

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)

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)

☐ I am a first time investor in Mutual Funds or ☐ 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 ☐ Y ☐ N Folio No. _____

2. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY) (Refer Instruction 2, 16 & 17)

	PAN/PEKRN No.	KYC Number	Nationality
First / Sole Applicant			
Second Applicant			
Third Applicant			
Guardian / POA Holder			

Please attach Proof. for PAN/PEKRN 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

Mr. / Ms. / M/s. _____

DATE OF BIRTH (DOB) (Mandatory in case of minor) DATE OF INCORPORATION

NAME OF THE GUARDIAN (For minor applicant) / Name of the POA Holder/ Name of the Contact Person (For Non Individual Applicant)

Mr. / Ms. / M/s. _____

For Investments "On behalf of Minor": (*Refer Instruction 3 for mandatory documents to be attached)

Proof of DOB & Relationship attached ☐ Birth Certificate ☐ School Certificate / Marksheet ☐ Passport ☐ Any other.....

NAME OF SECOND APPLICANT

Mr. / Ms. _____

NAME OF THIRD APPLICANT

Mr. / Ms. _____

4. MODE OF HOLDING [PLEASE TICK (✓)]

☐ Single ☐ Joint (Default) ☐ Anyone or Survivor

5. FIRST/SOLE APPLICANT - MAILING ADDRESS & CONTACT DETAILS

State	Pin Code	Country	City
STD Code	Telephone Off.	Resi.	Mob.
E-Mail**			

OVERSEAS ADDRESS (Mandatory for NRI / FII application)

State	Pin Code	Country	City
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6. Other KYC details (Mandatory)

☐ Individual ☐ Non-Individual

6a. Status of First/Sole Applicant [Please (✓)]

☐ Partnership ☐ Society/Club ☐ Listed Company ☐ Unlisted Company ☐ Individual ☐ Minor through guardian ☐ HUF
☐ NRI-Repatriable ☐ NRI-Non-Repatriable ☐ Company ☐ Body Corporate ☐ Trust ☐ Mutual Fund ☐ FPI
☐ FII/Sub account of FII ☐ Fund of Funds in India ☐ QFI ☐ 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"/> Agriculturist
	<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"/> Agriculturist
	<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"/> Agriculturist
	<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

6c. Gross Annual Income (in ₹) [Please (✓)]			
First Applicant	<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 DD MM YYYY (Not older than one year)	
Second Applicant	<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
Third Applicant	<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
6d. First Applicant			
For Individuals (Please (✓)) Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable			
For Non-Individuals providing any of the below mentioned services (Please (✓))			
<input type="checkbox"/> Foreign Exchange/Money Changer Services/Gambling/Lottery/Casino Services/Money Lending/Pawning None of the above			
Second Applicant: (To be filled only if the applicant is an individual)	<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am related to PEP	<input type="checkbox"/> Not Applicable
Third Applicant: (To be filled only if the applicant is an individual)	<input type="checkbox"/> I am PEP	<input type="checkbox"/> I am related to PEP	<input type="checkbox"/> Not Applicable

7. FATCA & CRS INFORMATION (FOR INDIVIDUAL INCLUDING SOLE PROPRIETOR) (SELF CERTIFICATION) (REFER INSTRUCTION 18)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

If Yes, please provide the following information (mandatory)

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Mandatory

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency			
Tax Payer Ref. ID No.			
Identification Type [TIN or other, please specify]			
Country of Tax Residency			
Tax Payer Ref. ID No.			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.

8. POWER OF ATTORNEY (PoA) HOLDER DETAILS	
Name of PoA [Mr./ Ms./ M/s.]	
PAN# / PEKRN#	KYC Number
KYC #	[Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

9. DEMAT ACCOUNT DETAILS

I would like units to be allotted in DEMAT mode as per the details below:

Beneficiary Owner Identification Number (BO ID)	Depository Participant (DP) Name
DP ID No.	Client ID No.
	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
Enclosures for Demat option	<input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Delivery Instruction Slip (DIS)

10. BANK ACCOUNT DETAILS (Please note that as per SEBI regulations, it is mandatory for investors to provide their bank account details) (Refer Instruction 4)

Name of the Bank	
Branch Address	
City	Pin Code
Account No.	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)
MICR Code	This is a 9 digit number next to your cheque number. Please attach a blank extra cheque cancelled or a clear photocopy of a cheque
IFSC Code	It is the responsibility of the investor to ensure the correctness of the IFSC code of the recipient /destination branch corresponding to the bank details mentioned in Section 10.

11. INVESTMENT DETAILS - (Refer Instruction 5)		Scheme 1	Scheme 2	Scheme 3
Name of the Scheme	Taurus -	Taurus -	Taurus -	
Plan				
Option				

Cheque No.	Amount	Scheme/Plan/Option

Collection Centre / AMC Stamp / Signature

Investment Type (Please (✓)) ☐ ONE TIME PURCHASE ☐ SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this 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) <div style="display: inline-block; width: 100px; border-bottom: 1px solid black;"></div> in figures ₹					
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)	
<input type="checkbox"/> I/We wish to nominate	<input type="checkbox"/> 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"/> Resolution / Authorisation to invest <input type="checkbox"/> Power of Attorney <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)	<input type="checkbox"/> Trust Deed <input type="checkbox"/> PAN Copy <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Bye-Laws	<input type="checkbox"/> KYC acknowledgement <input type="checkbox"/> LLP Agreement <input type="checkbox"/> Partnership Deed <input type="checkbox"/> HUF Deed <input type="checkbox"/> Beneficiary ownership list	<input type="checkbox"/> SIP Enrolment Form (For Investment through PDC) <input type="checkbox"/> SIP Enrolment Form (For Investment through NACH / Auto Debit) <input type="checkbox"/> SWP/STP/DSO Enrolment Form <input type="checkbox"/> Third Party Payment Declaration Form <input type="checkbox"/> Multiple Bank Account Registration Form

15. DECLARATION(S) & SIGNATURE(S) (Refer Instruction 15)	
<p>To, The Trustee, Taurus Mutual Fund</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I/We confirm that details provided by me/us are true and correct.</p> <p>**I may voluntarily subscribe to the onLine 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 onLine transactions effected by me and I shall be solely liable for all the costs and consequences thereof.</p> <p>I/We confirm <input type="checkbox"/> A resident of US/Canada <input type="checkbox"/> Not a resident of US/Canada</p>	

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

Please Sign here

Second Applicant / Auth. Sign

Please Sign here

Third Applicant Sign