



PLEASE REFER TO THE PRODUCT LABEL SECTION ON PAGE I BEFORE FILLING THIS FORM



TATA Common Application Form (except for Tata Retirement Savings Fund & Tata Young Citizens' Fund)

Sr. No.:

I. DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & K				FOR OFFICE USE ONLY (TIME STAMP)
BROKER / AGENT CODE	SUB-BROKER / BANK BRANCH CODE	SUB-BROKER ARN CODE	EUIN CODE	

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Inst. A15)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the purchase / subscription amount and payable 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.

2. EXISTING UNITHOLDER INFORMATION (please fill in your Folio Number, Name & proceed to Scheme Investment Details)

Existing Folio Number: Name of Sole/1st Applicant:

3. APPLICANT'S PERSONAL DETAILS (Fill in Block Letters, use one box for one alphabet leaving one box blank between two words, as it appears in your Bank A/c & KYC letter)

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. **MODE OF HOLDING** Single Joint (Default) Anyone or Survivor(s)

1st holder PAN/PEKRN KYC Copy attached **Date of Birth**

Proof of DOB (Mandatory for minor) Birth Certificate School Leaving Certificate Passport Other

KYC DETAILS (Mandatory) 1st Unitholder

STATUS: <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> HUF <input type="checkbox"/> Minor RI <input type="checkbox"/> Minor NRI <input type="checkbox"/> Trust <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Societies <input type="checkbox"/> FOF <input type="checkbox"/> Body Corporate <input type="checkbox"/> Others (please specify)	OCCUPATION: <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Retired <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 Networth in (Mandatory for Non-individual) ₹ as on <input type="text"/> (not older than 1 year)	For Individuals: <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person <input type="checkbox"/> Not Applicable For Non-Individual Investors (Companies, Trust, Partnership etc): Is the company a Listed Company or Subsidiary of Listed Company or or Controlled by a Listed Company: (if No, please attach mandatory UBO declaration): <input type="checkbox"/> Yes <input type="checkbox"/> No
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Non Individual investors involved/providing any of the mentioned services Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above

DETAILS UNDER FATCA / FOREIGN TAX LAWS

Country of birth Place of birth Nationality

Type of address given at KRA : Residential or Business Residential Business Registered Office

Are you a resident in any country other than India for tax purposes. Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency ^o	Tax Identification Number	Identification Type (TIN or other, please specify) ^

^oTo also include USA, where the individual is citizen / green card holder of the USA

^ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet been issued, please provide an explanation and attach this to the form.

For Non Individual Investor, Please tick the relevant box below, even if Country of Tax Residency is India #

Form W8 BEN-E / Specified declaration (Enclosed)
 Unable to Provide [Tata Mutual Fund will contact you in due course to confirm your FATCA Status]

Where no box is ticked, the second statement will be taken as the default implying that the applicant / investor currently is unable to confirm FATCA status and will confirm the same in future.

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

Sr. No.:

Received Subject to realisation and verification an application for purchase of units as mentioned in the application form.

from <input type="text"/>		
Scheme	Cheque no.	Amount

Signature, Stamp & Date

Second applicant details

Mr. Ms.

Name

2nd holder PAN/PEKRN

M a n d a t o r y

KYC Copy attached

#**OCCUPATION:** Private Sector Service Public Sector Service Government Sector Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others

#**GROSS ANNUAL INCOME:** Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore;

Networth in ₹ as on D D / M M / Y Y (not older than 1 year);

#**OTHERS:** Politically Exposed Person Related to Politically Exposed Person Not Applicable

MANDATORY

DETAILS UNDER FATCA / FOREIGN TAX LAWS

Country of birth _____ Place of birth _____ Nationality _____

Type of address given at KRA : Residential or Business Residential Business Registered Office

Are you a resident in any country other than India for tax purposes. Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency*	Tax Identification Number	Identification Type (TIN or other, please specify) ^

*To also include USA, where the individual is citizen / green card holder of the USA. ^ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet been issued, please provide an explanation and attach this to the form.

Third applicant details

Mr. Ms.

Name

3rd holder PAN/PEKRN

M a n d a t o r y

KYC Copy attached

#**OCCUPATION:** Private Sector Service Public Sector Service Government Sector Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others

#**GROSS ANNUAL INCOME:** Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore;

Networth in ₹ as on D D / M M / Y Y (not older than 1 year);

#**OTHERS:** Politically Exposed Person Related to Politically Exposed Person Not Applicable

DETAILS UNDER FATCA / FOREIGN TAX LAWS

Country of birth _____ Place of birth _____ Nationality _____

Type of address given at KRA : Residential or Business Residential Business Registered Office

Are you a resident in any country other than India for tax purposes. Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency*	Tax Identification Number	Identification Type (TIN or other, please specify) ^

*To also include USA, where the individual is citizen / green card holder of the USA. ^ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet been issued, please provide an explanation and attach this to the form.

Guardian details

Name of Guardian (In case of Minor) Contact Person/Designation (In case of non-individual Investors)

Mr. Ms.

Relation with Minor/Designation

Guardian's PAN/PEKRN

M a n d a t o r y

KYC Copy attached

Proof of relationship with minor (Mandatory) Mother / Father / Legal Guardian Birth Certificate School Leaving Certificate Passport Other _____

Guardian / POA / Proprietor

Name	PAN/PEKRN (mandatory)	PAN/PEKRN Proof enclosed	KYC Compliance
		<input type="checkbox"/>	<input type="checkbox"/>

DETAILS UNDER FATCA / FOREIGN TAX LAWS

Country of birth _____ Place of birth _____ Nationality _____

Type of address given at KRA : Residential or Business Residential Business Registered Office

Are you a resident in any country other than India for tax purposes. Yes No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency*	Tax Identification Number	Identification Type (TIN or other, please specify) ^

*To also include USA, where the individual is citizen / green card holder of the USA. ^ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet been issued, please provide an explanation and attach this to the form.

CHECKLIST

Toll Free: 1800-209-0101 (Open on all days). Email: kiran@tataamc.com, Website: www.tatamutualfund.com. Documents as listed below are submitted along with this application.

Document List	Document List	Document List
1. KYC <input type="checkbox"/>	5. Bye-Laws <input type="checkbox"/>	9. Foreign Invest Remittance Certificate (FIRC) <input type="checkbox"/>
2. Resolution / Authorisation to invest <input type="checkbox"/>	6. Partnership Deed <input type="checkbox"/>	10. MICROSIP document <input type="checkbox"/>
3. Authorised Signatories List with Specimen Signature <input type="checkbox"/>	7. Overseas Auditor's Certificate <input type="checkbox"/>	11. Others <input type="checkbox"/>
4. Trust Deed <input type="checkbox"/>	8. Notarised Power of Attorney <input type="checkbox"/>	

All documents in 3 to 8 above should be originals / true copies certified by the Director's / Trustee / Company Secretary / Authorised Signatory / Notary Public.

4. MAILING ADDRESS AND CONTACT DETAILS OF SOLE / FIRST APPLICANT (P.O. Box Address may not be sufficient. Please provide your complete Address)

															City				
Pin					State					Country									
Phone O (STD Code)					Extn.					Fax									
R (STD Code)										Mobile									

E-mail → (IN CAPITAL)

[If you wish to receive Account Statement / Annual Report / Other Statutory Information via Post instead of Email (Refer Inst. – C9)].**Overseas Address (Mandatory in case of NRI applicant in addition to mailing address)**

Zip code					City					Country				

5. FIRST HOLDERS BANK ACCOUNT DETAILS (Mandatory) Refer Instruction I and J

All communication/payments will be made to first applicant or to Karta in case of HUF. Bank account details of First Unitholder required without which the application would be rejected.

Name of the Bank														
Branch										Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> NRE				
Account No. (in Fig.)														
Bank Address														
City					State					PIN				
^ MICR Code					*IFSC Code (RTGS)					*IFSC Code (NEFT)				

^ (To be filled in only if dividend is to be paid through ECS). * This is a 11 Digit Number, kindly obtain it from your Bank Branch. (Cancelled cheque is Mandatory)

6. SCHEME DETAILS Refer Instruction D and Page 1 & 2

Scheme / Plan: _____

Options: Growth Dividend **For Dividend option only:** Sub-Option: _____ Payout option: Payout Reinvestment**7. MY INVESTMENT GOAL (choose anyone (✓) (Refer Instruction E)** Marriage Vacation Dream Home Dream Car Retirement Children's Education Children's Marriage.

Target Amount Rs. _____

8. INVESTMENT DETAIL (Strike off whichever is not applicable)

Gross Amount (A)					DD Charges (if any) (B)					Net Amount (Cheque / DD Amount)				
₹ A					B					₹ A minus B				
Mode of Payment										Dated				
A/c No. _____										D D / M M / Y Y Y Y				
A/c Type _____										Cheque / DD No. _____				
Drawn on Bank														
Branch										Branch City				

9. NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) Refer Instruction M (MANDATORY)

Please select any one of the follows:

Please register nomination as requested below (please fill the nomination form below) I wish to nominate multiple nominees (please strike out the form below & fill separate form attached herewith) I do not wish to nominate.

I/We hereby nominate the person more particularly described hereunder to receive the Units allotted to me/us/credit in my/our folio in the event of my/our death. I/We understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge of the AMC / Mutual Fund / Trustees.

Name Address

..... Nominee's relationship with 1st holder

If Nominee is Minor:

Date of Birth Proof of DOB Birth Certificate School Leaving Certificate Passport Others

Name & Address of Guardian:

Relationship of the Nominee with the Guardian Mother Father Legal Guardian

Proof of relationship: Birth Certificate School Leaving Certificate Passport Others Sign of Nominee/Guardian (in case of minor nominee)

10. DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction L)

National Securities Depository Limited	Depository participant Name _____	Central Depository Securities Limited	Depository participant Name _____																																									
	DP ID No. <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		I	N																			Target ID No. <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					
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11. DECLARATION AND SIGNATURES. Refer Instruction - C

The Trustee, Tata Mutual Fund

a.) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/ We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & 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, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. 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. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. **b.) For NRIs:** I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & that I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. I/ We confirm that details provided by me / us are true & correct. **c)** 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. **d.)** I/We have read & understood the SEBI Circular no. MRD/DoP/Cir- 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card / have applied for PAN. **e.)** 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.

Date: _____

1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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NOT TO BE USED FOR TATA RETIREMENT SAVINGS FUND

SIP AUTO DEBIT FACILITY – WITH TOP-UP FACILITY

NEW INVESTORS ARE REQUESTED TO FILL-IN THE SCHEME APPLICATION FORM ALSO



Expertise that's trusted

REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing / Standing Instruction / Direct Debit Facility in select banks only)

First SIP cheque and subsequent via Auto Debit in select cities only. (Please attach copy of cheque / cancelled cheque)

Please (✓) any one: New Registration Change in Bank Account for existing Registration MICRO SIP (refer inst. 4)

1. DISTRIBUTION INFORMATION (Only empanelled Distribution/Broker will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & K				FOR OFFICE USE ONLY (TIME STAMP)
Broker / Agent Code	Sub-Broker / Bank Branch Code	Sub-Broker ARN Code	EUIN Code	

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Inst. A15 and please tick (✓) any one)

If the total commitment of investment through SIP (i.e. amount per SIP installment x no. of installments) amounts to Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the installment amount and payable to the distributor. In such cases transaction charge will be recoverable in 3 - 4 installments. Units will be issued against the balance of the installment 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.

3. APPLICATION DETAILS

Folio No.	Application No.	
Name of Sole / 1st holder	PAN No. / PEKRN.	<input type="checkbox"/> M <input type="checkbox"/> a <input type="checkbox"/> n <input type="checkbox"/> d <input type="checkbox"/> a <input type="checkbox"/> t <input type="checkbox"/> o <input type="checkbox"/> r <input type="checkbox"/> y <input type="checkbox"/> KYC#
Name of 2nd holder	PAN No. / PEKRN.	<input type="checkbox"/> M <input type="checkbox"/> a <input type="checkbox"/> n <input type="checkbox"/> d <input type="checkbox"/> a <input type="checkbox"/> t <input type="checkbox"/> o <input type="checkbox"/> r <input type="checkbox"/> y <input type="checkbox"/> KYC#
Name of 3rd holder	PAN No. / PEKRN.	<input type="checkbox"/> M <input type="checkbox"/> a <input type="checkbox"/> n <input type="checkbox"/> d <input type="checkbox"/> a <input type="checkbox"/> t <input type="checkbox"/> o <input type="checkbox"/> r <input type="checkbox"/> y <input type="checkbox"/> KYC#

Attach Acknowledgement Copy

4. UNITHOLDING OPTION Demat Mode Physical Mode

DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction H)

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

5. SCHEME DETAILS Refer Instruction D and Page 1 & 2

Scheme / Plan: _____
 Options: Growth Dividend
 For Dividend option only: Sub-Option: _____ Payout option: Payout Reinvestment

6. MY INVESTMENT GOAL (choose anyone (✓)) (Refer Instruction E)

Marriage Vacation Dream Home Dream Car Retirement Children's Education Children's Marriage
 Target Amount Rs. _____

7. FIRST SIP CHEQUE DETAILS

Cheque No.: _____ Cheque Amount in ₹ _____ Cheque Date :
 Bank Name _____ Branch: _____ City: _____

To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s, 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 through participation in ECS/Direct Debit/Standing Instruction. I/We will also inform TAML, about any changes in my bank account. I/We have read & agreed to the terms & conditions mentioned overleaf. For Micro SIP: I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000/- in a rolling 12 months period or in a financial year.

SIGNATURE/S AS PER TATA MUTUAL FUND RECORDS (MANDATORY)			
	Sole / 1st Account Holder's Signature	2nd Account Holder's Signature	3rd Account Holder's Signature

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

TATA MUTUAL FUND

ISC Stamp & Signature

Received from Mr./Mrs. _____

Scheme/Plan/Option _____

Subject to realization of funds and verification of mandatory information/document.



Expertise that's trusted

Debit Mandate Form NACH (One Time Mandate - OTM)

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date [DDMMYYYY]

UMRN [Office use only]

Choose (✓)

Sponsor Bank Code [Office use only] Utility Code [Office use only]

NEW
CANCEL
AMEND

I/We hereby authorize **TATA MUTUAL FUND** to debit (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c No.: []

With Bank: [Bank Name & Branch] IFSC [] MICR []

an amount of Rupees [Amount in Words] ₹ []

FREQUENCY Monthly Quarterly Half Yearly As when presented (default) DEBIT TYPE Fixed Amount Maximum Amount

Reference / Folio No. [] Email Id []

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 From [DDMMYY] to [DDMMYY] or Until Cancelled Sign [Signature of First Account Holder] Sign [Signature of Second Account Holder] Sign [Signature of Third Account Holder]
1. [Name as in bank records] Name (Mandatory) 2. [Name as in bank records] Name (Mandatory) 3. [Name as in bank records] Name (Mandatory)

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate to debit my account, based on the instructions as agreed and signed by me.
• I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorised the debit.

SIP REGISTRATION FORM (Attention: Investors registered for One Time Mandate (OTM) need not attach the OTM again)

DISTRIBUTION INFORMATION (Only empanelled Distribution / Broker will be permitted to distribute Units of Tata Mutual Fund) refer instruction 9

Broker / Agent Code	Sub-Broker / Bank Branch Code	Sub-Broker ARN Code	EUIN Code

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Inst. 8 and please tick (✓) any one)

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

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.

Existing Investor Folio No. / New Investor Application No.: []

APPLICATION DETAILS

Name of Sole / 1st holder	PAN No. / PEKRN. [M a n d a t o r y] <input type="checkbox"/> KYC##
Name of 2nd holder	PAN No. / PEKRN. [M a n d a t o r y] <input type="checkbox"/> KYC##
Name of 3rd holder	PAN No. / PEKRN. [M a n d a t o r y] <input type="checkbox"/> KYC##

email (Refer Inst.7): [] Mobile : []

Sr. No.	Scheme / Plan / Option / Sub-option	SIP Instalment Amount (₹)	SIP Date# (Please mention any date)	Frequency	Start Month / Year	End Month / Year (Default Dec 2099)*
1.			_____ in words:	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	[M M Y Y Y Y]	[M M Y Y Y Y]
2.			_____ in words:	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	[M M Y Y Y Y]	[M M Y Y Y Y]
3.			_____ in words:	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	[M M Y Y Y Y]	[M M Y Y Y Y]

Default SIP date 10; ##attach copy of Acknowledgement * Default Option

Please tick (✓) as applicable:

One Time Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in FIVE Days. i.e. for debit days 7th, form can be submitted till 2nd of the month.

One Time Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which taken Ten to Thirty days depending on NACH or ECS modalities.

The amount of the instalment per scheme should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

Declaration: Having read, understood and agreed to the contents of OTM facility, the Scheme information Document, Statement of Additional Information, Key Information Memorandum, instructions and Addenda issued from time to time of the respective Scheme(s) of Tata Mutual Fund mentioned within, I hereby declare that the particulars given above are correct my willingness to make payments towards SIP instalments referred above Scheme of various Mutual Funds from amongst which the Scheme being recommended to me/us.

Signatures [as per Mutual Fund Records / Application]	First Unit Holder's Signature	Second Unit Holder's Signature	Third Unit Holder's Signature
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SIP Acknowledgement through OTM facility. Investor Name: _____	Tata Mutual Fund Folio No./ Application No. _____	ISC Stamp
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