

COMMON APPLICATION FORM

Please read the instructions carefully before filling up the form. (All points marked * are mandatory)



**TRUST
MUTUAL
FUND**

CLEAR • CREDIBLE • CONSISTENT

All sections should be filled in BLACK/BLUE coloured ink and in BLOCK LETTERS .

Application No. _____

1. DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN)*	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY Registrar/ Bank Serial No./ Date and Time of Receipt
ARN-153155			E-271894	

*By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No.II(10)). – I/We hereby confirm that the EUIIN 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 inappropriateness, if any, provided by the employee/relationship manager/sales/sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian

Signature of Second Unit Holder

Signature of Third Unit Holder

TRANSACTION CHARGES

(Please any one of the below)
(Refer Instruction No. XIII)

I am a first time investor in mutual funds (₹150 will be deducted) OR I am an existing investor in mutual funds (₹ 100 will be deducted)
Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

2. APPLICANT'S DETAILS

MODE OF OPERATION

Single Anyone or Survivor
 Joint (Default Option is Joint)

Folio No. _____

(For existing Unitholders)

*Require Physical Copy of Annual Report Yes No

*On providing email id investors shall receive the Annual Report or an abridged summary thereof, account statements / statutory and other documents by email. However, if the investors wish to receive physical copy of the Annual Report or an abridged summary thereof please tick the appropriate option.

1st APPLICANT NAME* (As per PAN)

Mr. Ms. M/S

PAN/PEKRN* _____

CKYC No. _____

Date of Birth/ Incorporation D D M M Y Y Y Y

E-Mail ID _____

Please Specify in BLOCK LETTERS

Mobile No. _____

This Mobile Number belongs to (*Please): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only)
This Email-ID belongs to (*Please): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only)

LEGAL ENTITY IDENTIFICATION (LEI) CODE*

(*LEI is applicable for Non-Individual investor including HUF, not applicable to Individuals, Minor & NRI investor. LEI no. is mandatory for transaction amount Rs. 50 crs and above for Non-Individuals)
In case the First Applicant is Non-Individual please attach FATCA, CRS and UBO Declaration form.

GUARDIAN DETAILS (IN CASE FIRST APPLICANT IS MINOR) / CONTACT PERSON DESIGNATION / POA HOLDER (FOR NON-INDIVIDUALS INVESTORS)

Name _____

Date of Birth _____

D D M M Y Y Y Y

Guardian's Relationship with minor -

Father Mother Court Appointed Guardian

Proof of Date of Birth of Minor -

Birth Certificate Passport Others _____ (Please specify)

PAN/PEKRN* _____

X X X X X X X X

CKYC No. _____

X X X

2nd APPLICANT*

Mr. Ms. M/S

PAN/PEKRN* _____

CKYC No. _____

Date of Birth D D M M Y Y Y Y

E-Mail ID _____

Please Specify in BLOCK LETTERS

Mobile No. _____

This Mobile Number belongs to (*Please): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only)
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3rd APPLICANT*

Mr. Ms. M/S

PAN/PEKRN* _____

CKYC No. _____

Date of Birth D D M M Y Y Y Y

E-Mail ID _____

Please Specify in BLOCK LETTERS

Mobile No. _____

This Mobile Number belongs to (*Please): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only)
This Email-ID belongs to (*Please): Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian POA Custodian (for FPIs only)

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (Please here)

Trees are green gold – Save Trees

.....
X-

-X

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No. _____

Received From _____

Scheme Name _____

Plan _____

Option _____

Amount _____

Cheque/ DD No. _____

Date _____

D D M M Y Y Y Y

Bank & Branch Details _____

Stamp & Signature _____

3. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS)

Correspondence Address	Overseas Address (Mandatory for NRI / FII Applicants)							
HOUSE / FLAT NO.	HOUSE / FLAT NO.							
STREET ADDRESS	STREET ADDRESS							
CITY / TOWN	STATE		CITY / TOWN	STATE				
COUNTRY	PINCODE		COUNTRY	ZIPCODE				
TIN No. (Mandatory)								

4. TAX STATUS (Please tick ✓)

- | | | | | | |
|--|--|--|--|---|--|
| <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Foreign National | <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Government Body | <input type="checkbox"/> AOP/BOI | <input type="checkbox"/> Defence Establishment |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Trust / Society / NGO/ Charities | <input type="checkbox"/> Person of Indian Origin |
| <input type="checkbox"/> HUF | <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> FII | <input type="checkbox"/> NPO*(FCRA A/c. No.) | <input type="checkbox"/> NRI-NRE |
| <input type="checkbox"/> PSU | <input type="checkbox"/> Bank | <input type="checkbox"/> Foreign Portfolio Investor/ FII | <input type="checkbox"/> NRI-NRO | <input type="checkbox"/> Other _____ (Please specify) | |

**"Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information.

5. DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that of the Demat Account held with your Depository Participant)

Do you want units in Demat Form (Please tick ✓) Yes No (if yes, please provide the below details) §§

Depository Participant's Name:	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)	
NSDL: Depository Participant (DP) ID (NSDL only)			
Enclosure (Please tick any box)	<input type="checkbox"/> Client Master List (CML)	<input type="checkbox"/> Transaction cum holding Statement	<input type="checkbox"/> Cancelled Delivery Transaction Slip (DIS)

Investor opting to hold units in Demat Form, may provide a copy of the DP statement which will enable us to match Demat details as stated in the Application Form.

§§ In case of any ambiguity, AMC is at its discretion to either allot units as per Demat information or in physical mode. Kindly refer Statement of Additional Information and Scheme Information document for details.

6. BANK DETAILS (MANDATORY)

Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof i.e. Cancelled cheque with name pre-printed/Bank Statement with the latest Transactions of two months in case the pay-out bank account is different from the source bank account.)

Account Number	Account Type <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)	
Bank Name & Branch		
Branch City	IFSC Code	MICR Code

7. FATCA AND CRS DETAILS - For Individuals [Including Sole Proprietor] (MANDATORY)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure 1B). The below information is required for all applicants / guardian

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? Yes No (please tick ✓)

If "YES" please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type TIN or other please specify
First Applicant / Guardian			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A → The country where the Account Holder is liable to pay to tax does not issue Tax Identification Number to its residents Reason B → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) Reason C → Others please state the reasons thereof :

Address Type of Sole /1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Annexure 1A (Form for Additional KYC, FATCA & CRS Annexure for Individual Accounts) and 1B (Form for Ultimate Beneficial Owner including additional FATCA & CRS information - for Non-Individuals/ Legal Entity) are available on the website of AMC i.e. www.trustmf.com or at the Official Point of Acceptance of TRUST MF.

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Toll Free Number	Email ID	Website
1800 267 7878	investor.service@trustmf.com	www.trustmf.com

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

8. KYC DETAILS (MANDATORY)

OCCUPATION [Please tick (✓)]

	Service	Government Official	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Unlisted Company	Listed Company	Private Ltd.	Public Ltd.	Others
First Applicant / Guardian	<input type="checkbox"/>	(Please specify)												
Second Applicant	<input type="checkbox"/>	(Please specify)												
Third Applicant	<input type="checkbox"/>	(Please specify)												

GROSS ANNUAL INCOME [Please tick (✓)]

First Applicant / Guardian	For Individual	<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							
	OR Net worth (Mandatory for Non-Individuals) ₹							as on	D D M M Y Y Y Y					(Not older than 1 year)

9. PEP DETAILS** (MANDATORY)

	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you Politically Exposed Person? (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related to a Politically Exposed Person? (PEP)**	<input type="checkbox"/> Yes <input type="checkbox"/> No			

For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)

<input type="checkbox"/> Foreign Exchange / Money Changer Service	<input type="checkbox"/> Gambling / Lottery / Casino Services	<input type="checkbox"/> Money Lending / Pawning	<input type="checkbox"/> Not Applicable
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**Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

10. INVESTMENT & PAYMENT DETAILS (Please refer SID of respective scheme for Plans, Sub-options and Dividend frequency)

For Multiple Investments Cheque/DD should be drawn for Total Amount of Investment in all three schemes in favour of 'TRUST MF Pool Collection Account' & For Single Investment Cheque/DD should be drawn in favour of "Scheme name of TRUSTMF".

Sr. No.	Cheque/ DD Favouring	Plan [Regular / Direct]	Option [Growth/ IDCW Reinvestment/ IDCW Payout]	IDCW Frequency	Amount
1	TRUSTMF				
2	TRUSTMF				
3	TRUSTMF				
TOTAL		(In Words)			
		(In figures)			

PAYMENT DETAILS

<input type="checkbox"/> Payment by Self	<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')	Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> Funds Transfer	<input type="checkbox"/> NEFT	<input type="checkbox"/> RTGS		
Cheque/ DD/ UTR No.		A/c No.							
Drawn on Bank & Branch	Cheque Date	D D M M Y Y	A/c. Type (✓)	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others

11. NOMINATION DETAILS* (Mandatory)

I/We wish to nominate as under:

Sr. No.	Name of Nominee	Share of each Nominee (%)	Relationship with Investor	Nominee Date of Birth* (Mandatory for Minor Nominee)	Guardian Name* (In case of Minor)	Guardian's Signature
1						
2						
3						

I/We DO NOT wish to nominate.

Declaration for opting out of Nomination (to be signed by all unitholders including joint holders, irrespective of mode of holdings): I/We hereby confirm that I / We do not wish to appoint my nominee(s) for my Mutual Fund units held in my/our Mutual Fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund folio.

12. DECLARATION & SIGNATURE(S)

I/We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as an Unitholder. I/We hereby apply for allotment of Units of the Scheme(s) and confirm and declare as under: (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited by any order/ruling/judgement passed by any Statutory Authority. 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. I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers registered in the concerned folio, if applicable. (b) I/We hereby provide my/our consent to TRUST Asset Management Private Limited for (i) collecting, / sharing (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"); and (ii) downloading and updating my/our Aadhaar number(s) and associated demographic information (including updated information) in my/our accounts/folios under the scheme, based on my/our Income Tax Permanent Account Number ("PAN") in accordance with the Aadhaar Act, 2016, PMLA and rules & regulations made thereunder and applicable SEBI guidelines. I/We hereby further authorise TRUST MF /AMC for sharing/disclosed of the Aadhaar number(s) and associated demographic information (including any updated information) by itself or through its RTA, depository participants, and asset management companies of other SEBI registered mutual funds, and their RTAs, for the purpose of updating the same in my/our accounts/folios based on my/our PAN. (c) I/ We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and / we have remitted funds from abroad through approved banking channels or from funds in my/ our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines. (d) The information given by me /us in or along with this application form is true and correct and I/ We agree to furnish such other further/additional information as may be required by the TRUST MF/AMC. I/We undertake to promptly inform the TRUST MF/AMC/ Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time. (e) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by TRUST MF/AMC/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time or investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless TRUST MF/AMC/ Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by TRUST MF/AMC in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (f) 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. (g) I/We hereby confirm that i/we have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the TRUST MF/AMC /its distributor for this investment and have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. (h) I / We will be bound and shall abide by the terms and conditions as prescribed by the TRUST MF/AMC as amended from time to time.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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Multiple SIP Registration Form

(For first time investors, Kindly submit this form along with Common Application form)



**TRUST
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1. DISTRIBUTOR INFORMATION

ARN/ RIA Code/ Portfolio Manager's Registration (PMRN) #	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY Registrar/ Bank Serial No./ Date and Time of Receipt
ARN-153155			E-271894	

*By mentioning RIA/ PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) – I/We hereby confirm that the EUIIN 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 inappropriateness, if any, provided by the employee/relationship manager/sales/sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
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1. UNITHOLDER INFORMATION

Folio No. For Existing Investor PAN No. Date of Birth D D M M Y Y Y

1st Unit Holder Name (As per PAN) Mr. Ms. M/S

Name of the Guardian / POA Holder Mr. Ms. M/S

2. SIP DETAILS

SIP Registration Mode A-OTM K-OTM Mandate along with SIP form

OTM Reference No. (If Multiple One Time Mandate are registered)

Scheme / Plan / Option	Frequency	SIP Date	Enrollment Period (MMYY)	SIP Amount
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22 <input type="text"/> <input type="text"/> Default SIP Date 10th	From <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures) <input type="text"/> (in words)
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22 <input type="text"/> <input type="text"/> Default SIP Date 10th	From <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures) <input type="text"/> (in words)
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22 <input type="text"/> <input type="text"/> Default SIP Date 10th	From <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures) <input type="text"/> (in words)

Drawn on Bank and Branch

Amount: ₹ A/c. No. Date D D M M Y Y Y

In case of multiple SIP, mention "TRUST Mutual Fund - Collection Account" on the payment instrument.

3. DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply for the units of the scheme for enrolment under the SIP of the following Scheme(s)/ Plan(s)/ Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit.

I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Trust Asset Management Private Limited / Trust Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder 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 HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/COMMUNICATED ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.

Date <input type="text"/>	Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.
<input type="text"/>			

This form should be accompanied with One Time Mandate Form (OTM)

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TRUST MUTUAL FUND

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ONE TIME BANK MANDATE

(NACH / OTM / DIRECT DEBIT FORM)

UMRN	F	O	R	O	F	F	I	C	E	U	S	E	O	N	L	Y															
Date D D M M Y Y Y Y																															
Tick (✓)		FOR OFFICE USE ONLY														Utility Code		FOR OFFICE USE ONLY													
CREATE ✓		I/We hereby authorize														to debit (tick ✓)		SB	CA	CC	SB-NRE	SB-NRO	Other								
MODIFY X		TRUST MUTUAL FUND														Bank Account No.															
CANCEL X		Name of customers bank														IFSC		or MICR													
an amount of rupees		IN WORDS														₹		IN FIGURES													
Frequency		<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half yearly <input checked="" type="checkbox"/> Annually <input checked="" type="checkbox"/> As & when presented														DEBIT TYPE		<input checked="" type="checkbox"/> Fixed amount		<input checked="" type="checkbox"/> Maximum Amount											
Reference/Application No.																Phone No.															
Scheme Name		All Schemes of TRUST Mutual Fund																													
Email ID																															

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From	D	D	M	M	Y	Y	Y	Y
To	D	D	M	M	Y	Y	Y	Y

Maximum period of validity of this mandate is 40 years only.

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

Multiple SIP Registration Form

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	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22 <input type="text"/> <input type="text"/> Default SIP Date 10th	From <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures) <input type="text"/> <input type="text"/> (in words)
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22 <input type="text"/> <input type="text"/> Default SIP Date 10th	From <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures) <input type="text"/> <input type="text"/> (in words)
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22 <input type="text"/> <input type="text"/> Default SIP Date 10th	From <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures) <input type="text"/> <input type="text"/> (in words)

Drawn on Bank and Branch

Amount: ₹ A/c. No. Date D D M M Y Y Y

In case of multiple SIP, mention "TRUST Mutual Fund - Collection Account" on the payment instrument.

3. DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply for the units of the scheme for enrolment under the SIP of the following Scheme(s)/ Plan(s)/ Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit.

I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Trust Asset Management Private Limited / Trust Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder 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 HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/COMMUNICATED ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.

Date <input type="text"/>	Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.
<input type="text"/>			

This form should be accompanied with One Time Mandate Form (OTM)

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TRUST MUTUAL FUND

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ONE TIME BANK MANDATE

(NACH / OTM / DIRECT DEBIT FORM)

UMRN	F	O	R	O	F	F	I	C	E	U	S	E	O	N	L	Y															
Date D D M M Y Y Y Y																															
Tick (✓)		FOR OFFICE USE ONLY														Utility Code		FOR OFFICE USE ONLY													
CREATE ✓		I/We hereby authorize														to debit (tick ✓)		SB	CA	CC	SB-NRE	SB-NRO	Other								
MODIFY X		TRUST MUTUAL FUND														Bank Account No.															
CANCEL X		Name of customers bank														IFSC		or MICR													
an amount of rupees		IN WORDS														₹		IN FIGURES													
Frequency		<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half yearly <input checked="" type="checkbox"/> Annually <input checked="" type="checkbox"/> As & when presented														DEBIT TYPE		<input checked="" type="checkbox"/> Fixed amount		<input checked="" type="checkbox"/> Maximum Amount											
Reference/Application No.																Phone No.															
Scheme Name		All Schemes of TRUST Mutual Fund																													
Email ID																															

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From	D	D	M	M	Y	Y	Y	Y
To	D	D	M	M	Y	Y	Y	Y

Maximum period of validity of this mandate is 40 years only.

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR INDIVIDUALS ONLY)

(Please fill the form in English and in BLOCK Letters) Fields marked with '*' are mandatory fields.



Application	<input type="checkbox"/> New
Type*	<input type="checkbox"/> Update KYC Number*
KYC Type*	<input type="checkbox"/> Normal (PAN is mandatory) <input type="checkbox"/> PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please refer instruction **A** at the end)

PAN* [REDACTED] Please enclose a duly attested copy of your PAN Card

Name * (same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (If any*)				
Father / Spouse Name*				
Mother Name*				
Date of Birth *	D D - M M - Y Y Y Y			
Gender *	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	PHOTO
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others - Country _____	Country Code	<input type="checkbox"/> <input type="checkbox"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector	Signature/ Thumb Impression
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student	
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised		

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction B & J at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

3. Proof of Address (PoA)*

3.1 Current / Permanent/ Overseas Address Details (Please see instruction C at the end)

Address

Residential / Business Residential Business Registered Office

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

3.2 Correspondence / Local Address Details* (Please see instruction D at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*										
Line 2										
Line 3	City / Town / Village*									
District*	Zip/Post Code*			State/UT Code			as per Indian Motor Vehicle Act, 1988			
State/UT*	Country*			Country Code			as per ISO 3166			

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction E at the end)

Email ID

Mobile - Tel.(Off) - Tel.(Res) -

5. Remarks (If any)

6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
 - I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/ email address.

Date **D D** - **M M** - **Y Y Y Y** Place

Signature / Thumb Impression of Applicant

7. Attestation / For Office Use Only

Documents Received □ Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date D D - M M - Y Y Y Y

Emp. Name _____

Emp. Code

Emp. Designation

Institution Details

Name _____

Code _____

Emp. Branch

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date

D	D
---	---

 -

M	M
---	---

 -

Y	Y	Y	Y
---	---	---	---

Emp. Name

Emp. Code _____

Emp. Designation _____

Institution Details

Name _____

Code

Emp. Branch

FATCA-CRS Declaration & Supplementary KYC Information

Declaration Form for Individuals

Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance



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PAN / PEKRN*									Date of incorporation	D D M M Y Y Y Y	
Name:											
Address Type: [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business										
Nationality:	<input type="checkbox"/> Indian		<input type="checkbox"/> US		<input type="checkbox"/> Others		(Please specify)				
Place of Birth						Country of Birth					
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh <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				Net Worth in INR in Lacs						
					Net Worth as of						
Occupation Details [Please tick any one (✓)]	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify)										
Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable										
Any Other Information (If applicable)	(Please specify)										

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes No

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card Holder/ Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type (TIN or Other, please specify)	If TIN is not available, please tick ✓ the reason A, B or C [as defined below]
1.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN 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 specify the reasons

DECLARATION

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I may liable for it. I hereby authorize you [TRUSTMF/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same.

Signature

Date:

Place

.....
.....

TRUST MUTUAL FUND - ACKNOWLEDGMENT SLIP

We [TRUSTMF, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from
M/s. _____



PAN on Date D D M M Y Y Y Y

Date D D M M Y Y Y Y

Signature with Name, Emp. ID & Seal