

KEY INFORMATION MEMORANDUM & COMMON APPLICATION FORM

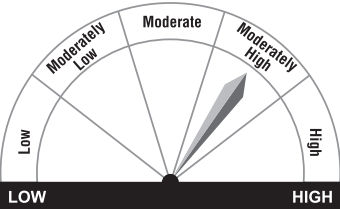
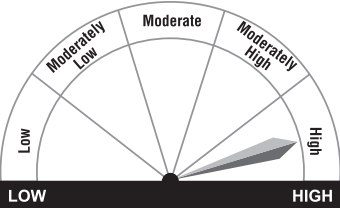
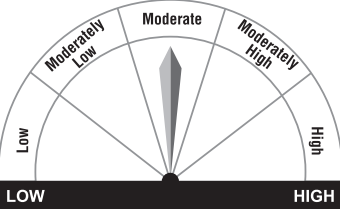
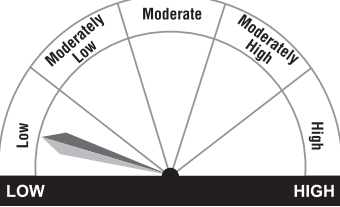
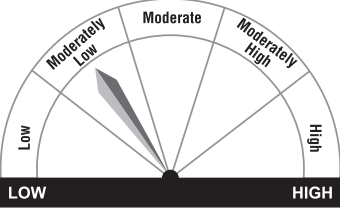
Name of the Mutual Fund
Tata Mutual Fund

Name of the AMC
Tata Asset Management Ltd.
CIN: U65990-MH-1994-PLC-077090

Offer For Units At
Nav Based Prices

Mulla House, 4th Floor, M. G. Road, Fort, Mumbai - 400 001 • Toll Free: 1800-209-0101 • E-mail: service@tataamc.com • Website: www.tatamutualfund.com

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. For further details of the scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations etc. investors should, before investment, refer to the Scheme Information Document (SID) & Statement of Additional Information (SAI) available free of cost at any of the Investor Service Centres or distributors or from the website www.tatamutualfund.com. The Scheme particulars have been prepared in accordance with Securities & Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date & filed with Securities & Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM.

NAME OF THE SCHEMES	RISK-O-METER
<p>These products are suitable for investors who are seeking*:</p> <p>Tata Hybrid Equity Fund: • Long Term Capital Appreciation. • Investment predominantly in equity & equity related instruments (65% - 80%) & some portion (between 20% to 35%) in fixed income instruments.</p> <p>Tata Large Cap Fund: • Long Term Capital Appreciation. • Investment predominantly in equity & equity related securities of large cap companies.</p> <p>Tata Equity P/E Fund: • Long Term Capital Appreciation. • Investment (minimum 70%) in equity & equity related instruments of companies whose rolling P/E is lower than rolling P/E of S&P BSE Sensex.</p> <p>Tata Large & Mid Cap Fund: • Long Term Capital Appreciation. • Investment in equity & equity related instruments of well researched value and growth oriented Large & Mid Cap Companies.</p> <p>Tata Mid Cap Growth Fund: • Long Term Capital Appreciation. • Investment predominantly in equity & equity related instruments of growth oriented mid cap companies.</p> <p>Tata India Tax Savings Fund: • Long Term Capital Appreciation. • An equity linked savings scheme (ELSS) Investing predominantly in Equity & Equity related instruments.</p> <p>Tata Index Fund: • Nifty: • Long Term Capital Appreciation. • To reflect / mirror the Nifty 50 returns by investing in the same stocks which comprises of NIFTY 50.</p> <p>• Sensex: • Long Term Capital Appreciation. • To reflect / mirror the S&P BSE Sensex returns by investing in the same stocks which comprises of S&P BSE Sensex.</p> <p>Tata Equity Savings Fund: • Long Term Capital Appreciation by investing in equity and equity related instruments. • Income distribution by investing in equity arbitrage opportunities and debt & money market instruments.</p> <p>Tata Balanced Advantage Fund: • Capital Appreciation along with generation of income over medium to long term period. • Predominant investment in equity and equity related instruments as well as in debt and money market instruments.</p> <p>Tata Multicap Fund: • Capital Appreciation over medium to long term • Investment in a diversified portfolio consisting of equity and equity related instruments across market capitalization.</p> <p>Tata Small Cap Fund: • Long Term Capital Appreciation. • Predominant investment in equity/equity related instruments of small cap companies.</p> <p>Tata Nifty Exchange Traded Fund: • Long Term Capital Growth. • Investments in Equity & Equity related instruments covered by Nifty 50 Index.</p> <p>*Investors should consult their financial advisors if in doubt about whether the product is suitable for them</p>	 <p>Investors understand that their principal will be at Moderately High risk</p>
<p>These products are suitable for investors who are seeking*:</p> <p>Tata Ethical Fund: • Long Term Capital Appreciation. • Investment predominantly in equity & equity related instruments of shariah principles compliant companies and in other instruments allowed under shariah principles.</p> <p>Tata Infrastructure Fund: • Long Term Capital Appreciation. • Investment Predominantly in equity / equity related instruments of the companies in the Infrastructure sector in India.</p> <p>Tata Banking And Financial Services Fund: • Long Term Capital Appreciation. • Investment in equity/equity related instruments of the companies in Banking and Financial Services sector in India</p> <p>Tata Digital India Fund: • Long Term Capital Appreciation. • Investment in equity/equity related instruments of the companies in Information Technology Sector in India.</p> <p>Tata India Consumer Fund: • Long Term Capital Appreciation. • Investment in equity/equity related instruments of the companies in the Consumption Oriented sector in India.</p> <p>Tata India Pharma & Healthcare Fund: • Long Term Capital Appreciation. • Investment in equity/equity related instruments of the companies in the Pharma & Healthcare sector in India.</p> <p>Tata Resources & Energy Fund: • Long Term Capital Appreciation. • Investment in equity/equity related instruments of the companies in the Resources & Energy sector in India.</p> <p>*Investors should consult their financial advisors if in doubt about whether the product is suitable for them</p>	 <p>Investors understand that their principal will be at High risk</p>
<p>These products are suitable for investors who are seeking*:</p> <p>Tata Income Fund: • Long Term Capital Appreciation & Regular Income. • Investment in Debt & Money Market Instruments / Government Securities.</p> <p>Tata Medium Term Fund: • Income/Capital Appreciation over medium term. • Investment in Debt / Money Market Instruments / Government Securities.</p> <p>Tata Dynamic Bond Fund: • Short Term to Medium Capital Appreciation. • Investment in Debt / Money Market Instruments / Government Securities.</p> <p>Tata Gilt Securities Fund: • Long Term Capital Appreciation & Regular Income. • Investment predominantly in Government Securities.</p> <p>Tata Corporate Bond Fund: • Regular Income for Medium Term. • Predominant investment in corporate Debt securities.</p> <p>*Investors should consult their financial advisors if in doubt about whether the product is suitable for them</p>	 <p>Investors understand that their principal will be at Moderate risk</p>
<p>These products are suitable for investors who are seeking*:</p> <p>Tata Liquid Fund: • Regular Income for Short Term. • Investment in Debt / Money Market Instruments.</p> <p>Tata Overnight Fund: • To generate reasonable returns in line with overnight rates and high liquidity over short term • Investment in debt and money market instruments having maturity of upto 1 business day</p> <p>*Investors should consult their financial advisors if in doubt about whether the product is suitable for them</p>	 <p>Investors understand that their principal will be at Low risk</p>
<p>These products are suitable for investors who are seeking*:</p> <p>Tata Treasury Advantage Fund: • Regular Fixed Income for Short Term. • Investment in Debt & Money Market Instruments.</p> <p>Tata Short Term Bond Fund: • Regular Fixed Income for Short Term. • Investment in Debt / Money Market instruments / Government Securities.</p> <p>Tata Money Market Fund: • Regular Income over Short Term. • Investment in Money Market Instruments.</p> <p>Tata Arbitrage Fund: • Income over a short term investment horizon. • Investments predominantly in arbitrage opportunities in the cash and derivative segments of the equity markets and by investing the balance in debt and money market instruments.</p> <p>Tata Ultra Short Term Fund: • Regular Income Over Short Term • Investment in Debt & Money Market instruments such that the Macaulay Duration of the portfolio is between 3 months - 6 months.</p> <p>*Investors should consult their financial advisors if in doubt about whether the product is suitable for them</p>	 <p>Investors understand that their principal will be at Moderately Low risk</p>



TATA MUTUAL FUND
Mulla House, 4th Floor, M.G. Road, Fort, Mumbai - 400 001
Application Form For Tata Mutual Fund



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

1. Advisor / Distributor Information

Refer Sec. B

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of 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.		
In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive transaction charges, ₹ 150/- (for First time mutual fund investor) or ₹ 100/- (for investor other than First time mutual fund investor) will be deducted from the subscription amount and paid 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. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the scheme(s) of Tata Mutual Fund			
Sole / 1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression	

2. Applicant's Information

Refer Sec. A, C & J

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

1st Applicant's Details

Folio No. _____

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

Mr. Ms. M/s. PAN / PEKRN _____ C-KYC _____

Name _____

Date of Birth (DOB) _____ In case of Minor: Proof of DOB: Birth certificate School leaving certificate
 Passport Others

Mobile No. _____ Mobile belongs to Self Parent
 Spouse Child

Power Of Attorney (POA) / Proprietor / Guardian details (minor applicant)

POA / Proprietor / Guardian Details Mr. Ms. PAN / PEKRN _____

Name _____

To be filled by Guardian >> Relationship with the Minor Applicant Mother Father Legal Guardian Proof of Relationship Birth certificate School leaving certificate Passport Others

Mobile No. _____ Date of Birth _____ C-KYC _____

Tax Status

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

3. Contact Details

Refer Sec. D

Mailing address is required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA records

PIN _____ State _____ City _____ Country _____

Residence Phone (prefix STD Code) _____ Office Phone (prefix STD Code) _____ Extn _____

Email _____ Email belongs to Self Parent
 Spouse Child

For investors who do not have email address on record:
I/We wish to receive physical copy of the scheme-wise annual report or abridged summary thereof Yes No

Overseas address

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

		City
State	ZIP Code	Country

4. Investment Instrument Details

Refer Sec. E

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

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

Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)
Account Number	A/c Type	Dated
		D D / M M / Y Y Y Y
Drawn on Bank	Cheque / DD No.	
Branch	Branch City	

5. Investment Scheme Details

Refer Sec. F & Product Labels

Scheme Name >>

Plan (select any one) >>

Regular Direct

Option >>

Sub Option >>

Div. Payout Option (select any one) >>

Dividend Reinvestment Dividend Payout

6. Bank Account Details

Refer Sec. G

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

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

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

Cheque Details

Cheque/DD No. _____ dated _____ A/c. No. _____ Bank _____

Call 1800 209 0101 (On all days between 9 am and 9.30 pm)

Acknowledgement Slip

Subject to realisation.

7. Joint Applicant's Details

Refer Sec. H & I

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

IInd Applicant's Details

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	PAN / PEKRN
Name		
Mobile No.	Date of Birth D D / M M / Y Y Y Y	C-KYC

IIIrd Applicant's Details

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	PAN / PEKRN
Name		
Mobile No.	Date of Birth D D / M M / Y Y Y Y	C-KYC

8. Know Your Customer (KYC) Details

Refer Sec. J

CATEGORIES	FIRST APPLICANT (Including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Occupation >>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)
Gross Annual Income >>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >1 crore	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >1 crore	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >1 crore
Networth in (Mandatory for Non-individual)	₹ as on D D / M M / Y Y Y Y (not older than 1 year)	₹ as on D D / M M / Y Y Y Y (not older than 1 year)	₹ as on D D / M M / Y Y Y Y (not older than 1 year)
Others >>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person

Additional KYC Details for Non - Individuals

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

Refer Sec. K

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

* Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents; Reason B: No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected); Reason C: Others- Please state the reasons thereof

FATCA & CRS Related Details for Non Individuals: Please submit Form W8 BEN-E / Specified declaration (Enclosed)

10. Nomination Details

Refer Sec. L

Mandatory for Individual(s) applying singly or jointly.

You can nominate up to 3 persons to receive the Units allotted to you in your folio in the unfortunate event of death of all unit holders. All payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund/ Trustees.

<input type="checkbox"/> Register nomination as below		<input type="checkbox"/> I do not wish to nominate.	
Select any one >>			
1 st Nominee	Nominee Name		Date of Birth D D / M M / Y Y Y Y
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
2 nd Nominee	Nominee Name		Date of Birth D D / M M / Y Y Y Y
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
3 rd Nominee	Nominee Name		Date of Birth D D / M M / Y Y Y Y
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
1 st Applicant Signature / Thumb Impression		2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression

11. Demat Account Details

Refer Sec. M

Ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant. In case the details are found to be incorrect, Units will be allotted in physical mode.

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

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

12. Declaration and Signatures

Refer Sec. N

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I/We hereby confirm and declare as under:-

- I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ('Fund') indicated in this application form.
- I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Limited (TAML)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom.
- I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We hereby authorize you to share the account statement of the folio with the distributor /broker / advisor on record.
- I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment.
- I / We agree that the unit balance(s) reflecting in the account statement is subject to realisation of Cheque accompanying the purchase request, PAN validation and KYC compliance.
- For Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.
- For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.

Date: _____

1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression
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TATA MUTUAL FUND

Mulla House, 4th Floor, M.G. Road, Fort, Mumbai - 400 001

Application Form For Tata Retirement Savings Fund

This product is suitable for investors who are seeking*:
PROGRESSIVE PLAN: - Long Term Capital Appreciation. - An equity oriented (between 85%-100%) savings scheme which provides tool for retirement planning to individual investors.
MODERATE PLAN: - Long Term Capital Appreciation & Current Income. - A predominantly equity oriented (between 65%-85%) savings scheme which provides tool for retirement planning to individual investors.
CONSERVATIVE PLAN: - Long Term Capital Appreciation & Current Income. - A debt oriented (between 70%-100%) savings scheme which provides tool for retirement planning to individual investors. *Investors should consult their financial advisors if in doubt about whether the product is suitable for them



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

Sr. No.:

1. Advisor / Distributor Information

Refer Sec. B

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of 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.		
In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive transaction charges, ₹ 150/- (for First time mutual fund investor) or ₹ 100/- (for investor other than First time mutual fund investor) will be deducted from the subscription amount and paid 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. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund			
Sole / 1 st Applicant Signature / Thumb Impression		2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression

2. Applicant's Information

Refer Sec. A, C & I

The Name of the Applicants should be as mentioned in the PAN and the KYC acknowledgement. There can be upto 3 holders. No joint holders allowed with 1st applicant as a minor. Any applicants should not be a resident of Canada or a person who falls within the definition of the term "U.S. Person" under the US Securities Act of 1933 and corporations or other entities organised under the laws of the U.S. Individual Investors who are KYC KRA verified after 10th Feb 2017, should additionally submit C-KYC number. In case the C-KYC number is not available, kindly complete the CKYC Application Form - Individual available on www.tatamutualfund.com.

1st Applicant's Details

Folio No.

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

Mr. Ms. M/s. PAN / PEKRN C-KYC

Name

Date of Birth (DOB) In case of Minor: Proof of DOB: Birth certificate School leaving certificate
 Passport Others

Mobile No. Mobile belongs to Self Parent Spouse Child

Power Of Attorney (POA) / Proprietor / Guardian details (minor applicant)

POA / Proprietor / Guardian Details Mr. Ms. PAN / PEKRN

Name

To be filled by Guardian Relationship with the Minor Applicant Proof of Relationship
 Mother Father Legal Guardian Birth certificate School leaving certificate Passport Others

Mobile No. Date of Birth C-KYC

Tax Status

- | | | |
|--|--|---|
| <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Minor - NRI | <input type="checkbox"/> Overseas Citizen of India |
| <input type="checkbox"/> NRI-Repatriation | <input type="checkbox"/> Person of Indian Origin | <input type="checkbox"/> Foreign National Resident in India |
| <input type="checkbox"/> NRI-Non-Repatriation | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Qualified Foreign Investor |
| <input type="checkbox"/> Minor - Resident Individual | <input type="checkbox"/> Hindu Undivided Family | |

3. Contact Details

Refer Sec. D

Mailing address is required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA records

PIN State City

Residence Phone (prefix STD Code) Office Phone (prefix STD Code) Country

Email Extn Email belongs to Self Parent Spouse Child

For investors who do not have email address on record:
 I/We wish to receive physical copy of the scheme-wise annual report or abridged summary thereof Yes No



Acknowledgement Slip

Sr. No.:

Received from Mr./Ms./M/s. PAN ₹

for purchase in Tata Retirement Savings Fund; Plan: Progressive Moderate Conservative

Cheque Details Overleaf / Subject to realisation.

Call: 1800 209 0101 • SMS: TMF To 57575 • E-mail: service@tataamc.com

Overseas address

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

		City
State	ZIP Code	Country

4. Investment Instrument Details

Refer Sec. E

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

Cheque/ DD to be drawn in favour of 'Tata Retirement Savings Fund'

Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)
Account Number	A/c Type	Dated
Drawn on Bank	Cheque / DD No.	
Branch	Branch City	

5. Investment Scheme Details

Refer Sec. F & G

Select any one >>

TATA RETIREMENT SAVINGS FUND		
Plan Name	Please tick the appropriate option (any one per plan)	
<input type="checkbox"/> Progressive Plan - Regular Plan <input type="checkbox"/> Progressive Plan - Direct Plan	<input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60), <input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch	
<input type="checkbox"/> Moderate Plan - Regular Plan <input type="checkbox"/> Moderate Plan - Direct Plan	<input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60)	<input type="checkbox"/> No Auto Switch
<input type="checkbox"/> Conservative Plan - Regular Plan <input type="checkbox"/> Conservative Plan - Direct Plan	-----	

6. Auto SWP Facility

Select any one only >> Will be applicable after attaining 60 years

<input type="checkbox"/> No Auto SWP
OR <input type="checkbox"/> Fixed SWP (Select Frequency) ○ Monthly OR ○ Quarterly (Default)
OR <input type="checkbox"/> Fixed Amount (Frequency Monthly only) Rs. <input type="text"/>

7. Bank Account Details

Refer Sec. G

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

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

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

Cheque Details

Acknowledgement Slip

Cheque/DD No. _____ dated _____ A/c. No. _____ Bank _____

Call 1800 209 0101 (On all days between 9 am and 9.30 pm)

Subject to realisation.

8. Joint Applicant's Details

Refer Sec. E & F

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

IInd Applicant's Details

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	PAN / PEKRN
Name		
Mobile No.	Date of Birth D D / M M / Y Y Y Y	C-KYC

IIIrd Applicant's Details

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	PAN / PEKRN
Name		
Mobile No.	Date of Birth D D / M M / Y Y Y Y	C-KYC

9. Know Your Customer (KYC) Details

Refer Sec. J

CATEGORIES	FIRST APPLICANT (Including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Occupation >>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)
Gross Annual Income >>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore Networth in (Mandatory for Non-individual) ₹ as on D D / M M / Y Y Y Y (not older than 1 year)	<input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify)
Others >>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person

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

Refer Sec. K

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

* Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents; Reason B: No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected); Reason C: Others- Please state the reasons thereof

11. Nomination Details

Refer Sec. L

Mandatory for Individual(s) applying singly or jointly.

You can nominate up to 3 persons to receive the Units allotted to you in your folio in the unfortunate event of death of all unit holders. All payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund/ Trustees.

Select any one
1st Nominee

<input type="checkbox"/> Register nomination as below <input type="checkbox"/> I do not wish to nominate.		
Nominee Name	Date of Birth D D / M M / Y Y Y Y	
Address		
		City
State	PIN	Country
Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
2 nd Nominee		
Nominee Name	Date of Birth D D / M M / Y Y Y Y	
Address		
		City
State	PIN	Country
Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
3 rd Nominee		
Nominee Name	Date of Birth D D / M M / Y Y Y Y	
Address		
		City
State	PIN	Country
Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression

12. Demat Account Details

Refer Sec. M

Ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant. In case the details are found to be incorrect, Units will be allotted in physical mode.

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

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

13. Declaration and Signatures

Refer Sec. N

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under:-

- I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ('Fund') indicated in this application form.
- I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Limited (TAML)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom.
- I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advance to me/us. I/We hereby authorize you to share the account statement of the folio with the distributor /broker / advisor on record.
- I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment.
- I / We agree that the unit balance(s) reflecting in the account statement is subject to realisation of Cheque accompanying the purchase request, PAN validation and KYC compliance.
- For Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.
- For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.

Date: _____

1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression
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Debit Mandate Form NACH (One Time Mandate - OTM)

Date

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

UMRN

Choose (✓)

- CREATE
- MODIFY
- CANCEL

Sponsor Bank Code Utility Code I/We hereby authorize **TATA MUTUAL FUND** to debit (✓) SB CA CC SB-NRE SB-NRO OtherBank A/c No.: With Bank: IFSC MICR an amount of Rupees ₹ FREQUENCY (preselected) Monthly Quarterly Half Yearly As when presented (default) DEBIT TYPE Fixed Amount Maximum AmountReference / Folio No. Email Id Scheme / Plan reference No. **All Schemes of Tata Mutual Fund** Mobile

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

PERIOD

From to

or Until Cancelled

Sign Sign Sign

1. 2. 3.

Name as in Bank Records Name as in Bank Records Name as in Bank Records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorised the debit.

SIP Registration / Renewal Form (For OTM Registered Investors only)

Please tick (✓) as applicable: Registration of SIP Registration of MICRO SIP Renewal of SIP.

Advisor Details (Transaction Charges for Applications routed through distributor/agents only (Kindly refer Instruction 8 overleaf))

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

Investor Details	Application No. <input type="text"/>	Folio No. <input type="text"/>
1 st Holder Name	PAN <input type="text"/>	
2 nd Holder Name	PAN <input type="text"/>	
3 rd Holder Name	PAN <input type="text"/>	

First SIP Cheque Details		
Cheque No.	Cheque Amount in Rs. <input type="text"/>	Cheque Date <input type="text" value="DDMMYYYY"/>
Bank Name	Branch	City

SIP Scheme/Option/ Sub Option	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	SIP Instalment Amount (₹)	SIP Date (Default 10 th)	Frequency (*Default)	Start Month / Year	End Month / Year (Default : December 2099)
				<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly * <input type="checkbox"/> Quarterly	<input type="text" value="MM/YYYYYY"/>	<input type="text" value="MM/YYYYYY"/>

<input type="checkbox"/> SIP Top-up (Optional)	Top-up Amount (Rs.) (In multiples of Rs. 500/- only) <input type="text"/>	SIP Top Up Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (default)	Upper SIP Amount (Rs.) <input type="text"/>
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Auto Switch Option : Applicable for Tata Retirement Savings Fund (TRSIF) only, for default values refer SID.

Plan Name	Please tick the appropriate Autoswitch option (any one as per the plan)
Progressive Plan	<input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60), <input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch
Moderate Plan	<input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60) <input type="checkbox"/> No Auto Switch

Systematic Withdrawal Plan : (Please ✓ any one) Applicable after the age of 60 of the 1st unit holder, for TRSF only.

<input type="checkbox"/> No Auto SWP	<input type="checkbox"/> Fixed SWP (Select Frequency) <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly (Default)	<input type="checkbox"/> Fixed Amount (Frequency Monthly only) Rs. <input type="text"/>
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Declaration and Signatures : To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s and terms and conditions overleaf, 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 towards SIP installments referred above through participation in ECS/Direct Debit/Standing Instruction. The ARN Holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different coming Schemes of various Mutual Funds from amounts which the Scheme is being recommended to me /us.

SIGNATURE/S	Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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Received for Folio No. / Application No. OTM Debit Mandate Form SIP Form



TATA MUTUAL FUND

Mulla House, 4th Floor, M.G. Road, Fort, Mumbai - 400 001

SYSTEMATIC TRANSFER PLAN FORM



1. ADVISOR DETAILS

Refer Instruction 2.

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

2. INVESTOR DETAILS

Folio No. _____

1 st Holder Name		PAN
Date of Birth DD / MM / YYYY	C-KYC	Mobile No.
2 nd Holder Name		PAN
Date of Birth DD / MM / YYYY	C-KYC	Mobile No.
3 rd Holder Name		PAN
Date of Birth DD / MM / YYYY	C-KYC	Mobile No.

3. PURPOSE OF FORM (tick any one)

Fresh Registration Cancellation

4. SYSTEMATIC TRANSFER DETAILS

Scheme Details

Transferor Scheme / Plan / Option	
Transferee Scheme / Plan / Option	
Transferee Sub Option	Div. Payout Option: (select any one) <input type="checkbox"/> Div. Reinvest <input type="checkbox"/> Div. Payout

Transfer Plan Details (Select any one)

<input type="checkbox"/> Fixed Amount Transfer Plan (FATP)	Amount in Rs. ₹ _____	Amount in Words
<input type="checkbox"/> Fixed Units Transfer Plan (FUTP)	Number of Units	
<input type="checkbox"/> Capital Appreciation Transfer Plan (CATP)		
<input type="checkbox"/> Dividend Transfer Plan (DTP)		

Transfer Frequency (Select any one - Not Applicable for Dividend Transfer Plan)

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

Enrolment Period (Not Applicable for Dividend Transfer Plan)

Start Date DD / MM / YYYY	End Date DD / MM / YYYY	OR	Number of Installments / Transfers
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5. DECLARATION AND SIGNATURES

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes regarding the eligibility, validity and authorization of my/our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. Date _____

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

Sr. No.:

Received from Mr./Ms./M/s. _____ Folio No. _____ STP request
from Scheme _____ to Schemes _____
for FATP FUTP CATP DTP for Amount (₹) / Units _____ Subject to verification.





TATA MUTUAL FUND

Mulla House, 4th Floor, M.G. Road, Fort, Mumbai - 400 001

SYSTEMATIC WITHDRAWAL PLAN FORM



1. INVESTOR DETAILS

Folio No. _____

1 st Holder Name		PAN
Date of Birth DD / MM / YYYY	C-KYC	Mobile No.
2 nd Holder Name		PAN
Date of Birth DD / MM / YYYY	C-KYC	Mobile No.
3 rd Holder Name		PAN
Date of Birth DD / MM / YYYY	C-KYC	Mobile No.

2. PURPOSE OF FORM (tick any one)

Fresh Registration
 Change in the Withdrawal Amount
 Cancellation

3. SYSTEMATIC WITHDRAWAL DETAILS

Scheme Details

Scheme / Plan / Option _____

Withdrawal Plan Details (Select any one)

Fixed Amount Withdrawal Plan
 Amount in Rs. _____
 Amount in Words _____
 Capital Appreciation Withdrawal Plan

Withdrawal Frequency (Select any one)

Monthly
 Quarterly
 Half Yearly
 Annually (Default)

Enrolment Period

Start Date: DD / MM / YYYY
 End Date: DD / MM / YYYY
 Withdrawal Date (Any date between 1st and 31st - default 25th): DD in words _____

4. PAYMENT BANK DETAILS FOR SWP (Registered in the folio)

For Investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off the section if not used). The SWP payout should be prescribed into the following bank account as per the payout mechanism indicated me/us.

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

Note: If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the SWP payout will be processed into the "Default" bank account registered for the aforesaid folio.

5. DECLARATION AND SIGNATURES

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes regarding the eligibility, validity and authorization of my/our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby confirm that I/We have not been offered /communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. Date _____

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

Acknowledgement Slip

Sr. No.:

Received from Mr./Ms./M/s. _____ Folio No. _____ SWP request
 from Scheme _____ for ₹ _____

Subject to verification.

**1. ADVISOR DETAILS**

Refer Instruction 2.

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

2. INVESTOR DETAILS

Folio No. _____

1 st Holder Name		PAN
Date of Birth DD / MM / YYYY	C-KYC	Mobile No.
2 nd Holder Name		PAN
Date of Birth DD / MM / YYYY	C-KYC	Mobile No.
3 rd Holder Name		PAN
Date of Birth DD / MM / YYYY	C-KYC	Mobile No.

3. ADDITIONAL PURCHASE DETAILS

Refer Instruction 3.

Payment Mode : <input type="checkbox"/> OTM facility (Registered in folio) <input type="checkbox"/> Cheque / DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> NEFT / RTGS			
Scheme / Plan / Option			
Gross Amount (A) ₹	DD Charges (if any) (B) ₹	Net Amount (A - B) ₹	
Account Number	Account Type	Dated DD / MM / YYYY	
Drawn on Bank	Cheque / DD / UTR No.		

4. SWITCH OUT DETAILS

Refer Instruction 4.

From Scheme / Plan / Option		
To Scheme / Plan / Option		
<input type="checkbox"/> Amount (in figure) ₹	OR <input type="checkbox"/> Units (in figure)	OR <input type="checkbox"/> All Units

5. REDEMPTION DETAILS

Refer Instruction 5.

From Scheme / Plan / Option		
<input type="checkbox"/> Amount (in figure) ₹	OR <input type="checkbox"/> Units (in figure)	OR <input type="checkbox"/> All Units

Redemption Bank Account Details for investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off this section if not used). The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us:

Bank Name	Bank Account Number
IFSC for NEFT	IFSC for RTGS
	MICR

Note: If the bank account mentioned above is different from those already registered in your folio OR If the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio.

6. DECLARATION AND SIGNATURES

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes regarding the eligibility, validity and authorization of my/our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby confirm that I/We have not been offered / communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. Date _____

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

----- ✂ -----
Acknowledgement Slip
----- ✂ -----

Folio No. _____	<input type="checkbox"/> Purchase <input type="checkbox"/> Redemption <input type="checkbox"/> Switch in Scheme	
For Amount of ₹ _____	or Units _____	(details overleaf)





TATA MUTUAL FUND

Mulla House, 4th Floor, M.G. Road, Fort, Mumbai - 400 001



ADDITIONAL PURCHASE / SWITCH FORM FOR TATA RETIREMENT SAVINGS FUND

Refer Instruction 2.

1. ADVISOR DETAILS

ARN / RIA Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. ^A By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund.		
Sole / 1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression	

2. INVESTOR DETAILS

1 st Holder Name		Folio No.	PAN
Date of Birth	C-KYC	Mobile No.	
2 nd Holder Name		PAN	
Date of Birth	C-KYC	Mobile No.	
3 rd Holder Name		PAN	
Date of Birth	C-KYC	Mobile No.	

3. ADDITIONAL PURCHASE DETAILS

Refer Instruction 3.

TATA RETIREMENT SAVINGS FUND		Please tick the appropriate option (any one per plan)	
<input type="checkbox"/> Progressive Plan - Regular Plan	<input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60),		
<input type="checkbox"/> Progressive Plan - Direct Plan	<input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch		
<input type="checkbox"/> Moderate Plan - Regular Plan	<input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60)	<input type="checkbox"/> No Auto Switch	
<input type="checkbox"/> Moderate Plan - Direct Plan			
<input type="checkbox"/> Conservative Plan - Regular Plan			
<input type="checkbox"/> Conservative Plan - Direct Plan			
Payment Mode : <input type="checkbox"/> OTM facility (Registered in folio) <input type="checkbox"/> Cheque / DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> NEFT / RTGS			
Gross Amount (A)	DD Charges (if any) (B)	Net Amount (A - B)	
Account Number	Account Type	Dated	
Drawn on Bank	Cheque / DD / UTR No.		
Branch	Branch City		

4. SWITCH DETAILS

Refer Instruction 4.

From Scheme / Plan / Option			
To Scheme TATA RETIREMENT SAVINGS FUND			
Plan Name		Please tick the appropriate option (any one per plan)	
<input type="checkbox"/> Progressive Plan - Regular Plan	<input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60),		
<input type="checkbox"/> Progressive Plan - Direct Plan	<input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch		
<input type="checkbox"/> Moderate Plan - Regular Plan	<input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60)	<input type="checkbox"/> No Auto Switch	
<input type="checkbox"/> Moderate Plan - Direct Plan			
<input type="checkbox"/> Conservative Plan - Regular Plan			
<input type="checkbox"/> Conservative Plan - Direct Plan			
Amount (in figure) ₹	OR	Units (in figure)	OR
			All Units

5. AUTO SWP FACILITY (Will be applicable after attaining 60 years).

Refer Sec. H

<input type="checkbox"/> No Auto SWP	<input type="checkbox"/> Fixed SWP (Select Frequency)	<input type="checkbox"/> Fixed Amount (Frequency Monthly only) Rs.
	<input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly (Default)	

6. DECLARATION AND SIGNATURES

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under: (1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the Key Information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Limited (TAML)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. (4) That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom. (5) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. (6) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (7) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (8) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. (9) For Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status. (10) For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws. Date: _____

Sole / 1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression
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Acknowledgement Slip Sr. No.:

Received from Mr./Ms./M/s. _____ Folio No. _____ ₹ _____
 for purchase / switch in Scheme Name _____ (mention cheque details overleaf) Subject to realisation.





TATA MUTUAL FUND

Mulla House, 4th Floor, M.G. Road, Fort, Mumbai - 400 001



FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

1. Entity Details

Name of the Entity	
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes	
Application No.	Folio No.
PAN Number	Date of Incorporation
City of Incorporation	Country of Incorporation
Entity Constitution Type	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify
Please tick the applicable tax resident declaration	Is "Entity" a tax resident of any country other than India: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)</i>

Country	Tax Identification Number*	Identification Type (TIN or Other, please specify)

*In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here _____

Please refer to para 3(vii) exemption code for U.S. persons in FATCA Instructions & Definitions

2. FATCA & CRS Declaration

PART A (to be Filled by Financial Institutions or Direct Reporting NFEs)

1	We are a, <input type="checkbox"/> Financial institution ³ or <input type="checkbox"/> Direct reporting NFE ⁴ (please tick as appropriate)	GIIN _____ Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity _____
GIIN not available (please tick as applicable) <input type="checkbox"/> Applied for		
If the entity is a Financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ _____		
<input type="checkbox"/> Not obtained - Non-participating FI		

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a listed company (that is, a company whose shares are regularly traded on an established stock exchanges)	<input type="checkbox"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2	Is the Entity a related entity of a listed company (a company whose shares are regularly traded on an established stock exchanges)	<input type="checkbox"/> Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on where this stock is regularly traded) <input type="checkbox"/> No Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3	Is the Entity an active ¹ NFE	<input type="checkbox"/> Yes <input type="checkbox"/> No Nature of Business _____ Please specify the sub-category of Active NFE _____
4	Is the Entity a passive ² NFE	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹ Refer 2 of Part D | ² Refer 3(ii) of Part D | ³ Refer 1(i) of Part D | ⁴ Refer 3(vi) of Part D | ¹⁰ Refer 1A of Part D

3. Ultimate Beneficial Ownership (UBO) Details for Passive NFE

If passive NFE, please provide below additional details for each of controlling persons. (Please attach additional sheets if necessary)

Name PAN / Any other Identification Number <i>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)</i> City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other										
1. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
2. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
3. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India: * To include US, where controlling person is a US citizen or green card holder.

% In case Tax Identification Number is not available, kindly provide functional equivalent.

4. FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules- 1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change any information provided by you, please insure your advice us promptly, i.e. within 30 days.

If any controlling person of any utility is US citizen or Green card holder, please include United States in the foreign country information field along with the US Tax Identification number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form.

5. Declaration and Signatures

I/We have understood the information requirements of this Form (Read along with FATCA & CRS Instructions) and hereby confirm that information provided by me / us on this Form is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same.

Name _____
Designation _____

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Place: _____

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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TATA MUTUAL FUND
Mulla House, 4th Floor, M.G. Road, Fort, Mumbai - 400 001
Declaration for Ultimate Beneficial Ownership (UBO) / Controlling Persons
(Mandatory for Non-individual Investors)



1. Entity Details

Name of the Entity	
PAN Number	_____

2. Applicable for Listed Company / Subsidiary Company

(i) I We Hereby declare that-

Our Company is a Listed Company listed on recognised stock exchange in India Our Company is a Subsidiary of a Listed Company

Our Company is Controlled by a Listed Company

(ii) Details of the Listed Company ^

Stock Exchange on which it is listed _____ Security ISIN _____

^ The Details of holding/parent company to be provided in case the applicant / investor is a subsidiary company

3. Applicable for Non Individuals other than Listed Company / its Subsidiary Company

Category (Please tick applicable category):

Unlisted Company Partnership Firm Limited Liability Partnership Company

Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust

Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s)^.

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country%	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code - of Controlling person
1. Name _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office
2. Name _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office
3. Name _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office

1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table style="border: 1px solid black; display: inline-table;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table style="border: 1px solid black; display: inline-table;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table style="border: 1px solid black; display: inline-table;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">/</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:
* To include US, where controlling person is a US citizen or green card holder. % In case Tax Identification Number is not available, kindly provide functional equivalent. ^Attach sheets if necessary.

4. Declaration and Signatures

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorised Signatory	Authorised Signatory	Authorised Signatory
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Place: _____ Date:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---