

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

Common Application Form (except for Tata Retirement Savings Fund

I. DISTRIBUTOR INFORMATIO	ON (Only empanelled Distributors / Broke SUB-BROKER / BANK	·	,		FOR OFFICE USE ONLY (TIM	E STAMP)
BROKER / AGENT CODE	NT CODE BRANCH CODE SUB-BROKER ARN CODE EUIN COI		E			
ARN-42954 I/We hereby confirm that the EUIN	N box has been intentionally left bla	nk by me/us as this transaction is e		ction or advic	e by the employee/relationship m	nanager/sale:
person of the above distributor/sub br		,, ,	, , ,			
Sole / Ist Unitholder Signature	/ Thumb Impression	2nd Unitholder Signature / Thum	Impression	3rd Unith	older Signature / Thumb Impress	
TRANSACTION CHARGES FOR		<u> </u>			el E de	
Rs. 150 deductible as Transact	ion Charge and payable to the Dis		onfirm that I am an existing in 5. 100 deductible as Transa		a runds. e and payable to the Distributor)
n case the purchase / subscription ar subscription amount and payable to tl Distributors based on the investors' a	he Distributor. Units will be issued	against the balance amount inves	ed. Upfront commission sl			
2. EXISTING UNITHOLDER IN	NFORMATION (please fill in ye	our Folio Number, Name & p	roceed to Scheme Inve	estment De	tails)	
Existing Folio Number:	Na	me of Sole/1st Applicant:				
3. KYC DETAILS (Mandatory)	Ist Unitholder					
STATUS: Resident Indian NRI	NIB!		come: Below I Lac	For Individ	uals: Politically Exposed Persor	
☐ HUF☐ Minor RI☐ Minor☐ Trust☐ Proprietorship☐ LLP	rubile sector service bus		10 Lacs 10-25 Lacs		Related to Politically ExpoNot Applicable	sed Person
Partnership Public Ltd. Co.	Government Sector Agr		ndatory for Non-individual)	For Non-Individual Investors (Companies, Trust,		
Pvt. Ltd. Co. Non Profit Organisa	ation Housewife Stu	_	as on	or Subsidia	ry of Listed Company or or Com	trolled by a
Societies FOF Body Corpo	Othors	. (please specify)	(not older than I year)		npany: (if No, please attach mand : □ Yes □ No	latory UBO
Non Individual investors involved/pr	roviding any of the mentioned serv	Foreign Exchange / Mone Money Lending / Pawning		Gaming /	Gambling / Lottery / Casino Services the above	
4. APPLICANT'S PERSONAL D	DETAILS (Fill in Block Letters, use	, ,				etter)
NAME OF FIRST / SOLE APPLI	CANT Mr.	Ms. M/s. MC	DE OF HOLDING	Single Jo	oint (Default) 🗌 Anyone or Sur	vivor(s)
Ist holder PAN/PEKRN	n d a t o r y	KYC Copy attached	Date of	Birth 🛄	D M M Y Y Y Y	
Proof of DOB (Mandatory for m	ninor) Birth Certificate	School Leaving Certificate	Passport Other			
Name of Guardian (In case of Mi	inor) Contact Person/Designati	on (In case of non-individual I	vestors) Mr.	☐ Ms	· ·	
		·	<u> </u>		Relation with Minor/Design	
Guardian's PAN	datory	KYC Copy	attached			
Proof of relationship with minor (Ma		Guardian Birth Certificate	School Leaving Ce	ertificate	Passport Other	
· · ·						
Name	S	│		1 1 1		
			YC Copy attached			
2nd holder PAN/PEKRN Mark OCCUPATION: Private Sector Ser			.,			
Titvate Sector Sci	rvice Public Sector Service Governm ow 1 Lac 1-5 Lacs 5-10 Lacs 10-2		ŭ			
-	on Related to Politically Exposed Perso		, rectword in C	as OII [ANDATORY
THIRD APPLICANT DETAILS					·	
Name		│				
1 1	n d a t o r y		VC C 1 . 1			
# COURT I TOU			YC Copy attached			
Titvate sector ser	rvice Public Sector Service Governm ow 1 Lac 1-5 Lacs 5-10 Lacs 10-2		•			
	on Related to Politically Exposed Perso		, Networth III \	as OII		ANDATORY
		···	N.J.J	:-: Di		
5. MAILING ADDRESS AND CO	ONTACT DETAILS OF SOLE	FIRST APPLICANT (P.O. Box	Address may not be sum	icient. Pleas	se provide your complete Add	iress)
			City			
Pin	State		Country			
Phone O (STD Code)		Extn.	Fax			
R (STD Code) E-mail → (IN CAPITAL)			Pilobile			
[If you wish to receive Account Sta	atement / Annual Report / Other	Statutory Information via Post i	nstead of Email (Refe	er Inst. – C9		
					-	
ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVES	STOR)		Sr N	∘ W-34697	
Received Subject to realisation and	verification an application for pur	chase of units as mentioned in t	ne application form.	Jr. N	νν-υ - υυ-/	
rom	1					
Scheme	e	Cheque no.	Amount		Signature, Stamp & Date	

Overseas Address (Mandatory in case of NRI applicant in addition to mailing address)	
Zip code City	Country
6. FIRST HOLDERS BANK ACCOUNT DETAILS (Mandatory) Refer Instruction I and J	Country
All communication/payments will be made to first applicant or to Karta in case of HUF. Bank account det	tails of First Unitholder required without which the application would be rejected
Name of the Bank	
Branch	Account Type Savings Current NRO NRNR NRE
Account No. (in Fig.)	
Bank Address	
City State State	
^MICR Code #IFSC Code (RTGS)	*IFSC Code (NEFT)
^(To be filled in only if dividend is to be paid through ECS). * This is a 11 Digit Number, kindly obtain it from your	
7. SCHEME DETAILS Refer Instruction D and Page 1 & 2	
Scheme / Plan:	
Options: Growth Dividend For Dividend option only: Sub-Option:	Payout option: ☐ Payout ☐ Reinvestmen
3. MY INVESTMENT GOAL (choose anyone (✓) (Refer Instruction E)	
	n's Education Children's Marriage.
Target Amount Rs.	_ Cilidren's Financia.
9. INVESTMENT DETAIL (Strike off whichever is not applicable) Gross Amount (A) DD Charges (if any) (B)	Net Amount (Cheque / DD Amount)
₹ A B	₹ A minus B
Mode of Payment	Dated
A/c No Cheque / DD No	D D / M M / Y Y Y Y
Drawn on Bank	
Branch Branch	h City
Please select any one of the follows: Please register nomination as requested below (please fill the nomination form below) I wish to retached herewith) I do not wish to nominate. We hereby nominate the person more particularly described hereunder to receive the Units allotted t	<u> </u>
payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt t	·
	ddress
f Nominee is Minor:	lominee's relationship with 1st holder
Date of Birth Proof of DOB Birth Certificate School Leaving	Certificate Passport Others
Name & Address of Guardian:	
Relationship of the Nominee with the Guardian Mother Father Legal Guardian Proof of relationship: Birth Certificate School Leaving Certificate Passport Others	Sign of Nominee/Guardian (in case of minor nominee)
II. DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the applic	
In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Rei National Depository participant Name	fer Instruction L) Depository participant Name
Securities Depository Depository Depository	y
Limited Beneficiary Account No. Securities Limited	Target ID No.
12. DECLARATION AND SIGNATURES. Refer Instruction - C The Trustee, Tata Mutual Fund 13.) Having read & understood the contents of the Scheme Information Document of the Scheme & reinvestment schrules & regulations governing the scheme. I/ We hereby declare that the amount invested in the scheme is throu contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, And the Govt. of India from time to time. I/ We have understood the details of the scheme & I/ We have not received nor / We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" pute AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing of the required by the Law. b.) For NRIs: I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & unds in my / our Non-Resident External / Non-Resident Ordinary. I/ We confirm that details provided by me / us are to fit trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds & understood the SEBI Circular no. MRD/DoP/Cir- 05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/I we are holding valid PAN card / have applied for PAN. e.) The ARN holder has disclosed to me/us all the commissi competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.	Igh legitimate sources only & does not involve & is not designed for the purpose of the tit Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by any rebate or gifts, directly or indirectly in making this investmer process is not completed by me / us to the satisfaction of the AMC, I/We hereby authorien the date of such redemption & undertaking such other action with such funds that make that I/We have remitted funds from abroad through approved banking channels or fro true & correct. c) The ARN holder has disclosed to me/us all the commissions (in the for its from amongst which the Scheme is being recommended to me / us. d.) I/We have res 8/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that
1st Unitholder Signature / Thumb Impression 2nd Unitholder Signature / Thumb	Impression 3rd Unitholder Signature / Thumb Impression
<u></u>	
CHECKLIST Toll Free:1800-209-0101 (Open on all days). Email: kiran@tataamc.com, Website: www.tatamutualfund	
Document List Document List 1. KYC 5. Bye-Laws	Document List 9. Foreign Invest Remittance Certificate (FIRC)
 Resolution / Authorisation to invest Authorised Signatories List with Specimen Signature Trust Deed Notarised Power of Attorney 	I Others
All documents in 3 to 8 above should be originals / true copies certified by the Director's /	Trustee / Company Secretary / Authorised Signatory / Notary Public.