TATA MUTUAL FUND				D	Debit Mandate Form NACH (One Time Mandate - OTM) [Applicable for Lumpsum Additional Purchases as well as SIP Registrations]													Date D D M M Y Y Y								
Choose (✓) Sponsor Bank Code			de	Office use only							Utility Code															
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CANCEL	/We her	eby auth	orize	T		JTUAL F	UND		t	o deb	oit (✓)		SB		CA		CC		SB-	NRE		SB-NF	0		Other	
Bank A/c No.:																										
With Bank:					& Branch				IF	SC								ľ	MICR							
an amount of Ru	upees															₹										
FREQUENCY		×м	onthly	🛛 Qu	arterly		Half Ye	early	5	🗹 As	when p	resent	ed (d	lefault)		DE	BITT	YPE	🖾 F	ixed A	Amour	t 🗹 N	laximu	m Ar	nount	
Reference / Foli	o No.								Em	ail Id																
Scheme / Plan r I agree for the debit PERIOD From	of manda	ate process			k whom I a		-		-							bank.		der	Sian	Sig	Inature	of Third	Accour	nt Ho	older	
to 3 1	0 3 1 1 2 2 0 9 9																									
or — Unt	or					1. 2.   Name as in Bank Records Name as in Bank Records											3 ords Name as in Bank Records									
This is to confirm t																										
I have understood	that I am	authorised																		the bar	NK When	e i have a	utnorise	d the	debit.	
Please tick (<) as applicable: OTM Debit Mandate is already registered in the OTM Debit Mandate is attached and to be registered Advisor details (Only empanelled Distributo Broker / Agent Code ARN-167174					folio. SI red in the ors / Bro	io. SIP Auto debit can start in TEN I in the folio. SIP Auto debit will start a						after mandate registration which takes						can be submitted till 4th of the month. es 10 to 30 days depending on NACH or ECS mod Fund) - Refer instruction overleaf						noda	alities.	
I/We hereby	, confirr	n that th	e EUIN bo	x has bee	en inten	tionally I	left bla	nk by	/ me/u	s as	this is a	an "exe	ecutio	on-only"	' tra	nsacti	on wi	ithout	any i	interad	ction o	or advice	by th	e em	ployee/	
relationship mai the distributor &	nager/sa & the dis	ales perso tributor h	n of the a as not cha	bove dist arged any	ributor o advisor	or notwit y fees or	thstanc 1 this t	ling th ransad	he advi ction.	ice of	in-appr	opriate	eness	, if any,	, pro	ovided	by th	ne em	ploye	e/relat	tionsh	p mana	ger/sal	es p	erson of	
Sole / 1st Transaction C your Distribut						estment					ature / '					o. of						Rs.10,				
cases Transac shall be paid	ction Cl directly	harge wi / by the	ll be reco	verable	in 3-4 ir	nstallme	ents. U	Inits	will be	eissu	ued aga	linst t	he ba	alance	of t	he in	stallr	nent	amoı	ints i	nvest	ed. Upf	ont co	omm	ission	
Folio No.	Details					Applica	tion N	lo.											P	AN N	lo. / I	PEKRN.				
Name of Sole / 1st holder															N	s N				t			У			
Name of 2nd	holder																Ν	A a				t			У	
Name of 3rd	holder																Ν	VI a				t			У	
First SIP Ch	eque [	Details																								
Cheque No.:						Cheque Amount in Rs.										Cheque Date:										
Bank Name:					Branch:													City:								
Scheme and					_		SIP Date					Charact Maria			nth / Voor			End Month / Year								
Scheme/Option/ Plan: Sub Option				Regular	Direc	t	SIP Ins Amou			t	SIP E (Defau	Date t 10 <sup>th</sup> )	F (	Frequency (*Default)			Start	t Month / Year				(Default : Decemb			ar 2099)	
														Monthly Quarter												
SIP Top-up (Optional)	-	p Amour ultiples of	<b>it (Rs.)</b> Rs. 500/-	only)							p Frequerre		(defa	ault)		Up	per SI	P Am	ount	(Rs.)						
Auto Switch ( Plan Name Progressive Pla		: Applic	able for	Please ti	ck the a Switch C		ate Au (Prog	toswi ressiv	itch op /e to N	otion loder	(any or ate @ a	ie as p ige 45	er th ; Moo	e plan)	)		rvativ	ve @ag	ge 60	)),						
Moderate Plan				🗌 No Au	ito Swito							-				•	10 ^	ito Sw	itch							
Systematic Wi		al Plan :	(Please			•						-		er, for	TRS			10.50	nen							
No Auto S	SWP		ixed SWP hthly or		requenc rterly (D					Fixed	d Amou	nt (Fre	equer	ncy Mo	nthl	y onl	y) Rs.									
Declaration and S the respective Uni & express my will commissions (trai	its of Tata lingness t	s : To - The Mutual Fu o make pa	Trustee, Ta	ita Mutual F s at NAV ba ards SIP ins	und, Mum sed resale tallments	nbai. Havin e price & a referred a	gree to a above th	abide b rough	y terms particip	, condi ation i	itions, ru in ECS/Di	les & reg rect Deb	gulatio bit/Sta	ns of sch nding In	heme struc	/s. I/W tion. T	e here he ARI	by decl N Holde	are tha er, whe	at the p ere app	articula licable,	rs given a has disc	re corre osed to	ct & c	omplete	
SIGNATURE			Unitholder					-			ler Signa				-				-			re / Thui		ressio		
Received for Fo	olio No.	/ Applic	ation No																c	DTM D	ebit N	landate	Form	s	SIP Form	