

TATA MUTUAL FUND

Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001



Application Form For Tata Mutual Fund

ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS Sr. No.: **C**

•	tributor Informa		1		Refer Sec.			
ARN / RIA ^ Code	Sub-Broker ARN Code Sub-Broker / Bank Branch Code			ker / Bank Branch Code	EUIN Code			
Internal Code In case the subscription amother than First time mutal	without any i provided by t ount is ₹ 10,000 or more and fund investor) will be deduct ectly by the investor to the AN	nteraction or advice by the en he employee/relationship mar your Distributor has op ted from the subscriptio IFI registered Distributor	nployee/relationship mana lager/sales person of the c ted to receive transac n amount and paid to s based on the invest	ger/sales person of the above distribu istributor and the distributor has not o tion charges, ₹ 150/- (for First the distributor. Units will be is ors' assessment of various facto	ally left blank by me/us as this is an "execution-only" transactic tor or notwithstanding the advice of in-appropriateness, if an charged any advisory fees on this transaction. time mutual fund investor) or ₹ 100/- (for investsued against the balance amount invested. Upfror ors including the service rendered by the distributo			
^ By mentioning RIA code, I ,	/ we authorize you to share w	ith the SEBI Registered II	nvestment Adviser (RI	A) the details of my / our trans	actions in the schemes(s) of Tata Mutual Fund			
	icant Signature / Impression				3 rd Applicant Signature / Thumb Impression			
2. Applicant's In	formation				Refer Sec. A, C &			
st Applicant's Det	with 1st applicant as a min- under the US Securities Ac mention the C-KYC No. Inc	or. Any applicants shou ct of 1933 and corporat	ıld not be a resident tions or other entitie	of Canada or a person who fa s organised under the laws of lete the Know Your Client (K)				
The first applicant >>		PAN / PEKRN		C-KYC	No.			
will be the primary holder and all correspondence will be sent to him/her.	Mr. Ms. Ms. M/s.	PAIN / PERRIN		C-RTC				
Only the first holder can be a minor.								
Existing Investors may mention the Folio no.	Date of Birth (DOB)		In case of Min	or: Proof of DOB: Birth	certificate School leaving certificate			
and proceed to Sec. 4. Investors to ensure	D D / M M /	Y Y Y Y		☐ Passp	ort			
that PAN is linked to Aadhaar.	Mobile No.			Mobile belo				
				Self	☐ Parent ☐ Child			
	I hereby authorize Ta	AMI / TMF to send in	nortant informati	•	es to me on WhatsApp mobile number.			
ontact Person - Design			•	•	details (minor applicant)			
POA / Proprietor /		ivestors) / rower o	Attorney (1 OA)	PAN / PEKRI	•••			
Guardian Details	☐ Mr. ☐ Ms.		``					
	Name							
For Non Individual xx								
For Non Individual »	Entity Identifier (LEI) Nu	mber Mandatory for	Transaction Value	of INR 50 crore and abov	e			
			Proof of Relation					
To be filled by >> Guardian	Relationship with the M Mother Father		cate Passport Others					
	Mobile No. Date of Birth C-R				·			
			D D M M	/ Y Y Y Y				
Tax Status			'	'				
	Resident Individual NRI-Repatriation NRI-Non-Repatriation Minor - Resident Indi Minor - NRI Person of Indian Orio	☐ Hindu I ☐ Partnei Vidual ☐ Compa ☐ Trust	Undivided Family Sship Iny	Body Corporate Limited Liability Partner Body of Individuals Society / Club Non Profit Organization	☐ Qualified Foreign Investor☐ Foreign Portfolio Investor☐ Foreign Institutional Investor☐			
3. Contact Detai					Refer Sec.			
Mailing address is » required for initial communication. We					Rejer Sec.			
will overwrite this address with the 1st					City			
Applicants address	PIN		Country					
as per the KRA records				(
	Residence Phone (prefix STD Code) Office Phone (prefix STD Code)				Extn			
	Email		Email belongs to Self Parent Spouse Child					
	For investors who do not have email address on record: 1/We wish to receive physical copy of the scheme-wise annual report or abridged summary thereof Yes No							
TATA MUTUAL FUND		Acknow	ledgement Slip	Sr	r. No.: C			
				PAN	₹			
for nurchase in					Subject to verification and realisation			

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. E				
The name of the » first applicant	Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)				
should be available on the investment							
Cheque.	Account Number	A/c Type	Dated				
Cheque/ DD to be drawn in favour							
of 'Name of the Scheme'	Drawn on Bank		Cheque / DD No.				
	Branch		Branch City				
5. Investment So	cheme Details		Refer Sec. F & Product Labels				
Scheme Name »	>						
Plan (select any one)	Regular Direct						
Option »	>						
Sub Option »	>						
Div. Payout Option (select any one)	☐ IDCW Reinvestment ☐ IDCW Payout						
	IDCW - Income Distribution cum Capital Withd	Irawal.					
6. Bank Account	Details		Refer Sec. G				
	The bank account details provided below w proceeds and IDCW payouts (if applicable).		as default bank mandate to pay redemption				
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				
0.0							
Cheque Details							
Cheque/DD No	dated A/c. No	Bank					

Call (022) 6282 7777 (Monday to Saturday 9:00 am to 5:30 pm)

Subject to realisation.

7. Joint Applican	t's Detai	ls							Refer Sec. H & I
Mode of Holding	Single		☐ Joint	Any one or Survivor (De	efault)				
II nd Applicant's Detail	ls					Investors	to ensure	that PAN is li	nked to Aadhaar.
☐ Mr. ☐ Ms.				Status		PAN / PEKI	RN		
				Resident Individual	NRI				
Name									
Mobile No.		Mobile belor	ngs to	Date of Birth		C-KYC			
		Self Spouse	Parent Child		YY				
III rd Applicant's Detai	ls					Investors	to ensure	that PAN is li	nked to Aadhaar.
☐ Mr. ☐ Ms.		Status	NDI	PAN / PEKI	AN / PEKRN				
Name				Resident Individual	NRI				
Mobile No.		Mobile belor Self Spouse	ngs to Parent Child	Date of Birth	YY	C-KYC			
8. Know Your Cu	ıstomer (tails						Refer Sec. J
CATEGORIES			luding Minor)	SECOND APPLICANT	Γ / GUAF	RDIAN		THIRD APPLI	•
Occupation »	Public Sec Governme Profession Housewife	ent Sector nal e	Retired Business Agriculturist Forex Dealer Student	Private Sector Service Public Sector Service Government Sector Professional Housewife Others (please specify)	Busir Agric Forex	ness culturist x Dealer ent	Public S Governi Profess Housew		Retired Business Agriculturist Forex Dealer Student
Gross Annual Income »	Below 1 L 5-10 Lacs >25 Lacs-	ac 1 crore	1-5 Lacs 10-25 Lacs >1 crore r Non-individual)as on	☐ Below 1 Lac ☐ 5-10 Lacs ☐ >25 Lacs-1 crore Networth in	□ 1-5 L □ 10-2 □ >1 c	_acs 5 Lacs	□ Below 1 □ 5-10 La □ >25 La Networth ₹	Lac acs cs-1 crore in	☐ 1-5 Lacs ☐ 10-25 Lacs ☐ >1 crore
Others »	(not older than	-		on Older than 1 year) Not Applicable	/ Y Y	YY		han 1 year)	
	Politically Exposed Person Related to Politically Exposed Person		Politically Exposed Person Related to Politically Exposed Person		Politically Exposed Person Related to Politically Exposed Person				
Additional KYC De				diama afficient Communication		Had b 13		anv: Yes	□ No
For Non Individuals » only (Companies, Trust, Partnership etc.)	(if No, mand Non Individu Foreign Ex	atory to attac lal investors in change / Mon	h the UBO declara nvolved/providing ey Changer Servic	diary of Listed Company or ation) g any of the mentioned ser es	vices / Lottery	/ / Casino Se	<u> </u>	any. Tes	□ NO
9. Foreign Accou				CA) & CRS Detail					Refer Sec. K
For Individuals			luding Minor)	SECOND APPLICANT		DIAN		THIRD APPLIC	· ·
Country of Birth \gg			<u> </u>						
Place of Birth \gg									
Nationality »	Indian Others (Ple	ease specify)	U. S.	☐ Indian ☐ Others (Please specify)	☐ U. S.		Indian Others (P	ease specify) _	☐ U. S.
Type of address given at KRA \gg	Residentia Registered	l or Business I Office	Residential Business	Residential or Business Registered Office	Resid	dential ness	Residenti Registere	al or Business d Office	Residential Business
Are you also a resident in \gg any other country(ies) for tax	□ No		Yes	□ No	☐ Yes		No		☐ Yes
purposes? Country of Tax Residency 1 >>	ir yes, compi	ete section be	iow.						
Tax Identification Number 1 \gg									
Identification Type 1 \gg									
If TIN is not available please >> tick the reason A, B or C *	Reason	A 🗌 B	С	Reason	С	R	leason	A B	С
Country of Tax Residency 2 »									
Tax Identification Number 2 \gg									
Identification Type 2 \gg									
If TIN is not available please >> tick the reason A, B or C *	Reason	A	С	Reason \square A \square B	□ C	R	leason	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

10. Nonination	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 made to such Nominee(s) and Signature of the Nominee(s) acknowly Register nomination as below	you in your folio in the unfortunate event of wledging 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	>								
1 st Nominee	Nominee Name								
	Relationship with Nominee	Date of Birth							
	Address	City							
	State	PIN	Country						
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian						
2 nd Nominee	Nominee Name								
	Relationship with Nominee	Date of Birth							
	Address	City							
	State	PIN	Country						
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian						
3 rd Nominee	Nominee Name								
	Relationship with Nominee	Date of Birth							
	Address	City							
	State	PIN	Country						
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian						
	1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression						
11. Demat Acco	unt Details	<u> </u>	Refer Sec. M						
	Fill these details only if you wish to have your ur	nits in Demat mode.							
Ensure that the sequence of names as mentioned in the	Depository participant Name								
application form matches with that of the	Central Depository Securities Limited		National Securities Depository Limited						
account held with the	Target ID No.		DP ID No.						
Depository Participant. In case the details are									
found to be incorrect,		Beneficiary Account No.							
Units will be allotted in physical mode.									
12. Declaration	and Signatures		Refer Sec. N						
	g capital markets under any order/ruling/judgment etc., of any regulation, including SEB	. I/We confirm that my application is in compliance with a	·						
	d hereby agree to comply with the terms and conditions of the scheme related documen as per the scheme related documents and am/are authorised to make this investment.								
any act, rules, regulations, notifi	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		, , , , , , , , , , , , , , , , , , , ,						
Fund/Registrars and Transfer Ag	gent (RTA) in writing about any change in the information furnished from time to time.		ASSEC MANAGEMENT LIMITED (TAME)/ FUND AND UNDERTAKE TO INFORM THE AMC /						
(5) I/We hereby authorize you to di	rmation and/or any part of it is/are found to be false/ untrue/misleading, I/We will be li sclose, share, remit in any form/manner/mode the above information and/or any part	of it including the changes/updates that may be provide	ed by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management						
Intelligence Unit-India (FIU-IND) e	. and third party service providers, SEBI registered intermediaries for single updation/ su etc without any intimation/advice to me/us. I/We hereby authorize you to share the accc	unt statement of the folio with the distributor /broker /	icial, quasi- judicial authorities/agencies including but not limited to Financial advisor on record.						
(7) The ARN holder (AMFI registered	MC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility d Distributor) has disclosed to me/us all the commissions (in the form of trail commiss		fferent competing Schemes of various Mutual Funds from amongst which the						
Scheme is being recommended t (8) I/We hereby confirm that I/We ha	to me/us. ave not been offered/ communicated any indicative portfolio and/ or any indicative yield	by the Fund/AMC/its distributor for this investment.	•						
(9) I / We agree that the unit balanc(10) For Foreign Nationals Resident in	e(s) reflecting in the account statement is subject to realisation of Cheque accompanyin n India only: I/We will redeem my/our entire investment/s before I/We change my/our In	the purchase request, PAN validation and KYC compliar							
	onfirm that my application is in compliance with applicable Indian and Foreign laws. sent to TATA AMC for receiving the promotional information/ material via email, SMS, te	emarketing calls, etc. on the mobile number and email p	rovided by me/us in this Application Form.						

Date: