a valid dis	of death of all unit holders. All payments and settlements scharge by the AMC/ Mutual Fund/ Trustees.				
Select any one	Register nomination as below	I do not wish to nominate.					
1 st Nominee	Nominee Name	Date of Birth					
	Address						
			City				
	State	PIN	Country				
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian				
2 nd Nominee	Nominee Name	Date of Birth D D M M M Y Y Y Y Y Y					
	Address						
	State PIN		Country				
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian				
3 rd Nominee	Nominee Name	Date of Birth					
	Address						
			City				
	State	PIN	Country				
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian				
	1" Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression				
11. Demat Acco	unt Details		Refer Sec. M				
	Fill these details only if you wish to have your	units in Demat mode.					
Ensure that the sequence of names as mentioned in the	Depository participant Name						
application form matches with that of the	Central Depository Securities Limited	National Securities Depository Limited					
account held with the Depository Participant.	Target ID No.	DP ID No.					
In case the details are			IN				
found to be incorrect, Units will be allotted in physical mode.			Beneficiary Account No.				
12. Declaration	and Signatures		Refer Sec. N				
	ng capital markets under any order/ruling/judgment etc., of any regulation, including	SEBI. I/We confirm that my application is in compliance with a	· · · · · · · · · · · · · · · · · · ·				
(1) I / We have read, understood ar	the scheme related documents and conditions of the scheme related docu	ments and apply for allotment of Units of the Scheme(s) of Ta	ita Mutual Fund ('Fund') indicated in this application form.				

1 I/W (1) (2)

(3)

(4) (5)

If 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.

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 Limited (TAML)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.

That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, (New will be liable for the consequences arising therefrom.

If we hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEB registered intermediaries for single updation/submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FILI-IND) tet without any initimation/advice to me/us.

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.

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.

I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its d

(8) (9)

For Portigin Nationals, exceeding this did not, if we will redecem my/our entire investment/s before if we change my/our indian residents. If we shall be found in consequences (including daxation) arising out of the failure to redeem on account of change in residential status.

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

I/We, the holder of the above stated Aadhaar number, hereby give my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI, use my mobile number mentioned in my account for sending SMS alerts to me. I/We hereby provide my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar number, SMS alerts to me. I/We hereby provide my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar number, SMS alerts to me. I/We hereby provide my consent to Tata Mutual Fund(TMF), to Obtain my Aadhaar number, SMS alerts to me. I/We hereby provide my consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

Date:

1st Applicant Signature / Thumb Impression		
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