

ARN/RIA Code and Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
<b>ARN-167174</b>		<b>E326136</b>		

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.  
Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column

EXECUTION ONLY (To be signed when EUIN is left blank)

\*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.

Please Sign here

Please Sign here

Please Sign here

First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Second Applicant / Auth. Sign

Third Applicant Sign

TRANSACTION CHARGES (Please tick any one of the below. Refer Instruction no.7)												
<input type="checkbox"/> I am a first time investor in Mutual Funds						or			<input type="checkbox"/> I am an existing Investor in Mutual Funds			
1. UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 10) Applicable details and mode of holding will be as per the existing Folio.												
New Investor		<input type="checkbox"/> Y <input type="checkbox"/> N		Folio No.								
2. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY) (Refer Instruction 2, 16 & 17)												
	PAN/PEKERN No.				KYC Number				Aadhar Number			
First / Sole Applicant												
Second Applicant												
Third Applicant												
Guardian POA Holder/Contact Person												

# Please attach Proof. for PAN/PEKERN for KYC (KRA). Refer instruction No 17 for KYC Identification Number issued by CKYCR.

3. UNIT HOLDER / NEW APPLICANT INFORMATION (Refer Instruction Page) Fresh / New investors to fill in all the Sections 2 to 15											
NAME OF FIRST / SOLE APPLICANT										Nationality	
Mr.	Ms.	M/s.									
DATE OF BIRTH (DOB)						(Mandatory in case of minor)			DATE OF INCORPORATION		
D	D	M	M	Y	Y	Y	Y	D	D	M	M
NAME OF THE GUARDIAN / POA Holder / Contact Person										Nationality	
Mr.	Ms.	M/s.									
For Investments "On behalf of Minor": (*Refer Instruction 3 for mandatory documents to be attached)											
Proof of DOB & Relationship attached <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Certificate / Marksheet <input type="checkbox"/> Passport <input type="checkbox"/> Any other.....											
NAME OF SECOND APPLICANT										Nationality	
Mr.	Ms.										
NAME OF THIRD APPLICANT											
Mr.	Ms.										

4. MODE OF HOLDING [PLEASE TICK (✓)]											
<input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor											

5. FIRST/SOLE APPLICANT - MAILING ADDRESS & CONTACT DETAILS											
										City	
State				Pin Code				Country			
STD Code		Telephone Off.		Resi.		Mob.					
E-Mail**											

OVERSEAS ADDRESS (Mandatory for NRI / FI application)											
										City	
State				Pin Code				Country			

6. Other KYC details (Mandatory)											
<input type="checkbox"/> Individual <input type="checkbox"/> Non-Individual											
6a. Status of First/Sole Applicant [Please (✓)]											
<input type="checkbox"/> Partnership		<input type="checkbox"/> Society/Club		<input type="checkbox"/> Company		<input type="checkbox"/> Unlisted Company		<input type="checkbox"/> Individual		<input type="checkbox"/> Minor through guardian	
<input type="checkbox"/> NRI-Repatriable		<input type="checkbox"/> NRI-Non-Repatriable		<input type="checkbox"/> FI/Sub account of FI		<input type="checkbox"/> Body Corporate		<input type="checkbox"/> Trust		<input type="checkbox"/> Mutual Fund	
						<input type="checkbox"/> Fund of Funds in India		<input type="checkbox"/> QFI		<input type="checkbox"/> Others (please specify)	
6b. Occupation Details [Please (✓)] (To be filled only if the applicant is an individual)											
First Applicant		<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Government Service		<input type="checkbox"/> Business		<input type="checkbox"/> Professional	
		<input type="checkbox"/> Retired		<input type="checkbox"/> Housewife		<input type="checkbox"/> Student		<input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Others (please specify)	
Second Applicant		<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Government Service		<input type="checkbox"/> Business		<input type="checkbox"/> Professional	
		<input type="checkbox"/> Retired		<input type="checkbox"/> Housewife		<input type="checkbox"/> Student		<input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Others (please specify)	
Third Applicant		<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Government Service		<input type="checkbox"/> Business		<input type="checkbox"/> Professional	
		<input type="checkbox"/> Retired		<input type="checkbox"/> Housewife		<input type="checkbox"/> Student		<input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Others (please specify)	

ACKNOWLEDGEMENT SLIP - Common Application Form



12. PAYMENT DETAILS (Refer Instruction No. 6)			
	Scheme 1	Scheme 2	Scheme 3
Cheque / DD / RTGS / UMR No. & Date:			
Bank & Branch Name			
Amount in figures ₹ (i)			
DD Charges if any, in figures ₹ (ii)			
Net Amount (i) + (ii)			
	in figures ₹		
	in words ₹		
Account Type Please tick (✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify) **** Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)			

13. NOMINATION DETAILS - Mandatory if mode of holding is single (Refer Instruction 14)

I/We wish to nominate  I/We DO NOT wish to nominate

Please Sign here

Please Sign here

Please Sign here

First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Second Applicant / Auth. Sign

Third Applicant Sign

	Nominee Name & Address	Guardian Name & Address (In case Nominee is Minor)	Nominee Relationship with 1st Holder	Allocation (Total = 100%)	Nominee / Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					

14. DOCUMENTS ENCLOSED (PLEASE ✓)

<input type="checkbox"/> Memorandum & Articles of Association	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> KYC acknowledgement	<input type="checkbox"/> SIP Enrolment Form ( For Investment through PDC)
<input type="checkbox"/> Resolution / Authorisation to invest	<input type="checkbox"/> PAN Copy	<input type="checkbox"/> LLP Agreement	<input type="checkbox"/> SIP Enrolment Form (For Investment through NACH / Auto Debit)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> SWP/STP/DSO Enrolment Form
<input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)	<input type="checkbox"/> Bye-Laws	<input type="checkbox"/> HUF Deed	<input type="checkbox"/> Third Party Payment Declaration Form
		<input type="checkbox"/> Beneficiary ownership list	<input type="checkbox"/> Multiple Bank Account Registration Form

15. DECLARATION(S) & SIGNATURE(S) (Refer Instruction 15)

To,  
The Trustee,  
Taurus Mutual Fund

Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

**Applicable for NRI's only** - I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I/We confirm that details provided by me/us are true and correct.

\*\*I agree to receive all communication i.e. Statement of Account (SOA), Portfolio, Annual / Abridged Reports etc. (including regulatory updates) related to my investment via email. I may voluntarily subscribe to the on-line access for transacting through the internet facility provided by Taurus Mutual Fund and confirm of having read, understood and agree to abide by the terms and conditions for availing of the internet facility more particularly mentioned on the website www.taurusmutualfund.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

I/We confirm  A resident of US/Canada  Not a resident of US/Canada

**Opt-in** (Select this box in order to receive the physical copy of the schemewise Annual / Abridged Report at the end of financial year)

Please Sign here

Please Sign here

Please Sign here

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Second Applicant / Auth. Sign

Third Applicant Sign