



TATA MUTUAL FUND
Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001
Application Form For Tata Mutual Fund



ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS Sr. No.: C

1. Advisor / Distributor Information

Refer Sec. B

ARN / RIA ^ Code ARN-146262	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIIN Code E 253637
Internal Code			
OR <input type="checkbox"/> 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.			
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 st Applicant Signature / Thumb Impression		2 nd Applicant Signature / Thumb Impression	
		3 rd 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 1st 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. Incase C-KYC No. is not available kindly complete the Know Your Client (KYC) form attached herewith.

1st 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	>> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. PAN / PEKRN		C-KYC
	Name		
	Date of Birth (DOB) In case of Minor: Proof of DOB: <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div></div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Passport</div><div><input type="checkbox"/> Others</div></div>		
	Mobile No.		
	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child		
<input type="checkbox"/> I hereby authorize TAML/ TMF to send important information and transaction updates to me on WhatsApp mobile number.			

Power Of Attorney (POA) / Proprietor / Guardian details (minor applicant)

POA / Proprietor / Guardian Details	>> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. PAN / PEKRN	
	Name	
	To be filled by >> Relationship with the Minor Applicant Proof of Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <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 <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">D</div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div></div></div>	

Tax Status

<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non-Repatriation <input type="checkbox"/> Minor - Resident Individual <input type="checkbox"/> Minor - NRI <input type="checkbox"/> Person of Indian Origin	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Hindu Undivided Family <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Body Corporate <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Body of Individuals <input type="checkbox"/> Society / Club <input type="checkbox"/> Non Profit Organization <input type="checkbox"/> Overseas Citizen of India <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Foreign Portfolio Investor <input type="checkbox"/> Foreign Institutional Investor
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3. Contact Details

Refer Sec. D

Mailing address is >> required for initial communication. We will overwrite this address with the 1 st Applicants address as per the KRA records			
	City		
	PIN	State	Country
	Residence Phone (prefix STD Code)		Office Phone (prefix STD Code)
	Email		Extn Email belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
For investors who do not have email address on record: I/We wish to receive physical copy of the scheme-wise annual report or abridged summary thereof <input type="checkbox"/> Yes <input type="checkbox"/> No I/We consent to share my / our details with Credit Bureaus and other Tata Group Companies in order to improve and customize TMF services and offerings. <input type="checkbox"/> Yes <input type="checkbox"/> No			

TATA MUTUAL FUND	Sr. No.: C	
	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. Investment Instrument Details Refer Sec. E

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'

Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)
Account Number	A/c Type	Dated
		D D / M M / Y Y Y Y
Drawn on Bank	Cheque / DD No.	
Branch	Branch City	

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

Scheme Name	
Plan (select any one)	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	
Sub Option	
Div. Payout Option (select any one)	<input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout

6. Bank Account Details Refer Sec. G

This must be an Indian account. The 1st 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 dividend payouts (if applicable).

Bank Name	Branch	
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
Address		
City	PIN	State

Refer Sec. H & I

IInd Applicant's Details

IIIrd Applicant's Details

Refer Sec. 1

Additional KYC Details for Non - Individuals

Refer Sec. K

* 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)

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 allotted to you in your folio in the unfortunate event of death of all unit holders. All payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund/ Trustees.

<input type="checkbox"/> Register nomination as below <input type="checkbox"/> I do not wish to nominate.			
1 st Nominee	Nominee Name		Date of Birth D D / M M / Y Y Y Y
	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 / Y Y Y Y
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
3 rd Nominee	Nominee Name		Date of Birth D D / M M / Y Y Y Y
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
1 st Applicant Signature / Thumb Impression		2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression

11. Demat Account Details

Refer Sec. M

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 the details are found to be incorrect, Units will be allotted in physical mode.

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.	

12. Declaration and Signatures

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:-

- 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.
- 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.
- 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, I/We will be liable for the consequences arising therefrom.
- I/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, SEBI 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 (FIU-IND) etc without any intimation/advice to me/us. I/We hereby authorize you to share the account statement of the folio with the distributor /broker / advisor on record.
- 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 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.
- 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.
- 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.
- For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.

Date: _____

1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression
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[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Choose (✓)

Sponsor Bank Code	Office use only	Utility Code	Office use only
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I/We hereby authorize	TATA MUTUAL FUND	to debit (✓)	<input type="checkbox"/>	SB	<input type="checkbox"/>	CA	<input type="checkbox"/>	CC	<input type="checkbox"/>	SB-NRE	<input type="checkbox"/>	SB-NRO	<input type="checkbox"/>	Other
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[illegible]

With Bank:	Bank Name & Branch	IFSC										MICR								
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an amount of Rupees	Amount in Words	₹
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FREQUENCY ☒ Monthly ☐ Quarterly ☐ Half Yearly ☒ As when presented (default) DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference / Folio No.	Email Id
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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	D	D	M	M	Y	Y	Y	Y
	to	D	D	M	M	Y	Y	Y	Y
	or	<input type="checkbox"/> Until Cancelled							

Sign _____
 Signature of First Account Holder

Sign _____
 Signature of Second Account Holder

Sign _____
 Signature of Third Account Holder

1. _____

2. _____

3. _____

• 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.

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	EUIN Code
Internal Code	<p>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 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.</p>		
Sole / 1st Applicant Signature / Thumb Impression		2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression

Investor Details	Application No.	[][][][][][][][][][][][][][][][]	Folio No.	[][][][][][][][][][][][][][][][]
1 st Holder Name			PAN	[][][][][][][][][][][][][][][][]
2 nd Holder Name			PAN	[][][][][][][][][][][][][][][][]
3 rd Holder Name			PAN	[][][][][][][][][][][][][][][][]

First SIP Cheque Details

Cheque No.	Cheque Amount in Rs. <div></div>	Cheque Date <div></div>
Bank Name	Branch	City

SIP Scheme/Option/ Sub Option	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	SIP Instalment Amount (₹)	Frequency (*Default)	SIP Start Date	SIP End Date (Default : 31 December 2099)
			<input type="checkbox"/> Daily ^ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly * <input type="checkbox"/> Quarterly	<div> <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div> <div>/</div> <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div> <div>/</div> <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div> </div>	<div> <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div> <div>/</div> <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div> <div>/</div> <div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div> </div>
^ Daily SIP - Monday to Friday - On Business Days only					

Day of the week for weekly frequency : ☐ Monday ☐ Tuesday ☒ Wednesday (Default) ☐ Thursday ☐ Friday

<input type="checkbox"/> SIP Top-up (Optional)	Top-up Amount (Rs.) (In multiples of Rs. 500/- only)	SIP Top Up Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (default)	Upper SIP Amount (Rs.)
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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	<input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60), <input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch	
Moderate Plan	<input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60)	<input type="checkbox"/> No Auto Switch

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) ☐ Monthly or ☐ Quarterly (Default) ☐ 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 competing 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
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Received for Folio No. / Application No. ☐ OTM Debit Mandate Form ☐ SIP Form