



PLEASE REFER TO THE PRODUCT LABEL SECTION ON PAGE 31 BEFORE FILLING THIS FORM



Expertise that's trusted

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

Sr. No.:

I. DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & K FOR OFFICE USE ONLY (TIME STAMP)

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

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

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

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the purchase / subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

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

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

3. KYC DETAILS (Mandatory) 1st Unitholder

STATUS: Resident Indian NRI PIO HUF Minor RI Minor NRI Trust Proprietorship LLP Partnership Public Ltd. Co. Pvt. Ltd. Co. Non Profit Organisation Societies FOF Body Corporate Others OCCUPATION: Private Sector Service Public Sector Service Business Retired Government Sector Agriculturist Professional Forex Dealer Housewife Student Others Gross Annual Income: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore Networth in (Mandatory for Non-individual) ₹ as on DD/MM/YYYY (not older than 1 year) For Individuals: Politically Exposed Person Related to Politically Exposed Person Not Applicable For Non-Individual Investors (Companies, Trust, Partnership etc): Is the company a Listed Company or Subsidiary of Listed Company or or Controlled by a Listed Company: (if No, please attach mandatory UBO declaration): Yes No Non Individual investors involved/providing any of the mentioned services Foreign Exchange / Money Changer Services Money Lending / Pawning Gaming / Gambling / Lottery / Casino Services None of the above

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

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. MODE OF HOLDING Single Joint (Default) Anyone or Survivor(s) 1st holder PAN/PEKRN Mandatory KYC Copy attached Date of Birth DD/MM/YYYYYY Proof of DOB (Mandatory for minor) Birth Certificate School Leaving Certificate Passport Other Name of Guardian (In case of Minor) Contact Person/Designation (In case of non-individual Investors) Mr. Ms. Relation with Minor/Designation Guardian's PAN Mandatory KYC Copy attached Proof of relationship with minor (Mandatory) Mother / Father / Legal Guardian Birth Certificate School Leaving Certificate Passport Other

SECOND APPLICANT DETAILS Mr. Ms.

Name 2nd holder PAN/PEKRN Mandatory KYC Copy attached OCCUPATION: Private Sector Service Public Sector Service Government Sector Business Professional Agriculturist Retired Housewife Student Forex Dealer Others GROSS ANNUAL INCOME: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore; Networth in ₹ as on DD/MM/YYYY (not older than 1 year); OTHERS: Politically Exposed Person Related to Politically Exposed Person Not Applicable MANDATORY

THIRD APPLICANT DETAILS Mr. Ms.

Name 3rd holder PAN/PEKRN Mandatory KYC Copy attached OCCUPATION: Private Sector Service Public Sector Service Government Sector Business Professional Agriculturist Retired Housewife Student Forex Dealer Others GROSS ANNUAL INCOME: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore; Networth in ₹ as on DD/MM/YYYY (not older than 1 year); OTHERS: Politically Exposed Person Related to Politically Exposed Person Not Applicable MANDATORY

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

City Pin State Country Phone O (STD Code) Extn. Fax R (STD Code) Mobile E-mail (IN CAPITAL) [If you wish to receive Account Statement / Annual Report / Other Statutory Information via Post instead of Email (Refer Inst. - C9)].

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

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

Sr. No.:

Table with 3 columns: Scheme, Cheque no., Amount

Signature, Stamp & Date

Overseas Address (Mandatory in case of NRI applicant in addition to mailing address)

Zip code	City	Country	

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

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

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

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

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

Scheme / Plan: _____

Options: Growth Dividend **For Dividend option only:** Sub-Option: _____ Payout option: Payout Reinvestment

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

Marriage Vacation Dream Home Dream Car Retirement Children's Education Children's Marriage.

Target Amount Rs. _____

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

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

10. NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) Refer Instruction M (MANDATORY)

Please select any one of the follows:

Please register nomination as requested below (please fill the nomination form below) I wish to nominate multiple nominees (please strike out the form below & fill separate form attached herewith) I do not wish to nominate.

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

Name _____ Address _____
 _____ Nominee's relationship with 1st holder _____

If Nominee is Minor:

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

Name & Address of Guardian: _____

Relationship of the Nominee with the Guardian Mother Father Legal Guardian

Proof of relationship: Birth Certificate School Leaving Certificate Passport Others _____ Sign of Nominee/Guardian (in case of minor nominee)

11. DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction L)

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

12. DECLARATION AND SIGNATURES. Refer Instruction - C

The Trustee, Tata Mutual Fund

a.) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/ We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/ We have understood the details of the scheme & I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b.) **For NRIs:** I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & that I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. I/ We confirm that details provided by me / us are true & correct. c) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. d.) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir- 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/ we are holding valid PAN card / have applied for PAN. e.) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. **Date:** _____

1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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CHECKLIST

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

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

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



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Expertise that's trusted

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

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

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NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. MODE OF HOLDING Single Joint (Default) Anyone or Survivor(s) 1st holder PAN/PEKRN Mandatory KYC Copy attached Date of Birth DD/MM/YYYYYY Proof of DOB (Mandatory for minor) Birth Certificate School Leaving Certificate Passport Other Name of Guardian (In case of Minor) Contact Person/Designation (In case of non-individual Investors) Mr. Ms. Relation with Minor/Designation Guardian's PAN Mandatory KYC Copy attached Proof of relationship with minor (Mandatory) Mother / Father / Legal Guardian Birth Certificate School Leaving Certificate Passport Other

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

City Pin State Country Phone O (STD Code) Extn. Fax R (STD Code) Mobile E-mail (IN CAPITAL) [If you wish to receive Account Statement / Annual Report / Other Statutory Information via Post instead of Email (Refer Inst. - C9)].

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

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Sr. No.:

Table with 3 columns: Scheme, Cheque no., Amount

Signature, Stamp & Date

Overseas Address (Mandatory in case of NRI applicant in addition to mailing address)

Zip code	City	Country	

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

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

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

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

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

Scheme / Plan: _____

Options: Growth Dividend **For Dividend option only:** Sub-Option: _____ Payout option: Payout Reinvestment

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

Marriage Vacation Dream Home Dream Car Retirement Children's Education Children's Marriage.

Target Amount Rs. _____

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

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

10. NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) Refer Instruction M (MANDATORY)

Please select any one of the follows:

Please register nomination as requested below (please fill the nomination form below) I wish to nominate multiple nominees (please strike out the form below & fill separate form attached herewith) I do not wish to nominate.

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

Name Address
 Nominee's relationship with 1st holder

If Nominee is Minor:

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

Name & Address of Guardian:

Relationship of the Nominee with the Guardian Mother Father Legal Guardian

Proof of relationship: Birth Certificate School Leaving Certificate Passport Others

Sign of Nominee/Guardian (in case of minor nominee)

11. DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction L)

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

12. DECLARATION AND SIGNATURES. Refer Instruction - C

The Trustee, Tata Mutual Fund

a.) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/ We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/ We have understood the details of the scheme & I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b.) **For NRIs:** I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & that I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. I/ We confirm that details provided by me / us are true & correct. c) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. d.) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir- 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/ we are holding valid PAN card / have applied for PAN. e.) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. **Date:** _____

1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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CHECKLIST

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

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

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



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Expertise that's trusted

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

Sr. No.:

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

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

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

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In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the purchase / subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

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

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

3. KYC DETAILS (Mandatory) 1st Unitholder

STATUS: Resident Indian, NRI, PIO, HUF, Minor RI, Minor NRI, Trust, Proprietorship, LLP, Partnership, Public Ltd. Co., Pvt. Ltd. Co., Non Profit Organisation, Societies, FOF, Body Corporate, Others. OCCUPATION: Private Sector Service, Public Sector Service, Business, Retired, Government Sector, Agriculturist, Professional, Forex Dealer, Housewife, Student, Others. Gross Annual Income: Below 1 Lac, 1-5 Lacs, 5-10 Lacs, 10-25 Lacs, >25 Lacs-1 crore, >1 crore. Networth in (Mandatory for Non-individual) ₹ as on DD/MM/YYYY (not older than 1 year). For Individuals: Politically Exposed Person, Related to Politically Exposed Person, Not Applicable. For Non-Individual Investors (Companies, Trust, Partnership etc): Is the company a Listed Company or Subsidiary of Listed Company or or Controlled by a Listed Company: (if No, please attach mandatory UBO declaration): Yes No

Non Individual investors involved/providing any of the mentioned services Foreign Exchange / Money Changer Services, Money Lending / Pawning, Gaming / Gambling / Lottery / Casino Services, None of the above

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

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

1st holder PAN/PEKRN Mandatory KYC Copy attached Date of Birth DD/MM/YYYY

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

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

Guardian's PAN Mandatory KYC Copy attached

Proof of relationship with minor (Mandatory) Mother / Father / Legal Guardian Birth Certificate School Leaving Certificate Passport Other

SECOND APPLICANT DETAILS Mr. Ms.

Name

2nd holder PAN/PEKRN Mandatory KYC Copy attached

*OCCUPATION: Private Sector Service, Public Sector Service, Government Sector, Business, Professional, Agriculturist, Retired, Housewife, Student, Forex Dealer, Others

*GROSS ANNUAL INCOME: Below 1 Lac, 1-5 Lacs, 5-10 Lacs, 10-25 Lacs, >25 Lacs-1 crore, >1 crore; Networth in ₹ as on DD/MM/YYYY (not older than 1 year);

*OTHERS: Politically Exposed Person, Related to Politically Exposed Person, Not Applicable # MANDATORY

THIRD APPLICANT DETAILS Mr. Ms.

Name

3rd holder PAN/PEKRN Mandatory KYC Copy attached

*OCCUPATION: Private Sector Service, Public Sector Service, Government Sector, Business, Professional, Agriculturist, Retired, Housewife, Student, Forex Dealer, Others

*GROSS ANNUAL INCOME: Below 1 Lac, 1-5 Lacs, 5-10 Lacs, 10-25 Lacs, >25 Lacs-1 crore, >1 crore; Networth in ₹ as on DD/MM/YYYY (not older than 1 year);

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

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

E-mail (IN CAPITAL)

[If you wish to receive Account Statement / Annual Report / Other Statutory Information via Post instead of Email (Refer Inst. - C9)].

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

Received Subject to realisation and verification an application for purchase of units as mentioned in the application form. Sr. No.:

from Scheme Cheque no. Amount Signature, Stamp & Date

Overseas Address (Mandatory in case of NRI applicant in addition to mailing address)

Zip code	City	Country

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

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

Scheme / Plan: _____

Options: Growth Dividend **For Dividend option only:** Sub-Option: _____ Payout option: Payout Reinvestment

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

Marriage Vacation Dream Home Dream Car Retirement Children's Education Children's Marriage.

Target Amount Rs. _____

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

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

10. NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) Refer Instruction M (MANDATORY)

Please select any one of the follows:

Please register nomination as requested below (please fill the nomination form below) I wish to nominate multiple nominees (please strike out the form below & fill separate form attached herewith) I do not wish to nominate.

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

Name _____ Address _____
 _____ Nominee's relationship with 1st holder _____

If Nominee is Minor:

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

Name & Address of Guardian: _____

Relationship of the Nominee with the Guardian Mother Father Legal Guardian

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

Sign of Nominee/Guardian (in case of minor nominee)

11. DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction L)

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

12. DECLARATION AND SIGNATURES. Refer Instruction - C

The Trustee, Tata Mutual Fund

a.) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/ We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/ We have understood the details of the scheme & I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b.) **For NRIs:** I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & that I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. I/ We confirm that details provided by me / us are true & correct. c) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. d.) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir- 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/ we are holding valid PAN card / have applied for PAN. e.) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. **Date:** _____

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

CHECKLIST

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

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

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



PLEASE REFER TO THE PRODUCT LABEL SECTION ON PAGE 31 BEFORE FILLING THIS FORM



Expertise that's trusted

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

Sr. No.:

I. DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & K FOR OFFICE USE ONLY (TIME STAMP)

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

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

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

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the purchase / subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

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

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

3. KYC DETAILS (Mandatory) 1st Unitholder

STATUS: Resident Indian NRI PIO HUF Minor RI Minor NRI Trust Proprietorship LLP Partnership Public Ltd. Co. Pvt. Ltd. Co. Non Profit Organisation Societies FOF Body Corporate Others OCCUPATION: Private Sector Service Public Sector Service Business Retired Government Sector Agriculturist Professional Forex Dealer Housewife Student Others Gross Annual Income: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore Networth in (Mandatory for Non-individual) ₹ as on DD/MM/YYYY (not older than 1 year) For Individuals: Politically Exposed Person Related to Politically Exposed Person Not Applicable For Non-Individual Investors (Companies, Trust, Partnership etc): Is the company a Listed Company or Subsidiary of Listed Company or or Controlled by a Listed Company: (if No, please attach mandatory UBO declaration): Yes No Non Individual investors involved/providing any of the mentioned services Foreign Exchange / Money Changer Services Money Lending / Pawning Gaming / Gambling / Lottery / Casino Services None of the above

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

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. MODE OF HOLDING Single Joint (Default) Anyone or Survivor(s) 1st holder PAN/PEKRN Mandatory KYC Copy attached Date of Birth DD/MM/YYYYYY Proof of DOB (Mandatory for minor) Birth Certificate School Leaving Certificate Passport Other Name of Guardian (In case of Minor) Contact Person/Designation (In case of non-individual Investors) Mr. Ms. Relation with Minor/Designation Guardian's PAN Mandatory KYC Copy attached Proof of relationship with minor (Mandatory) Mother / Father / Legal Guardian Birth Certificate School Leaving Certificate Passport Other

SECOND APPLICANT DETAILS Mr. Ms.

Name 2nd holder PAN/PEKRN Mandatory KYC Copy attached OCCUPATION: Private Sector Service Public Sector Service Government Sector Business Professional Agriculturist Retired Housewife Student Forex Dealer Others GROSS ANNUAL INCOME: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore; Networth in ₹ as on DD/MM/YYYY (not older than 1 year); OTHERS: Politically Exposed Person Related to Politically Exposed Person Not Applicable MANDATORY

THIRD APPLICANT DETAILS Mr. Ms.

Name 3rd holder PAN/PEKRN Mandatory KYC Copy attached OCCUPATION: Private Sector Service Public Sector Service Government Sector Business Professional Agriculturist Retired Housewife Student Forex Dealer Others GROSS ANNUAL INCOME: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore; Networth in ₹ as on DD/MM/YYYY (not older than 1 year); OTHERS: Politically Exposed Person Related to Politically Exposed Person Not Applicable MANDATORY

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

City Pin State Country Phone STD Code Extn. Fax Mobile E-mail (IN CAPITAL) [If you wish to receive Account Statement / Annual Report / Other Statutory Information via Post instead of Email (Refer Inst. - C9)].

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

Received Subject to realisation and verification an application for purchase of units as mentioned in the application form. Sr. No.: from Scheme Cheque no. Amount Signature, Stamp & Date

Overseas Address (Mandatory in case of NRI applicant in addition to mailing address)

Zip code	City	Country	

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

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

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

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

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

Scheme / Plan: _____

Options: Growth Dividend **For Dividend option only:** Sub-Option: _____ Payout option: Payout Reinvestment

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

Marriage Vacation Dream Home Dream Car Retirement Children's Education Children's Marriage.

Target Amount Rs. _____

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

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

10. NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) Refer Instruction M (MANDATORY)

Please select any one of the follows:

Please register nomination as requested below (please fill the nomination form below) I wish to nominate multiple nominees (please strike out the form below & fill separate form attached herewith) I do not wish to nominate.

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

Name _____ Address _____
 _____ Nominee's relationship with 1st holder _____

If Nominee is Minor:
 Date of Birth _____ Proof of DOB Birth Certificate School Leaving Certificate Passport Others _____
 Name & Address of Guardian: _____

 Relationship of the Nominee with the Guardian Mother Father Legal Guardian
 Proof of relationship: Birth Certificate School Leaving Certificate Passport Others _____ Sign of Nominee/Guardian (in case of minor nominee)

11. DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction L)

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

12. DECLARATION AND SIGNATURES. Refer Instruction - C

The Trustee, Tata Mutual Fund
 a.) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/ We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/ We have understood the details of the scheme & I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b.) **For NRIs:** I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & that I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. I/ We confirm that details provided by me / us are true & correct. c) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. d.) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir- 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/ we are holding valid PAN card / have applied for PAN. e.) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. **Date:** _____

1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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CHECKLIST

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

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

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



PLEASE REFER TO THE PRODUCT LABEL SECTION ON PAGE 31 BEFORE FILLING THIS FORM



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

Sr. No.:

I. DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & K FOR OFFICE USE ONLY (TIME STAMP)
BROKER / AGENT CODE SUB-BROKER / BANK BRANCH CODE SUB-BROKER ARN CODE EUIN CODE
ARN-0906 E031087

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

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

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

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the purchase / subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

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

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

3. KYC DETAILS (Mandatory) 1st Unitholder

STATUS: Resident Indian NRI PIO HUF Minor RI Minor NRI Trust Proprietorship LLP Partnership Public Ltd. Co. Pvt. Ltd. Co. Non Profit Organisation Societies FOF Body Corporate Others
OCCUPATION: Private Sector Service Public Sector Service Business Retired Government Sector Agriculturist Professional Forex Dealer Housewife Student Others
Gross Annual Income: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
Networth in (Mandatory for Non-individual) ₹ as on DD/MM/YYYY (not older than 1 year)
For Individuals: Politically Exposed Person Related to Politically Exposed Person Not Applicable
For Non-Individual Investors (Companies, Trust, Partnership etc): Is the company a Listed Company or Subsidiary of Listed Company or or Controlled by a Listed Company: (if No, please attach mandatory UBO declaration): Yes No
Non Individual investors involved/providing any of the mentioned services Foreign Exchange / Money Changer Services Money Lending / Pawning Gaming / Gambling / Lottery / Casino Services None of the above

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

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. MODE OF HOLDING Single Joint (Default) Anyone or Survivor(s)
Ist holder PAN/PEKRN Mandatory KYC Copy attached Date of Birth DD/MM/YYYYYY
Proof of DOB (Mandatory for minor) Birth Certificate School Leaving Certificate Passport Other
Name of Guardian (In case of Minor) Contact Person/Designation (In case of non-individual Investors) Mr. Ms. Relation with Minor/Designation
Guardian's PAN Mandatory KYC Copy attached
Proof of relationship with minor (Mandatory) Mother / Father / Legal Guardian Birth Certificate School Leaving Certificate Passport Other

SECOND APPLICANT DETAILS Mr. Ms.

Name
2nd holder PAN/PEKRN Mandatory KYC Copy attached
*OCCUPATION: Private Sector Service Public Sector Service Government Sector Business Professional Agriculturist Retired Housewife Student Forex Dealer Others
*GROSS ANNUAL INCOME: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore; Networth in ₹ as on DD/MM/YYYY (not older than 1 year);
*OTHERS: Politically Exposed Person Related to Politically Exposed Person Not Applicable # MANDATORY

THIRD APPLICANT DETAILS Mr. Ms.

Name
3rd holder PAN/PEKRN Mandatory KYC Copy attached
*OCCUPATION: Private Sector Service Public Sector Service Government Sector Business Professional Agriculturist Retired Housewife Student Forex Dealer Others
*GROSS ANNUAL INCOME: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore; Networth in ₹ as on DD/MM/YYYY (not older than 1 year);
*OTHERS: Politically Exposed Person Related to Politically Exposed Person Not Applicable # MANDATORY

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

City Pin State Country Phone O (STD Code) Extn. Fax R (STD Code) Mobile
E-mail (IN CAPITAL)
[If you wish to receive Account Statement / Annual Report / Other Statutory Information via Post instead of Email (Refer Inst. - C9)].

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

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

Sr. No.:

Table with 3 columns: Scheme, Cheque no., Amount

Signature, Stamp & Date

Overseas Address (Mandatory in case of NRI applicant in addition to mailing address)

Zip code	City	Country

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

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

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

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

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

Scheme / Plan: _____

Options: Growth Dividend **For Dividend option only:** Sub-Option: _____ Payout option: Payout Reinvestment

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

Marriage Vacation Dream Home Dream Car Retirement Children's Education Children's Marriage.

Target Amount Rs. _____

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

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

10. NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) Refer Instruction M (MANDATORY)

Please select any one of the follows:

Please register nomination as requested below (please fill the nomination form below) I wish to nominate multiple nominees (please strike out the form below & fill separate form attached herewith) I do not wish to nominate.

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

Name _____ Address _____
 _____ Nominee's relationship with 1st holder _____

If Nominee is Minor:

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

Name & Address of Guardian: _____

Relationship of the Nominee with the Guardian Mother Father Legal Guardian

Proof of relationship: Birth Certificate School Leaving Certificate Passport Others _____ Sign of Nominee/Guardian (in case of minor nominee)

11. DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction L)

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

12. DECLARATION AND SIGNATURES. Refer Instruction - C

The Trustee, Tata Mutual Fund

a.) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/ We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/ We have understood the details of the scheme & I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b.) **For NRIs:** I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & that I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. I/ We confirm that details provided by me / us are true & correct. c) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. d.) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir- 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/ we are holding valid PAN card / have applied for PAN. e.) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. **Date:** _____

1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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CHECKLIST

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

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

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



PLEASE REFER TO THE PRODUCT LABEL SECTION ON PAGE 31 BEFORE FILLING THIS FORM



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

Sr. No.: W-33961

I. DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & K FOR OFFICE USE ONLY (TIME STAMP)

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

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

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

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the purchase / subscription amount and payable to the Distributor. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

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

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

3. KYC DETAILS (Mandatory) 1st Unitholder

STATUS: Resident Indian NRI PIO HUF Minor RI Minor NRI Trust Proprietorship LLP Partnership Public Ltd. Co. Pvt. Ltd. Co. Non Profit Organisation Societies FOF Body Corporate Others OCCUPATION: Private Sector Service Public Sector Service Business Retired Government Sector Agriculturist Professional Forex Dealer Housewife Student Others Gross Annual Income: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore Networth in (Mandatory for Non-individual) For Individuals: Politically Exposed Person Related to Politically Exposed Person Not Applicable For Non-Individual Investors (Companies, Trust, Partnership etc): Is the company a Listed Company or Subsidiary of Listed Company or or Controlled by a Listed Company: (if No, please attach mandatory UBO declaration): Yes No Non Individual investors involved/providing any of the mentioned services Foreign Exchange / Money Changer Services Money Lending / Pawning Gaming / Gambling / Lottery / Casino Services None of the above

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

NAME OF FIRST / SOLE APPLICANT Mr. Ms. M/s. MODE OF HOLDING Single Joint (Default) Anyone or Survivor(s) 1st holder PAN/PEKRN KYC Copy attached Date of Birth Proof of DOB (Mandatory for minor) Birth Certificate School Leaving Certificate Passport Other Name of Guardian (In case of Minor) Contact Person/Designation (In case of non-individual Investors) Mr. Ms. Guardian's PAN KYC Copy attached Proof of relationship with minor (Mandatory) Mother / Father / Legal Guardian Birth Certificate School Leaving Certificate Passport Other

SECOND APPLICANT DETAILS Mr. Ms.

Name 2nd holder PAN/PEKRN KYC Copy attached OCCUPATION: Private Sector Service Public Sector Service Government Sector Business Professional Agriculturist Retired Housewife Student Forex Dealer Others GROSS ANNUAL INCOME: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore; Networth in ₹ OTHERS: Politically Exposed Person Related to Politically Exposed Person Not Applicable MANDATORY

THIRD APPLICANT DETAILS Mr. Ms.

Name 3rd holder PAN/PEKRN KYC Copy attached OCCUPATION: Private Sector Service Public Sector Service Government Sector Business Professional Agriculturist Retired Housewife Student Forex Dealer Others GROSS ANNUAL INCOME: Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore; Networth in ₹ OTHERS: Politically Exposed Person Related to Politically Exposed Person Not Applicable MANDATORY

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

City Pin State Country Phone O (STD Code) Extn. Fax R (STD Code) Mobile E-mail (IN CAPITAL) [If you wish to receive Account Statement / Annual Report / Other Statutory Information via Post instead of Email (Refer Inst. - C9)].

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

Received Subject to realisation and verification an application for purchase of units as mentioned in the application form. Sr. No.: from Scheme Cheque no. Amount Signature, Stamp & Date

Overseas Address (Mandatory in case of NRI applicant in addition to mailing address)

Zip code	City	Country	

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

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

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

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

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

Scheme / Plan: _____

Options: Growth Dividend **For Dividend option only:** Sub-Option: _____ Payout option: Payout Reinvestment

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

Marriage Vacation Dream Home Dream Car Retirement Children's Education Children's Marriage.

Target Amount Rs. _____

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

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

10. NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) Refer Instruction M (MANDATORY)

Please select any one of the follows:

Please register nomination as requested below (please fill the nomination form below) I wish to nominate multiple nominees (please strike out the form below & fill separate form attached herewith) I do not wish to nominate.

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

Name Address
 Nominee's relationship with 1st holder

If Nominee is Minor:

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

Name & Address of Guardian:

Relationship of the Nominee with the Guardian Mother Father Legal Guardian

Proof of relationship: Birth Certificate School Leaving Certificate Passport Others

Sign of Nominee/Guardian (in case of minor nominee)

11. DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction L)

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

12. DECLARATION AND SIGNATURES. Refer Instruction - C

The Trustee, Tata Mutual Fund

a.) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment scheme, I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/ We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/ We have understood the details of the scheme & I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me / us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b.) **For NRIs:** I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & that I/ we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. I/ We confirm that details provided by me / us are true & correct. c) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. d.) I/We have read & understood the SEBI Circular no. MRD/DoP/Cir- 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/ we are holding valid PAN card / have applied for PAN. e.) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. **Date:** _____

1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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CHECKLIST

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

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

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



NOT TO BE USED FOR TATA RETIREMENT SAVINGS FUND

SIP AUTO DEBIT FACILITY – WITH TOP-UP FACILITY

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



Expertise that's trusted

REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing / Standing Instruction / Direct Debit Facility in select banks only)

First SIP cheque and subsequent via Auto Debit in select cities only. (Please attach copy of cheque / cancelled cheque)

Please (✓) any one: **New Registration** **Change in Bank Account for existing Registration** **MICRO SIP** (refer inst. 4)

I. DISTRIBUTION INFORMATION (Only empanelled Distribution/Broker will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & K			FOR OFFICE USE ONLY (TIME STAMP)
Broker / Agent Code	Sub-Broker / Bank Branch Code	Sub-Broker ARN Code	EUIN Code
ARN-0906			E031087

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

Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Inst. A15 and please tick (✓) any one)

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

If the total commitment of investment through SIP (i.e. amount per SIP installment x no. of installments) amounts to Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the installment amount and payable to the distributor. In such cases transaction charge will be recoverable in 3 - 4 installments. Units will be issued against the balance of the installment amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

3. APPLICATION DETAILS

Folio No.	Application No.	
Name of Sole / 1st holder	PAN No. / PEKRN.	<input type="checkbox"/> KYC#
Name of 2nd holder	PAN No. / PEKRN.	<input type="checkbox"/> KYC#
Name of 3rd holder	PAN No. / PEKRN.	<input type="checkbox"/> KYC#

Attach Acknowledgement Copy

4. UNITHOLDING OPTION Demat Mode Physical Mode

DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction H)

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

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

Scheme / Plan: _____

Options: Growth Dividend

For Dividend option only: Sub-Option: _____ Payout option: Payout Reinvestment

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

Marriage Vacation Dream Home Dream Car Retirement Children's Education Children's Marriage

Target Amount Rs. _____

7. FIRST SIP CHEQUE DETAILS

Cheque No.: _____ Cheque Amount in ₹ _____ Cheque Date:

Bank Name _____ Branch: _____ City: _____

To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s, I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s. I/We hereby declare that the particulars given are correct & complete & express my willingness to make payments through participation in ECS/Direct Debit/Standing Instruction. I/We will also inform TAML, about any changes in my bank account. I/We have read & agreed to the terms & conditions mentioned overleaf. For Micro SIP: I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000/- in a rolling 12 months period or in a financial year.

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

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

TATA MUTUAL FUND

ISC Stamp & Signature

Received from Mr./Mrs. _____

Scheme/Plan/Option _____

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

8. SIP DETAILS

SIP Installment Amount (₹) Amounts in words _____

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

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

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

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

11. DECLARATION TO THE BANKER

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

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

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

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

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

Certified that the signature of A/c holder and the details mentioned in 'Particulars of Bank A/c' above and its MICR code are correct as per our records

Signature of Bank Manager with name, Employee code, Bank Seal and Contact Number	Bank Account Number
--	---------------------

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

Recorded on		Scheme Code	
Recorded by		Credit A/c Number	

Bank use Mandate Ref. No. _____

Customer Ref. No. _____





NOT TO BE USED FOR TATA RETIREMENT SAVINGS FUND

SIP AUTO DEBIT FACILITY – WITH TOP-UP FACILITY

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



Expertise that's trusted

REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing / Standing Instruction / Direct Debit Facility in select banks only)

First SIP cheque and subsequent via Auto Debit in select cities only. (Please attach copy of cheque / cancelled cheque)

Please (✓) any one: **New Registration** **Change in Bank Account for existing Registration** **MICRO SIP** (refer inst. 4)

I. DISTRIBUTION INFORMATION (Only empanelled Distribution/Broker will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & K				FOR OFFICE USE ONLY (TIME STAMP)
Broker / Agent Code	Sub-Broker / Bank Branch Code	Sub-Broker ARN Code	EUIN Code	
ARN-0906			E031087	

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

Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Inst. A15 and please tick (✓) any one)

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

If the total commitment of investment through SIP (i.e. amount per SIP installment x no. of installments) amounts to Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the installment amount and payable to the distributor. In such cases transaction charge will be recoverable in 3 - 4 installments. Units will be issued against the balance of the installment amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

3. APPLICATION DETAILS

Folio No.	Application No.	
Name of Sole / 1st holder	PAN No. / PEKRN.	<input type="checkbox"/> KYC#
Name of 2nd holder	PAN No. / PEKRN.	<input type="checkbox"/> KYC#
Name of 3rd holder	PAN No. / PEKRN.	<input type="checkbox"/> KYC#

Attach Acknowledgement Copy

4. UNITHOLDING OPTION Demat Mode Physical Mode

DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction H)

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

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

Scheme / Plan: _____
Options: Growth Dividend
For Dividend option only: Sub-Option: _____ Payout option: Payout Reinvestment

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

Marriage Vacation Dream Home Dream Car Retirement Children's Education Children's Marriage
Target Amount Rs. _____

7. FIRST SIP CHEQUE DETAILS

Cheque No.: _____ Cheque Amount in ₹ _____ Cheque Date:
Bank Name _____ Branch: _____ City: _____

To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s, I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s. I/We hereby declare that the particulars given are correct & complete & express my willingness to make payments through participation in ECS/Direct Debit/Standing Instruction. I/We will also inform TAML, about any changes in my bank account. I/We have read & agreed to the terms & conditions mentioned overleaf. For Micro SIP: I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000/- in a rolling 12 months period or in a financial year.

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

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)**TATA MUTUAL FUND**

ISC Stamp & Signature

Received from Mr./Mrs. _____

Scheme/Plan/Option _____

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

8. SIP DETAILS

SIP Installment Amount (₹) Amounts in words _____

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

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

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

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

11. DECLARATION TO THE BANKER

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

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

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

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

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

Certified that the signature of A/c holder and the details mentioned in 'Particulars of Bank A/c' above and its MICR code are correct as per our records

Signature of Bank Manager with name, Employee code, Bank Seal and Contact Number	Bank Account Number
--	---------------------

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

Recorded on		Scheme Code	
Recorded by		Credit A/c Number	

Bank use Mandate Ref. No. _____

Customer Ref. No. _____





NOT TO BE USED FOR TATA RETIREMENT SAVINGS FUND

SIP AUTO DEBIT FACILITY – WITH TOP-UP FACILITY

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



Expertise that's trusted

REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing / Standing Instruction / Direct Debit Facility in select banks only)

First SIP cheque and subsequent via Auto Debit in select cities only. (Please attach copy of cheque / cancelled cheque)

Please (✓) any one: **New Registration** **Change in Bank Account for existing Registration** **MICRO SIP** (refer inst. 4)

I. DISTRIBUTION INFORMATION (Only empanelled Distribution/Broker will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & K				FOR OFFICE USE ONLY (TIME STAMP)
Broker / Agent Code	Sub-Broker / Bank Branch Code	Sub-Broker ARN Code	EUIN Code	
ARN-0906			E031087	

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

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

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

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

If the total commitment of investment through SIP (i.e. amount per SIP installment x no. of installments) amounts to Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the installment amount and payable to the distributor. In such cases transaction charge will be recoverable in 3 - 4 installments. Units will be issued against the balance of the installment amount invested. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

3. APPLICATION DETAILS

Folio No.	Application No.	
Name of Sole / 1st holder	PAN No. / PEKRN.	<input type="checkbox"/> KYC#
Name of 2nd holder	PAN No. / PEKRN.	<input type="checkbox"/> KYC#
Name of 3rd holder	PAN No. / PEKRN.	<input type="checkbox"/> KYC#

Attach Acknowledgement Copy

4. UNITHOLDING OPTION Demat Mode Physical Mode

DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant). In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction H)

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

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

Scheme / Plan: _____
Options: Growth Dividend
For Dividend option only: Sub-Option: _____ Payout option: Payout Reinvestment

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

Marriage Vacation Dream Home Dream Car Retirement Children's Education Children's Marriage
Target Amount Rs. _____

7. FIRST SIP CHEQUE DETAILS

Cheque No.: _____ Cheque Amount in ₹ _____ Cheque Date:
Bank Name _____ Branch: _____ City: _____

To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s, I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s. I/We hereby declare that the particulars given are correct & complete & express my willingness to make payments through participation in ECS/Direct Debit/Standing Instruction. I/We will also inform TAML, about any changes in my bank account. I/We have read & agreed to the terms & conditions mentioned overleaf. For Micro SIP: I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000/- in a rolling 12 months period or in a financial year.

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

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

TATA MUTUAL FUND

ISC Stamp & Signature

Received from Mr./Mrs. _____

Scheme/Plan/Option _____

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

8. SIP DETAILS

SIP Installment Amount (₹) Amounts in words _____

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

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

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

10. PARTICULARS OF BANK ACCOUNT

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

11. DECLARATION TO THE BANKER

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

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

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

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

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

Certified that the signature of A/c holder and the details mentioned in 'Particulars of Bank A/c' above and its MICR code are correct as per our records

Signature of Bank Manager with name, Employee code, Bank Seal and Contact Number	Bank Account Number
--	---------------------

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

Recorded on		Scheme Code	
Recorded by		Credit A/c Number	

Bank use Mandate Ref. No. _____

Customer Ref. No. _____

SYSTEMATIC WITHDRAWAL PLAN (SWP)

To,
The Trustee, Tata Mutual Fund, Mumbai
Having read & understood the contents of the SAI / SID / KIM & the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the SWP Enrolment for the following Schemes & agree to abide by the terms & conditions of the Plan.

Folio No.:

Broker / Agent Code	ARN-0906	Sub-Broker / Bank Branch Code	Sub-Broker / ARN Code	EUIN Code	E031087
---------------------	----------	-------------------------------	-----------------------	-----------	---------

Name: _____
Email: _____

Scheme _____ Option _____
 Fixed Amount ₹ _____ (in words _____) Capital Appreciation

Period of Enrolment (MM/YY)

From: ____ / ____ / ____ To: ____ / ____ / ____ Frequency Monthly Quarterly

Date: _____ **1st / 7th / 10th / 20th / 28th of the month** (in case of holiday, next business day)
(in case the date is not mentioned, the 1st day of the month will be taken as the default date)

First payout Date: _____ (that is the first payment date)
(in case the first payout date is not mentioned, the 1st day of the following month will be taken as the default date)

Last Payout Date: _____ (that is the last payment date)
(in case the last payout date is not mentioned, the payout will continue until the balance units are reduced to zero.)

SIGNATURES**Sole/First Applicant****Second Applicant****Third Applicant**

Loads as applicable from time to time.

INCORRECTLY / INCOMPLETELY FILLED APPLICATIONS ARE LIABLE FOR REJECTION.

Note: SWP should reach AMC offices / Registrar offices before 7 working days from the start of first SWP date.

SYSTEMATIC TRANSFER PLAN (STP)

To,
The Trustee, Tata Mutual Fund, Mumbai
Having read & understood the contents of the SAI / SID / KIM of the relevant schemes & the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the STP Enrolment under the following Schemes & agree to abide by the terms & conditions of the Plan. 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.

Broker / Agent Code	ARN-0906	Sub-Broker / Bank Branch Code	Sub-Broker / ARN Code	EUIN Code
---------------------	----------	-------------------------------	-----------------------	-----------

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.

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

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

Folio No. _____ Name: _____

Transfer from (Scheme): _____ Option: _____

Transfer to (Scheme): _____ Option: _____

No of Units: _____ or Amount (₹): _____ Amount (in words): _____

or Dividend or Capital Appreciation

STP period from: ____ (dd) / ____ (mm) / ____ (yy) To: ____ (dd) / ____ (mm) / ____ (yy)

Transfer Frequency:

<input type="checkbox"/> Daily Only from Monday to Friday*	<input type="checkbox"/> Weekly (Only on Fridays)	<input type="checkbox"/> Monthly <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 20th <input type="checkbox"/> 28th Days of the month	<input type="checkbox"/> Quarterly
Select any one			
In case the day of STP is a non business day the request will be considered for the next business day.			

Email (mandatory for Daily STP): _____
(please refer notes overleaf)

SIGNATURES**Sole/First Applicant****Second Applicant****Third Applicant**

Loads as applicable from time to time.

INCORRECTLY / INCOMPLETELY FILLED APPLICATIONS ARE LIABLE FOR REJECTION.

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* In case any day is a non business day for any one of the schemes (either STP from or STP to scheme) the STP will be processed as per the matrix provided in the instructions no. '9'. Our website www.tatamutualfund.com

SYSTEMATIC WITHDRAWAL PLAN (SWP)

To,
The Trustee, Tata Mutual Fund, Mumbai
Having read & understood the contents of the SAI / SID / KIM & the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the SWP Enrolment for the following Schemes & agree to abide by the terms & conditions of the Plan.

Folio No.:

Broker /
Agent Code ARN-0906Sub-Broker /
Bank Branch CodeSub-Broker /
ARN CodeEUIN
Code E031087

Name : _____

Email : _____

Scheme	Option
<input type="checkbox"/> Fixed Amount ₹ _____ (in words _____)	<input type="checkbox"/> Capital Appreciation

Period of Enrolment (MM/YY)From : ____ / ____ / ____ To : ____ / ____ / ____ Frequency Monthly Quarterly

Date: _____ **1st / 7th / 10th / 20th / 28th of the month** (in case of holiday, next business day)
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To,
The Trustee, Tata Mutual Fund, Mumbai
Having read & understood the contents of the SAI / SID / KIM of the relevant schemes & the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the STP Enrolment under the following Schemes & agree to abide by the terms & conditions of the Plan. 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.

Broker /
Agent Code ARN-0906Sub-Broker /
Bank Branch CodeSub-Broker /
ARN CodeEUIN
Code

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.

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

Sole / 1st Unitholder Signature / Thumb Impression

2nd Unitholder Signature / Thumb Impression

3rd Unitholder Signature / Thumb Impression

Folio No. _____ Name: _____

Transfer from (Scheme): _____ Option: _____

Transfer to (Scheme): _____ Option: _____

No of Units: _____ or Amount (₹): _____ Amount (in words): _____

or Dividend or Capital Appreciation

STP period from: ____ / ____ / ____ (dd) (mm) (yy) To : ____ / ____ / ____ (dd) (mm) (yy)

Transfer Frequency:

<input type="checkbox"/> Daily Only from Monday to Friday*	<input type="checkbox"/> Weekly (Only on Fridays)	<input type="checkbox"/> Monthly <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 20th <input type="checkbox"/> 28th Days of the month	<input type="checkbox"/> Quarterly
Select any one			
In case the day of STP is a non business day the request will be considered for the next business day.			

Email (mandatory for Daily STP): _____
(please refer notes overleaf)

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Loads as applicable from time to time.

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Note: STP should reach AMC offices / Registrar offices before 7 working days from the start of first STP date.

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SYSTEMATIC WITHDRAWAL PLAN (SWP)

To,
The Trustee, Tata Mutual Fund, Mumbai
Having read & understood the contents of the SAI / SID / KIM & the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the SWP Enrolment for the following Schemes & agree to abide by the terms & conditions of the Plan.

Folio No.:

Broker / Agent Code	ARN-0906	Sub-Broker / Bank Branch Code	Sub-Broker / ARN Code	EUIN Code	E031087
---------------------	----------	-------------------------------	-----------------------	-----------	---------

Name : _____
Email : _____

Scheme	Option
<input type="checkbox"/> Fixed Amount ₹ (in words _____)	<input type="checkbox"/> Capital Appreciation

Period of Enrolment (MM/YY)

From : ____ / ____ / ____ To : ____ / ____ / ____ Frequency Monthly Quarterly

Date: _____ **1st / 7th / 10th / 20th / 28th of the month** (in case of holiday, next business day)
(in case the date is not mentioned, the 1st day of the month will be taken as the default date)

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(in case the last payout date is not mentioned, the payout will continue until the balance units are reduced to zero.)

SIGNATURES**Sole/First Applicant****Second Applicant****Third Applicant**

Loads as applicable from time to time.

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To,
The Trustee, Tata Mutual Fund, Mumbai
Having read & understood the contents of the SAI / SID / KIM of the relevant schemes & the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the STP Enrolment under the following Schemes & agree to abide by the terms & conditions of the Plan. 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.

Broker / Agent Code	ARN-0906	Sub-Broker / Bank Branch Code	Sub-Broker / ARN Code	EUIN Code
---------------------	----------	-------------------------------	-----------------------	-----------

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.

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

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

Folio No. _____ Name: _____

Transfer from (Scheme): _____ Option: _____

Transfer to (Scheme): _____ Option: _____

No of Units: _____ or Amount (₹): _____ Amount (in words): _____

or Dividend or Capital Appreciation

STP period from: ____ (dd) / ____ (mm) / ____ (yy) To : ____ (dd) / ____ (mm) / ____ (yy)

Transfer Frequency:

<input type="checkbox"/> Daily Only from Monday to Friday*	<input type="checkbox"/> Weekly (Only on Fridays)	<input type="checkbox"/> Monthly <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 20th <input type="checkbox"/> 28th Days of the month	<input type="checkbox"/> Quarterly
Select any one			
In case the day of STP is a non business day the request will be considered for the next business day.			

Email (mandatory for Daily STP): _____
(please refer notes overleaf)

SIGNATURES**Sole/First Applicant****Second Applicant****Third Applicant**

Loads as applicable from time to time.

INCORRECTLY / INCOMPLETELY FILLED APPLICATIONS ARE LIABLE FOR REJECTION.

Note: STP should reach AMC offices / Registrar offices before 7 working days from the start of first STP date.

* In case any day is a non business day for any one of the schemes (either STP from or STP to scheme) the STP will be processed as per the matrix provided in the instructions no. '9'. Our website www.tatamutualfund.com

Ultimate Beneficial Declaration For Non - Individuals (Mandatory)

Investment Manager: Tata Asset Management Limited Trustee: Tata Trustee Company Limited
Toll Free: 1800 - 209 - 0101, Fax: (022) 66315194, Email: kiran@tataamc.com, Website: www.tatamutualfund.com



Expertise that's trusted

* To be filled in BLOCK LETTERS (Please strike off section(s) that is (are) not applicable)

Investor Details:

First Unit Holder

Folio Number

PAN

Non-individuals other than Listed Company / its subsidiary company

Category [tick applicable category]:

- Unlisted Company
 Partnership Firm
 Limited Liability Partnership
 Unincorporated association / body of individuals
 Public Charitable Trust
 Religious Trust
 Private Trust / Trust Created by a Will
 Others (please specify)

Details of Ultimate Beneficiary Owners*:

Sr. No.	Name of Ultimate Beneficiary Owner	Date of Birth / Incorporation [dd-mm-yyyy]	PAN No.*	Nationality	Contact Detail with Country Code	Nature of UBO (Refer list below)
1.						
2.						
3.						
4.						
5.						
6.						

(Please attach separate annexure, duly attested, if necessary.)

*Please provide copy of PAN with photograph or valid KYC Compliance proof or any other acceptable identity proof of UBO. (Refer Instruction 2)

UBO - 01	Ownership of / entitlement to more than 25% of shares of capital or profits of the juridical person, where the juridical person is a company
UBO - 02	Ownership of / entitlement to more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership
UBO - 03	Ownership of / entitlement to more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals
UBO - 04	Natural person who is exercising control over the juridical person through other means i.e. control exercised through voting rights, agreement, arrangements or in any other manner. (In case where there exist doubt as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests)
UBO - 05	Person who holds the position of senior managing official like CEO, MD, Managing Partner etc. (In case any Ultimate Beneficial Owner/s does not own over 25% or 15%),
UBO - 06	The settler of trust, the trustee, the protector, the beneficiaries'with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership

Declaration & Signature(s)

I/We acknowledge and confirm that the details of UBO as stated above are true and correct and Tata Mutual Fund shall be entitled to rely on my/our declaration above on the identity(ies) and information relating to beneficial owners for the Account / Folio.

I/We undertake to inform Tata Mutual Fund in writing if there is any change in the ownership structure in future.

Authorised Signatory

Authorised Signatory

Authorised Signatory

Date / /

Place