

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 ARN-167174	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code
	EUIN Code E038800	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.	
	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.		
	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 & 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 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 Individual applicant(s) who are KYC compliant prior to January 01, 2012 i.e. the KYC status reflects as "MF - VERIFIED BY CVLMP", additionally 'KYC Change Details Form' is required. For Non- KYC Compliant Applicant(s), additionally "KYC-Individual Form" is required.

1st 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) DD / MM / YYYY	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

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	
	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"/> 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 st Applicants address as per the KRA records			
			City
	PIN	State	Country
	Residence Phone (prefix STD Code)	Office Phone (prefix STD Code)	
	Mobile	Email	

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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
	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 1 st 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

Cheque Details

Acknowledgement Slip

Refer Sec. H & I

☐ Single ☐ Joint ☐ Any one or Survivor (Default)

Joint holder should be major i.e. above 18 years

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI
Name		

Joint holder should be major i.e. above 18 years

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI
Name		

Refer Sec. J

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) _____
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 Network in (Mandatory for Non-individual) ₹ as on <div> <div>D</div><div>D</div><div>/</div><div>M</div><div>M</div><div>/</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> (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 Network in ₹ as <div> <div>D</div><div>D</div><div>/</div><div>M</div><div>M</div><div>/</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> on (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 Network in ₹ as on <div> <div>D</div><div>D</div><div>/</div><div>M</div><div>M</div><div>/</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> (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

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

Refer Sec. K

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 » ☐ Register nomination as below ☐ I wish to register multiple nominees (use separate form) ☐ 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 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 Target ID No. 	National Securities Depository Limited 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 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.
- 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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Debit Mandate Form NACH (One Time Mandate - OTM)

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

Date

UMRN Office use only

Choose (✓)

☒ CREATE
☐ MODIFY
☐ CANCEL

Sponsor Bank Code Office use only Utility Code Office use only

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
to
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 2. Name as in Bank Records 3. Name as in Bank Records

- 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 / Renewal Form (For OTM Registered Investors only)

Please tick (✓) as applicable:

- ☐ OTM Debit Mandate is already registered in the folio. SIP Auto debit can start in TEN Days i.e. for debit date 15th, form can be submitted till 4th of the month.
☐ OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes 10 to 30 days depending on NACH or ECS modalities.

Advisor details (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) - Refer instruction overleaf
Broker / Agent Code Sub-Broker ARN Code Sub-Broker/Bank Branch Code EUIN Code

☐ 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 & the distributor has not charged any advisory fees on this transaction.

Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
Transaction Charges: 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 amounts invested. Upfront commission shall be paid directly by the investor to the ARN Holder based on the investors' assessment of various factors including the service rendered by the ARN Holder.		
Investor(s) Details		
Folio No. <input type="text"/>	Application No. <input type="text"/>	PAN No. / PEKRN. <input type="text"/>
Name of Sole / 1st holder <input type="text"/>	<input type="text"/> M <input type="text"/> a <input type="text"/> n <input type="text"/> d <input type="text"/> a <input type="text"/> t <input type="text"/> o <input type="text"/> r <input type="text"/> y <input type="text"/>	
Name of 2nd holder <input type="text"/>	<input type="text"/> M <input type="text"/> a <input type="text"/> n <input type="text"/> d <input type="text"/> a <input type="text"/> t <input type="text"/> o <input type="text"/> r <input type="text"/> y <input type="text"/>	
Name of 3rd holder <input type="text"/>	<input type="text"/> M <input type="text"/> a <input type="text"/> n <input type="text"/> d <input type="text"/> a <input type="text"/> t <input type="text"/> o <input type="text"/> r <input type="text"/> y <input type="text"/>	

First SIP Cheque Details		
Cheque No.: <input type="text"/>	Cheque Amount in Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cheque Date: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Name: <input type="text"/>	Branch: <input type="text"/>	City: <input type="text"/>

Scheme and SIP Details						
Scheme/Option/ Sub Option	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	SIP Instalment Amount (₹)	SIP Date (Default 10 th)	Frequency (*Default)	Start Month / Year	End Month / Year (Default : December 2099)
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly * <input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<input type="checkbox"/> SIP Top-up (Optional)	Top-up Amount (Rs.) (In multiples of Rs. 500/- only) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SIP Top Up Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (default)	Upper SIP Amount (Rs.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Auto Switch Option : Applicable for Tata Retirement Savings Fund (TRSIF) 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.	
<input type="checkbox"/> No Auto SWP	<input type="checkbox"/> Fixed SWP (Select Frequency) <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly (Default)
<input type="checkbox"/> Fixed Amount (Frequency Monthly only) Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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 coming Schemes of various Mutual Funds from amounts which the Scheme is being recommended to me /us.

SIGNATURE/S	Sole / 1st Unitholder Signature / Thumb Impression <input type="text"/>	2nd Unitholder Signature / Thumb Impression <input type="text"/>	3rd Unitholder Signature / Thumb Impression <input type="text"/>
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Received for Folio No. / Application No. ☐ OTM Debit Mandate Form ☐ SIP Form



TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021

FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM
(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)



1. Entity Details

Name of the Entity													
Type of address given at KRA	<input type="checkbox"/> Residential or Business			<input type="checkbox"/> Residential				<input type="checkbox"/> Business				<input type="checkbox"/> Registered Office	
	Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes												
Application No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Folio No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
PAN Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Incorporation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
City of Incorporation								Country of Incorporation					
Entity Constitution Type	<input type="checkbox"/> Partnership Firm			<input type="checkbox"/> HUF		<input type="checkbox"/> Private Limited Company			<input type="checkbox"/> Public Limited Company			<input type="checkbox"/> Society	<input type="checkbox"/> AOP/BOI
	<input type="checkbox"/> Trust		<input type="checkbox"/> Liquidator		<input type="checkbox"/> Limited Liability Partnership			<input type="checkbox"/> Artificial Juridical Person			<input type="checkbox"/> Others specify		
Please tick the applicable tax resident declaration	Is "Entity" a tax resident of any country other than India: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)</i>												

Country	Tax Identification Number*	Identification Type (TIN or Other, please specify)

%In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here _____ (Ref. Inst.O)

2. FATCA & CRS Declaration

PART A (to be Filled by Financial Institutions or Direct Reporting NFFEs)

1	We are a, <input type="checkbox"/> Financial institution (Ref. Inst. A) or <input type="checkbox"/> Direct reporting NFFE (Ref. Inst. B) (please tick as appropriate)	GIIN <input type="text"/> Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity <input type="text"/>
	GIIN not available (please tick as applicable) If the entity is a Financial institution,	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category (Ref. Inst. C) <input type="text"/> <input type="checkbox"/> Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFFE's")

1	Is the Entity a listed company (that is, a company whose shares are regularly traded on an established stock exchanges) (Ref. Inst. D)	<input type="checkbox"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2	Is the Entity a related entity of a listed company (a company whose shares are regularly traded on an established stock exchanges) (Ref. Inst. E)	<input type="checkbox"/> Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on where this stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3	Is the Entity an active NFE (Ref. Inst. G)	<input type="checkbox"/> Yes Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/>
4	Is the Entity a passive NFE (Ref. Inst. H)	<input type="checkbox"/> Yes Nature of Business _____

3. FATCA & CRS Terms and Conditions

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you [CAMS/Fund/AMC/Other participating entities] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end. As may be required by domestic or overseas regulators/tax authorities, I/We authorize Fund/AMC/RTA to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.

Place: _____

Date: