

KEY INFORMATION MEMORANDUM

Name of the Mutual Fund: Tata Mutual Fund

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



He will play his part. Are you ready to play yours?

TATA YOUNG CITIZENS' FUND

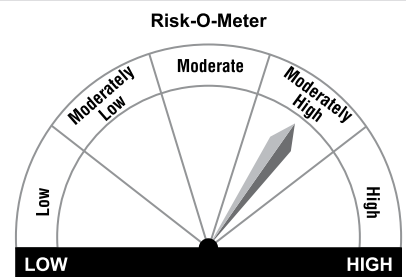
(An open-ended fund for investment for children having a lock-in for at least 5 years or till the child attains age of majority (whichever is earlier))

Offer of Units at NAV based price.

This product is suitable for investors who are seeking*:

- Long Term Capital Appreciation by investing predominantly in equity & equity related instruments.

*Investors should consult their financial advisors if in doubt about whether the product is suitable for them.



Investors understand that their principal will be at Moderately High risk

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) and 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 and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and 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.

9th Floor, Mafatlal Centre, Nariman Point, Mumbai – 400 021

Toll Free: 1800-209-0101 (Lines open on Sundays also)

E-mail: service@tataamc.com Website: www.tatamutualfund.com



TATA MUTUAL FUND

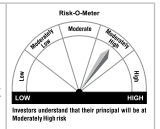
Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021

Application Form For Tata Young Citizens' Fund

This product is suitable for investors who are seeking*:

- Long Term Capital Appreciation by investing predominantly in equity & equity related instruments.

*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			Signature of Donor

2. Applicant's Information

Refer Sec. A, C & I

The Donor and/or Guardian 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.

Name of Donee Child

Folio No. _____

Donee Child Name > _____

Donor Details

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

Donor 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"/> Person of Indian Origin	<input type="checkbox"/> Company	<input type="checkbox"/> Society / Club	<input type="checkbox"/> Foreign Portfolio Investor
<input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Trust	<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Foreign Institutional Investor

3. Contact Details

Refer Sec. D

Mailing address is required for initial communication. We will overwrite this address with the Guardian's address as per the KRA records

City _____		
PIN _____	State _____	Country _____
Residence Phone (prefix STD Code) _____	Office Phone (prefix STD Code) _____	Extn _____
Mobile _____	Email _____	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No		

Overseas address

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

City _____		
State _____	ZIP Code _____	Country _____



Acknowledgement Slip

Sr. No.:

Received from Mr./Ms./M/s. _____ PAN _____ ₹ _____

for purchase in Tata Young Citizens' Fund

Cheque Details Overleaf / Subject to realisation.

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

4. Donee Child's & Guardian's Personal Details

Refer Sec. E

Donee Child's Details

<input type="checkbox"/> Miss <input type="checkbox"/> Master	
Name	
Date of Birth (DOB)	In case of Minor: Proof of DOB: <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Aadhaar No.	C-KYC
<input type="text"/>	<input type="text"/>

Guardian Details

Guardian Details >	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s. PAN / PEKRN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth (DOB)
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name		Parent's / Guardian's Signature / Thumb Impression
Relationship with the Minor Applicant		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
Proof of Relationship		
<input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others		
Aadhaar No.	C-KYC	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
		City
PIN	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence Phone (prefix STD Code)	Office Phone (prefix STD Code)	Extn
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	Email	
<input type="text"/>	<input type="text"/>	

5. Investment Instrument Details

Refer Sec. E

The name of the Donor should be available on the investment Cheque.	Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheque/ DD to be drawn in favour of 'Tata Young Citizens' Fund'	Account Number	A/c Type	Dated
	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Drawn on Bank	Cheque / DD No.	
	<input type="text"/>	<input type="text"/>	
	Branch	Branch City	
	<input type="text"/>	<input type="text"/>	

6. Investment Scheme Details

Refer Sec. F & Product Labels

Scheme Name >	Tata Young Citizens' Fund
Plan (select any one) >	<input type="checkbox"/> Regular <input type="checkbox"/> Direct

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.

7. Bank Account Details

Refer Sec. G

This must be an Indian account. The donee child 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

8. Know Your Customer (KYC) Details

Refer Sec. J

CATEGORIES	DONOR	PARENT / GUARDIAN	DONEE CHILD
Occupation >>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify)
Gross Annual Income >>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Networth in (Mandatory for Non-individual) ₹ as on DD / MM / YYYY (not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Networth in (Mandatory for Non-individual) ₹ as on DD / MM / YYYY (not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Networth in (Mandatory for Non-individual) ₹ as on DD / MM / YYYY (not older than 1 year)
Politically Exposed Person (PEP) Status >>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person

Additional KYC Details for Non - Individuals

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

9. Foreign Account Tax Compliance Act (FATCA) Details

Refer Sec. K

For Individuals	DONOR	PARENT / GUARDIAN	DONEE CHILD
Country of Birth >>			
Place of Birth >>			
Nationality >>	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)
Type of address given at KRA >>	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Are you also a resident in any other country(ies) for tax purposes? >>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
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. Alternate Child's Details

Refer Sec. L

Alternate Child's Name		
Relationship with Donee Child	Date of Birth D D / M M / Y Y Y Y	Proof of DOB (in case of minor) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others
Address		
		City
State	PIN	Country
Guardian details of Alternate child >>	Name of the Guardian	
	Address of the Guardian	
		City
State	PIN	Country
Guardian's Relationship with Alternate child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others	Signature of Alternate child's Guardian
Signature of Donor >>		

11. Demat Account Details

Refer Sec. M

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

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

Depository participant Name		
Central Depository Securities Limited Target ID No.		National Securities Depository Limited 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.
- 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: _____

Signature of Donor



TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021



COMMON TRANSACTION FORM FOR TATA YOUNG CITIZENS' FUND

1. ADVISOR DETAILS

Refer Instruction 2.

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. [^] 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.		Signature of Donor

2. INVESTOR DETAILS

Folio No. _____

Donee Child Name		PAN	
Aadhaar No.	Date of Birth DD / MM / YYYY	C-KYC	Mobile No.
Donor Name		PAN	
Aadhaar No.	Date of Birth DD / MM / YYYY	C-KYC	Mobile No.
Parents / Guardian Name		PAN	
Aadhaar No.	Date of Birth DD / MM / YYYY	C-KYC	Mobile No.

3. SWITCH OUT DETAILS

Refer Instruction 4.

From Scheme / Plan / Option			
To Tata Young Citizens' Fund	Plan (select any one)	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
<input type="checkbox"/> Amount (in figure) ₹	OR	<input type="checkbox"/> Units (in figure)	OR <input type="checkbox"/> All Units

4. ADDITIONAL PURCHASE DETAILS

Refer Instruction 3.

To Tata Young Citizens' Fund	Plan (select any one)	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
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 DD / MM / YYYY	
Drawn on Bank	Cheque / DD / UTR No.		

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. I/We, the holder of the above stated Aadhaar number, hereby give my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI, use my mobile number mentioned in my account for sending SMS alerts to me. I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN. Date _____	Signature of Donor
--	--------------------

Acknowledgement Slip

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



Debit Mandate Form NACH (One Time Mandate - OTM)

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

Date

UMRN Office use only

Choose (✓) Sponsor Bank Code Office use only Utility Code Office use only

- CREATE
 MODIFY
 CANCEL

I/We hereby authorize **TATA MUTUAL FUND** to debit (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC MICR

an amount of Rupees Amount in Words ₹

FREQUENCY Monthly Quarterly Half Yearly As when presented (default) DEBIT TYPE Fixed Amount Maximum Amount

Reference / 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 Sign Signature of First Account Holder Sign Signature of Second Account Holder Sign Signature of Third Account Holder
 to
 or Until Cancelled
 1. Name as in Bank Records 2. Name as in Bank Records 3. 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 (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) - Refer instruction 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.		
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			Signature of Donor

Investor Details	Application No. <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>	Folio No. <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>
Donee Child Name	PAN <input style="width: 150px; height: 15px; border: 1px solid black;" type="text"/>	
Aadhaar No. <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>	Date of Birth <input style="width: 100px; height: 15px; border: 1px solid black;" type="text" value="DD/MM/YYYY"/>	C-KYC <input style="width: 150px; height: 15px; border: 1px solid black;" type="text"/>
Mobile No. <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>	Donor Name	
PAN <input style="width: 150px; height: 15px; border: 1px solid black;" type="text"/>		
Aadhaar No. <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>	Date of Birth <input style="width: 100px; height: 15px; border: 1px solid black;" type="text" value="DD/MM/YYYY"/>	C-KYC <input style="width: 150px; height: 15px; border: 1px solid black;" type="text"/>
Mobile No. <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>	Parents / Guardian Name	
PAN <input style="width: 150px; height: 15px; border: 1px solid black;" type="text"/>		
Aadhaar No. <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>	Date of Birth <input style="width: 100px; height: 15px; border: 1px solid black;" type="text" value="DD/MM/YYYY"/>	C-KYC <input style="width: 150px; height: 15px; border: 1px solid black;" type="text"/>
Mobile No. <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>		

First SIP Cheque Details		
Cheque No. <input style="width: 150px; height: 15px; border: 1px solid black;" type="text"/>	Cheque Amount in Rs. <input style="width: 150px; height: 15px; border: 1px solid black;" type="text"/>	Cheque Date <input style="width: 150px; height: 15px; border: 1px solid black;" type="text" value="DD/MM/YYYY"/>
Bank Name <input style="width: 150px; height: 15px; border: 1px solid black;" type="text"/>	Branch <input style="width: 150px; height: 15px; border: 1px solid black;" type="text"/>	City <input style="width: 150px; height: 15px; border: 1px solid black;" type="text"/>

Scheme and SIP Details	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	SIP Instalment Amount (₹) <input style="width: 50px; height: 15px; border: 1px solid black;" type="text"/>	SIP Date (Default 10) <input style="width: 50px; height: 15px; border: 1px solid black;" type="text"/>	Frequency (*Default) <input type="checkbox"/> Monthly * <input type="checkbox"/> Quarterly	Start Month / Year <input style="width: 50px; height: 15px; border: 1px solid black;" type="text"/>	End Month / Year (Default : December 2099) <input style="width: 50px; height: 15px; border: 1px solid black;" type="text"/>
Tata Young Citizens' Fund						
<input type="checkbox"/> Compulsory Lock-in <input type="checkbox"/> Anytime Exit Option (Default Option)						
<input type="checkbox"/> SIP Top-up (Optional)	Top-up Amount (Rs.) (In multiples of Rs. 500/- only) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>	SIP Top Up Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (default)		Upper SIP Amount (Rs.) <input style="width: 100px; height: 15px; border: 1px solid black;" type="text"/>		

Declaration and Signatures : To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SA/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. I/We, the holder of the above stated Aadhaar number, hereby give my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI, use my mobile number mentioned in my account for sending SMS alerts to me. I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

Signature of Donor



TATA MUTUAL FUND
 Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021
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="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: none; padding: 0 5px;">/</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: none; padding: 0 5px;">/</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			/			/				
		/			/							
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: none; padding: 0 5px;">/</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: none; padding: 0 5px;">/</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			/			/				
		/			/							
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: none; padding: 0 5px;">/</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: none; padding: 0 5px;">/</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			/			/				
		/			/							

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
----------------------	----------------------	----------------------

Place: _____

Date:

		/			/				
--	--	---	--	--	---	--	--	--	--