



NOT TO BE USED FOR TATA RETIREMENT SAVINGS FUND

SIP AUTO DEBIT FACILITY – WITH TOP-UP FACILITY

NEW INVESTORS ARE REQUESTED TO FILL-IN THE SCHEME APPLICATION FORM ALSO



Expertise that's trusted

REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing / Standing Instruction / Direct Debit Facility in select banks only)

First SIP cheque and subsequent via Auto Debit in select cities only. (Please attach copy of cheque / cancelled cheque)

Please (✓) any one: **New Registration** **Change in Bank Account for existing Registration** **MICRO SIP** (refer inst. 4)

| I. DISTRIBUTION INFORMATION (Only empanelled Distribution/Broker will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & K | | | FOR OFFICE USE ONLY (TIME STAMP) |
|---|-------------------------------|---------------------|----------------------------------|
| Broker / Agent Code | Sub-Broker / Bank Branch Code | Sub-Broker ARN Code | EUIN Code |
| ARN-42954 | | | E029686 |

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

| | | |
|--|---|---|
| Sole / 1st Unitholder Signature / Thumb Impression | 2nd Unitholder Signature / Thumb Impression | 3rd Unitholder Signature / Thumb Impression |
|--|---|---|

2. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Inst. A15 and please tick (✓) any one)

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

If the total commitment of investment through SIP (i.e. amount per SIP installment x no. of installments) amounts to Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the installment amount and payable to the distributor. In such cases transaction charge will be recoverable in 3 - 4 installments. Units will be issued against the balance of the installment 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.

3. APPLICATION DETAILS

| | | |
|---------------------------|------------------|-------------------------------|
| Folio No. | Application No. | |
| Name of Sole / 1st holder | PAN No. / PEKRN. | <input type="checkbox"/> KYC# |
| Name of 2nd holder | PAN No. / PEKRN. | <input type="checkbox"/> KYC# |
| Name of 3rd holder | PAN No. / PEKRN. | <input type="checkbox"/> KYC# |

Attach Acknowledgement Copy

4. UNITHOLDING OPTION Demat Mode Physical Mode

DEMAT ACCOUNT DETAILS: (Please 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 Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction H)

| | | | |
|---|-----------------------------|-----------------------------------|-----------------------------|
| National Securities Depository Limited | Depository participant Name | Central Depository Limited | Depository participant Name |
| | DP ID No. | | Target ID No. |
| | Beneficiary Account No. | | |

5. SCHEME DETAILS Refer Instruction D and Page 1 & 2

Scheme / Plan: _____
Options: Growth Dividend
For Dividend option only: Sub-Option: _____ Payout option: Payout Reinvestment

6. MY INVESTMENT GOAL (choose anyone (✓) (Refer Instruction E))

Marriage Vacation Dream Home Dream Car Retirement Children's Education Children's Marriage
Target Amount Rs. _____

7. FIRST SIP CHEQUE DETAILS

Cheque No.: _____ Cheque Amount in ₹ _____ Cheque Date:
Bank Name _____ Branch: _____ City: _____

To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s, 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 through participation in ECS/Direct Debit/Standing Instruction. I/We will also inform TAML, about any changes in my bank account. I/We have read & agreed to the terms & conditions mentioned overleaf. For Micro SIP: I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000/- in a rolling 12 months period or in a financial year.

| | | | |
|--|---------------------------------------|--------------------------------|--------------------------------|
| SIGNATURE/S AS PER TATA MUTUAL FUND RECORDS (MANDATORY) | Sole / 1st Account Holder's Signature | 2nd Account Holder's Signature | 3rd Account Holder's Signature |
| | | | |

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

TATA MUTUAL FUND

ISC Stamp & Signature

Received from Mr./Mrs. _____

Scheme/Plan/Option _____

Subject to realization of funds and verification of mandatory information/document.

8. SIP DETAILS

SIP Installment Amount (₹) Amounts in words _____

| | | | |
|---|--|--|--|
| Frequency <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly (Please tick any one) | Enrollment Period: (Please ✓ any one) <input type="checkbox"/> Regular From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | SIP Dates: Please mention the date <input type="text"/> <input type="text"/> in words _____ day of the month. e.g. for SIP on 10th please mention <input type="text"/> <input type="text"/> <u>Tenth</u> day of the month [please refer instruction 13 for any day SIP] Default: 10 th (Tenth) |
| | <input type="checkbox"/> Perpetual From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| | (Default) (Refer Instruction No. 12) | | |

9. SIP TOP UP (Optional) (tick to avail this facility) (Refer instruction 15)

| | |
|--|--|
| Top Up Amount* _____ Please Specify _____ *Top Up amount has to be in multiples of Rs. 500 only | Top Up Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default) Upper SIP Amount Rs. _____ |
|--|--|

10. PARTICULARS OF BANK ACCOUNT

| | |
|--|---|
| Account holder Name as in Bank Account | |
| Bank Name | |
| Branch Name | City |
| 9 Digit MICR Code | (please enter the 9 digit number that appears after the cheque number) |
| Account Type (Please Tick) | <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR |
| Core Banking A/c. No. | |

11. DECLARATION TO THE BANKER

To - Branch Manager, _____ Bank. This is to inform I/We have registered for RBI's Electronic Clearing Service (Debit Clearing)/ Direct Debit/Standing Instruction Facility & that my payment towards my investment in Tata Mutual Fund shall be made from my/our above mentioned bank account with your bank.

I/We authorize the representative carrying this ECS/Direct Debit/Standing Instruction mandate Form to get it verified & executed. I/We acknowledge that no separate intimation will be received from the Bank in case of non-execution of the instructions for any reasons whatsoever. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Tata Mutual Fund or the above mentioned Bank responsible. I have read and agreed to the terms and conditions mentioned overleaf. I/We have noted the contents of the Direct Debit Facility Agreement/Standing Instruction entered by Tata Mutual Fund with the Bank & I/we are also bound by the terms thereof. I/We also authorize the Bank to debit my account for charges towards mandate verification & transaction dishonoured due to "insufficient funds" as applicable.

| | | | |
|--|--|---|---|
| SIGNATURE/S AS PER BANK ACCOUNT (MANDATORY) | | | |
| | Sole / 1st Account Holder's Signature (as in bank records) | 2nd Account Holder's Signature (as in bank records) | 3rd Account Holder's Signature (as in bank records) |

(To be signed as per the mode of operations, i.e. all holders to sign if the mode of operations is Joint)

12. BANKER'S ATTESTATION (FOR BANK USE ONLY)

Certified that the signature of A/c holder and the details mentioned in 'Particulars of Bank A/c' above and its MICR code are correct as per our records

| | |
|--|---------------------|
| Signature of Bank Manager with name, Employee code, Bank Seal and Contact Number | Bank Account Number |
|--|---------------------|

FOR OFFICE USE ONLY (NOT TO BE FILLED IN BY INVESTOR)

| | | | |
|-------------|--|-------------------|--|
| Recorded on | | Scheme Code | |
| Recorded by | | Credit A/c Number | |

Bank use Mandate Ref. No. _____

Customer Ref. No. _____
