

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**

I. Advisor / Dis	tributor Informa	ition				Refer Sec				
ARN / RIA ^ Code Sub-Broker ARN Code ARN-77785			Sub-Broker	/ Bank Branch (E-157201				
					E					
In case the subscription amo other than First time mutual commission shall be paid dir.	without any in provided by t	nteraction or advice by the emp he employee/relationship mana	loyee/relationship manager/s ger/sales person of the distrib	ales person of the abo utor and the distributo	ve distributor or notwi	k by me/us as this is an "execution-only" transacti thstanding the advice of in-appropriateness, if a advisory fees on this transaction. ual fund investor) or ₹ 100/- (for invest nst the balance amount invested. Upfro ng the service rendered by the distribut the schemes(s) of Tata Mutual Fund				
^ By mentioning RIA code, I /	we authorize you to share w	th the SEBI Registered Inv	estment Adviser (RIA) th	e details of my / c	our transactions in	the schemes(s) of Tata Mutual Fund				
	icant Signature / mpression		pplicant Signature / numb Impression			3 rd Applicant Signature / Thumb Impression				
2. Applicant's In	formation					Refer Sec. A, C d				
^{lst} Applicant's Deta	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	it of Canada or a person wh of the U.S. For Investors N	o falls within the def	inition of the term "U	o 3 holders. No joint holders allowed with .S. Person" under the US Securities Act of 19 YC No. Incase C-KYC No. is not available kind				
The first applicant » will be the primary holder and all	☐ Mr. ☐ Ms. ☐ M/s.	PAN / PEKRN			Folio No.					
correspondence will be sent to him/her. Only the first holder	Name									
can be a minor. Existing Investors may	Date of Birth (DOB)		In case of Minor: P	roof of DOB:	Birth certificate	School leaving certificate				
mention the Folio no. and proceed to Sec. 4	D D M M /	YYYY			Passport	Others				
	Aadhaar No.			C-KYC						
Power Of Attorney (POA) / Proprietor / Guardi	an details (minor an	nlicant)							
POA / Proprietor / Guardian Details	Mr. Ms.	PAN / PEKRN	pricant)		Mobile No.					
	Name									
To be filled by » Guardian	Relationship with the M		Proof of Relationship							
Guardian	Mother Father Aadhaar No.	Legal Guardian	□ Birth certificate □ School leaving certificate □ Passport □ Others □ Date of Birth □ C-KYC							
			D D M M /	YYYY						
Tax Status										
	Resident Individual NRI-Repatriation NRI-Non-Repatriation Minor - Resident Indi Minor - NRI Person of Indian Orig	☐ Hindu U ☐ Partners vidual ☐ Compan ☐ Trust	ndivided Family 🗆 L hip 🗀 B y 🗀 S	ody of Individu ociety / Club Ion Profit Orgar	Partnership als	Overseas Citizen of India Foreign National Resident in Ind Qualified Foreign Investor Foreign Portfolio Investor Foreign Institutional Investor				
3. Contact Detai	ls					Refer Sec.				
Mailing address is » required for initial communication. We will overwrite this										
address with the 1st Applicants address as per the KRA					City					
records	PIN	1	State		Country	ountry				
	Residence Phone (prefix	STD Code)	Office Phone (prefix STD Code) Extn							
	Mobile	bile Email								
	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 Yes No									
					Sr. No.: (/6				
Acknowledgement MOTUAL FUND Received from Mr. //	•			DANI						
keceived from Mr./I	Ms./M/s			PAN		₹				

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. I						
The name of the »	Gross Amount (₹) (A)	DD Charges (₹) (if any)	Net Amount (₹) (Cheque / DD Amount) (A - B)						
first applicant should be available on the investment		(B)	(А - в)						
Cheque.	Account Number	A/c Type	Dated						
Cheque/ DD to be drawn in favour			D D / M M / Y Y Y Y						
of 'Name of the Scheme'	Drawn on Bank		Cheque / DD No.						
	Branch		Branch City						
5. Investment Se	cheme Details		Refer Sec. F & Product Labels						
Scheme Name >	>								
Plan (select any one)	Regular Direct								
Option >	>								
Sub Option >	>								
Div. Payout Option (select any one)	Dividend Reinvestment Dividend	l Payout							
6. Bank Account	: Details		Refer Sec. (
	The bank account details provided below will be held payouts (if applicable).	on record and considered as default bank mand	ate to pay redemption proceeds and dividend						
This must be an Indian account. The 1st applicant should	Bank Name		Branch						
be a holder in this account.	Account number		A/C type Savings Current NRO						
			□ NRNR □ NRE						
	MICR	IFSC for RTGS	IFSC for NEFT						
	Address								
	City	PIN	State						
			·						
Cheque Details	dated A/= N:	DI-	Acknowledgement Slip						
Cheque/DD No	dated A/c. No	Bank							

7. Joint Applican	ıt's Details					Refer Sec. E & F
Mode of Holding	Single	Joint	Any one or Survivor (D	efault)		
II nd Applicant's Detai	ls					
☐ Mr. ☐ Ms. PAN / P	EKRN		Status		Mobile No.	
			Resident Individual	□ NRI		
Name						
Aadhaar No.		Date of Birth		C-KYC		
		D D	/ M M / Y Y Y Y			
III rd Applicant's Deta	ils					
☐ Mr. ☐ Ms. PAN / P	EKRN		Status		Mobile No.	
			Resident Individual	□ NRI		
Name						
Aadhaar No.		Date of Birth		C-KYC		
		D D	/ M M / Y Y Y Y			
8. Know Your Cu	ustomer (KYC) Deta	ils				Refer Sec. G
CATEGORIES	FIRST APPLICANT (Include		SECOND APPLICAN	T / GUARDIAN	THIRD APPL	
$Occupation \gg$		Retired	Private Sector Service		☐ Private Sector Service ☐ Public Sector Service	Retired Business
	☐ Government Sector ☐	Business Agriculturist	Public Sector Service Government Sector	☐ Business☐ Agriculturist	☐ Government Sector	☐ Agriculturist
	☐ Housewife ☐	Forex Dealer Student	Professional Housewife	☐ Forex Dealer ☐ Student	☐ Professional ☐ Housewife	☐ Forex Dealer ☐ Student
Gross Annual Income »	Others (please specify) Below 1 Lac		Others (please specify	·		
dioss Ailiuai ilicollie //		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
		>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	/ Y Y Y Y	D D / M M /	
	(not older than 1 year)		(not older than 1 year)		(not older than 1 year)	
Others »	☐ Not Applicable☐ Politically Exposed Persor	1	Not Applicable Politically Exposed Pe	rson	Not Applicable Politically Exposed Pe	erson
	Related to Politically Expo	sed Person	Related to Politically E		Related to Politically	
Additional KYC De	etails for Non - Indivi	duals				
For Non Individuals »	Is the company a Listed Con (if No, mandatory to attach t			r Controlled by a L	Listed Company:	□ No
only (Companies, Trust, Partnership	Non Individual investors inve	olved/providing	g any of the mentioned se			
etc.)	Foreign Exchange / Money Money Lending / Pawning		es Gaming / Gambling None of the above		Services	
9. Foreign Accou	int Tax Compliance		CA) & CRS Detai	ls		Refer Sec. H
For Individuals	FIRST APPLICANT (include	ding Minor)	SECOND APPLICANT	/ GUARDIAN	THIRD APPLI	CANT
Country of Birth >>						
Diagram (Dialog						
Place of Birth »						
Nationality >>	Indian Others (Please specify)	U. S.	☐ Indian☐ Others (Please specify)	☐ U. S.	☐ Indian☐ Others (Please specify) _	☐ U. S.
Type of address given at KRA »		Residential	Residential or Business	_	Residential or Business	Residential
Annual discount de la Com-	Registered Office	Business	Registered Office	Business	Registered Office	Business
Are you also a resident in >> any other country(ies) for tax		Yes	│	☐ Yes	□ No	Yes
purposes?	If yes, complete section below	W.				
Country of Tax Residency 1 »						
Tax Identification Number 1 \gg						
Identification Type 1 »						
If TIN is not available please »	Paggar A P P	<u> </u>	Descen DA D		Descen A D	
If TIN is not available please >> tick the reason A, B or C *	Reason A B	C	Reason A B	C	Reason A B	С
Country of Tax Residency $2 \gg$						
Tax Identification Number 2 >>						
Identification Type 2 >>						
If TIN is not available please \gg tick the reason A, B or C *	Reason	С	Reason \square A \square B	С	Reason \square A \square 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

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

Mandatory for

			marge by the AMC/ Mutual Fund/ Trustees.					
		□ I do not wish to nominate.						
1 st Nominee	Nominee Name		Date of Birth					
Select any one 1st Nominee Nominee Nam Address State Guardian Nam Address State Cuardian Nam Address State Central Depos Target ID No. Target ID No. 1/We any are eligible investor(s) dispersions or direction form is run fund, run part of the scheme related of the part of the scheme related the part of the scheme related the part of the scheme related to the part of the scheme related t	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					
2nd Nominee 2nd Nominee 3rd Nominee 3rd Nominee 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. 12. Declaration	Address							
			City					
	State	Date of Birth Date of Birt						
Select any one 1st Nominee 1st Nominee 2nd Nominee 2nd Nominee 3rd Nominee 3rd Nominee 3rd Nominee 3rd Nominee 3rd Nominee 4 Nominee 5 Nominee 6 Nominee	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian					
3 rd Nominee	Nominee Name							
	Address							
			City					
	Register nomination as below	PIN	·					
		Allocation (%)						
11. Demat Acco	unt Details		Refer Sec. M					
sequence of names as mentioned in the	· · ·	units in Demat mode.						
matches with that of the account held with the	, ,	' '						
In case the details are found to be incorrect,								
physical mode.								
		CENTRAL C. d	Refer Sec. N					
1	I hereby agree to comply with the terms and conditions of the scheme related documes or the scheme related documents and am/are authorised to make this investmen cations or directions issued by any regulatory authority in India. This application form is true and correct and further agree to furnish such other further (RTA) in writing about any change in the information furnished from time to Irmation and/or any part of it is/are found to be false/ untrue/misleading, I/We will lockles, share, remit in any form/manner/mode the above information and/or any pand third party service providers, SEBI registered intermediaries for single updation, tex without any intimation/advice to me/us. I/We hereby authorize you to share the a IC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligib I Distributor) has disclosed to me/us all the commissions (in the form of trail comn o me/us.	ments and apply for allotment of Units of the Scheme(s) of Tat. t. The amount invested in the Scheme(s) is through legitimate ther/additional information as may be required by the Tata As e. be liable for the consequences arising therefrom. art of it including the changes/updates that may be provided submission, any Indian or foreign statutory, regulatory, judicia account statement of the folio with the distributor /broker / a could be considered authorization of my/our transactions. hission or any other mode), payable to him/them for the differield by the Fund/AMC/its distributor for this investment.	a Mutual Fund ('Fund') indicated in this application form. sources only and is not for the purpose of contravention and/or evasion of set Management Limited (TAML)/ Fund and undertake to inform the AMC / by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management al, quasi-judicial authorities/agencies including but not limited to Financial visor on record. rent competing Schemes of various Mutual Funds from amongst which the					
(9) For Foreign Nationals Resident in of change in residential status. (10) For NRIS/ PIO/OCIs only: I/We co (11) I/We, the holder of the above sta SMS alerts to me. I/We hereby pr the Aadhaar Act, 2016 (and regu	I India only: I/We will redeem my/our entire investment/s before I/We change my/ou nfirm that my application is in compliance with applicable Indian and Foreign laws. ted Aadhaar number, hereby give my consent to Tata Mutual Fund(TMF), to obtain m ovide my consent in accordance with Aadhaar Act, 2016 and regulations made ther lations made thereunder) and PMLA. I/We hereby provide my/our consent for sharin	r Indian residency status. I/We shall be fully liable for all conse iy Aadhaar number, Name and Fingerprint/Iris for authenticati eunder, for (i) collecting, storing and usage (ii) validating/aut g/disclose of the Aadhaar number(s) including demographic in	on with UIDAI, use my mobile number mentioned in my account for sending nenticating and (ii) updating my/our Aadhaar number(s) in accordance with formation with the asset management companies of SEBI registered mutual					

1st Applicant Signature / 2nd Applicant Signature / 3rd Applicant Signature / Thumb Impression Thumb Impression Thumb Impression

		Dobit May 4	oto Form NAC	⊔ (O== ∓	imo Ms	ndat-		RA)		_			
MUTUAL FUND		[Applicable	ate Form NACI	Purchases as	well as SIP R	n ate egistratio	ns]	IVI)		Date	D D N	I M Y	YY
Choose (√)	Sponsor Bank Code	UMRN Office us	se only	Offide us	ility Code				Office	use only	V		
▼ CREATE ■ MODIFY													
CANCEL	I/We hereby authorize	TATA MUTUAL F	to d	lebit (✓)	□ SB □	CA		CC	SB-NRI	E L	SB-NF	(O L	Othe
ank A/c No.:													
ith Bank:	Bar	nk Name & Branch	IFSC	;					MICR				
n amount of I	Rupees								₹				
REQUENCY reselected)	■ Monthly	■ Quarterly ■ Ha	If Yearly	when presen	ted (default)	DEB	T TYPE		d Amou	ınt 🗹 N	/laximum	Amoun
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This is to confirm	n that the declaration has been ca	Name as in Bar						t, based o					v me.
have understoo	od that I am authorised to cancel	amend this mandate by approp	riately communicating the	cancellation / a	mendment red	uest to th	e user er	tity / corpo	orate or the b	ank whe	ere I have a	authorised	
lease tick (√)	as applicable: Registr	SIP Registration ration of SIP Registration	/ Renewal Formation of MICRO SIP	orm (For Renewal of S	OTM Reg SIP.	isterec	Inves	tors or	nly)				
dvisor Detai	ils (Transaction Charges fo	or Applications routed thr	ough distributor/age	nts only (Kir	ndly refer li	nstructio	n 8 ov	erleaf)		J.			
ARN / RIA	77785	Sub-Broker ARN	Code	Sub-Brok	ker / Bank	Branc	n Coae		EUIN Co		E15 7	201	
nternal Co		OR Declaration for "ex	kecution-only" transaction - I/N	We hereby confirm	1 that the EUIN b	ox has bee	n intentior	ally left bla	nk by me/us a				action witho
		any interaction or advice employee/relationship man	kecution-only" transaction - I/N by the employee/relationship nager/sales person of the dist stered Investment Adviser (RIA	manager/sales pributor and the di	erson of the at stributor has no	ove distrib t charged a	ny advisor	twithstandi fees on th	ng the advice is transaction.	of in-app ^ By mer	propriatenes ntioning RIA	s, if any, proceeds, I / we	ovided by t authorize y
Sole	, , , , , , , , , , , , , , , , , , , ,	ature /	2nd Applica	nt Signatu	re /	ons in the	crienies(s)		rd Appli				
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vestor De		oplication No.				Fol	io No.						
l st Holder l	ivame						PAN						
Aadhaar No).	Date of Birth		C-KYC						Mobile	e No.		
		D D / M	M / Y Y Y										
2 nd Holder	Name						PAN						
Aadhaar No	<u> </u>	Date of Birth		C-KYC						Mobile	e No		
	,. 		M / Y Y Y							MODIN	ino.		
3 rd Holder	Name		,				PAN						
Aadhaar No).	Date of Birth		C-KYC						Mobile	e No.		
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First SIP C Cheque No.	heque Details	Cheque	e Amount in Rs.				Choqu	ie Date					
Jileque No.	•						Специ	ie Date	D D	/ M	M /		
Bank Name	2	Branch					City						
SIP Sch	neme/Option/ Plan:	Regular Direct	SIP Instalment	SIP Dat		quency	5	tart Moi	nth / Year		End	Month /	Year
	b Option		Amount (₹)	(Default 1	0 th) (*D	efault)					(Default	: Decemb	er 2099)
						nthly *	М			Υ			
					Qu	arterly							
SIP Top-u		(amb)		Up Frequen	-		Upper SIP Amount (Rs.)						
(Optional)				Yearly Ye									
<mark>Auto Switch</mark> Plan Name	Option : Applicable for	Tata Retirement Savir Please tick the appropri					SID.						
Progressive I	Plan	Auto Switch Option 1 Auto Switch Option 2	(Progressive to Mod	lerate @ age	45; Modei	ate to 0	Conserv	ative @a	age 60),				

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. I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s 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 commissions (trail commissions or any other mode), payable to him for the different cometing Schemes of various Mutual Funds from amoungs which the Scheme is being recommended to me /us. I/We, the holder of the above stated Aadhaar number, hereby give my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar mwher, hame and Fingerprint/Iris for authentication with IUDAI, use my mobile number mentioned in my account for sending SMS alers to me. I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, or (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our 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.

for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) 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.

SIGNATURE/S

Sole / 1st Unitholder Signature / Thumb Impression

3rd Unitholder Signature / Thumb Impression

Auto Switch Option 3 (Moderate to Conservative @ age 60)

Systematic Withdrawal Plan : (Please \checkmark any one) Applicable after the age of 60 of the 1st unit holder, for TRSF only.

 \square No Auto SWP \square Fixed SWP (Select Frequency) \square Monthly or \square Quarterly (Default)

Received for Folio No. / Application No. _____

Moderate Plan

ard Unitholder Signature / Thumb Impression

OTM Debit Mandate Form SIP Form

☐ No Auto Switch

Fixed Amount (Frequency Monthly only) Rs.