



PLEASE REFER TO THE PRODUCT LABEL SECTION ON PAGE I BEFORE FILLING THIS FORM

**Common Application Form (except for Tata Retirement Savings Fund
& Tata Young Citizens' Fund)**

Sr. No.:



Expertise that's trusted

I. DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & K				FOR OFFICE USE ONLY (TIME STAMP)
BROKER / AGENT CODE	SUB-BROKER / BANK BRANCH CODE	SUB-BROKER ARN CODE	EUIN CODE	
ARN 102683			E 024075	

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
--	---	---

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Inst. A15 and please tick (✓) any one)	
<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the purchase / subscription amount and payable 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.

2. EXISTING UNITHOLDER INFORMATION (please fill in your Folio Number, Name & proceed to Scheme Investment Details)

Existing Folio Number: Name of Sole/1st Applicant:

3. APPLICANT'S PERSONAL DETAILS (Fill in Block Letters, use one box for one alphabet leaving one box blank between two words, as it appears in your Bank A/c & KYC letter)

NAME OF FIRST / SOLE APPLICANT ☐ Mr. ☐ Ms. ☐ M/s. MODE OF HOLDING ☐ Single ☐ Joint (Default) ☐ Anyone or Survivor(s)

☐ KYC Copy attached

Ist holder PAN/PEKRN Date of Birth

Proof of DOB (Mandatory for minor) ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Other

KYC DETAILS (Mandatory) Ist Unitholder			
STATUS: <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> HUF <input type="checkbox"/> Minor RI <input type="checkbox"/> Minor NRI <input type="checkbox"/> Trust <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Societies <input type="checkbox"/> FOF <input type="checkbox"/> Body Corporate <input type="checkbox"/> Others (please specify)	OCCUPATION: <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Retired <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)	Gross 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 Networth in (Mandatory for Non-individual) ₹ as on <input type="text"/> (not older than 1 year)	For Individuals: <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person <input type="checkbox"/> Not Applicable For Non-Individual Investors (Companies, Trust, Partnership etc): Is the company a Listed Company or Subsidiary of Listed Company or or Controlled by a Listed Company: (if No, please attach mandatory UBO declaration): <input type="checkbox"/> Yes <input type="checkbox"/> No
Non Individual investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Money Lending / Pawning		<input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> None of the above	

DETAILS UNDER FATCA / FOREIGN TAX LAWS

Country of birth Country of Residence Citizenship

Are you a resident in any country other than India for tax purposes. ☐ Yes ☐ No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency	Tax Identification Number

For Non Individual Investor, Please tick the relevant box below, even if Country of Tax Residency is India #

☐ Form W8 BEN-E / Specified declaration (Enclosed)

☐ Unable to Provide [Tata Mutual Fund will contact you in due course to confirm your FATCA Status]

Where no box is ticked, the second statement will be taken as the default implying that the applicant / investor currently is unable to confirm FATCA status and will confirm the same in future.

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

Sr. No.:

Received Subject to realisation and verification an application for purchase of units as mentioned in the application form.

from		
Scheme	Cheque no.	Amount

Signature, Stamp & Date

Second applicant details

☐ Mr. ☐ Ms.

Name

2nd holder PAN/PEKRN

M a n d a t o r y

☐ KYC Copy attached

*OCCUPATION:

☐ Private Sector Service ☐ Public Sector Service ☐ Government Sector ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others

*GROSS ANNUAL INCOME:

☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore; Networth in ₹ as on D D / M M / Y Y (not older than 1 year);

*OTHERS:

☐ Politically Exposed Person ☐ Related to Politically Exposed Person ☐ Not Applicable

MANDATORY

DETAILS UNDER FATCA / FOREIGN TAX LAWS

Country of birth Country of Residence Citizenship

Are you a resident in any country other than India for tax purposes. ☐ Yes ☐ No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency	Tax Identification Number

Third applicant details

☐ Mr. ☐ Ms.

Name

3rd holder PAN/PEKRN

M a n d a t o r y

☐ KYC Copy attached

*OCCUPATION:

☐ Private Sector Service ☐ Public Sector Service ☐ Government Sector ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others

*GROSS ANNUAL INCOME:

☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore; Networth in ₹ as on D D / M M / Y Y (not older than 1 year);

*OTHERS:

☐ Politically Exposed Person ☐ Related to Politically Exposed Person ☐ Not Applicable

DETAILS UNDER FATCA / FOREIGN TAX LAWS

Country of birth Country of Residence Citizenship

Are you a resident in any country other than India for tax purposes. ☐ Yes ☐ No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency	Tax Identification Number

Guardian details

Name of Guardian (In case of Minor) Contact Person/Designation (In case of non-individual Investors) ☐ Mr. ☐ Ms.

Relation with Minor/Designation

Guardian's PAN/PEKRN

M a n d a t o r y

☐ KYC Copy attached

Proof of relationship with minor (Mandatory)

Mother / Father / Legal Guardian ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Other

Guardian / POA / Proprietor	PAN/PERN (mandatory)	PAN/PERN Proof enclosed	KYC Compliance
Name		<input type="checkbox"/>	<input type="checkbox"/>

DETAILS UNDER FATCA / FOREIGN TAX LAWS

Country of birth Country of Residence Citizenship

Are you a resident in any country other than India for tax purposes. ☐ Yes ☐ No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Foreign Tax Identification Number below.

Country of Tax Residency	Tax Identification Number

CHECKLIST

Toll Free: 1800-209-0101 (Open on all days). Email: kiran@tataamc.com, Website: www.tatamutualfund.com. Documents as listed below are submitted along with this application.

Document List	Document List	Document List
1. KYC <input type="checkbox"/>	5. Bye-Laws <input type="checkbox"/>	9. Foreign Invest Remittance Certificate (FIRC) <input type="checkbox"/>
2. Resolution / Authorisation to invest <input type="checkbox"/>	6. Partnership Deed <input type="checkbox"/>	10. MICROSIP document
3. Authorised Signatories List with Specimen Signature <input type="checkbox"/>	7. Overseas Auditor's Certificate <input type="checkbox"/>	11. Others
4. Trust Deed <input type="checkbox"/>	8. Notarised Power of Attorney <input type="checkbox"/>	

All documents in 3 to 8 above should be originals / true copies certified by the Director's / Trustee / Company Secretary / Authorised Signatory / Notary Public.

4. MAILING ADDRESS AND CONTACT DETAILS OF SOLE / FIRST APPLICANT (P.O. Box Address may not be sufficient. Please provide your complete Address)

															City									
Pin					State					Country														
Phone		O (STD Code)										Extn.				Fax								
		R (STD Code)												Mobile										

E-mail → (IN CAPITAL)

[If you wish to receive Account Statement / Annual Report / Other Statutory Information via Post instead of Email ☐ (Refer Inst. – C9)].**Overseas Address (Mandatory** in case of NRI applicant in addition to mailing address)

Zip code					City					Country									

5. FIRST HOLDERS BANK ACCOUNT DETAILS (Mandatory) Refer Instruction I and J

All communication/payments will be made to first applicant or to Karta in case of HUF. Bank account details of First Unitholder required without which the application would be rejected.

Name of the Bank																			
Branch										Account Type									
										<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> NRE									
Account No. (in Fig.)																			
Bank Address																			
City										State					PIN				
^ MICR Code					*IFSC Code (RTGS)					*IFSC Code (NEFT)									

^ (To be filled in only if dividend is to be paid through ECS). * This is a 11 Digit Number; kindly obtain it from your Bank Branch. (Cancelled cheque is Mandatory)

6. SCHEME DETAILS Refer Instruction D and Page I & 2

Scheme / Plan: _____

Options: ☐ Growth ☐ Dividend **For Dividend option only:** Sub-Option: _____ Payout option: ☐ Payout ☐ Reinvestment**7. MY INVESTMENT GOAL** (choose anyone (✓) (Refer Instruction E)
☐ Marriage ☐ Vacation ☐ Dream Home ☐ Dream Car ☐ Retirement ☐ Children's Education ☐ Children's Marriage.

Target Amount Rs. _____

8. INVESTMENT DETAIL (Strike off whichever is not applicable)

Gross Amount (A)										DD Charges (if any) (B)										Net Amount (Cheque / DD Amount)									
₹ A										B										₹ A minus B									
Mode of Payment										Dated																			
A/c No. _____										D D / M M / Y Y Y Y																			
A/c Type _____										Cheque / DD No. _____																			
Drawn on Bank																													
Branch										Branch City																			

Please select any one of the follows:

I/We hereby nominate the person more particularly described hereunder to receive the Units allotted to me/us/credit in my/our folio in the event of my/our death. I/We understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge of the AMC / Mutual Fund / Trustees.

..... Nominee's relationship with 1st holder

Date of Birth Proof of DOB ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Others

Proof of relationship: ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Others

[illegible]

The Trustee, Tata Mutual Fund

a.) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/ We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & 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, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. 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. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event “Know Your Customer” process is not completed by me / us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. **b.) For NRIs:** I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & that I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. I/ We confirm that details provided by me / us are true & correct. **c.)** 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. **d.)** I/We have read & understood the SEBI Circular no. MRD/DoP/Cir- 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card / have applied for PAN. **e.)** 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.

Date: _____



NOT TO BE USED FOR TATA RETIREMENT SAVINGS FUND

SIP AUTO DEBIT FACILITY – WITH TOP-UP FACILITY

NEW INVESTORS ARE REQUESTED TO FILL-IN THE SCHEME APPLICATION FORM ALSO



Expertise that's trusted

REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing / Standing Instruction / Direct Debit Facility in select banks only)**First SIP cheque** and subsequent via **Auto Debit** in select cities only. (Please attach copy of cheque / cancelled cheque)Please (✓) any one: ☐ **New Registration** ☐ **Change in Bank Account for existing Registration** ☐ **MICRO SIP** (refer inst. 4)

I. DISTRIBUTION INFORMATION (Only empanelled Distribution/Broker will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & K				FOR OFFICE USE ONLY (TIME STAMP)
Broker / Agent Code	Sub-Broker / Bank Branch Code	Sub-Broker ARN Code	EUIN Code	
ARN 102683			E 024075	

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
--	---	---

2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Inst. A15 and please tick (✓) any one)

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)
--	---

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 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.

3. APPLICATION DETAILS	
Folio No.	Application No.
Name of Sole / 1st holder	PAN No. / PEKRN. <input type="checkbox"/> M <input type="checkbox"/> a <input type="checkbox"/> n <input type="checkbox"/> d <input type="checkbox"/> a <input type="checkbox"/> t <input type="checkbox"/> o <input type="checkbox"/> r <input type="checkbox"/> y <input type="checkbox"/> KYC#
Name of 2nd holder	PAN No. / PEKRN. <input type="checkbox"/> M <input type="checkbox"/> a <input type="checkbox"/> n <input type="checkbox"/> d <input type="checkbox"/> a <input type="checkbox"/> t <input type="checkbox"/> o <input type="checkbox"/> r <input type="checkbox"/> y <input type="checkbox"/> KYC#
Name of 3rd holder	PAN No. / PEKRN. <input type="checkbox"/> M <input type="checkbox"/> a <input type="checkbox"/> n <input type="checkbox"/> d <input type="checkbox"/> a <input type="checkbox"/> t <input type="checkbox"/> o <input type="checkbox"/> r <input type="checkbox"/> y <input type="checkbox"/> KYC#

Attach Acknowledgement Copy

4. UNITHOLDING OPTION ☐ Demat Mode ☐ Physical Mode**DEMAT ACCOUNT DETAILS:** (Please 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 Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction H)

National Securities Depository Limited	Depository participant Name		Central Depository Securities Limited	Depository participant Name
	DP ID No.	I N		
	Beneficiary Account No.			
				Target ID No.

5. SCHEME DETAILS Refer Instruction D and Page 1 & 2

Scheme / Plan:
Options: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend
For Dividend option only: Sub-Option: Payout option: <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment

6. MY INVESTMENT GOAL (choose anyone (✓) (Refer Instruction E)

<input type="checkbox"/> Marriage <input type="checkbox"/> Vacation <input type="checkbox"/> Dream Home <input type="checkbox"/> Dream Car <input type="checkbox"/> Retirement <input type="checkbox"/> Children's Education <input type="checkbox"/> Children's Marriage
Target Amount Rs. _____

7. FIRST SIP CHEQUE DETAILS

Cheque No.: _____	Cheque Amount in ₹ _____	Cheque Date: <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
Bank Name _____	Branch: _____	City: _____

To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s, 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 through participation in ECS/Direct Debit/Standing Instruction. I/We will also inform TAMF, about any changes in my bank account. I/We have read & agreed to the terms & conditions mentioned overleaf. For Micro SIP: I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000/- in a rolling 12 months period or in a financial year.

SIGNATURE/S AS PER TATA MUTUAL FUND RECORDS (MANDATORY)	Sole / 1st Account Holder's Signature	2nd Account Holder's Signature	3rd Account Holder's Signature

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

Received from Mr./Mrs. _____

Scheme/Plan/Option _____

Subject to realization of funds and verification of mandatory information/document.

TATA MUTUAL FUND

ISC Stamp & Signature

8. SIP DETAILS

SIP Installment Amount (₹) <input type="text"/>		Amounts in words _____	
Frequency <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly (Please tick any one)	Enrollment Period: (Please ✓ any one) <input type="checkbox"/> Regular From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Perpetual From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Default) (Refer Instruction No. 12)	SIP Dates: Please mention the date <input type="text"/> <input type="text"/> in words _____ day of the month. e.g. for SIP on 10th please mention <input type="text"/> <input type="text"/> Tenth day of the month [please refer instruction 13 for any day SIP] Default: 10 th (Tenth)	

9. SIP TOP UP (Optional) (tick to avail this facility) (Refer instruction 15)

Top Up Amount* _____ Please Specify *Top Up amount has to be in multiples of Rs. 500 only	Top Up Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default) Upper SIP Amount Rs. _____
--	--

10. PARTICULARS OF BANK ACCOUNT

Account holder Name as in Bank Account																
Bank Name																
Branch Name											City					
9 Digit MICR Code	(please enter the 9 digit number that appears after the cheque number)															
Account Type (Please Tick)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR											
Core Banking A/c. No.																

11. DECLARATION TO THE BANKER

To - Branch Manager, _____ Bank. This is to inform I/We have registered for RBI's Electronic Clearing Service (Debit Clearing)/ Direct Debit/Standing Instruction Facility & that my payment towards my investment in Tata Mutual Fund shall be made from my/our above mentioned bank account with your bank.

I/We authorize the representative carrying this ECS/Direct Debit/Standing Instruction mandate Form to get it verified & executed. I/We acknowledge that no separate intimation will be received from the Bank in case of non-execution of the instructions for any reasons whatsoever. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Tata Mutual Fund or the above mentioned Bank responsible. I have read and agreed to the terms and conditions mentioned overleaf. I/We have noted the contents of the Direct Debit Facility Agreement/Standing Instruction entered by Tata Mutual Fund with the Bank & I/we are also bound by the terms thereof. I/We also authorize the Bank to debit my account for charges towards mandate verification & transaction dishonoured due to "insufficient funds" as applicable.

SIGNATURE/S AS PER BANK ACCOUNT (MANDATORY)			
	Sole / 1st Account Holder's Signature (as in bank records)	2nd Account Holder's Signature (as in bank records)	3rd Account Holder's Signature (as in bank records)

(To be signed as per the mode of operations, i.e. all holders to sign if the mode of operations is Joint)

12. BANKER'S ATTESTATION (FOR BANK USE ONLY)

Certified that the signature of A/c holder and the details mentioned in 'Particulars of Bank A/c' above and its MICR code are correct as per our records	
Signature of Bank Manager with name, Employee code, Bank Seal and Contact Number	Bank Account Number

FOR OFFICE USE ONLY (NOT TO BE FILLED IN BY INVESTOR)

Recorded on	<input type="text"/>	Scheme Code	<input type="text"/>
Recorded by	<input type="text"/>	Credit A/c Number	<input type="text"/>

Bank use Mandate Ref. No. _____

Customer Ref. No. _____