





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

1. Advisor / Dis	tributor In	formation	1					Refer Sec.						
ARN / RIA ^ Code	S	ub-Broker ARI	N Code	Sub-Broker / Ban	k Branch Code	EUIN Code								
Internal Code In case the subscription am other than First time mutual commission shall be paid dir ^ By mentioning RIA code, I	w prount is ₹ 10,000 or r I fund investor) will l ectly by the investor	thout any interaction ovided by the employment of the employment o	n or advice by the em oyee/relationship man vistributor has opt n the subscription stered Distributor	saction - I/We hereby confirm that the El ployee/relationship manager/sales per ager/sales person of the distributor and ted to receive transaction charg n amount and paid to the distrib s based on the investors' assess avestment Adviser (RIA) the deta	son of the above distribu the distributor has not o es, ₹ 150/- (for First utor. Units will be is ment of various facto	itor or notwithstanding charged any advisory f time mutual fund ssued against the pers including the s	g the advice of in-a ees on this transact I investor) or ₹ balance amount ervice rendered	ppropriateness, if an ion. 100/- (for investo invested. Upfroi by the distributo						
	licant Signature / Impression			Applicant Signature / humb Impression			ant Signature Impression							
2. Applicant's In	formation	'			'		Ref	er Sec. A, C &						
	with 1st applicant under the US Sec mention the C-KY	as a minor. Any urities Act of 19	applicants shou 333 and corporat	ed in the PAN and the KYC ackr Ild not be a resident of Canada ions or other entities organise vailable kindly complete the K	or a person who fa d under the laws of now Your Client (K)	alls within the det f the U.S. For Inve (C) form attached	finition of the t estors New to T	erm "U.S. Persor						
st Applicant's Det			,		Folio	No.								
The first applicant >: will be the primary holder and all correspondence will be	Mr. Ms.	M/s. PAN /	PEKRN		C-KYC									
sent to him/her. Only the first holder can be a minor.	Name													
Existing Investors may mention the Folio no. and proceed to Sec. 4	Date of Birth (D		YYYY	In case of Minor: Proof	of DOB: 🗌 Birth (Passp		School leaving Others							
	Mobile No.			Mobile belo Self Spouse		arent Child								
	☐ I hereby auth	orize TAML/	TMF to send im	portant information and tr	ansaction update	s to me on Wh	atsApp mobil	e number.						
ower Of Attorney (PO	A) / Proprietor /	Guardian de	tails (minor ap	oplicant)										
POA / Proprietor / Guardian Details	☐ Mr. ☐ Ms.			PAN / PEKRI	PEKRN									
	Name													
To be filled by » Guardian	Relationship win Mother F Mobile No.			Proof of Relationship Birth certificate School Date of Birth	C-KYC	cate Passpor	t Others							
Γax Status					YY									
Tux Status	Resident Indi NRI-Repatrial NRI-Non-Rep Minor - Resid Minor - NRI Person of Ind	ion atriation ent Individua	☐ Hindu U ☐ Partner ☐ Compa ☐ Trust	ny Society	d Liability Partner f Individuals r / Club ofit Organization	rship	eas Citizen o gn National Re fied Foreign I gn Portfolio In gn Institution	esident in Indi nvestor vestor						
3. Contact Detai		nan Ongin	- Others	(please specify)				Refer Sec.						
Mailing address is » required for initial communication. We														
will overwrite this address with the 1st						City								
Applicants address	PIN			State		Country								
as per the KRA records	Residence Phon	e (prefix STD	Code)	Office Phone (prefix STD	Code)									
	Email					Extn Email belongs	mail belongs to Self Parent							
	For investors w I/We wish to re			or abridged sur	nmary thereof	☐ Spouse	☐ Child							
TATA			Acknow	edgement Slip	 Sr	. No.: C								
				PAN										
tor purchase in						Subject to ve	rification and re	ealisation.						

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	I	Refer Sec. I										
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/s Type	Dated										
Cheque/ DD to be drawn in favour	Account Number	A/c Type											
of 'Name of the Scheme'	Drawn on Bank		Cheque / DD No.										
	Branch		Branch City										
5. Investment Sc	heme Details		Refer Sec. F & Product Label.										
Scheme Name »													
Plan (select any one) »	Regular Direct												
Option »													
Sub Option »													
Div. Payout Option (select any one)	Dividend Reinvestment Divide	nd Payout											
6. Bank Account			Refer Sec. (
This must be an	proceeds and dividend payouts (if applications)		s default bank mandate to pay redemption										
Indian account. The 1st applicant should be a holder in this	Bank Name	Branch											
account.	Account number		A/C type Savings Current NRO										
	MICD	IFSC for RTGS	NRNR NRE										
	MICR	IFSC for NEFT											
	Address												
	City	PIN	State										
Cheque Details Cheque/DD No	dated A/c. No	Bank	Acknowledgement Slip										

7. Joint Applican	t's Details					Refer Sec. H & I								
Mode of Holding	☐ Single	☐ Joint	\square Any one or Survivor (Defa	ault)										
II nd Applicant's Detail	s													
☐ Mr. ☐ Ms.		Status		PAN / PEKRN										
		Resident Indiv	idual 🗌 NRI											
Name														
Mobile No.		Date of Birth		C-KYC										
Mosile No.			D / M M / Y Y Y Y											
III rd Applicant's Detai	ls													
☐ Mr. ☐ Ms.		Status		PAN / PEKRN										
		Resident Indiv	idual 🗌 NRI											
Name		1		'										
Mahila Na		Data of Birth		C KVC										
Mobile No.		Date of Birth	D / M M / Y Y Y	C-KYC										
8. Know Your Cu	istomer (KYC) De		-			Refer Sec. J								
CATEGORIES	FIRST APPLICANT (Inc		SECOND APPLICANT	/ GUARDIAN	THIRD APPLI									
Occupation »	☐ Private Sector Service	Retired	☐ Private Sector Service ☐	Retired	☐ Private Sector Service	Retired								
	☐ Government Sector	☐ Business☐ Agriculturist		☐ Agriculturist	Public Sector Service Government Sector	☐ Business ☐ Agriculturist								
	☐ Professional ☐ Housewife	☐ Forex Dealer☐ Student	☐ Housewife	□ Forex Dealer □ Student	Professional Housewife	☐ Forex Dealer☐ Student								
Gross Annual Income »	☐ Others (please specify) ☐ Below 1 Lac	☐ 1-5 Lacs	☐ Others (please specify) . ☐ Below 1 Lac	□ 1-5 Lacs	☐ Others (please specify) ☐ Below 1 Lac	□ 1-5 Lacs								
	☐ 5-10 Lacs	☐ 10-25 Lacs	□ 5-10 Lacs	□ 10-25 Lacs	☐ 5-10 Lacs	□ 10-25 Lacs								
	>25 Lacs-1 crore Networth in (Mandatory for	>1 crore	>25 Lacs-1 crore Networth in	□>1 crore	>25 Lacs-1 crore	□>1 crore								
	₹	as on	₹	as	s ₹ as on									
	D D / M M / Y	YYY	on DD/MM//	Y Y Y Y										
Others »	(not older than 1 year) Not Applicable		(not older than 1 year) Not Applicable		(not older than 1 year)									
Politically Exposed Per			Politically Exposed Perso		Politically Exposed Pe									
Additional KYC De	Related to Politically Extails for Non - Indi	•	Related to Politically Exp	Joseu Person	Related to Politically I	exposed reison								
For Non Individuals »			diary of Listed Company or	Controlled by a Li	sted Company: Yes	□ No								
only (Companies,	(if No, mandatory to attac Non Individual investors i		ation) a any of the mentioned servi	ices										
Trust, Partnership etc.)	☐ Foreign Exchange / Mor		es Gaming / Gambling / None of the above	Lottery / Casino S	ervices									
9. Foreign Accou	, ,,		CA) & CRS Details	•		Refer Sec. K								
For Individuals	FIRST APPLICANT (inc		SECOND APPLICANT /		THIRD APPLIC	· · · · · · · · · · · · · · · · · · ·								
Country of Birth >>	(1112	g,	,											
Diana of District														
Place of Birth ≫														
Nationality »	☐ Indian☐ Others (Please specify) _	U. S.	☐ Indian☐ Others (Please specify)	☐ U. S.	Indian Others (Please specify)	□ U. S.								
Type of address given at KRA \gg	Residential or Business	Residential	Residential or Business	Residential	Residential or Business	Residential								
Are you also a resident in »	Registered Office No	☐ Business☐ Yes	Registered Office No	Business Yes	Registered Office No	☐ Business ☐ Yes								
any other country(ies) for tax purposes?	If yes, complete section be													
Country of Tax Residency 1 »														
Tax Identification Number 1 »														
Identification Type 1 >>														
If TIN is not available please »	Reason A B	С	Reason A B	C	Reason 🗌 A 🔲 B									
tick the reason A, B or C *	Reason A B		Reason A B		Reason A B									
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 B	С	Reason A B	C	Reason 🗌 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 Refer Sec. L Mandatory for You can nominate up to 3 persons to receive the Units allotted to you in your folio in the unfortunate event of death of all unit holders. All payments and settlements Individual(s) applying made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund/ Trustees singly or jointly. Register nomination as below I do not wish to nominate. Select any one >> Date of Birth 1st Nominee Nominee Name D D / M M / Y Y Y Y Address City PIN State Country Guardian Name in case of Minor Nominee Allocation (%) Signature of Nominee / Guardian 2nd Nominee Nominee Name Date of Birth D D / M M / Y Y Y Y Address City State PIN Country Guardian Name in case of Minor Nominee Allocation (%) Signature of Nominee / Guardian 3rd Nominee Nominee Name Date of Birth D D / M M / Y Y Y Y Address City PIN State Country Signature of Nominee / Guardian Guardian Name in case of Minor Nominee Allocation (%) 11. Demat Account Details Refer Sec. M Fill these details only if you wish to have your units in Demat mode. Ensure that the Depository participant Name sequence of names as mentioned in the application form Central Depository Securities Limited National Securities Depository Limited matches with that of the account held with the DP ID No. Target ID No. Depository Participant. In case the details are I Ν found to be incorrect, Beneficiary Account No. Units will be allotted in physical mode. 12. Declaration and Signatures Refer Sec. N 1/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc.. of any regulation, including SFRI. I/We confirm that my application is in compliance with applicable Indian and foreign laws 1 / We hereby confirm and declare as under:

1/ We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund (Fund') indicated in this application form. (1)

- 1/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment. 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. (2)
- The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Limited (TAML)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. (3)
- That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom.
- I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We hereby authorize you to share the account statement of the folio with the distributor /broker / advisor on record.
- I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- 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 (7) Scheme is being recommended to me/us.
- (8) 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
- I/We agree that the unit balance(s) reflecting in the account statement is subject to realisation of Cheque accompanying the purchase request, PAN validation and KYC compliance.
- For Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.
- (11)
- For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.
 I/We hereby accord my/our consent to TATA AMC for receiving the promotional information/ material via email, SMS, telemarketing calls, etc. on the mobile number and email provided by me/us in this Application Form (12)

1st Applicant Signature /	2 nd Applicant Signature /	3 rd Applicant Signature /
Thumb Impression	Thumb Impression	Thumb Impression

TATA MUTUAL FUND				ate Form		Purchases		II as S				OTN	I)		I	Date	D I	D M	M	YY	Y
Choose (✓) Sponsor	Bank Code		Office us	se only			Utilit	у Со	de						Office u	se only	/				
© CREATE	eby authorize	TATA N	IUTUAL	FUND	to c	debit (√)		SB	Т	CA	T] CC	: [∃ s	B-NRE		s	B-NR) [7	Other
☑ CANCEL								02													0
Bank A/c No.:											<u></u>		<u> </u>	1			<u></u>			<u> </u>	
With Bank:	В	ank Name & Bran	ch		IFSC	C								MIC	R						
an amount of Rupees				Amount	t in Word	ls									₹						
FREQUENCY (preselected)	■ Monthly	Quarterly	⊠ Ha	alf Yearly	☑ As	when pre	sente	d (de	fault)		D	EBIT	TYP	E×	Fixed	Amou	ınt	☑ M	aximu	ım A	mount
Reference / Folio No.					Email	Id															
Scheme / Plan reference	No. All Sch	emes of Tata Mut	ual Fund							Mol	oile										
I agree for the debit of mandat	e processing char	ges by the bank whom	I am author	rising to debit m	y account a	as per lates	t sched	ule of	charge	s of the	e bank	ζ.									
PERIOD From D D M M	YYYY	Sign Sig	gnature of	First Account	Holder	Sign								Sia	s S	ignatur	re of	Third	Accou	nt Ho	older
to DDMM	YYYY													_ 0.9							
or □- Until Cancel	led	1. ————Name	as in Baı	nk Records		2	Nam	ne as	in Ba	nk Re	cord	s	. 3.		Nam	e as ir	n Ba	ank Re	cords		
This is to confirm that the dec	claration has been												ased	on the							e.
Please tick (🗸) as applica Advisor Details (Transa	_		Registrat	tion of MICRO	SIP	Renewal ents only	of SIP.	y ref	er Ins	structi	on 8	overl									
ARN / RIA ^ Code		Sub-Bro	ker ARN	Code		Sub-E	roker	r/B	ank	Brand	ch C	ode		EUI	N Coc	ie					
Internal Code		an "execu notwithsta distributo	tion-only" t anding the r has not c	for "execution- transaction wit advice of in-ap harged any ad RIA) the details	hout any opropriate visory fee	interaction eness, if a es on this t	n or ad ny, pro ransact	lvice l vided tion. /	by the by the By me	emplo e emp ention	yee/r loyee, ing R	elatior /relation IA code	nship onship e, I / v	manag mana we aut	jer/sale iger/sal	s perso	on o	f the a of the	bove d distrib	distril outor	butor o and th
Sole / 1st A Thun	applicant Sig nb Impressio					int Sign Impress									Applio humb						
Investor Details	A	Application No.								Fo	lio 1	No.									
1st Holder Name												AN									
2 nd Holder Name											P	AN									
3 rd Holder Name											P	AN									
First SIP Cheque D	etails		1																		
Cheque No.			Chequ	e Amount ir	1 Rs.						Ch	eque	Date	9		/ M		1 /			
Bank Name			Branch	1							Cit	У									
SIP Scheme/Op Sub Option		Plan: Regular	Direct	SIP Instal Amount		Freque (*Defai				SIP S	Start	Date				(Defai		P End 31 Dec			99)
					,	Daily Weekl	^ y	D	D /	M	м /	Υ	ΥΙΥ	/ Y	D						ΥΥ
						Quart	,		^	Dail	y SIP	- Mor	nday	to Fri	day - (On Bus	sine	ss Da	ys on	ly	
Day of the week for we	ekly frequency	: Monday	Tuesda	y 🗆 Wed	lnesday ((Default)		Thu	rsday	[Fri	day									
_ Jii Top up	Amount (Rs.) tiples of Rs. 50	0/- only)			I	yearly			fault)		U	pper	SIP A	mour	t (Rs.)						
Auto Switch Option	Applicable f	or Tata Retirem	ent Savi	ngs Fund (T	TRSF) or	nly, for o	lefaul	lt va	lues	refer	SID										
Plan Name		Please tick the						•													
Progressive Plan		Auto SwitchAuto Switch										servat Switch		age (0),						
Moderate Plan		☐ Auto Switch	Option 3	3 (Moderate	to Conse	ervative @	age	60)			☐ No Auto Switch										
Systematic Withdraw			-				1														
□ No Auto SWP □ Fi	xed SWP (Selec	ct Frequency) 🗌 M	onthly o	r 🗌 Quarterly	y (Defau	lt)	Fixed	d Am	ount	(Freq	uenc	y Mor	ithly	only)	Rs.						
Declaration and Signat conditions overleaf, I/W scheme/s. I/We hereby of in ECS/Direct Debit/Star different cometing Sche	e hereby apply declare that the nding Instructio	for the respective particulars given an n. The ARN Holder	Units of T re correct r, where a	Fata Mutual Fi & complete & pplicable, has	und Sche express disclose	eme/s at N my willing ed to me/	IAV ba iness t us all t	ased of the country o	resale ke pay ommis	price ment ssions	& ag s tow	ree to ards S	abid IP ins	le by t	erms, ents re	condit erred	tions abo	s, rules	& re ough p	gula: partic	tions o
SIGNATURE/S	ole / 1st Unithol	der Signature / Thur		sion	2nd Unith		ature /	Thur						rd Unit		Signatı	ure /	/ Thum			

Received for Folio No. / Application No.

 \square OTM Debit Mandate Form \square SIP Form