

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

for purchase in  $\_$ 

## TATA MUTUAL FUND Mafatlal C 100 021



Refer Sec. B

\_Subject to verification and realisation.

₹\_\_

PAN \_\_\_\_

		nformatior														Re	efer Sec
ARN / RIA <sup>^</sup> Code Sub-Broker ARN Code					Sub-Bro	oker / Ba	ank Bra	anch Co	ode		EUIN Code						
without any			"execution-only" tr n or advice by the yee/relationship m	employee/relati anager/sales p	onship man erson of the	ager/sales   distributor	person of and the di	the above istributor	e distribu has not c	tor or n harged	otwithst any advi	anding sory fee	the ad es on t	lvice of his trai	in-ap	propriat n.	eness, if a
In case the subscription amo First time mutual fund inves be paid directly by the inves code, I / we authorize you to	unt is ₹ 10,000 or r tor) will be deducto tor to the AMFI reg o share with the SE	nore and your Distri ed from the subscrip istered Distributors BI Registered Invest	butor has opted otion amount an based on the in ment Adviser (R	to receive tra d paid to the vestors' asse IA) the detail	ansaction distributo ssment of s of my /	charges,₹ r. Units w various fa our transa	150/- (f vill be iss actors in actions i	or First sued aga icluding n the sc	time mu ainst the the ser hemes(s	itual fu balan vice re s) of Ta	nd inv ce amo ndered ita Mut	estor) ount in by the ual Fu	or₹1 veste e dist ind	00/- ( d. Upi ributo	for in front or. ^ B	vesto comm y men	r other th ission sh tioning R
Sole / 1st Applicant Signature / Thumb Impression			2 <sup>n</sup>	<sup>d</sup> Applicant Thumb In							3 <sup>rd</sup> Ap Th	plica umb				/	
2. Applicant's li																	А, С а
I <sup>st</sup> Applicant's De		Applicants should be a nould not be a residen anised under the laws attached herewith. Ex	s mentioned in th t of Canada or a of the U.S. For Inv sisting investors v	e PAN and the person who fa vestors New to vhose KYC stat	KYC ackno Ils within th Tata Mutua tus reflects	wledgemer le definitio I Fund, me as "MF - V C-KYC		can be uj term "U.: C-KYC N SY CVLMF	oto 3 hol 5. Persor Io. Incas ", additi	ders. N " unde e C-KYC onally '	o joint l the US No. is KYC Ch	nolders Securi not ava ange D	allow ities A ulable Oetails	ed wit act of 1 kindly Form	h 1st a 933 a comp is rec	oplicar Ind cor lete th juired.	t as a min porations e Know Yo
The first applicant >		M/s. PAN /	PEKRN						Folio N	lo.		1	1	1	1	1	
will be the primary holder and all correspondence will be sent to him/her. Only the first holder	Name	M/S.															
can be a minor. Existing Investors may mention the Folio no. and proceed to Sec. 4	Date of Birth	(DOB) M M / Y Y	In case	of Minor	: Proof o	of DOB		th cert ssport	ificat	_	Scho Othe			-			
Power Of Attorney (PO	A) / Proprietor	r / Guardian de	tails (minor	applicant)		C-KYC											
POA / Proprietor / Guardian Details	□ Mr. □ M	Ms.		PAN / P	EKRN												
	Name																
To be filled by	Polationshin	1.11 <b>.</b>															
Guardian Tax Status		with the Minor A Father 🗌 Leg	• •		Relatior certifica		hool le	aving o	certific	ate	Pass	port		Othe	rs		
Guardian Tax Status	Mother Resident II NRI-Repatr NRI-Non-R Minor - Re Minor - NR	Father Leg	al Guardian	Proprietors J Undivided ership Dany	certifica hip d Family	te Scl Body Limi Body Socie	y Corpo ted Lia y of Inc ety / C Profit	orate bility F lividua lub Organi	Partner Is zation	ship	0 Fc Q Fc	verse	as C n Na ed Fo n Poi	itize tiona oreig rtfoli	n of I Re: In Ir o Inv	India siden ivesto	t in Ind
Tax Status	Mother Resident II NRI-Repatr NRI-Non-R Minor - Re Minor - NR Person of	Father Leg	al Guardian	Proprietors Undivideo ership bany	certifica hip d Family	te Scl Body Limi Body Socie	y Corpo ted Lia y of Inc ety / C Profit	orate bility F lividua lub Organi	Partner Is zation	ship	0 Fc Q Fc	verse preigr ualifio preigr	as C n Na ed Fo n Poi	itize tiona oreig rtfoli	n of I Re: In Ir o Inv	India siden vesto Inve	t in Ind
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Tax Status 3. Contact Deta Mailing address is > required for initial communication. We will overwrite this address with the 1st Applicants address	Mother Mother NRI-Repath NRI-Repath NRI-Non-Re Minor - NR Person of ils	Father Leg	al Guardian	Proprietors Undivideo ership bany	certifica hip d Family	te Scl Body Limi Body Socie	y Corpo ted Lia y of Inc ety / C Profit	orate bility F lividua lub Organi	Partner Is zation	ship	0 Fc Q Fc	verse preigr ualifio preigr	as C n Na ed Fo n Poi	itize tiona oreig rtfoli	n of I Re: In Ir o Inv	India siden vesto Inve	t in Indi or stor
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Tax Status         3. Contact Deta         Mailing address is         required for initial         communication. We         will overwrite this         address with the 1st         Applicants address         as per the KRA         records         Overseas address         Mandatory for Non-Resident Individuals and Overseas	Mother Mother NRI-Repath NRI-Repath NRI-Non-Re Minor - NR Person of	Father Leg	al Guardian	Birth Proprietors a Undivided ership bany rs (please s rs (please s State Office P	certifica hip d Family .pecify) .	E Scl Body E Limi Body Socii	y Corpo ted Lia y of Inc ety / C Profit	orate bility F lividua lub Organi	Partner Is zation	City	O	verse preigr ualifi preigr preigr	as C n Na ed Fo n Poi	itize tiona oreig rtfoli	n of I Re: In Ir o Inv	India siden vesto Inve	t in Indi or stor

# 4. Joint Applicant's Details

Refer Sec. E & F
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<b>3</b> - 11							
Mode of Holding	□ Single	🗆 Joint	Any one or	Survivor (D	efault)		
II <sup>nd</sup> Applicant's De	tails			C-KYC			
Joint holder should be major i.e. above 18 years	☐ Mr. ☐ Ms.		PAN / PEKRN			Status	vidual 🗌 NRI
TO years	Name						
III <sup>rd</sup> Applicant's De	etails			C-KYC			
loint holder should						Chantara	
be major i.e. above 18 years	Mr. Ms.		PAN / PEKRN			Status	ridual 🗌 NRI
	Name						
5. Know Your Cu	ustomer (KYC) De	tails					Refer Sec. G
CATEGORIES	FIRST APPLICANT /	GUARDIAN	S	ECOND APP	LICANT	THIR	O APPLICANT
Occupation »	<ul> <li>Public Sector Service</li> <li>Government Sector</li> <li>Professional</li> </ul>	<ul> <li>Business</li> <li>Agriculturist</li> <li>Forex Dealer</li> <li>Student</li> </ul>	<ul> <li>Private Sec</li> <li>Public Sec</li> <li>Governme</li> <li>Profession</li> <li>Housewife</li> <li>Others (pl</li> </ul>	tor Service nt Sector al	Retired Business Agriculturist Forex Dealer Student	<ul> <li>Private Sector</li> <li>Public Sector S</li> <li>Government S</li> <li>Professional</li> <li>Housewife</li> <li>Others (please</li> </ul>	ervice 🗆 Business
Gross Annual Income >>	5-10 Lacs		Below 1 La 5-10 Lacs >25 Lacs- Networth in ₹	l crore	□ 1-5 Lacs □ 10-25 Lacs □ >1 crore as	Below 1 Lac 5-10 Lacs >25 Lacs-1 cr Networth in	□ 1-5 Lacs □ 10-25 Lacs ore □>1 crore as on
	D D / M M / Y (not older than 1 year)			/ M M	/ Y Y Y Y		M / Y Y Y Y
Others »	Not Applicable		Not Applic	able		Not Applicabl	e
	Politically Exposed Pers	posed Person		Exposed Pe Politically E	rson Exposed Person	Politically Exp	osed Person itically Exposed Person
Additional KTC De	tails for Non - Indi	viduais					
For Non Individuals » only (Companies, Trust, Partnership etc.) 6. Foreign Accou	(if No, mandatory to attact Non Individual investors i Foreign Exchange / Mor Money Lending / Pawn Int Tax Complian	nvolved/providing ney Changer Servic ing	g any of the m ces Gamin None o	g / Gambling of the above	g / Lottery / Casino	Services	Refer Sec. H
For Individuals	•						APPLICANT
Country of Birth »	FIRST APPLICANT /	GUARDIAN	SE	COND APPI		INKL	APPLICANT
Place of Birth $\gg$							
Nationality $\gg$	☐ Indian ☐ Others (Please specify) _	U. S.	Indian Others (Ple	ase specify)	U. S.	☐ Indian ☐ Others (Please s	U.S.
Type of address given at KRA $\gg$		Residential Business		l or Business	Residential Business	Residential or B	usiness 🗌 Residential
Are you also a resident in $\gg$	5	Yes	□ No		Yes	□ No	☐ Yes
any other country(ies) for tax purposes?	If yes, complete section be	elow.					
Country of Tax Residency $1 \gg$							
Tax Identification Number 1 $\gg$							
Identification Type 1 $\gg$							
If TIN is not available please $\gg$ tick the reason A, B or C *	Reason 🗌 A 🗌 B	C	Reason 🗌	A 🗌 B	C	Reason 🗌 A	□ B □ C
Country of Tax Residency $2 \gg$							
Tax Identification Number 2 »							
Identification Type 2 $\gg$							
If TIN is not available please ≫ tick the reason A, B or C *	Reason 🗌 A 🗌 B	C	Reason	A B	C	Reason A	BC
						-	
only if the authorities of the FATCA & CRS Related	ere the Account Holder is liab e respective country of tax res Details for Non Indivio	idence do not requi duals: Please su	re the TIN to be J <b>bmit Form</b>	collected); R W8 BEN-E	eason C: Others- Ple	ase state the reasons	thereof J)
only if the authorities of the <b>FATCA &amp; CRS Related</b>	e respective country of tax res	idence do not requi duals: Please su	re the TIN to be J <b>bmit Form</b>	collected); R W8 BEN-E	eason C: Others- Ple	ase state the reasons	thereof 1)
only if the authorities of the FATCA & CRS Related	e respective country of tax res Details for Non Individ	idence do not requi duals: Please su	re the TIN to be Jbmit Form	collected); R W8 BEN-E	eason C: Others- Ple / Specified decl	ase state the reasons	thereof J)

Refer Sec. I

The name of the first applicant should be available on the	Gross Amount (A) ₹	DD Char	ges (if any) (B)	Net Amount (Cheque/DD Amount) (A - B) ₹				
investment Cheque.	A/c No.		A/c Type	Dated				
Cheque/ DD to be drawn in favour of				D D / M M / Y Y Y Y				
"TATA MUTUAL FUND"	Drawn on Bank			Cheque / DD No.				
	Branch		Branch City					

8. Investment De	eta	lils						Re	fer S	iec. J	& 1	Prodi	ict La	bels
Acquaint yourself with the scheme and the		Scheme / Plan / Option	[	Regular Plan 🗌 Direct Plan				Α	mo	unt	(₹)			
options available by referring to the Product	1													
Labels on page No. 1 of the Key Information Memorandum (KIM).	2													
Investors having read and understood the	3													
terms of Statement of Additional Information (SAI), Scheme	4													
Information Document (SID) and KIM of the respective schemes	5													
can invest in more than one scheme with one cheque/ payment	6													
instrument. This facility is for	7													
administrative convenience only. Such investors must clearly	8													
indicate the amount to be invested in the respective scheme(s).		Total												
Systematic Transfer Pla	ın (	STP)												
STP to start after one		STP from Scheme / Plan / Option												
month from the date of allotment. For units allotted on 06 <sup>th</sup> December 2016,	I													
the STP will start from 06 <sup>th</sup> January 2017.		STP to Scheme / Plan / Option				Мо	nthl	y ST	P Am	noun	t (₹)		No. o Installm	
	I													
	2													
	3													
	4													
	5													
	6	<b>T</b> 1												
Systematic Withdrawal	Dia	Total												
Systematic Withdrawa		VP from Scheme / Plan / Option												
	S١	VP amount S	SWP Date	SWP Frequency	SWP	En	d Da	te			Pe	erpet	uel	OR
		₹	D D	Monthly Quarterly Half Yearly		D	D	/	М	М /	Y	Y	Y	Y
9. Bank Account	D	etails										Re	fer Se	с. К
This must be an Indian account. The 1 <sup>st</sup> applicant should be a	Bank Name					Branch								
holder in this account.	A	ccount number			A/C	typ	e		Savii NRN		Cu NF		t 🗌 N	RO
The bank account details provided here will be held on record	М	ICR	IFSC for NE	EFT	IFSC	C for	RTC							
and considered as default bank mandate to pay redemption	A	ddress												_
proceeds and dividend payouts (if applicable).	Ci	ty	PIN		Stat	e								_

### 10. Nomination Details

al(s) applying gly or jointly.	Register nomination as below	I do not wish to nominate.				
Select any one $>$						
1 <sup>st</sup> 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 <sup>nd</sup> Nominee	Nominee Name		Date of Birth			
	D         D         /         M         /         Y         Y           Address					
			City			
	State	PIN	Country			
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian			
3 <sup>rd</sup> 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 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression			

	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:-

(1) I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ('Fund') indicated in this application form.

///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 (2) 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

(3) (4)

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, //We will be liable for the consequences arising therefrom. J/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 untorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) et without any intimation/advice to me/us. J/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 (AMRI 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 regreseed to me/us. (5)

(6) (7)

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 (8)

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:

(10)

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