

**Common Application Form For Tata Mutual Fund**

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

Sr. No.:

**1. Advisor / Distributor Information**

Refer Sec. B

Details of the > advisor empanelled with Tata Mutual Fund who has guided you for this investment.

Broker / ARN Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code
EUIN 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 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.</p> <p>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.</p>	
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 & I

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 Individual applicant(s) who are KYC compliant prior to January 01, 2012 i.e. the KYC status reflects as "MF - VERIFIED BY CVLMF", additionally 'KYC Change Details Form' is required. For Non- KYC Compliant Applicant(s), additionally "KYC-Individual Form" is required.

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

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.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	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 .....	
D D / M M / Y Y Y Y		

**Power Of Attorney (POA) / Proprietor Details / Guardian details in case of minor applicant**

POA / Proprietor / Guardian Details	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN
Name		
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 .....

**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"/> Others (please specify) .....	<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**

This is required for initial communication, we will overwrite this address with the 1<sup>st</sup> Applicants address as per the KRA records

City		
PIN	State	Country
Residence Phone (prefix STD Code)	Office Phone (prefix STD Code)	Extn
Mobile	Email	

## 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
		DD / MM / YY YY YY
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

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).

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

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

### Cheque Details

Cheque/DD No. \_\_\_\_\_ dated \_\_\_\_\_ A/c. No. \_\_\_\_\_ Bank \_\_\_\_\_  
 Call 1800 209 0101 (On all days between 9 am and 9.30 pm)      Subject to realisation.

### Acknowledgement Slip

## 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)
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### 2<sup>nd</sup> Applicant's Details

Joint holder should be major i.e. above 18 years	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI
	Name		

### 3<sup>rd</sup> Applicant's Details

Joint holder should be major i.e. above 18 years	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI
	Name		

## 8. Know Your Customer (KYC) Details

Refer Sec. J

### KYC Details

CATEGORIES	FIRST APPLICANT / GUARDIAN	SECOND APPLICANT	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 Networth in (Mandatory for Non-individual) ₹ ..... as on ..... D D / M M / Y Y Y Y (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 Networth in ₹ ..... as on ..... D D / M M / Y Y Y Y (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 Networth in ₹ ..... as on ..... D D / M M / Y Y Y Y (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 (if No, mandatory to attach the UBO declaration)
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) Details

Refer Sec. K

### FATCA Related Details for Individuals

CATEGORIES	FIRST APPLICANT / GUARDIAN	SECOND APPLICANT	THIRD APPLICANT
Country of Birth >			
Place of Birth >			
Nationality >			
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 >			
Country of Tax Residency 2 >			
Tax Identification Number 2 >			
Identification Type 2 >			

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

**FATCA 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.

Select any one >

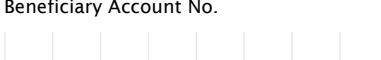
<input type="checkbox"/> Register nomination as below	<input type="checkbox"/> I wish to register multiple nominees (use separate form)	<input type="checkbox"/> I do not wish to nominate.
Nominee Name		
Nominee's relationship with 1st holder		Date of Birth D D / M M / Y Y Y Y
		Proof of DOB (in case of minor) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others
Address		
		City
State		PIN
		Country
If the nominee is a minor to be filled by Guardian >		
Name of the Guardian		
Address of the Guardian		
		City
State		PIN
		Country
Guardian's Relationship with the Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others
		Signature of Nominee / Guardian
1 <sup>st</sup> Applicant Signature / Thumb Impression		2 <sup>nd</sup> Applicant Signature / Thumb Impression
		3 <sup>rd</sup> 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 Target ID No. 	
National Securities Depository Limited DP ID No.	
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:-

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

Date:

1<sup>st</sup> Applicant Signature /  
Thumb Impression

2<sup>nd</sup> Applicant Signature /  
Thumb Impression

3<sup>rd</sup> Applicant Signature /  
Thumb Impression