

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**

ARN / RIA ^ Code Sub-Broker ARN Code			Sub-Broker / Bank Branch Code				FUI	EUIN Code				
ARN-167174		er ARIV Code	Sub-blokel / Ballk Blanch Code				E326136					
Internal Code	without any interaction or advice by the emp			nsaction – I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "executi mployee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appi mager/sales person of the distributor and the distributor has not charged any advisory fees on this transactior					propriate			
ther than First time mutual ommission shall be paid dire	ount is ₹ 10,000 or more and fund investor) will be deduc ectly by the investor to the AN we authorize you to share w	ted from the subscription MFI registered Distributors	amount and p based on the i	aid to th	e distributor. U assessment of	nits will be is various facto	sued agair ors includir	nst the b ng the se	alance rvice re	amount ndered	invested by the di	l. Upfror stributo
			Applicant Signature / Thumb Impression					3 rd Applicant Signature / Thumb Impression				
. Applicant's In	formation									Refe	r Sec.	A, C &
^t Applicant's Det	The Name of the Applicants s applicant as a minor. Any appl and corporations or other enti complete the Know Your Clien	icants should not be a reside ties organised under the law	nt of Canada or a s of the U.S. For	a person v	vho falls within th	e definition of	the term "U	S. Person	" under 1	he US Se	curities A	ct of 193
The first applicant >> will be the primary holder and all	Mr. Ms. Ms. M/s.	PAN / PEKRN				Folio N	lo.					
rrespondence will be sent to him/her. Only the first holder	Name											
can be a minor. kisting Investors may mention the Folio no.	Date of Birth (DOB)	In case of	Minor:	Proof of DOB	: Birth ce	ertificate	Sch	nool le	aving o	certifica	ite	
nd proceed to Sec. 4	D D / M M /					Passpo	rt	☐ Otl	ners			
	Aadhaar No.				C-KYC							
	A) / Proprietor / Guardi	an details (minor ap	plicant)									
POA / Proprietor / Guardian Details	☐ Mr. ☐ Ms.		PAN / PEK	RN								
	Name											
To be filled by » Guardian	Relationship with the M	Proof of Relationship ☐ Birth certificate ☐ School leaving certificate ☐ Passport ☐ Others										
	Aadhaar No.	Date of Birth C-KYC										
ax Status												
	Resident Individual NRI-Repatriation NRI-Non-Repatriatior Minor - Resident Ind Minor - NRI	☐ Hindu U n ☐ Partners ividual ☐ Compar	ship	mily 🗆	Body Corpor Limited Liab Body of Indiv Society / Clu	lity Partnei iduals b	rship	Overse Foreigi Qualifi Foreigi	n Natio ed For n Portf	onal Re eign II olio In	sident nvestor	
	Person of Indian Original	☐ Trust gin ☐ Others ((please spec		Non Profit O	_		Foreigi	111361			
	Person of Indian Orig		(please speci			_		Foreigi			Ref	er Sec.
Mailing address is >> required for initial communication. We will overwrite this	Person of Indian Orig		(please speci			_		Foreigi			Refe	er Sec.
Mailing address is » required for initial communication. We will overwrite this iddress with the 1st Applicants address as per the KRA	Person of Indian Orig		(please speci			_	City	Foreigi			Refu	er Sec.
Mailing address is » required for initial communication. We will overwrite this address with the 1st Applicants address	Person of Indian Orig	gin Others ((please speci			_					Refu	er Sec.
Mailing address is » required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA	Person of Indian Original S	gin Others	State	ify)		_	City				Refo	er Sec.
required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA	Person of Indian Original IS	gin Others (State	ify)		_	City				Refu	er Sec.
Mailing address is » required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA	PIN Residence Phone (prefit Mobile	gin Others (State Office Phone Email	e (prefi	x STD Code)		Country	ctn				
Mailing address is » required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA records	PIN Residence Phone (prefi	x STD Code)	State Office Phone Email	e (prefi	x STD Code)		City Country Ex	ctn				

Overseas address				
Mandatory for Non- Resident Individuals and Overseas Investors in addition				
to the mailing address.				City
	State	ZIP Co	ode	Country
4. Investment In	strument Details			Refer Sec. E
The name of the »	Gross Amount (₹) (A)	DD C	harges (₹) (if any)	Net Amount (₹) (Cheque / DD Amount)
first applicant should be available		(B)		(A - B)
on the investment Cheque.	Account Number		A/c Type	Dated
Cheque/ DD to be	Account Number		A/C Type	
drawn in favour of 'Name of the	Drawn on Bank			D D / M M / Y Y Y Y Cheque / DD No.
Scheme'				
	Branch			Branch City
				Station dity
5. Investment Sc	heme Details			Refer Sec. F & Product Labels
Scheme Name »				
Plan »	Regular Direct			
(select any one) "				
Option »				
Sub Option »				
Div. Payout Option (select any one)	Dividend Reinvestment Dividen	d Payout		
6 Pank Assount	Dotails			D. (C
6. Bank Account	The bank account details provided below will be held	on record and consid	ered as default hank mand	Refer Sec. G
	payouts (if applicable).	on record and consid	crea as acraale bank mane	ace to pay reachiption proceeds and dividend
This must be an Indian account. The	Bank Name			Branch
1 st applicant should be a holder in this				
account.	Account number	A/C type Savings Current NRO		
				□ NRNR □ NRE
	MICR	IFSC for RTGS		IFSC for NEFT
	Address			
	Address			
	City	PIN		State
Cheque Details	dated A/c No		Rank	Acknowledgement Slip

Subject to realisation.

Call 1800 209 0101 (On all days between 9 am and 9.30 pm)

7. Joint Applican	t'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 / PEKRN		Status			
					Resident Individual	NRI	
Name							
A. H N.		D. C. CRI d		C IOVC			
Aadhaar No.		Date of Birth		C-KYC			
TITES A Line and a Date	:1-		7				
III rd Applicant's Deta	IIS	PAN / PEKRN		C+	atus		
☐ Mr. ☐ Ms.		TAN / TERRIN			NRI		
Name					Resident Individual	INN	
Aadhaar No.		Date of Birth		C-KYC			
9 Vmayy Vayr C	istomor (I/VC) Dots		/			5.6.6	
CATEGORIES	FIRST APPLICANT (Inclu		SECOND APPLICAN	T / CHAPDIAN	THIRD APPL	Refer Sec. G	
Occupation »	□ Private Sector Service □		☐ Private Sector Service	-	☐ Private Sector Service	Retired	
		Business Agriculturist	☐ Public Sector Service ☐ Government Sector	☐ Business☐ Agriculturist	☐ Public Sector Service☐ Government Sector	☐ Business☐ Agriculturist	
		Forex Dealer Student	□ Professional□ Housewife	☐ Forex Dealer ☐ Student	□ Professional□ Housewife	☐ Forex Dealer☐ Student	
	Others (please specify)		Others (please specify	/)	Others (please specify)	
Gross Annual Income »		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	
	□>25 Lacs-1 crore □	>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		D D / M M /		
	(not older than 1 year)		(not older than 1 year)		(not older than 1 year)		
Others »	Not Applicable Politically Exposed Person	n	Not Applicable Politically Exposed Pe	rson	Not Applicable Politically Exposed Pe	erson	
	Related to Politically Expo		Related to Politically E	xposed Person	Related to Politically	Exposed Person	
Additional KYC De	tails for Non - Indivi						
For Non Individuals >> only (Companies,	Is the company a Listed Cor (if No, mandatory to attach			r Controlled by a L	isted Company:	□ No	
Trust, Partnership	Non Individual investors inv Foreign Exchange / Money				Services		
etc.)	☐ Money Lending / Pawning	9	☐ None of the above				
9. Foreign Accou	nt Tax Compliance	Act (FAT	CA) & CRS Detai	ls		Refer Sec. H	
For Individuals	FIRST APPLICANT (inclu	ding Minor)	SECOND APPLICANT	Γ / GUARDIAN	THIRD APPLI	CANT	
Country of Birth »							
Place of Birth »							
Nationality >>	☐ Indian ☐	U. S.	Indian	□ U. S.	☐ Indian	□ U. S.	
·	Others (Please specify)		Others (Please specify)		Others (Please specify)		
Type of address given at KRA »	Residential or Business Registered Office	Residential Business	Residential or Business Registered Office	Residential Business	Residential or Business Registered Office	Residential Business	
Are you also a resident in >> any other country(ies) for tax	□ No □	Yes	□ No	Yes	□ No	☐ Yes	
purposes?	If yes, complete section belo	w.					
Country of Tax Residency 1 »							
Tax Identification Number 1 \gg							
Identification Type 1 >>							
If TIN is not available please »	Beasen A D	C	Penson DA DS		Doncon		
tick the reason A, B or C *	Reason A B D	C	Reason A B	С	Reason A B	С	
Country of Tax Residency $2 \gg$							
Tax Identification Number 2 »							
Identification Type 2 >>							
If TIN is not available please >> tick the reason A, B or C *	Reason A B	С	Reason A B	С	Reason A 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

Mandatory for Individual(s) applying singly or jointly.	You can nominate up to 3 persons to receive the Units allottec made to such Nominee(s) and Signature of the Nominee(s) ack	nowledging receipt thereof, shall be a valid dis	of death of all unit holders. All payments and settlements scharge by the AMC/ Mutual Fund/ Trustees.					
Select any one	Register nomination as below	I do not wish to nominate.						
1 st Nominee	Nominee Name		Date of Birth					
	Address	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 M M Y Y 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						
	Address							
			City					
	State	Country						
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian					
	1" Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression					
11. Demat Acco	unt Details		Refer Sec. M					
	Fill these details only if you wish to have your	units in Demat mode.						
Ensure that the sequence of names as mentioned in the	Depository participant Name							
application form matches with that of the	National Securities Depository Limited							
account held with the Depository Participant.	Target ID No.	DP ID No.						
In case the details are		IN						
found to be incorrect, Units will be allotted in physical mode.			Beneficiary Account No.					
12. Declaration	and Signatures		Refer Sec. N					
	ng capital markets under any order/ruling/judgment etc., of any regulation, including	SEBI. I/We confirm that my application is in compliance with a	· · · · · · · · · · · · · · · · · · ·					
(1) I / We have read, understood ar	the scheme related documents and conditions of the scheme related docu	ments and apply for allotment of Units of the Scheme(s) of Ta	ita Mutual Fund ('Fund') indicated in this application form.					

1 I/W (1) (2)

(3)

(4) (5)

If 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, (New will be liable for the consequences arising therefrom.

If 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, SEB 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 (FILI-IND) tet without any initimation/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 have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its d

(8) (9)

For Portigin Nationals, exceeding this did not, if we will redecem my/our entire investment/s before if we change my/our indian residents. If we shall be found in consequences (including daxation) 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.

I/We, the holder of the above stated Aadhaar number, hereby give my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI, use my mobile number mentioned in my account for sending SMS alerts to me. I/We hereby provide my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar number, SMS alerts to me. I/We hereby provide my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar number, SMS alerts to me. I/We hereby provide my consent to Tata Mutual Fund(TMF), to Obtain my Aadhaar number, SMS alerts to me. I/We hereby provide my consent for sharing/disclose of the 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.

Date:

1st Applicant Signature / Thumb Impression		
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