

for purchase in ___

TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021





__Subject to verification and realisation.

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

ARN / RIA ^ Code	Sub-Bro	ker ARN Code	Sub-Broker / Bank Bra	anch Code	EUIN Code						
ARN-183038	ARN -		, , , , , ,		E						
Internal Code	without an provided by	/ interaction or advice by the em / the employee/relationship man	ployee/relationship manager/sales person of ager/sales person of the distributor and the di	the above distributor istributor has not char	•	ess, if any					
other than First time mutual commission shall be paid dir	fund investor) will be deducetly by the investor to the A	cted from the subscription MFI registered Distributor	amount and paid to the distributor. s based on the investors' assessment	Units will be issue of various factors	ne mutual fund investor) or ₹ 100/- (for ed against the balance amount invested. including the service rendered by the dis ions in the schemes(s) of Tata Mutual Fu	. Upfron stributo					
2. Applicant's In	formation				Refer Sec. A	4, <i>C</i> &					
st Applicant's Det	applicant as a minor. Any app and corporations or other en complete the Know Your Clie	olicants should not be a reside	nt of Canada or a person who falls within s of the U.S. For Investors New to Tata Mu	the definition of the	a be upto 3 holders. No joint holders allowe term "U.S. Person" under the US Securities Ac the C-KYC No. Incase C-KYC No. is not availa	ct of 193					
The first applicant > will be the primary holder and all		PAN / PEKRN		Folio No.							
nolder and all correspondence will be sent to him/her. Only the first holder	Name										
can be a minor. Existing Investors may mention the Folio no. and proceed to Sec. 4	Date of Birth (DOB)	Y Y Y Y	In case of Minor: Proof of DO	DB: Birth certi	ficate School leaving certifica	te 					
	Aadhaar No. C-KYC										
ower Of Attorney (PO	A) / Proprietor / Guard	lian details (minor ap	plicant)								
POA / Proprietor / Guardian Details	☐ Mr. ☐ Ms.		PAN / PEKRN								
	Name										
	Relationship with the	Minor Applicant	Proof of Relationship								
Guardian	☐ Mother ☐ Father Aadhaar No.	Legal Guardian	☐ Birth certificate ☐ School ☐ Date of Birth	leaving certifica	ate Passport Others						
			DDD/MMM/YYYY	Y							
Tax Status				'							
	Resident Individual NRI-Repatriation NRI-Non-Repatriatic Minor - Resident Ind Minor - NRI Person of Indian Or	☐ Hindu l on ☐ Partner dividual ☐ Compa ☐ Trust	·	bility Partnersh Iividuals Iub Organization	☐ Qualified Foreign Investor ☐ Foreign Portfolio Investor ☐ Foreign Institutional Investor						
3. Contact Detai	ls				Refe	r Sec.					
Mailing address is » required for initial communication. We											
will overwrite this address with the 1 st Applicants address				C	ity						
as per the KRA records	PIN		State	C	ountry						
	Residence Phone (pre	fix STD Code)	Office Phone (prefix STD Code	e)	- ·						
	Mobile		Email		Extn						
%						&					
TATA Asknowledness	r Clin			Sr. N	No.: C						
Acknowledgemen Acknowledgemen Received from Mr./	Ms./M/s		PAN		₹						

Overseas address				
Mandatory for Non- Resident Individuals and Overseas				
Investors in addition to the mailing address.			City	
	State	ZIP Code	Country	
4. Investment In	strument Details		Refer Sec. I	
The name of the » first applicant	Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)	
should be available on the investment				
Cheque.	Account Number	Dated		
Cheque/ DD to be drawn in favour				
of 'Name of the Scheme'	Drawn on Bank		Cheque / DD No.	
	Branch		Branch City	
5. Investment So	cheme Details		Refer Sec. F & Product Label:	
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. (
	The bank account details provided below will be held payouts (if applicable).	on record and considered as default bank mand	ate to pay redemption proceeds and dividend	
This must be an Indian account. The 1st applicant should	Bank Name		Branch	
be a holder in this account.	Account number		A/C type Savings Current NRO	
			□ NRNR □ NRE	
	MICR	IFSC for RTGS	IFSC for NEFT	
	Address			
	City	IN	State	
%			·	
Cheque Details Cheque/DD No.	dated A/c. No	Bank	Acknowledgement Slip	
בווכקעכן טט ואט		DdllK		

7. Joint Applican	t's Details					Refer Sec. E & F
Mode of Holding	☐ Single ☐	Joint	Any one or Survivor (D	efault)		
II nd Applicant's Detai	ls					
☐ Mr. ☐ Ms.		PAN / PEKRN		Stat	:us	
				F	Resident Individual 🗆 🗅	NRI
Name						
Aadhaar No.		Date of Birth		C-KYC		
			/			
III rd Applicant's Deta	IIS	DANI / DEI/DAI		C+.		
☐ Mr. ☐ Ms.		PAN / PEKRN			atus Resident Individual 🔲	NRI
Name					Resident marvadar	THE
Aadhaar No.		Date of Birth		C-KYC		
9 Vnow Vour Cu	ıstomer (KYC) Deta		/			D.C. C. C
CATEGORIES	FIRST APPLICANT (Include		SECOND APPLICAN	T / CHARDIAN	THIRD APPLI	Refer Sec. G
Occupation »	☐ Private Sector Service ☐	,	☐ Private Sector Service	-	☐ Private Sector Service	Retired
	☐ Government Sector ☐	Business Agriculturist	☐ Public Sector Service☐ Government Sector	☐ Business☐ Agriculturist	□ Public Sector Service□ Government Sector	☐ Business☐ Agriculturist
	☐ Housewife ☐	Forex Dealer Student	□ Professional□ Housewife	☐ Forex Dealer ☐ Student	□ Professional□ Housewife	☐ Forex Dealer☐ Student
Gross Annual Income »	Others (please specify)		Others (please specify		Others (please specify)	
dioss Ailiuai ilicollie //		1-5 Lacs 10-25 Lacs	☐ Below 1 Lac ☐ 5-10 Lacs	□ 1-5 Lacs□ 10-25 Lacs	☐ Below 1 Lac ☐ 5-10 Lacs	□ 1-5 Lacs□ 10-25 Lacs
	>25 Lacs-1 crore	>1 crore	>25 Lacs-1 crore	□ >1 crore	>25 Lacs-1 crore	□ >1 crore
	₹		₹	as	₹	as on
	D D / M M / Y		on DD/MM	/ Y Y Y Y	D D / M M /	YYYY
Others »	(not older than 1 year) Not Applicable		(not older than 1 year) Not Applicable		(not older than 1 year) Not Applicable	
Others //	Politically Exposed Persor		Politically Exposed Pe		Politically Exposed Pe	
Additional KYC De	Related to Politically Expo Related to Politically Expo		Related to Politically E	exposed Person	Related to Politically E	Exposed Person
For Non Individuals »	Is the company a Listed Con		diary of Listed Company o	r Controlled by a L	isted Company: Yes	□ No
only (Companies,	(if No, mandatory to attach to Non Individual investors	the UBO declara	ation)			
Trust, Partnership	\square Foreign Exchange / Money	Changer Servic	es Gaming / Gambling	g / Lottery / Casino S	Services	
etc.)	nt Tax Compliance		None of the above			D. C C
For Individuals	FIRST APPLICANT (include		SECOND APPLICANT		THIRD APPLIC	Refer Sec. H
Country of Birth >>	FIRST AFFLICANT (IIICIU	aning willion)	SECOND AFFLICAN I	/ GUARDIAN	I HIND APPLIC	CANT
Country or Sitter						
Place of Birth »						
${\it Nationality} \gg$		U. S.	☐ Indian ☐ Others (Please specify)	□ U. S.	☐ Indian ☐ Others (Please specify) _	□ U. S.
Type of address given at KRA »	☐ Others (Please specify) ☐ Residential or Business ☐	Residential	Residential or Business	Residential	Residential or Business	Residential
Are you also a resident in ≫	Registered Office	Business	Registered Office	☐ Business ☐ Yes	Registered Office No	Business
any other country(ies) for tax	If yes, complete section below	Yes	│	Yes	□ NO	Yes
purposes? Country of Tax Residency 1 >>	ii yes, complete section belo	w.				
Tax Identification Number 1 ≫						
Identification Type 1 \gg						
If TIN is not available please >>	Reason A B D	С	Reason A B	С	Reason A B	□С
tick the reason A, B or 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 A B D	С	Reason	С	Reason 🗌 A 🗌 B	С

^{*} 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 allottec made to such Nominee(s) and Signature of the Nominee(s) ack		f death of all unit holders. All payments and settlements charge by the AMC/ Mutual Fund/ Trustees.
Select any one	Register nomination as below	I do not wish to nominate.	
1 st Nominee	Nominee Name		Date of Birth
	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
	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
	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 Acco	unt Details		Refer Sec. M
Ensure that the	Fill these details only if you wish to have your	units in Demat mode.	
sequence of names as mentioned in the application form	Depository participant Name		
matches with that of the account held with the Depository Participant.	Central Depository Securities Limited Target ID No.		National Securities Depository Limited DP ID No.
In case the details are found to be incorrect,			I N Beneficiary Account No.
Units will be allotted in physical mode.			
12. Declaration	and Signatures		Refer Sec. 1
I) I / We have read, understood an avar eligible Investor(s), any act, rules, regulations, notifi The information given in / with Fund/Registars and Transfer Act That in the event, the above info Company, its employees, agents intelligence Unit-India (FIU-IND) I/We will indemnify the Fund, AM 7) The ARN holder (AMFI registerer.)	g capital markets under any order/ruling/judgment etc., of any regulation, including thereby agree to comply with the terms and conditions of the scheme related documents and am/are authorised to make this investmer cations or directions issued by any regulatory authority in India. this application form is true and correct and further agree to furnish such other fur lent (RTA) in writing about any change in the information furnished from time to tim rimation and/or any part of it is/are found to be false/ untrue/misleading, I/We will sclose, share, remit in any form/manner/mode the above information and/or any part and third party service providers, SEBI registered intermediaries for single updation, etc without any intimation/advice to me/us. (C. Trustee, RTA and other intermediaries in case of any dispute regarding the eligit of Distributor) has disclosed to me/us all the commissions (in the form of trail commence).	ments and apply for allotment of Units of the Scheme(s) of Tat It. The amount invested in the Scheme(s) is through legitimate ther/additional information as may be required by the Tata As ie. be liable for the consequences arising therefrom. It including the changes/updates that may be provided / submission, any Indian or foreign statutory, regulatory, judic polity, validity and authorization of my/our transactions.	ta Mutual Fund ('Fund') indicated in this application form. E sources only and is not for the purpose of contravention and/or evasion of seet Management Limited (TAML)/ Fund and undertake to inform the AMC I by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Managemer ial, quasi-judicial authorities/agencies including but not limited to Financia.
 For Foreign Nationals Resident in of change in residential status. 	to me/us. ave not been offered/ communicated any indicative portfolio and/ or any indicative India only: I/We will redeem my/our entire investment/s before I/We change my/ou onfirm that my application is in compliance with applicable Indian and Foreign laws.		equences (including taxation) arising out of the failure to redeem on accour
(11) I/We, the holder of the above sta SMS alerts to me. I/We hereby p the Aadhaar Act, 2016 (and regu	nnirm that my application is in compliance with applicable indian and Foreign laws. titled Aadhaar number, hereby give my consent to Tata Mutual Fund(TMF), to obtain in rovide my consent in accordance with Aadhaar Act, 2016 and regulations made the lations made thereunder) and PMLA. I/We hereby provide my/our consent for sharin insfer Agent (RTA) for the purpose of updating the same in my/our folios with my PA	reunder, for (i) collecting, storing and usage (ii) validating/aut g/disclose of the Aadhaar number(s) including demographic in	henticating and (ii) updating my/our Aadhaar number(s) in accordance wit

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

MUTUAL FUND			t Mandat	o Form	ИАСЫ	(One T	ime	Man	data	- 0	TM							
		UMRN	[Applicable fo	or Lumpsum A	Additional P	urchases as	well a	s SIP Reg	gistratio	ns]	' i ivi <i>)</i>			Date				
hoose (✓)	Sponsor Bank Code					Ut	tility (Code										
E MODIEV	I/We hereby author	ze TATA	MUTUAL FU	ND	to de	bit (✓)] {	SB 🖂	CA		СС		SB-NR	E _	SB-N	NRO		Othe
ank A/c No.:																		
Vith Bank:		Bank Name & Brai			IFSC							N	IICR					
n amount of R	Rupees												₹					
REQUENCY preselected)	■ Month	y 🗷 Quarterly	■ Half \	Yearly	☑ As w	hen preser	ited (default)		DE	BITT	YPE	☑ Fixed	d Amoı	unt 🗹	Maxi	mum	Amour
teference / Fol	lio No.				Email Id	t												
PERIOD From	it of mandate processing	1	n I am authorisir	st Account H	lolder	- Sign <u>-</u>	Signat	ture of Se	econd A	bank.	nt Hold	der s			ure of Th			Holder
l have understood	d that I am authorised to as applicable:	been carefully read, under cancel / amend this manda SIP Regis Registration of SIP (ges for Applications	tration / Registration routed throu	y me/us. I am a tely communic Renew n of MICRO S ugh distribu	val Fo	the user Entirencellation / a rm (For Renewal of Sts only (Kin	oty / Co mendr OTM SIP ndly	Ment required to the contract of the contract	debit m est to th tered ige in E	y acco e user l Inve ank c on 8 e	entity / estor details overle	corpora s only af)	he instructe or the b	ctions as bank wh	ere I hav	and sign	ned by	
ARN / RIA ^ ARI	Code N-183038	Sub-Brok ARN -	er ARN Cod	de		Sub-Brol	ker /	Bank	Brancl	n Co	de	E	UIN Co E	ode				
Internal Cod Sole		the SEBI Regis	ration for "executio advice by the emp anager/sales perso tered Investment A	Adviser (RIA) the o	details of my Applican	sales person of distributor has / our transaction t Signatu npression	ons in t ire /	the schemes	utor or no dvisory fe s(s) of Tat	otwithst es on ti a Mutu	tanding his trans al Fund.		d Appl	icant		ture		e employ to share v
nvestor Det	tails	Application No.							Fol	io No	o.							
1 st Holder N	lame									PAI	N							
Aadhaar No.			Date of	Birth						C-k	ΥC							
2 nd Holder N	Name		·							PAI	N							
Aadhaar No.			Date of	Birth	D [) / M M	1 //	YYY	YY	C-k	ΥC							
3 rd Holder N	lame									PAI	N							
Aadhaar No.			Date of	Birth	D [) / M M	/ \	YYY	YY	C-k	CYC							
First SIP Ch Cheque No.	neque Details		Cheque A	Amount in	Rs.	1 1				Che	que [ate			4 M ,	/ v		
Bank Name			Branch							City					1 IVI ,	/		
	eme/Option/ Option	Plan: Regular Di	rect	SIP Instal Amoun		SIP Dat (Default 1		Frequ (*Def	ency ault)		Start	Mont	h / Year	r		d Mor ılt : De		Year er 2099)
								☐ Mont	-			Υ	ΥΥ					YY
SIP Top-up (Optional)	Top-up Amount (In multiples of R					Up Frequer	•	(dofa-:le)		Up	per SI	P Amo	unt (Rs.	.)	ı			
		ole for Tata Retiren	nent Saving	s Fund (T		•			refer	SID								
Plan Name Progressive P Moderate Plar	lan	Please tick th Auto Switc Auto Switc		e Autoswito Progressive Progressive	ch option to Mode to Cons	i (any one rate @ age ervative @	as pe 45; age	er the pl Modera 60) \Box	an) te to C	Conse ito Sv	vitch	e @ag						

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 & 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 commissions or any other mode), payable to him for the different cometing Schemes of various Mutual FundS from amoungs which the Scheme is being recommended to me/us all the commissions or any other mode), payable to him for the different cometing Schemes of various Mutual FundS from amoungs 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 FundSTMF, to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI, use my mobile number emitioned 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 (iii) validating/Jauthenticating 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 and 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 and number(s) including demographic

Fixed Amount (Frequency Monthly only) Rs.

OTM Debit Mandate Form SIP Form

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

No Auto SWP Fixed SWP (Select Frequency) Monthly or Quarterly (Default)

Received for Folio No. / Application No.

	gement companies of SEBI registered mutual fund and their Registrar and Transfer Agent (R		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE/S	Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression



TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021



(details overleaf)

ai Centre 9th Floor Nahman Point Mumbai - 400 0

COMMON TRANSACTION FORM

Sole / 1st Applicant Signa Thumb Impression INVESTOR DETAILS St Holder Name adhaar No. Ind Holder N	interaction or advice be relationship manager/ the SEBI Registered In ture /	oy the employee/relationship manage (sales person of the distributor and the vestment Adviser (RIA) the details of 2nd Applicationship manage (RIA) the details of 2nd Application (RIA) the details of 3nd Application (RIA) the details	er/sales person of the above distributor che distributor has not charged any advisor my / our transactions in the schemes(s) of ant Signature / Impression	PAN C-KYC PAN C-KYC PAN C-KYC Refer Instruction
INVESTOR DETAILS INVESTOR DETAILS Holder Name adhaar No. Holder Name adhaar No. ADDITIONAL PURCHASE DETA ayment Mode: OTM facility (Recheme / Plan / Option ross Amount (A)	TAILS	2nd Applic Thumb Date of Birth Date of Birth	ant Signature / Impression D / M M / Y Y Y Y Y Y Y Y Y	PAN C-KYC PAN C-KYC PAN C-KYC Refer Instruction
INVESTOR DETAILS INVESTOR DETAILS Holder Name Adhaar No. Holder Name Adhaar No. ADDITIONAL PURCHASE DETA ADDITIONAL	TAILS	Date of Birth Date of Birth Date of Birth	D / M M / Y Y Y Y Y Y Y Y Y	Folio No. PAN C-KYC PAN C-KYC PAN C-KYC PAN Refer Instruction
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ADDITIONAL PURCHASE DETAYMENT Mode: OTM facility (Recheme / Plan / Option	TAILS	Date of Birth	D / M M / Y Y Y Y	PAN C-KYC Refer Instruction
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ADDITIONAL PURCHASE DETAYMENT Mode: OTM facility (Recheme / Plan / Option	TAILS	D		Refer Instruction
ayment Mode : OTM facility (Recheme / Plan / Option ross Amount (A)				Refer Instruction
ross Amount (A)	egistered in folio) Cheque /	DD Fund Transf	er NEFT / RTGS
ross Amount (A)				
			DD Charges (if any) (I	B) Net Amount (A - B)
			₹	₹
			Account Type	Dated
				D D / M M / Y Y Y Y
rawn on Bank				Cheque / DD / UTR No.
SWITCH OUT DETAILS				Refer Instruction
rom Scheme / Plan / Option				·
o Scheme / Plan / Option				
Amount (in figure) ₹			nits n figure)	OR All Units
REDEMPTION DETAILS				Refer Instruction
rom Scheme / Plan / Option				
Amount			nite	
(in figure) ₹		OR U	n figure)	OR All Units
				ounts facility in the above folio (Please strike as per the payout mechanism indicated by me/us
ank Name	imption silvara	be processed into the	Bank Account Number	1 1 7
FSC for NEFT		IFSC for RTGS		MICR
ote: If the bank account mentione ie redemption will be processed ii	ed above is diffe nto the "Default"	rent from those alread " bank account registe	dy registered in your folic red for the aforesaid foli	o OR If the bank account details are not filled aboo.
DECLARATION AND SIGNAT	URES	chama related documents including the	key information Memorandum and apply for a	lotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application
is will indemnify the Fund, AMC, Trustee, RTA and other inern trail commission or any other model, payable to him /them for trifolio and/ or any indicative yield by the Fund/AMC/its distrib JAI, use my mobile number mentioned in my account for send to Adhapar unmbers(i) an accordance with the Adhapar Art 7016	nediates in case of any dispul or the different competing Sch outor for this investment. I/We ing SMS alerts to me. I/We her	tes regarding the eligibility, validity and nemes of various Mutual Funds from am e, the holder of the above stated Aadhaa reby provide my consent in accordance v junder) and PMIA. L/We bereby provide m	authorization of my/our transactions. The AR ongst which the Scheme is being recommende ir number, hereby give my consent to Tata Mu tith Aadhaar Act, 2016 and regulations made to wour consent for sharing /disclose of the Aadh	lotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application N holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the double me'us. JWb enerby confirm that JWb ehave not been offered /communicated any indi- tual Fund(TMF), to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication hereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updatina haar number(s) including demographic information with the asset management companies of Date
istered mutual fund and their Registrar and Transfer Agent (R	(TA) for the purpose of updati	ing the same in my/our folios with my P	ÁN.	Date
1st Applicant Signature Thumb Impression	/		ant Signature / Impression	3 rd Applicant Signature / Thumb Impression

Purchase Redempttion Switch in Scheme

For Amount of ₹_____ or Units ___