

COMMON APPLICATION FORM (Please read instructions carefully before filling up the form)

Application No. _____

ARN Code & Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN-0906		E031087		

Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors' assessment of various factors including the service rendered by the distributor. Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column

EXECUTION ONLY (To be signed when EUIN is left blank)

*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Please Sign here _____

Please Sign here _____

Please Sign here _____

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

Second Applicant / Auth. Sign

Third Applicant Sign

TRANSACTION CHARGES (Please tick any one of the below. Refer Instruction no.7)

I am a first time investor in Mutual Funds or I am an existing Investor in Mutual Funds

1. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 8) Applicable details and mode of holding will be as per the existing Folio.

Folio No. _____

2. UNIT HOLDER / NEW APPLICANT INFORMATION (Refer Instruction Page) Fresh / New investors to fill in all the Sections 2 to 12

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s. _____

DATE OF BIRTH (DOB) DD MM YYYY (Mandatory in case of minor)

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

Mr. Ms. M/s. _____

Guardian named above is: Father Mother Court Appointed* Designation of Contact Person _____

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

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

NAME OF SECOND APPLICANT

Mr. Ms. _____

NAME OF THIRD APPLICANT

Mr. Ms. _____

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

City _____ State _____ Pin Code _____

STD Code _____ Telephone Off. _____ Resi. _____ Mob. _____

E-Mail** _____

OVERSEAS ADDRESS (Mandatory for NRI / FII application)

State _____ Pin Code _____ Country _____

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

	PAN No.	KYC Compliance Status (Mandatory)	5. STATUS (OF FIRST/SOLE APPLICANT) [PLEASE TICK (✓)]	MODE OF HOLDING [PLEASE TICK (✓)]
First / Sole Applicant	_____	<input type="checkbox"/> KYC Acknowledgement Attached	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI Non-Repatriation <input type="checkbox"/> Partnership <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> BOI <input type="checkbox"/> Body Corporate <input type="checkbox"/> FIs <input type="checkbox"/> Society / Club <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor
Second Applicant	_____	<input type="checkbox"/> KYC Acknowledgement Attached		
Third Applicant	_____	<input type="checkbox"/> KYC Acknowledgement Attached		
Guardian / POA Holder	_____	<input type="checkbox"/> KYC Acknowledgement Attached		

6. OTHER DETAILS

1. Gross Annual Income Details (Please tick (✓)): Below 1 lakh 1-10 lakhs 10-25 lakhs > 25 lakhs OR

Net-worth in ₹. (*Net worth should not be older than 1 year) _____ as on (date) DD/MM/YYYY

2. Occupation (Please tick (✓) any one and give brief details):

Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Others (Please Specify) _____

3. Please tick, if applicable: Politically Exposed Person Related to a Politically Exposed Person (For definition of PEP, Please refer instruction no.17)

ACKNOWLEDGEMENT SLIP - Common Application Form

Received from Mr. / Ms. / M/s. _____ Date: _____

Collection Centre / AMC Stamp / Signature _____

Cheque No.	Amount	Scheme/Plan/Option

7. DEMAT ACCOUNT DETAILS

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

Beneficiary Owner Identification Number (BO ID)										Depository Participant (DP) Name									
DP ID No.					Client ID No.														

Enclosures: Any one of the following Client Master List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

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

Name of the Bank														
Branch Address														
										City			Pin Code	
Account No.					Account Type Please tick (✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)									
MICR Code					This is a 9 digit number next to your cheque number. Please attach a blank extra cheque cancelled or a clear photocopy of a cheque									
IFSC Code					It is the responsibility of the investor to ensure the correctness of the IFSC code of the recipient /destination branch corresponding to the bank details mentioned in Section 9.									

9. INVESTMENT DETAILS - (Refer Instruction 5)

	Scheme 1	Scheme 2	Scheme 3
Name of the Scheme	Taurus -	Taurus -	Taurus -
Plan			
Option			

10. PAYMENT DETAILS

Payment Type (Please (3))	<input type="checkbox"/> PAYMENT BY SELF	<input type="checkbox"/> PAYMENT BY THIRD PARTY (Please attach 'Third Party Payment Declaration Form')	
Investment Type (Please (3))	<input type="checkbox"/> LUMPSUM PURCHASE	<input type="checkbox"/> SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)	
	Scheme 1	Scheme 2	Scheme 3
Cheque / DD No. & Date:			
Bank & Branch Name			
Amount of Cheque / DD /RTGS/NEFT in figures ₹ (i)			
DD Charges if any, in figures ₹ (ii)			
Total Amount (i)+ (ii)			
	in figures ₹		
	in words ₹		

11. NOMINATION DETAILS - Mandatory if mode of holding is single (Refer Instruction 14)

I/We wish to nominate I/We DO NOT wish to nominate

	Nominee Name & Address	Guardian Name & Address (In case Nominee is Minor)	Nominee Relationship with 1st Holder	Allocation (Total = 100%)	Nominee / Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					

12. DOCUMENTS ENCLOSED (PLEASE ✓)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Memorandum & Articles of Association | <input type="checkbox"/> Trust Deed | <input type="checkbox"/> KYC acknowledgement | <input type="checkbox"/> SIP Enrolment Form (For Investment through PDC) |
| <input type="checkbox"/> Resolution / Authorisation to invest | <input type="checkbox"/> PAN Copy | <input type="checkbox"/> LLP Agreement | <input type="checkbox"/> SIP Enrolment Form (For Investment through ECS / Auto Debit) |
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| <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s) | <input type="checkbox"/> Bye-Laws | | <input type="checkbox"/> Third Party Payment Declaration Form |
| | | | <input type="checkbox"/> Multiple Bank Account Registration Form |

13. DECLARATION(S) & SIGNATURE(S) (Refer Instruction 15)

To,
The Trustee,
Taurus Mutual Fund

Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

Applicable for NRI's only - I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account.

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.

I/We confirm that details provided by me/us are true and correct.

****I** may voluntarily subscribe to the on-line access for transacting through the internet facility provided by Taurus Mutual Fund and confirm of having read, understood and agree to abide by the terms and conditions for availing of the internet facility more particularly mentioned on the website www.taurusmutualfund.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

Please Sign here

Please Sign here

Please Sign here

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Guardian named above is: Father Mother Court Appointed* Designation of Contact Person _____

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Please Sign here

Please Sign here

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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.

I/We confirm that details provided by me/us are true and correct.

****I** may voluntarily subscribe to the on-line access for transacting through the internet facility provided by Taurus Mutual Fund and confirm of having read, understood and agree to abide by the terms and conditions for availing of the internet facility more particularly mentioned on the website www.taurusmutualfund.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

Please Sign here

Please Sign here

Please Sign here

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

Second Applicant / Auth. Sign

Third Applicant Sign

SIP / OptiSIP ENROLMENT - CUM - AUTO DEBIT / ECS APPLICATION FORM (Please read instructions carefully before filling up the form)

Application No. _____

ARN Code & Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN-0906		E031087		

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. Also refer instruction no.2. Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column.

EXECUTION ONLY (To be signed when EUI is left blank)

*I/We hereby confirm that the EUI box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Please sign here _____ First Account Holder/Guardian Signature	Please sign here _____ Second Account Holder's Signature	Please sign here _____ Third Account Holder's Signature
<input type="checkbox"/> Registration of SIP/OptiSIP/Micro SIP	<input type="checkbox"/> Cancellation of SIP/OptiSIP/Micro SIP	Folio No. _____
<input type="checkbox"/> Extension of SIP/OptiSIP/Micro SIP	<input type="checkbox"/> Change in Bank Account for an existing investor	

REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / ECS (DEBIT CLEARING)

First investment in SIP/OptiSIP/Micro SIP via cheque and subsequent investment via Auto Debit, available in select cities only.

INVESTOR AND INVESTMENT DETAILS												
Name of Sole/First Applicant	Mr.	Ms.	M/s									
Name of Second Applicant	Mr.	Ms.										
Name of Third Applicant	Mr.	Ms.										
Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-incl. Applicant)												
Mr.	Ms.											
ID & Add Proof Document Name, in case of Micro SIP (Refer Instruction 14)	Sole/First Applicant/ Guardian			Second Applicant			Third Applicant					
Name of Scheme							Plan/Option					
<input type="checkbox"/> SIP / Micro SIP						<input type="checkbox"/> OptiSIP						
Fixed SIP Amount (₹)						Fixed Min. Installment Amt.			Frequency	<input type="checkbox"/> Monthly		
Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly										
Fixed Max. Installment Amt.						(Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof)						
First/Initial Investment Cheque Number						Cheque Date	DD	/	MM	/	YY	YY
Auto Debit/ECS dates (Please 3)	<input type="checkbox"/> 1st	<input type="checkbox"/> 5th	<input type="checkbox"/> 10th	<input type="checkbox"/> 15th	<input type="checkbox"/> 28th							
Enrolment Period	Start From	MM	/	YY	YY	End on	MM	/	YY	YY	No. of Installments	

PARTICULARS OF BANK ACCOUNT

I/We hereby, authorize Taurus Mutual Fund and their authorized service providers, to debit my/our following bank account by ECS (Debit Clearing)/auto debit to account for collection of SIP/OptiSIP payments.

Name of the Account Holder as in Bank Records											
Bank Name											
Branch Address									City		
Account Number							Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO
9 digit MICR Code							11 digit IFSC Code				

Declaration & Signature (s): Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. **Applicable for NRI's only -** I/We confirm that I am, / we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account. **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.**
I/We confirm that details provided by me/us are true and correct. Please Repatriation basis Non-Repatriation basis * Please strike out whichever is not applicable.

Please sign here _____ First Account Holder/Guardian Signature	Please sign here _____ Second Account Holder's Signature	Please sign here _____ Third Account Holder's Signature
--	--	---

AUTHORISATION OF THE BANK ACCOUNT HOLDER (to be signed by account holder as per bank records)

This is to inform that I/We have registered for the RBI's Electronic on Clearing Service (Debit Clearing)/Auto Debit facility and that my payment towards my investment in Taurus Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorize the representative carrying this ECS/Auto Debit account mandate form to get it verified & executed. Mandate verification charges, if any, may be charged to my/our A/C.

Please sign here _____ First Account Holder/Guardian Signature	Please sign here _____ Second Account Holder's Signature	Please sign here _____ Third Account Holder's Signature
--	--	---

FOR BANK USE ONLY (not to be filled in by investor)

Recorded on	Scheme Code
Recorded by	Credit Account No.
Bank use mandate Ref. No.	Customer Ref. No.

Received from Mr. / Ms. _____	Date : _____	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Micro SIP or SIP/OptiSIP Date	Cheque No.	Amount
		Scheme/Plan/Option

SIP / OptiSIP ENROLMENT - CUM - AUTO DEBIT / ECS APPLICATION FORM (Please read instructions carefully before filling up the form)

Application No. _____

ARN Code & Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN-0906		E031087		

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. Also refer instruction no.2. Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column.

EXECUTION ONLY (To be signed when EUI is left blank)

*I/We hereby confirm that the EUI box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Please sign here	Please sign here	Please sign here
First Account Holder/Guardian Signature	Second Account Holder's Signature	Third Account Holder's Signature
<input type="checkbox"/> Registration of SIP/OptiSIP/Micro SIP	<input type="checkbox"/> Cancellation of SIP/OptiSIP/Micro SIP	Folio No. _____
<input type="checkbox"/> Extension of SIP/OptiSIP/Micro SIP	<input type="checkbox"/> Change in Bank Account for an existing investor	

REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / ECS (DEBIT CLEARING)

First investment in SIP/OptiSIP/Micro SIP via cheque and subsequent investment via Auto Debit, available in select cities only.

INVESTOR AND INVESTMENT DETAILS			
Name of Sole/First Applicant	Mr. Ms. M/s		
Name of Second Applicant	Mr. Ms.		
Name of Third Applicant	Mr. Ms.		
Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-incl. Applicant)			
Mr. Ms.			
ID & Add Proof Document Name, in case of Micro SIP (Refer Instruction 14)	Sole/First Applicant/ Guardian	Second Applicant	Third Applicant
Name of Scheme		Plan/Option	
<input type="checkbox"/> SIP / Micro SIP		<input type="checkbox"/> OptiSIP	
Fixed SIP Amount (₹)		Fixed Min. Installment Amt.	Frequency <input type="checkbox"/> Monthly
Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		Fixed Max. Installment Amt.	(Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof)
First/Initial Investment Cheque Number		Cheque Date	DD / MM / YYYY
Auto Debit/ECS dates (Please 3)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th		
Enrolment Period	Start From MM / YYYY	End on MM / YYYY	No. of Installments

PARTICULARS OF BANK ACCOUNT

I/We hereby, authorize Taurus Mutual Fund and their authorized service providers, to debit my/our following bank account by ECS (Debit Clearing)/auto debit to account for collection of SIP/OptiSIP payments.

Name of the Account Holder as in Bank Records	
Bank Name	
Branch Address	City
Account Number	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO
9 digit MICR Code	11 digit IFSC Code

Declaration & Signature (s): Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. **Applicable for NRI's only -** I/We confirm that I am, / we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account. **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.**
I/We confirm that details provided by me/us are true and correct. Please Repatriation basis Non-Repatriation basis * Please strike out whichever is not applicable.

Please sign here	Please sign here	Please sign here
First Account Holder/Guardian Signature	Second Account Holder's Signature	Third Account Holder's Signature

AUTHORISATION OF THE BANK ACCOUNT HOLDER (to be signed by account holder as per bank records)

This is to inform that I/We have registered for the RBI's Electronic on Clearing Service (Debit Clearing)/Auto Debit facility and that my payment towards my investment in Taurus Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorize the representative carrying this ECS/Auto Debit account mandate form to get it verified & executed. Mandate verification charges, if any, may be charged to my/our A/C.

Bank Account Number

Please sign here	Please sign here	Please sign here
First Account Holder/Guardian Signature	Second Account Holder's Signature	Third Account Holder's Signature

FOR BANK USE ONLY (not to be filled in by investor)

Recorded on	Scheme Code
Recorded by	Credit Account No.
Bank use mandate Ref. No.	Customer Ref. No.

SIP / OptiSIP ENROLMENT - CUM - AUTO DEBIT / ECS APPLICATION FORM (Please read instructions carefully before filling up the form)

Application No. _____

ARN Code & Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN-0906		E031087		

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. Also refer instruction no.2. Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column.

EXECUTION ONLY (To be signed when EUI is left blank)

*I/We hereby confirm that the EUI box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Please sign here	Please sign here	Please sign here
First Account Holder/Guardian Signature	Second Account Holder's Signature	Third Account Holder's Signature
<input type="checkbox"/> Registration of SIP/OptiSIP/Micro SIP	<input type="checkbox"/> Cancellation of SIP/OptiSIP/Micro SIP	Folio No. _____
<input type="checkbox"/> Extension of SIP/OptiSIP/Micro SIP	<input type="checkbox"/> Change in Bank Account for an existing investor	

REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / ECS (DEBIT CLEARING)

First investment in SIP/OptiSIP/Micro SIP via cheque and subsequent investment via Auto Debit, available in select cities only.

INVESTOR AND INVESTMENT DETAILS			
Name of Sole/First Applicant	Mr. Ms. M/s		
Name of Second Applicant	Mr. Ms.		
Name of Third Applicant	Mr. Ms.		
Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-incl. Applicant)			
Mr. Ms.			
ID & Add Proof Document Name, in case of Micro SIP (Refer Instruction 14)	Sole/First Applicant/ Guardian	Second Applicant	Third Applicant
Name of Scheme		Plan/Option	
<input type="checkbox"/> SIP / Micro SIP		<input type="checkbox"/> OptiSIP	
Fixed SIP Amount (₹)		Fixed Min. Installment Amt.	Frequency <input type="checkbox"/> Monthly
Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		Fixed Max. Installment Amt.	(Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof)
First/Initial Investment Cheque Number		Cheque Date	DD / MM / YYYY
Auto Debit/ECS dates (Please 3)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th		
Enrolment Period	Start From MM / YYYY	End on MM / YYYY	No. of Installments

PARTICULARS OF BANK ACCOUNT

I/We hereby, authorize Taurus Mutual Fund and their authorized service providers, to debit my/our following bank account by ECS (Debit Clearing)/auto debit to account for collection of SIP/OptiSIP payments.

Name of the Account Holder as in Bank Records	
Bank Name	
Branch Address	City
Account Number	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO
9 digit MICR Code	11 digit IFSC Code

Declaration & Signature (s): Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. **Applicable for NRI's only -** I/We confirm that I am, / we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account. **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.**
I/We confirm that details provided by me/us are true and correct. Please Repatriation basis Non-Repatriation basis * Please strike out whichever is not applicable.

Please sign here	Please sign here	Please sign here
First Account Holder/Guardian Signature	Second Account Holder's Signature	Third Account Holder's Signature

AUTHORISATION OF THE BANK ACCOUNT HOLDER (to be signed by account holder as per bank records)

This is to inform that I/We have registered for the RBI's Electronic on Clearing Service (Debit Clearing)/Auto Debit facility and that my payment towards my investment in Taurus Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorize the representative carrying this ECS/Auto Debit account mandate form to get it verified & executed. Mandate verification charges, if any, may be charged to my/our A/C.

Bank Account Number

Please sign here	Please sign here	Please sign here
First Account Holder/Guardian Signature	Second Account Holder's Signature	Third Account Holder's Signature

FOR BANK USE ONLY (not to be filled in by investor)

Recorded on	Scheme Code
Recorded by	Credit Account No.
Bank use mandate Ref. No.	Customer Ref. No.

SIP WITH POST DATED CHEQUES (PDC) ENROLMENT FORM

(Please read instructions carefully before filling up the form)

Application No. _____

ARN Code & Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN-0906		E031087		

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column.

EXECUTION ONLY (To be signed when EUIN is left blank)

*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Please sign here
First Account Holder/Guardian Signature

Please sign here
Second Account Holder's Signature

Please sign here
Third Account Holder's Signature

Registration of SIP/Micro SIP Cancellation of SIP/Micro SIP Folio No. _____

INVESTOR AND INVESTMENT DETAILS

Name of Sole/First Applicant	Mr. Ms. M/s																			
Name of Second Applicant	Mr. Ms.																			
Name of Third Applicant	Mr. Ms.																			
Name of Scheme																				
Plan / Option																				

PAN KYC ID & Add Proof Document Name In case of Micro SIP (Refer Instruction 7)	Sole/First Applicant/ Guardian	Second Applicant / Guardian	Third Applicant / Guardian
	<input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> KYC Acknowledgement	<input type="checkbox"/> KYC Acknowledgement

PDC INVESTMENT DETAILS

Each SIP Amount (₹) In figures		Each SIP Amount (₹) In words	
Total No. of Cheques		Cheque Nos. from	To
Drawn on Bank			
Branch		A/C No.	
Frequency (Please ✓)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Date (Please ✓)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th of the month
Total No. of SIP Installment		Enrolment Period (MM/YYYY)	From MM/YY To MM/YY

DECLARATION AND SIGNATURE(S)

Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. **Applicable for NRI's only -** I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account. **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.**

I/We confirm that details provided by me/us are true and correct. Please Repatriation basis Non-Repatriation basis * Please strike out whichever is not applicable.

Please sign here
First Account Holder/Guardian Signature

Please sign here
Second Account Holder's Signature

Please sign here
Third Account Holder's Signature



ACKNOWLEDGEMENT SLIP - SIP with PDC Form

TAURUS MUTUAL FUND

Application No. _____

Received from Mr. / Ms. _____ Date : _____

SIP Date	Cheque No.	Amount	Scheme/Plan/Option

Frequency
<input type="checkbox"/> Monthly
<input type="checkbox"/> Quarterly

5. BENEFICIAL INVESTOR(S) DECLARATION

I/We certify that the information declared herein by the Third Party is true and correct.

I/We acknowledge that Taurus Mutual Fund reserves the right in its sole discretion to reject/not process the Application Form and refund the payment received from the aforesaid Third Party and the declaration made by the Third Party will apply solely to my/our transaction as the beneficial investor(s) detailed in the Application Form. Taurus Mutual Fund/ Taurus AMC will not be liable for any damages or losses or any claims of whatsoever nature arising out of any delay or failure to process this transaction due to occurrences beyond the control of Taurus Mutual Fund/Taurus AMC.

Applicable to Guardian receiving funds on behalf of Minor only: I/We confirm that I/We are the legal guardian of the Minor, registered in folio and have no objection to the funds received towards Subscription of Units in this Scheme on behalf of the minor.

Please Sign here

Please Sign here

Please Sign here

First / Sole Applicant/ Guardian Sign

Second Applicant Sign

Third Applicant Sign

THIRD PARTY PAYMENT RULES

1. In order to enhance compliance with Know your Customer (KYC) norms under the Prevention of Money Laundering Act, 2002 (PMLA) and to mitigate the risks associated with acceptance of third party payments, Association of Mutual Funds of India (AMFI) issued best practice guidelines on "risk mitigation process against third party instruments and other payment modes for mutual fund subscriptions". AMFI has issued the said best practice guidelines requiring mutual funds/asset management companies to ensure that Third-Party payments are not used for mutual fund subscriptions

2a. The following words and expressions shall have the meaning specified herein:

(a) "Beneficial Investor" is the first named applicant/ investor in whose name the application for subscription of Units is applied for with the Mutual Fund.

(b) "Third Party" means any person making payment towards subscription of Units in the name of the Beneficial Investor.

(c) "Third Party payment" is referred to as a payment made through instruments issued from a bank account other than that of the first named applicant/ investor mentioned in the application form.

Illustrations

Illustration 1: An Application submitted in joint names of A, B & C along with cheque issued from a bank account in names of B, C & Y. This will be considered as Third Party payment.

Illustration 2: An Application submitted in joint names of A, B & C along with cheque issued from a bank account in names of C, A & B. This will not be considered as Third Party payment.

Illustration 3: An Application submitted in joint names of A, B & C along with cheque issued from a bank account in name of A. This will not be considered as Third Party payment.

2b. Taurus Asset Management Co. Ltd. (TAMCO) / Investor Service Centre (ISC) of Karvy Computershare Pvt. Ltd.,

shall not accept subscriptions with Third Party payments except in the following exceptional cases, which is subject to submission of requisite documentation/ declarations:

- (i) Payment by Parents/Grand-Parents/Related Persons* on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding ₹50,000 (each regular purchase or per SIP instalment.) However this restriction will not be applicable for payment made by a guardian whose name is registered in the records of Mutual Fund in that folio, affection or as gift for a value not exceeding ₹50,000/- each regular Purchase or per SIP instalment.
- (ii) Payment by Employer on behalf of employee under Systematic Investment Plans or lump sum/one-time subscription, through Payroll deductions.
- (iii) Custodian on behalf of an FII or a Client.

* "Related Person" means any person investing on behalf of a minor in consideration of natural love and affection or as a gift.

2c. Applications submitted through the above mentioned 'exceptional cases' are required to comply with the following, without which applications for subscriptions for units will be rejected / not processed / refunded.

- (i) Mandatory KYC for all investors (guardian in case of minor) and the person making the payment i.e. third party.
- (ii) Submission of a complete and valid 'Third Party Payment Declaration Form' from the investors (guardian in case of minor) and the person making the payment i.e. third party.

2d. Investor(s) are requested to note that any application for subscription of Units of the Scheme(s) of TAURUS Mutual Fund accompanied with Third Party payment other than the above mentioned exceptional cases as described in Rule (2b) above is liable for rejection.

The above mentioned Third Party Payment Rules are subject to change from time to time. Please contact any of the Investor Service Centres of Karvy Computershare Pvt. Ltd. or visit our website www.taurusmutualfund.com for any further information or updates on the same.

INSTRUCTIONS FOR FILLING UP THIRD PARTY DECLARATION FORM

1. GENERAL INSTRUCTIONS

Please read the terms of the Key Information Memorandum, the Scheme Information Document (SID) and Statement of Additional Information (SAI) carefully before filling the Third Party Payment Declaration Form (hereinafter referred to as 'Declaration Form').

The Declaration Form should be completed in ENGLISH and in BLOCK LETTERS only. Please tick in the appropriate box for relevant declarations wherever applicable. Please do not overwrite. For any correction / changes (if any) made in the Declaration Form, the corrections made shall be authenticated by canceling and re-writing the correct details and counter-signed by the Third Party and the Beneficial Investor(s). Applications along with the Declaration Form completed in all respects, must be submitted at the Official Points of Acceptance / Investor Service Centres (ISCs) of TAURUS Mutual Fund. In case the Declaration Form does not comply with the above requirements, TAURUS Mutual Fund / TAURUS AMC retains the sole and absolute discretion to reject / not process such Declaration Form and refund the subscription money and shall not be liable for any such rejection.

2. BENEFICIAL INVESTOR INFORMATION

The Third Party should provide the Folio Number of the Beneficial Investor already having an account in any of the TAURUS Mutual Fund Schemes in Section 1. In case the Beneficial Investor does not have a Folio Number, the Third Party should mention the Application Number as stated in the Application Form. Name must be written in full.

3. THIRD PARTY PAYMENT DETAILS

Third Party must provide in the Declaration Form the details of the Pay-in Bank Account i.e. account from which subscription payment is made in the name of the Beneficial Investor(s). The Declaration Form with incomplete payment details shall be rejected. The following document(s) is/are required to be submitted by Third Party as per the mode of payment selected:

(i) Source of funds - if paid by cheque - In case the account number and account holder name of the third party is not pre-printed on the cheque, then the third party should provide any one of the following documents: 1. a copy# of the bank passbook or a statement of bank account having the name and address of the account holder and account number; 2. a letter (in original) from the bank on its letterhead certifying that the third party maintains an account with the bank, along with information like bank account number, bank branch, account type, the MICR code of the branch & IFSC Code (where available). The said letter should be certified by the bank manager with his / her full signature, name, employee code, bank seal and contact number. # the original documents along with the documents mentioned above should be submitted to the ISCs / Official Points of Acceptance of TAURUS Mutual Fund. The copy of such documents will be verified with the original documents to the satisfaction of the TAURUS AMC/ TAURUS Mutual Fund / Registrar and Transfer Agent. The original documents will be returned across the counter after due verification. (ii) Source of funds - if funded by pre-funded investments such as Pay Order, Demand Draft, Banker's cheque etc. - The Third Party should attach any one of the following supporting documents with the purchase application where subscription for units is vide a pre-funded instrument issued by way of debit to his / her bank account: 1. a Certificate (in original) from the issuing banker duly certified by the bank manager with his / her full signature, name, employee code, bank seal and contact number, stating the Account holder's name, the Bank Account Number which has been debited for issue of the instrument and PAN as per bank records, if available 2. a

copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the third party as an account holder are available 3. a copy of the passbook/bank statement evidencing the debit for issuance of the instrument. The account number mentioned in the above supporting documents should be the same as / one of the registered bank account or the bank details mentioned in the application form. (iii) Source of funds - if paid by RIGS, Bank Account-to-Account Transfer, NEFT, ECS, etc. - Acknowledged copy of the instruction to the bank stating the account number debited. (iv) Source of funds - if paid by a pre-funded instrument issued by the Bank against Cash - The AMC/Mutual Fund /R&TA will not accept any purchase applications from third party if accompanied by a pre-funded instrument issued by a bank (such as Pay Order, Demand Draft, Banker's cheque) against cash for investments of ₹ 50,000 or more. The third party should submit a Certificate (in original) obtained from the bank giving name, bank account number and PAN as per the bank records (if available) of the person who has requested for the payment instrument. The said Certificate should be duly certified by the bank manager with his / her full signature, name, employee code, bank seal and contact number. The AMC / Mutual Fund / R&TA will check that the name mentioned in the Certificate matches with the name of the third party. The account number mentioned in the Certificate should be the same as / one of the registered bank account or the bank details mentioned in the application form.

4. SIGNATURE(S)

Signature(s) should be in English or in any Indian Language. Declarations on behalf of minors should be signed by their Guardian.

5. PREVENTION OF MONEY LAUNDERING

SEBI vide its circular reference number ISD/CIR/RR/AML/1/06 dated January 18, 2006 mandated that all intermediaries including Mutual Funds should formulate and implement a proper policy framework as per the guidelines on anti money laundering measures and also to adopt a Know Your Customer (KYC) policy. The Third Party should ensure that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designated for the purpose of any contravention or evasion of the provisions of the Income Tax Act, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable law in force and also any laws enacted by the Government of India from time to time or any rules, regulations, notifications or directions issued thereunder. To ensure appropriate identification of the Third Party and with a view to monitor transactions for the prevention of money laundering, TAURUS AMC/ TAURUS Mutual Fund reserves the right to seek information, record investor's telephonic calls and or obtain and retain documentation for establishing the identity of the third party, proof of residence, source of funds, etc. It may re-verify identity and obtain any incomplete or additional information for this purpose. TAURUS Mutual Fund, TAURUS AMC, TAURUS Trustee Company Limited ("TAURUS Trustee") and their Directors, employees and agents shall not be liable in any manner for any claims arising whatsoever on account of freezing the folios/rejection of any application / allotment of Units or mandatory redemption of Units due to non compliance with the provisions of the Act, SEBI/AMFI circular(s) and KYC policy and / or where the AMC believes that transaction is suspicious in nature within the purview of the Act and SEBI/AMFI circular(s) and reporting the same to FIU-IND. For further details, please refer Section 'Prevention of Money Laundering' under the Statement of Additional Information available on our website www.hdfcfund.com.

MULTIPLE BANK ACCOUNTS REGISTRATION FORM

(Please strike unused sections to avoid unauthorised use.)

Folio No. (For Existing Unit Holders) _____	OR	Application No (for New Unit Holders) _____	Permanent Account Number (PAN) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								
Name of Sole / First Unit Holder _____											

Note: Please read the instructions overleaf before filling in the form.

A - PREFERRED BANK ACCOUNT

From among the bank accounts registered with you, please register the following bank account as a Preferred Bank Account into which future redemption and/or dividend proceeds would be credited.

Account No.		Account type		Savings	Current	NRE	NRO	FCNR
Bank Name		Branch						
City		PIN code						
MICR Code [^]		IFSC Code ^{^^}						
Document attached* (Any one) <input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate								
<small>*Refer to instruction 2 ^ 9 digit code on your cheque next to the cheque number. ^^ 11 digit code printed on your cheque.</small>								

B – ADDITION OF BANK ACCOUNTS

Please register my/our following bank accounts for all investments in my/our account. I/We understand that I/We can choose to receive payment proceeds in any of these accounts, by making specific request. I/We understand that the bank accounts listed below shall be taken up for registration in my/our account in the order given below and the same shall be registered only if there is a scope to register additional bank accounts in the account.

Account No.		Account type		Savings	Current	NRE	NRO	FCNR
Bank Name		Branch						
City		PIN code						
MICR Code [^]		IFSC Code ^{^^}						
Document attached* (Any one) <input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate								
<small>*Refer to instruction 2 ^ 9 digit code on your cheque next to the cheque number. ^^ 11 digit code printed on your cheque.</small>								

Account No.		Account type		Savings	Current	NRE	NRO	FCNR
Bank Name		Branch						
City		PIN code						
MICR Code [^]		IFSC Code ^{^^}						
Document attached* (Any one) <input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate								
<small>*Refer to instruction 2 ^ 9 digit code on your cheque next to the cheque number. ^^ 11 digit code printed on your cheque.</small>								

Account No.		Account type		Savings	Current	NRE	NRO	FCNR
Bank Name		Branch						
City		PIN code						
MICR Code [^]		IFSC Code ^{^^}						
Document attached* (Any one) <input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate								
<small>*Refer to instruction 2 ^ 9 digit code on your cheque next to the cheque number. ^^ 11 digit code printed on your cheque.</small>								

Account No.		Account type		Savings	Current	NRE	NRO	FCNR
Bank Name		Branch						
City		PIN code						
MICR Code [^]		IFSC Code ^{^^}						
Document attached* (Any one) <input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate								
<small>*Refer to instruction 2 ^ 9 digit code on your cheque next to the cheque number. ^^ 11 digit code printed on your cheque.</small>								

Declaration
 I/We have read and understood the terms and conditions given below for registration of / changes to multiple bank accounts/. I/We understand that my/our application form is liable to be rejected if it is not filled as per the directions provided herein and in case the correct and complete supporting documents are not provided by me/us. I/We confirm that the referred above accounts pertain to my / our name/s. I/we shall not hold responsible Taurus MF / Taurus AMC or its Registrar & Transfer Agents or Banks, should the information furnished above is incomplete / invalid resulting in any transaction delays.

SIGNATURES (To be signed as per mode of holding. In case of Non-Individual Applicant, to be signed by AUTHORISED SIGNATORIES)		
Please sign here	Please sign here	Please sign here
Sole / First Applicant	Second Applicant	Third Applicant