

# Application Form For Tata Mutual Fund

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



ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS

## 1. Advisor / Distributor Information

Refer Sec. B

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - 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 inappropriateness, 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.		
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. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund.			
Sole / 1 <sup>st</sup> Applicant Signature / Thumb Impression		2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression

## 2. Applicant's Information

Refer Sec. A, C & J

The Name of the Applicants should be as mentioned in the PAN and the KYC acknowledgement. There can be upto 3 holders. No joint holders allowed with 1<sup>st</sup> applicant as a minor. Any applicants should not be a resident of Canada or a person who falls within the definition of the term "U.S. Person" under the US Securities Act of 1933 and corporations or other entities organised under the laws of the U.S. For Investors New to Tata Mutual Fund, mention the C-KYC No. In case C-KYC No. is not available kindly complete the Know Your Client (KYC) form available on www.tatamutualfund.com.

### 1<sup>st</sup> Applicant's Details

Folio No.

The first applicant will be the primary holder and all correspondence will be sent to him/her. Only the first holder can be a minor. Existing Investors may mention the Folio no. and proceed to Sec. 4. Investors to ensure that PAN is linked to Aadhaar.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	C-KYC	PAN / PEKRN
Name		
Date of Birth (DOB)	In case of Minor: Proof of DOB: <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate	
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Passport <input type="checkbox"/> Others .....	
Residence Phone (prefix STD Code)	Office Phone (prefix STD Code) Extn	
Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA	
Email	Email belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA	

I/we hereby give my/our consent to AMC /Fund or its authorised agents or third party service providers or affiliates to collect, receive, utilize, possess, store, share, transfer, disclose and handle my/ our personal information/data provided by me/us and to communicate on scheme related matters, promotional information /materials on financial and investment products or offering of other services to me/us through any communication channel (overriding any NDNC registration).

On providing email-id investors shall receive the scheme wise 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 scheme wise annual report or an abridged summary thereof [Please tick (Tick Mark)]  Yes  No

### Contact Person - Designation (Non Individual Investors) / Power of Attorney (POA) / Proprietor / Guardian details (minor applicant)

POA / Proprietor / Guardian Details	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN
Name		
For Non Individual	Entity Identifier (LEI) Number Mandatory for Transaction Value of INR 50 crore and above	
To be filled by Guardian	Relationship with the Minor Applicant <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Proof of Relationship <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others .....
	Mobile No.	Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C-KYC

### Tax Status

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Overseas Citizen of India
<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> Hindu Undivided Family	<input type="checkbox"/> Trust	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Foreign National Resident in India
<input type="checkbox"/> NRI-Non-Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Society / Club / NGO	<input type="checkbox"/> Person of Indian Origin
<input type="checkbox"/> Minor - Resident Individual	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Others (Please specify) .....	
<input type="checkbox"/> Minor - NRI				

## 3. Contact Details

Refer Sec. D

Mailing address is required for initial communication. We will overwrite this address with the 1 <sup>st</sup> Applicants address as per the KRA records			
PIN	State	City	
		Country	



Acknowledgement Slip

Received from Mr./Ms./M/s.

PAN

₹

for purchase in

Subject to verification and realisation.

## Overseas address

Mandatory for Non-Resident Individuals and Overseas Investors in addition to the mailing address.

		City
State	ZIP Code	Country

## 4. Payout Bank Account Details

Refer Sec. E

The bank account details provided below will be held on record and considered as default bank mandate to pay redemption proceeds and IDCW payouts (if applicable).

This must be an Indian account. The 1<sup>st</sup> applicant should be a holder in this account.

Account number		A/C type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRO
			<input type="checkbox"/> NRNR	<input type="checkbox"/> NRE	
MICR	IFSC for RTGS	IFSC for NEFT			
Bank Name and Branch					
Branch City	PIN	State			

## 5. Investment Scheme Details

Refer Sec. F & Product Labels

### Amount Allocation

Lumpsum  Lumpsum + SIP

Scheme Name >>

Plan  
(select any one)

Regular  Direct

Option >>

Sub Option >>

IDCW Payout Option >>  
(Select Anyone)

IDCW Reinvest  IDCW Payout

## 6. Investment Instrument Details

Refer Sec. G

Mode of Payment  Cheque  Funds Transfer  RTGS  NEFT

The name of the first applicant should be available on the investment Cheque.

Amount (₹) (A)	Dated	Cheque / DD No.
	D D / M M / Y Y Y Y	
Account Number	A/C type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO
		<input type="checkbox"/> NRNR <input type="checkbox"/> NRE
Bank Details <input type="checkbox"/> Same as above [Please (✓) if yes] <input type="checkbox"/> Different from above [Please (✓) if it is different from above and fill in the Bank details below]		
Name of Bank and Branch		
Branch City	Mandatory Enclosures (Please tick (✓) (if the first instalment is not through cheque))	
	<input type="checkbox"/> Cheque copy <input type="checkbox"/> Bank Statement <input type="checkbox"/> Banker's Attestation	

Cheque/ DD to be drawn in favour of 'Name of the Scheme'

## 7. Joint Applicant's Details

Refer Sec. H & I

Mode of Holding  Single  Joint  Any one or Survivor (Default)

### II<sup>nd</sup> Applicant's Details

Investors to ensure that PAN is linked to Aadhaar.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Status	C-KYC	PAN / PEKRN
	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI		
Name	Date of Birth		
	D D / M M / Y Y Y Y		
Mobile No.	Mobile belongs to		
	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA		
Email	Email belongs to		
	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA		

### Cheque Details

Cheque/DD No. \_\_\_\_\_ dated \_\_\_\_\_ A/c. No. \_\_\_\_\_ Bank \_\_\_\_\_

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

### Acknowledgement Slip

Subject to realisation.

**III<sup>rd</sup> Applicant's Details**

Investors to ensure that PAN is linked to Aadhaar.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	C-KYC	PAN / PEKRN
Name		Date of Birth D D / M M / Y Y Y Y	
Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA		
Email	Email belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Custodian <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> POA		

**8. Know Your Customer (KYC) Details**

Refer Sec. J

CATEGORIES	FIRST APPLICANT (Including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Occupation >>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <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) .....	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <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) .....	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <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	<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	<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 D D / M M / Y Y Y Y (not older than 1 year)	Networth in ₹ ..... as on D D / M M / Y Y Y Y (not older than 1 year)	Networth in ₹ ..... as on D D / M M / Y Y Y Y (not older than 1 year)
Others >>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person

**Additional KYC Details for Non - Individuals**

For Non Individuals only (Companies, Trust, Partnership etc.) >>	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, mandatory to attach the UBO declaration)
	Non Individual investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above

**9. Foreign Account Tax Compliance Act (FATCA) & CRS Details**

Refer Sec. K

For Individuals	FIRST APPLICANT (including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Country of Birth >>			
Place of Birth >>			
Nationality >>	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) .....	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) .....	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify) .....
Type of address given at KRA >>	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Are you also a resident in any other country(ies) for tax purposes? >>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>If yes, complete section below.</b>			
Country of Tax Residency 1 >>			
Tax Identification Number 1 >>			
Identification Type 1 >>			
If TIN is not available please tick the reason A, B or C * >>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Country of Tax Residency 2 >>			
Tax Identification Number 2 >>			
Identification Type 2 >>			
If TIN is not available please tick the reason A, B or C * >>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

\* 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 (All fields are Mandatory)

Refer Sec. L

I do not wish to nominate. I / We hereby confirm that I / We do not wish to appoint any 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.  
 Register nomination as below: I / We want the details of my / our nominee with % to be printed in the statement of holding, provided to me / us:  Yes  No (Default)

### 1<sup>st</sup> Nominee Details

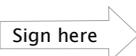
Name		Date of Birth   D   D   /   M   M   /   Y   Y   Y   Y
Email	Mobile	PAN / PEKRN
Relationship with Sole/1 <sup>st</sup> Holder	Allocation (%)	Signature of Nominee / Guardian
Identity Type <input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport	Identity Number (Only last 4 digits in case the Identity Type is Aadhaar)	
Address of Nominee / Guardian (in case of Minor Nominee)		
State	PIN	Country
Guardian Name in case of Minor Nominee	Guardian PAN	Relationship of Guardian with Nominee

### 2<sup>nd</sup> Nominee Details

Name		Date of Birth   D   D   /   M   M   /   Y   Y   Y   Y
Email	Mobile	PAN / PEKRN
Relationship with Sole/1 <sup>st</sup> Holder	Allocation (%)	Signature of Nominee / Guardian
Identity Type <input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport	Identity Number (Only last 4 digits in case the Identity Type is Aadhaar)	
Address of Nominee / Guardian (in case of Minor Nominee)		
State	PIN	Country
Guardian Name in case of Minor Nominee	Guardian PAN	Relationship of Guardian with Nominee

### 3<sup>rd</sup> Nominee Details

Name		Date of Birth   D   D   /   M   M   /   Y   Y   Y   Y
Email	Mobile	PAN / PEKRN
Relationship with Sole/1 <sup>st</sup> Holder	Allocation (%)	Signature of Nominee / Guardian
Identity Type <input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport	Identity Number (Only last 4 digits in case the Identity Type is Aadhaar)	
Address of Nominee / Guardian (in case of Minor Nominee)		
State	PIN	Country
Guardian Name in case of Minor Nominee	Guardian PAN	Relationship of Guardian with Nominee

	1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression
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## 11. Demat Account Details

Refer Sec. M

Fill these details only if you wish to have your units in Demat mode.

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 the details are found to be incorrect, Units will be allotted in physical mode.

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

## 12. Declaration and Signatures

Refer Sec. N

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under:- (1) I / 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. (2) I/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. (3) 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 Pvt. Ltd. (TAMPL)/ 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. (4) 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. (5) 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. (6) 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. (7) 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/himself for the different competing Schemes of various Mutual Funds from amongst which the 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. (9) 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. (10) 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. (12) 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.

1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression
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