

COMMON APPLICATION FORM (Please read instructions carefully before.

ease read instructions carefully before filling up the form. The product labelling details available on cover page)

Application No.

Mutual Fun ARN/RIA Code and				roker's /										_					/E			Time	, CL	me U	or off-	'0 H00	العدد
ARN-183038			ARN		-tKIV	Code	Emp	ioyee	Uni	que la	entity	y Nui	mber*	infe	rnal Co	odë t	or Sub	o-brol	ker/Ei	nploy	ee	nme	: Jiāi	np (î	for offi	e use (rilly
nt commission shall be paid directly by		or to the AMF	l register	red distribut	tors hase	ed on the	investors	′ nssessi	ment o	of various	factors	s includ	ing the s	ervice re	endered h	v the d	istrihuto	r									_
tors subscribing under the "DIRECT" pla	n of the sch	heme should						4330331			7 14 17 17	,u				,											
ECUTION ONLY (To be signed wh																											
We hereby confirm that the EUIN box withstanding the advice of in-appropr	has been i iateness. if	intentionally f anv. provid	y left blo ded by tl	ank by me, he emplov	/us as t ee/rela	this is an Itionship	"executi manage	on-only /sales :	" tran oersor	saction v of the o	without distribu	t any ir Itor an	nteractio d the dis	n or ad tributo	vice by tl r has not	he emp chara	oloyee/ ed anv (relatio advisor	nship m v fees o	anager, on this t	/sales transa	person	n of th	ie apov	ve distr	ibutor	or
g aarres er appropr		. a,, p. o		op.o/	00, 1014	ор		, 54.105	,,,,,,,,			,,,,,	u u			9			,								
First / Sole Applicant/ Gua	rdian /	POA Ho	lder /	— Auth. Si	ign			Secor	nd A	pplica	nt /	Auth	. Sign		-			-		Thi	ird A	pplic	cant :	Sign			-
RANSACTION CHARG	ES (Plea	ıse tick any	y one o	f the belo	w. Ref	er Instr	uction n	0.7)																			
		me inve								or					l am								und	s			
I . Unit Holder Information	on (Plea	ase fill in y	our Foli	io No. & 1	Name	and the	n proce	ed to S	ectio	n 10)	Applic	able a	details (and mo	ode of h	oldin	g will b	e as p	er the	existin	g Foli	io.					
New Investor Y	N		Folio								\perp	\perp															
2. PAN AND KYC COMPLIAN				MANDA	ATOR'	Y) (Refe	r Instructio																				
(2)	PAN,	/PEKERN N	VO.	\dashv					KYC	Numbe	r	_									Nation	nality					_
rst / Sole Applicant			\vdash	+	+	+	_	+			+	-	\vdash	+	+												_
econd Applicant			\vdash	++	+	+	+	+		\perp	+	+	\vdash	+	+												_
ird Applicant				\perp																							
Jardian / POA Holder								Ш.																			_
lease attach Proof. for PAN/PEKRN fo	r KYC (KR/	A). Refer in	struction	n No 17 foi	r KYC Io	dentificat	tion Num	ber issu	ed by	CKYCR.																	
B. Unit Holder / New App	PLICANT	INFORM	10ITA	⊲ (Refer I	nstruc	tion Pa	ge) Fre	sh/N	ew in	vestors	to fill	l in all	the Sec	tions	2 to 15												
AME OF FIRST / SOLE APPLIC	ANT																										
Mr. Ms. M/s.	<u> </u>	\perp			Щ												<u> </u>				ᆚ			_	\Box		
TE OF BIRTH (DOB)		MY	Υ	Y	_		ry in ca								ORATIO		D	D	\mathbb{M}	M	Υ	Υ	Υ	Υ			
ME OF THE GUARDIAN (For	minor ap	plicant) /	Nan	ne of th	e PO	A Ho	lder/	Nam	e of	the C	onto	act Pe	erson	(For N	on Indi	vidua	Applic	ant)									
Mr. Ms. M/s.	ــــــــــــــــــــــــــــــــــــــ								L.												\perp			\perp	\perp		
or Investments "On behal			Refer)	7.5				<u> </u>	-d						_
roof of DOB & Relationsh		ched	L	Birth	Cert	tificate	e _	5ch	nool	Certi	rıcat	e / I	Marks	neet	L	_	sspor	†	/	Any o	othe	r		•••••	•••••		•••
AME OF SECOND APPLICANT Ir. Ms.			Т					T							Т	Τ				Т	\neg	Т	П	\neg	\neg	Т	_
AME OF THIRD APPLICANT																											_
Ar. Ms.																					Т			\Box	\Box		_
. MODE OF HOLDING [PLEAS	E TICK (V	/)]		<u> </u>						<u>'</u>							· ·										
☐ Single ☐ Joint (Default) \square Any	yone or Su	rvivor																								
FIRST/SOLE APPLICANT - M	AILING	ADDRES	s & C	ONTACT	DET/	AILS																					
				Т	Τ	П	Т	Т	Т	Τ	Τ	T	П	Т	Т	Τ	Τ	Т	T		\equiv			П	T	T	-
									\top							City					\neg				\neg	\top	_
State							Pi	in Cod	е						Country	y T									\Box		_
TD Code		Telephon	e Off.							Resi					Т			Mo	b.	П	丁	T	T'	T	T	Τ	Γ
Mail**																											
verseas Address (Mandator	y for NRI	/ FII appl	ication))																							
																	\perp										
									_					_	_	City					_			\square	\dashv		_
State							Pi	in Cod	е		<u> </u>				Country	У	<u> </u>								ᆜ	\perp	_
. Other KYC details (Manda	tory)] Individ	dual			Non-	Indiv	vidual																	
6a. Status of First/Sole Ap		[Please (√)]	Listed	Compan	ıy		Unliste	ed Com	npany			Individu	al			inor throu		dian		_] HUF					
	ciety/Club	. 11		Compo	,	. (Body (Trust			_	utual Fun	ıd] FPI					
NRI-Repatriable NR 6b. Occupation Details [Pleas	I-Non-Repatr		d only	FII/Su					of Fund	ds in India		L	QFI			Ot	hers					_(please	e specif	у)			_
	rate Sector S		u only	Public				Goveri	nment	Service		Г	Busines	S		□ Pr	ofessiona	ı				Agricu	lturist				
Re				House			_	Stude				_	Forex D			Ot							e specif	у)			
Second Applicant Pri	ate Sector S	Service		Public	Sector S	Service		Gover	nment	Service			Busines	S		Pr	ofessiona	l				Agricu	lturist				
Re				House				Stude					Forex D			Ot						_(please		у)			
	rate Sector S	Service		Public		Service	_	Govern		Service		_	Busines			_	ofessiona	l			_	Agricu		E.A			
Re	rirea			House	WITE		L	Stude	nī			L	Forex D	ealer		Ot	ners					_(please	e specit	у)			
		×.													- (· · · · · ·											
					AC	(KNO	WLEDG							ion Fo	orm												
A) IDI (C							TAU	IRUS	M	UTU	AL F	UN	ID					A	PLICATIO	on. No.							
AURUS utual Fund																											
ceived from Mr. / Ms. / M/s.														Do	ıte :												
, , ,														. —													

First Applicant Below 1	Please (✓)]						
Metucet		Lacs 5-10 Lac	cs 10-25 Lacs	> 25 Lacs - 1 Crore	> 1 Crore (or)		
L Nel-worl	h (Mandatory for non-	rindividuals) ₹		as on		D D M M	Y Y Y Y (Not older than one year)
Second Applicant Below 1	Lac1-5 L	Lacs 5-10 Lac	cs 10-25 Lacs	> 25 Lacs - 1 Crore	> 1 Crore (or) Net-worth		
Third Applicant Below 1	Lac1-5 L	Lacs 5-10 Lac	cs 10-25 Lacs	> 25 Lacs - 1 Crore	> 1 Crore (or) Net-worth		
6d. First Applicant							
For Individuals [Please (🗸)] Politically E			or authorised signatories/Pro	moters/Karta/Trustee/Whole ti	ime Directors) 🔲 I am PEP	I am related	d to PEP Not Applicable
For Non-Individuals providing any of the b				· n fd l			
Foreign Exchange/Money Changer S							
Second Applicant: (To be fill			☐ I am PEP		m related to PEP	Not Applicat	
Third Applicant: (To be filled o	nly it the applicant	is an individual)	☐ I am PEP	la	m related to PEP	Not Applicat	ole
EATCA & CDC INICODALATI	ON 1 /= 0 = 1 : "		on to Cote Door			101	
FATCA & CRS INFORMATI	JN (FOR INL	DIVIDUAL INCLU	DING SOLE PROP	RIETOR) (SELF CERTII	FICATION) (REFER INSTRU	ICTION 18)	
The below information is requir	ed for all app	licant(s)/ guard	lian				
Address Type: Residential o	· Business	Residential	Business	Registered C	Office (for address mentic	ned in form/ex	kisting address appearing in Folio)
Is the applicant(s)/ guardian's (Country of Bir	th / Citizenship	/ Nationality / T	ax Residency other t	han India? Yes	No	
If Yes, please provide the follow	-	-	,	,			
	-		1.1		St. 1 . 1 . 1		
Please indicate all countries in	√hich you are	resident for tax	c purposes and the	e associated lax Rete	erence Numbers below.		
Category	First A	pplicant (inc	luding Minor)	Second A	Applicant/ Guardian		Third Applicant
Place/ City of Birth							
Country of Birth				_			
Country of Tax Residency#							
Tax Payer Ref. ID No^							
Identification Type		<u> </u>					
[TIN or other, please specify]							
Country of Tax Residency							
Tax Payer Ref. ID No.							
Identification Type							
[TIN or other, please specify]							
Country of Tax Residency							
, ,							
Tax Payer Ref. ID No.							
Identification Type							
[TIN or other, please specify]							
		_	en card holder of	USA. ^In case Tax	Identification Number is	not available, l	kindly provide its functional equivaler
8. POWER OF ATTORNEY	POA) HOLD	DER DETAILS					
Name of PoA Mr. Ms. M/s.							
PAN#/ PEKRN#			KYC Number				
KYC# [Pleas	e tick (√)] (M	(landatory)	Proof Attached				
# Please attach Proof. Refer ins	ruction No 16	for PAN/PEKRI	N and No 18a for	── KYC (KRA) Refer inst	ruction No 18h for KYC Id	lentification Num	pher issued by CKYCR
			,	(1.0.4) 17. 110.01 110.01			
P. DEMAT ACCOUNT DETAILS	1 1	1 . 1 . 1 . 1					
	<u>'</u>						
would like units to be allotted in DEMAT	lacate or see	umber (BO ID)			Depository Po	articipant (DP) No	ame
would like units to be allotted in DEMAT Beneficiary Owner Io	ientitication N						
	aentitication N	Client ID N	lo.		NSDI)SI
Beneficiary Owner lo	pentification N		lo.		NSDL		DSL
Beneficiary Owner Id DP ID No.	dentification N	Client ID N		L) Transaction			
Beneficiary Owner la DP ID No. nclosures for Demat option		Client ID N	Master List (CM		n cum Holding Stateme	ent Delive	OSL ery Instruction Slip (DIS)
Beneficiary Owner Id DP ID No. DP ID No. nclosures for Demat option DETAILS (Pl		Client ID N	Master List (CM		n cum Holding Stateme	ent Delive	
Beneficiary Owner Id DP ID No. DP ID No. nclosures for Demat option DETAILS (Pl		Client ID N	Master List (CM		n cum Holding Stateme	ent Delive	
Beneficiary Owner Id DP ID No. DP ID No. nclosures for Demat option O. BANK ACCOUNT DETAILS (Pl		Client ID N	Master List (CM		n cum Holding Stateme	ent Delive	
Beneficiary Owner Id DP ID No. DP ID No. nclosures for Demat option O. BANK ACCOUNT DETAILS (Pl		Client ID N	Master List (CM	or investors to provide th	n cum Holding Stateme	ent Deliver	ery Instruction Slip (DIS)
Beneficiary Owner Id DP ID No. Inclosures for Demat option O. BANK ACCOUNT DETAILS (P) Name of the Bank Branch Address		Client ID N	master List (CN ons, it is mandatory for	or investors to provide th	n cum Holding Stateme	fer Instruction 4)	ery Instruction Slip (DIS) Pin Code
Beneficiary Owner lo		Client ID N	master List (CN ons, it is mandatory for	or investors to provide th	n cum Holding Stateme	ent Deliver	ery Instruction Slip (DIS)
Beneficiary Owner Id DP ID No. Inclosures for Demat option O. BANK ACCOUNT DETAILS (Pl Name of the Bank Branch Address Account No.		Client ID N	master List (CN ons, it is mandatory for	or investors to provide the City City Account Type Plea	n cum Holding Statemer leir bank account details) (Rei	fer Instruction 4)	ery Instruction Slip (DIS)
Beneficiary Owner Id DP ID No. Inclosures for Demat option O. BANK ACCOUNT DETAILS (Pl Name of the Bank Branch Address Account No.		Client ID N	t Master List (CM ons, it is mandatory for the list of	or investors to provide the City Account Type Plear	n cum Holding Statemeneir bank account details) (Rei	fer Instruction 4) Output Ou	Pin Code Diters (pleasesper
Beneficiary Owner Id DP ID No. Inclosures for Demat option O. BANK ACCOUNT DETAILS (P) Name of the Bank Branch Address Account No. MICR Code FSC Code	ease note that as	Client ID N	master List (CN ons, it is mandatory for the list is mandatory for the	or investors to provide the City City Account Type Plea: 9 digit number next to your che attach a blank extra cheque can the investor to ensure the corre	n cum Holding Statementer bank account details) (Reinstanding Statementer bank	fer Instruction 4) Output Delive fer Instruction 4) Output NRE Output The destination branch control of the control of t	Pin Code Others (please spec
Beneficiary Owner Id DP ID No. Inclosures for Demat option O. BANK ACCOUNT DETAILS (P) Name of the Bank Branch Address Account No. MICR Code FSC Code	ease note that as	Client ID N	t Master List (CM ons, it is mandatory for the list of	or investors to provide the City City Account Type Plea: 9 digit number next to your che attach a blank extra cheque can the investor to ensure the corre	n cum Holding Statemeneir bank account details) (Rei	fer Instruction 4) Output Delive fer Instruction 4) Output NRE Output The destination branch control of the control of t	Pin Code Diters (pleasesper
Beneficiary Owner Id DP ID No. Inclosures for Demat option O. BANK ACCOUNT DETAILS (Pl Name of the Bank Branch Address Account No. MICR Code FSC Code	ease note that as	Client ID N	master List (CN ons, it is mandatory for the list is mandatory for the	or investors to provide the City Account Type Please 19 digit number next to your che attach a blank extra cheque can the investor to ensure the corre	n cum Holding Statementer bank account details) (Reinstanding Statementer bank	fer Instruction 4) for Instruction 4) Current NRE t / destination branch co	Pin Code Others (please spec
Beneficiary Owner Id DP ID No. nclosures for Demat option 0. BANK ACCOUNT DETAILS (Pl Name of the Bank Branch Address Account No. MICR Code FSC Code 1. INVESTMENT DETAILS - Name of the Scheme	ease note that as	Client ID N	Master List (CN ons, it is mandatory for the list is mandatory for the	or investors to provide the City Account Type Please 19 digit number next to your che attach a blank extra cheque can the investor to ensure the corre	n cum Holding Statemer leir bank account details) (Rei set tick () Savings aque number. celled or a clear photocopy of a cheque ctness of the IFSC code of the recipien	fer Instruction 4) for Instruction 4) Current NRE t / destination branch co	Pin Code Orresponding to the bank details mentioned in Section 1 Scheme 3
Beneficiary Owner Id DP ID No. nclosures for Demat option 0. BANK ACCOUNT DETAILS (Pl Name of the Bank Granch Address Account No. MICR Code 1. INVESTMENT DETAILS - Name of the Scheme Plan	ease note that as	Client ID N	Master List (CN ons, it is mandatory for the list is mandatory for the	or investors to provide the City Account Type Please 19 digit number next to your che attach a blank extra cheque can the investor to ensure the corre	n cum Holding Statemer leir bank account details) (Rei set tick () Savings aque number. celled or a clear photocopy of a cheque ctness of the IFSC code of the recipien	fer Instruction 4) for Instruction 4) Current NRE t / destination branch co	Pin Code Orresponding to the bank details mentioned in Section 1 Scheme 3
Beneficiary Owner In DP ID No. DP ID No. nclosures for Demat option 0. BANK ACCOUNT DETAILS (Planame of the Bank Branch Address Account No. MICR Code FSC Code 1. INVESTMENT DETAILS - Name of the Scheme	ease note that as	Client ID N	Master List (CN ons, it is mandatory for the list is mandatory for the	or investors to provide the City Account Type Please 19 digit number next to your che attach a blank extra cheque can the investor to ensure the corre	n cum Holding Statemer leir bank account details) (Rei set tick () Savings aque number. celled or a clear photocopy of a cheque ctness of the IFSC code of the recipien	fer Instruction 4) for Instruction 4) Current NRE t / destination branch co	Pin Code Orresponding to the bank details mentioned in Section 1 Scheme 3
Beneficiary Owner Id DP ID No. nclosures for Demat option 0. BANK ACCOUNT DETAILS (Pl Name of the Bank Branch Address Account No. MICR Code FSC Code 1. INVESTMENT DETAILS - Name of the Scheme Plan	ease note that as	Client ID N	Master List (CN ons, it is mandatory for the list is mandatory for the	or investors to provide the City Account Type Please 19 digit number next to your che attach a blank extra cheque can the investor to ensure the corre	n cum Holding Statemer leir bank account details) (Rei set tick () Savings aque number. celled or a clear photocopy of a cheque ctness of the IFSC code of the recipien	fer Instruction 4) for Instruction 4) Current NRE t / destination branch co	Pin Code Orresponding to the bank details mentioned in Section 1 Scheme 3
Beneficiary Owner Id DP ID No. nclosures for Demat option 0. BANK ACCOUNT DETAILS (Pl Name of the Bank Branch Address Account No. MICR Code FSC Code 1. INVESTMENT DETAILS - Name of the Scheme Plan	ease note that as	Client ID N	Master List (CN ons, it is mandatory for the list is mandatory for the	or investors to provide the City City Account Type Plea: 9 digit number next to your che attach a blank extra cheque can the investor to ensure the corre	n cum Holding Statemer leir bank account details) (Rei set tick () Savings aque number. celled or a clear photocopy of a cheque ctness of the IFSC code of the recipien	fer Instruction 4) for Instruction 4) Current NRE t / destination branch co	Pin Code Orresponding to the bank details mentioned in Section 1 Scheme 3
Beneficiary Owner Id DP ID No. Inclosures for Demat option O. BANK ACCOUNT DETAILS (Pl Name of the Bank Branch Address Account No. MICR Code FSC Code 1. INVESTMENT DETAILS - Name of the Scheme Plan Option	ease note that as	Client ID N	Master List (CN ons, it is mandatory for the list is mandatory for the	or investors to provide the City Account Type Plea: 9 digit number next to your cheatrach a blank extra cheque can the investor to ensure the correme 1	n cum Holding Statemer leir bank account details) (Rei leir ba	fer Instruction 4) for Instruction 4) Current NRE t / destination branch co	Pin Code Orresponding to the bank details mentioned in Section 1 Scheme 3
Beneficiary Owner Id DP ID No. nclosures for Demat option 0. BANK ACCOUNT DETAILS (Pl Name of the Bank Branch Address Account No. MICR Code FSC Code 1. INVESTMENT DETAILS - Name of the Scheme Plan	ease note that as	Client ID N	Master List (CN ons, it is mandatory for the list is mandatory for the	or investors to provide the City City Account Type Plea: 9 digit number next to your che attach a blank extra cheque can the investor to ensure the corre	n cum Holding Statemer leir bank account details) (Rei leir ba	fer Instruction 4) for Instruction 4) Current NRE t / destination branch co	Pin Code NRO F(NR Others (please spectroresponding to the bank details mentioned in Section 1 Scheme 3
Beneficiary Owner Id DP ID No. O. BANK ACCOUNT DETAILS (Pl Name of the Bank Granch Address Account No. AICR Code FSC Code 1. INVESTMENT DETAILS - Name of the Scheme Plan Option	ease note that as	Client ID N	Master List (CN ons, it is mandatory for the list is mandatory for the	or investors to provide the City Account Type Plea: 9 digit number next to your cheatrach a blank extra cheque can the investor to ensure the correme 1	n cum Holding Statemer leir bank account details) (Rei leir ba	fer Instruction 4) for Instruction 4) Current NRE t / destination branch co	Pin Code NRO F(NR Others (please spectroresponding to the bank details mentioned in Section 1 Scheme 3
Beneficiary Owner Id DP ID No. O. BANK ACCOUNT DETAILS (Pl Name of the Bank Granch Address Account No. AICR Code FSC Code 1. INVESTMENT DETAILS - Name of the Scheme Plan Option	ease note that as	Client ID N	Master List (CN ons, it is mandatory for the list is mandatory for the	or investors to provide the City Account Type Plea: 9 digit number next to your cheatrach a blank extra cheque can the investor to ensure the correme 1	n cum Holding Statemer leir bank account details) (Rei leir ba	fer Instruction 4) for Instruction 4) Current NRE t / destination branch co	Pin Code NRO F(NR Others (please spectroresponding to the bank details mentioned in Section 1 Scheme 3

28

12. PAYM	ENT DETAILS (Refer Instruction No	. 6)					
		Schen	ne 1	Sc	neme 2	Sch	eme 3
	/ RTGS / UMR No. & Date:						
Bank & Branc							
Amount in figu							
DD Charges if	any, in figures ₹ (ii)						
Net Amount (i)+ (ii) in figures ₹ in words ₹						
	Please tick(✓) Sav	ings Current NRE			er Instruction 5C (Mandatory for Credit via N not find this on your cheque leaf, please ch		appearing on your cheque leaf.
	We wish to nominate	I/We DO NOT wis					
First / S	iole Applicant/ Guardian / F			Applicant / Auth. S		Third Applic	
,	Nominee Name			• •	Nominee Relationship with 1st Holde		
Nominee 1	Nomino Numo	C Audioss	Oddinian Name & Address (in case nonlinee is minory	Nothing Relationship with 131 Holds	oi Allocution (total = 10070)	Nominee / Outraidi Signah
Nominee 2							
Nominee 3							
14. DOC	UMENTS ENCLOSED (PL	EASE 🗸)					
	ndum & Articles of Association		Trust Deed		KYC acknowledgement	SIP Enrolment Form (For Inv	vestment through PDC) estment through NACH / Auto Deb
Resolution / Authorisation to invest PAN Copy LIP Agreement SIP Enrolment Form (Fd. Power of Attorney Certificate of Incorporation Partnership Deed SWP/STP/DSO Enrolm							
	uthorised Signatories with Specimen Signature	(2)	☐ Bye-Laws		Third Party Payment Declaration Form		
					Beneficiary ownership list	Multiple Bank Account Regist	tration Form
15. DECLA	aration(s) & Signature(S)	(Refer Instruction 15)					
the scheme. I/N Prevention of Mi indirectly in mak Applicable for N The ARN holder I/We confirm th **I may volunto www.taurusmuth	understood the contents of the Scheme Inforr We hereby declare that the amount invested in perp Laundering Art, Prevention of Corruption ing this investment. IRI's only - I/We confirm that I am/we are N has dischosed to me/us all the commission details provided by me/us are true and corr rilly subscribe to the on-line access for transacti sulfund.com and hereby undertake to be bound	n the scheme is through legitimate sourc Act and / or any other applicable lows er Ion Residents of Indian Nationality/Origir S in the form of trail commission or any ect. ng through the internet facility provided b by the same. I further undertake to discharg	es only and does not involve and is nacted by the government of India fr n and that I/we have remitted funds or other mode), payable to him for y Taurus Mutual Fund and confirm o e the obligations cast on me and shall n	not designed for the purpose of om time to time. I/We have un from abroad through approved be the different competing Schen f having read, understood and at	the contravention of any Act, Rules, Regulat derstood the details of the scheme & I/we ha anking channels or from funds in my/our Nor nes of various Mutual Funds from amongst gree to abide by the terms and conditions for a	ions, Notifications or Directions of th ave not received nor have been indu n-Resident External /Non-Resident O which the Scheme is being recommading of the internet facility more p	he provisions of the Income Tax Ac ced by any rebate or gifts, directly o Irdinary /FCNR account. mended to me/us. articularly mentioned on the websit
I/We confirm	A resident of US/Cana	nda Not a resident of US/Co	anada				
First / S	iole Applicant/ Guardian / F	POA Holder / Auth Sign	Second	Applicant / Auth. S		Third Applic	cant Sian
, •	th and a secondary			11 /			- 9



Taurus Mutual Fund

SIP / OptiSIP ENROLMENT - CUM - AUTO DEBIT / SIP CANCELLATION / CHANGE OF BANK DETAILS (Please read instructions carefully before filling up the form)

Application No.

ARN/RIA Code and Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN-183038	ARN -			
Upfront commission shall be paid directly by the investor to the AMFI mention "DIRECT" in the ARN column.	registered Distributors based on the investors' asse	ssment of various factors including the service rendered by the	distributor. Also refer instruction no.2. Investors subscribing	j under the "DIRECT" plan of the scheme shoul
EXECUTION ONLY (To be signed when EUIN is left b	lank)			
*I/We hereby confirm that the EUIN box has been inten notwithstanding the advice of in-appropriateness, if any				
Please sign he First / Sole Applicant/ Guardian /		Please sign here Second Account Holder's Sig		
Registration of SIP/OptiSIP/Mic		on of SIP/ <i>Opti</i> SIP/Micro SIP		0
Renewal of SIP/ <i>Opti</i> SIP/Micro S	SIP Change in	Bank Account for an existing inv	restor	
New Investor Y N	Folio No.			
INVESTOR AND INVESTMENT DETAIL				
	r. Ms. M/s			
	. Ms.			
- 11	. Ms.			
Name of Guardian (for Minor app		ntact person (for Non-indl. Appli	cant)	
Mr. Ms.				
ID & Add Proof Document Name, Sc	ole/First Applicant/ Guard	ian Second Applic	ant	Third Applicant
in case of Micro SIP(Refer Instruction 14)				
Name of Scheme		Plan	Optio	วท
SIP /	Micro SIP		<i>Opti</i> SIP	
SIP Amount (₹)		Min. Installment Amt.	Freq	uency Monthly
Frequency	nly Quarterly	Max. Installment Amt.	(Amount gre	eater than Fixed Min. Installment amount & multiple of ₹1 /- thereof)
First/Initial Investment Cheque Num	her	Cheque Date	D / M M / V V V	& Hiolipie of \$1/- Heleof)
Auto Debit/NACH dates (Please 3)	1st 5th	10th 15th 28th		
Enrolment Period Start		Y Y End on M M /	V V V V V	f Installments
PARTICULARS OF BANK ACCOUNT	Trom Market Market	End on Mark 7	110.0	maraille in a
/We hereby, authorize Taurus Mutual Fund and the	ir authorized service providers, to deb	it my/our following bank account by ECS (Del	bit CLearing) /auto debit to account for collecti	on of SIP/ <i>Opti</i> SIP payments.
Name of the Account Holder as per			0.7	
Bank Name				
Branch Address			City	
Account Number		Account	Type Savings Curre	nt NRE NRO
9 digit MICR Code			git IFSC Code	
Declaration & Signature (s): Having read and understood the contents		ement of Additional Information (SAI) & Key Information Memo	randum (KIM) I/We hereby apply for units of the scheme and	
egulations governing the scheme. I/We hereby declare that the amount revernition of Money Loundering Act, Prevention of Corruption Act and / c his investment. Applicable for NRI's only - I/We confirm that I am/w nolder has disclosed to me/us all the commissions (in the form of trai /We confirm that details provided by me/us are true and correct.	or any other applicable laws enacted by the governme e are Non Residents of Indian Nationality/Origin and il commission or any other model, payable to him Please V Repatriation basis	ent of India from time to time. I/We have understood the details o I that I/we have remitted funds from abroad through approved bo	of the scheme & I/we have not received nor have been induced b anking channels or from funds in my/our Non-Resident External , Is from amongst which the Scheme is being recommended to	y any rebate or gifts, directly or indirectly in making /Non-Resident Ordinary /FCNR account: The ARN .me/us.
First / Sole Applicant/ Guardian /		Second Account Holder's Sig		
TAURUS		Auto debit form-NACH/OTM Reg		
Mutual Fund UMRN	FOR		Date D D	
Tick (✓) Sponsor Bank Cod		Utility Co	de FOR OFF	ICE USE
MODIFY I/We, hereby auth	orize Taur	us Mutual Fund	To debit (tick ✓) SB / CA	A /CC SB-NRE /SB-NRO /Other
Bank a/c Number:				
With Bank		IFSC	or MICR	
An amount of Rupees			₹	
FREQUENCY Mthly Qtly	H-Yrly Yrly	As & when presented DEBIT T	YPE Fixed Amount	Maximum Amount
Unique ID Reference 2		Phone No. Email ID		
I Agree for the debit of mandate processing chargesby the	 bank whom I am authorizing to debit my ac			
PERIOD From D D M M Y Y	Signature Primar	y Account Holder Signat	ure of Account Holder	Signature of Account Holder
To DD M M Y Y Or Until cancelled	Name as i	n bank records 2 Na	me as in bank records	Name as in bank records

• This is to confirm that the deduration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me.
• I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.