

COMMON APPLICATION FORM

Please read instructions carefully. Please strike off any sections that are not relevant or not applicable.



All sections should be filled in English and in BLOCK LETTERS only.

Application No.

1. DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN) #	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY Registrar/Bank Serial No./ Date and Time of Receipt
ARN- 183038	ARN-		E- (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

#By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund.

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No.II(10)). – I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales /sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian Signature of Second Unit Holder Signature of Third Unit Holder

TRANSACTION CHARGES

(Please ✓ any one of the below)
(Refer Instruction No.XII)

I am a first time investor in mutual funds (₹150 will be deducted) OR I am an existing investor in mutual funds (₹ 100 will be deducted)
Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

2. APPLICANT'S DETAILS (Please refer Instruction No. II) All fields are mandatory.

MODE OF OPERATION

Single Anyone or Survivor
 Joint (Default Option is Joint)

Folio No

1st APPLICANT* Mr Ms. M/S Date of Birth

PAN/PEKRN* KIN[^] Proof Attached Aadhar (Optional)

GUARDIAN NAME IF MINOR /CONTACT PERSON (FOR NON INDIVIDUALS) /POA HOLDER Date of Birth

LEGAL ENTITY IDENTIFICATION (LEI) CODE[§]

Mandatory in case of Minor** GUARDIAN/POA HOLDER

Guardian's Relationship with minor - <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	PAN/PEKRN* <input type="text"/>
Proof of Date of Birth - <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others _____	KIN [^] <input type="checkbox"/> Proof Attached <input type="text"/>
	Aadhar (Optional) <input type="text"/>

2nd APPLICANT* Mr Ms. M/S Date of Birth

PAN/PEKRN* KIN[^] Proof Attached Aadhar (Optional)

3rd APPLICANT* Mr Ms. M/S Date of Birth

PAN/PEKRN* KIN[^] Proof Attached Aadhar (Optional)

*Mandatory information - If left blank, the application is liable to be rejected.** Mandatory in case the Sole/First applicant is minor. ^ Individual client who has registered under Central KYC Records Registry (CKYCR) has to fill the 14 digit KYC Identification Number (KIN).

§LEI is applicable for Non-Individual investor including HUF, not applicable to individuals, minor & NRI investor.

3. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS)

Correspondence Address		Overseas Address (Mandatory for NRI / FII Applicants)	
HOUSE / FLAT NO.		HOUSE / FLAT NO.	
STREET ADDRESS		STREET ADDRESS	
CITY / TOWN	STATE	CITY / TOWN	STATE
COUNTRY	PINCODE	COUNTRY	PINCODE
Tel No. <input type="text"/>	Residence <input type="text"/>	Mobile No. <input type="text"/>	
Email ID <input type="text"/>	Please Specify in BLOCK LETTERS		
If not filled, default ISD code will be assumed as +91 (India)			

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please ✓ here) Trees are green gold – Save Trees

4. TAX STATUS (Please ✓)

- | | | | | | |
|--|--|--|---|--|--|
| <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Foreign National | <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Government Body | <input type="checkbox"/> AOP/BOI | <input type="checkbox"/> Defence Establishment |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Trust / Society / NGO | <input type="checkbox"/> Person of Indian Origin |
| <input type="checkbox"/> HUF | <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> FII | <input type="checkbox"/> Non Profit Organization/Charities | <input type="checkbox"/> Provident fund |
| <input type="checkbox"/> NRI-NRE | <input type="checkbox"/> LLP | <input type="checkbox"/> Bank | <input type="checkbox"/> Foreign Portfolio Investor / FII | <input type="checkbox"/> QFI | <input type="checkbox"/> National Pension System |
| <input type="checkbox"/> NRI-NRO | <input type="checkbox"/> Gratuity Fund | <input type="checkbox"/> Other _____ | | | |

5. DEMAT ACCOUNT DETAILS (OPTIONAL)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
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Enclosure (Please tick any box) Client Master List (CML) Transaction cum holding Statement Cancelled Delivery Transaction Slip (DIS)

Investor opting to hold units in Demat Form, may provide a copy of the DP statement which will enable us to match Demat details as stated in the Application Form...

6. BANK DETAILS (MANDATORY) (Please refer Instruction No. V)

Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof i.e. Cancelled cheque with name pre-printed/Bank Statement with the latest Transactions of two months in case the pay-out bank account is different from the source bank account.) For unit holders opting to hold units in demat form, please ensure that the bank account linked with the demat account is mentioned here.

Account Number Account Type Current Savings NRO NRE FCNR Others (please specify) _____

Bank Name & Branch

Branch City IFSC Code MICR Code

7. FATCA AND CRS DETAILS - For Individuals [Including Sole Proprietor] (MANDATORY) (Refer Instruction III)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure 1B). The below information is required for all applicants / guardian

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? Yes No (please tick ✓)

If "YES" please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type TIN or other please specify)
First Applicant / Guardian			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A → The country where the Account Holder is liable pay to tax does not issue Tax Identification Number to its residents Reason B → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) Reason C → Others please state the reasons thereof:

Address Type of Sole /1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Annexure 1A (Form for Additional KYC, FATCA & CRS Annexure for Individual Accounts) and 1B (Form for Ultimate Beneficial Owner including additional FATCA & CRS information - for Non-Individuals / Legal Entity) are available on the website of AMC i.e. www.trustmf.com or at the Official Point of Acceptance of TRUST MF.

8. KYC DETAILS (MANDATORY)

OCCUPATION [Please tick (✓)]

	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Others
First Applicant / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Please specify)
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Please specify)
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Please specify)

GROSS ANNUAL INCOME [Please tick (✓)]

	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore
First Applicant / Guardian	OR Net worth (Mandatory for Non-Individuals) ₹ <input type="text"/> as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> as on (Not older than 1 year)					
Second Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore OR Net worth ₹ <input type="text"/>
Third Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore OR Net worth ₹ <input type="text"/>

9. PEP DETAILS (MANDATORY)**

	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you Politically Exposed Person? (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a Politically Exposed Person? (PEP)**	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Politically Exposed Persons (PEP) are defined as Individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

10. INVESTMENT & PAYMENT DETAILS Please refer SID of respective scheme for Plans, Sub-options and Dividend frequency (Refer Instructions VI)

Scheme name **TRUSTMF** Plan: Direct Regular Option: Growth (Default) IDCW* Reinvestment IDCW* Payout

IDCW* Income Distribution cum Capital Withdrawal option

Mode of payment: Self Third Party Payment
 (Please fill the 'Third Party Payment Declaration Form') Dividend Frequency#: _____

Payment mode: DD Cheque Fund Transfer RTGS/NEFT

Amount (figures) Cheque/DD/UTR/UMR No. Cheque Date

Account No. Account Type Saving Current NRO NRE FCNR Others (please specify) _____

Bank & Branch Name

Default frequency for Dividend Reinvestment of IDCW option would be Daily; **Default frequency for Dividend Payout of IDCW* option would be Monthly.

11. NOMINATION DETAILS - I/We wish to nominate - Yes No If ticked "No", please sign here FOR INDIVIDUALS (SINGLE OR JOINT APPLICANTS) (REFER INSTRUCTIONS XIII)

SIGNATURE

Sr. No	Name of Nominee	In case of Minor, Date of Birth of Minor & Guardian Name	Allocation %	Relationship with Investor	Nominee's Signature (Optional)/In case of Minor-Guardian's Signature (Mandatory)
1					
2					
3					

The percentage of allocation / share in favour of each of the nominees should be indicated against their name and such allocation / share should be in whole numbers without any decimals making a total of 100 percent.

12. DECLARATION & SIGNATURE(S)

I / We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as an Unitholder. I / We hereby apply for allotment of Units of the Scheme(s) and confirm and declare as under:

- I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited by any order/ruling /judgement passed by any Statutory Authority. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers registered in the concerned folio, if applicable.
- I/We hereby provide my/our consent to TRUST Asset Management Private Limited for (i) collecting, / sharing (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"); and (ii) downloading and updating my/our Aadhaar number(s) and associated demographic information (including updated information) in my/our accounts/folios under the scheme, based on my/our Income Tax Permanent Account Number ("PAN") in accordance with the Aadhaar Act, 2016, PMLA and rules & regulations made thereunder and applicable SEBI guidelines. I/We hereby further authorise TRUST MF /AMC for sharing/disclosing of the Aadhaar number(s) and associated demographic information (including any updated information) by itself or through its RTA, depository participants, and asset management companies of other SEBI registered mutual funds, and their RTAs, for the purpose of updating the same in my/our accounts/folios based on my/our PAN.
- I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary / FCNR Account maintained in accordance with applicable RBI guidelines.
- The information given by me /us in or along with this application form is true and correct and I / We agree to furnish such other further/additional information as may be required by the TRUST MF /AMC. I/We undertake to promptly inform the TRUST MF /AMC /Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by TRUST MF /AMC / RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time of investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless TRUST MF /AMC /Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by TRUST MF /AMC in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- The ARN holder (AMFI 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 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 TRUST MF /AMC /its distributor for this investment and have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment.
- I / We will be bound and shall abide by the terms and conditions as prescribed by the TRUST MF /AMC as amended from time to time.

First / Sole Applicant / Guardian / Authorized Signatory	Second Applicant	Third Applicant
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TRUST MUTUAL FUND - ACKNOWLEDGMENT SLIP

(To be filled in by the investor)

Application No.

Stamp & Signature



From

Instrument No.	Dated	Amount (Rs.)	Scheme
	D D M M Y Y		

Toll Free Number 1800 267 7878	Email ID investor.service@trustmf.com	Website www.trustmf.com
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Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

CHECKLIST FOR DOCUMENTATION

Please submit the following documents with your application (where applicable).

Documents	Individuals	NRIs	Minors	^Companies/ Body Corporates	^Trusts	^Societies	^HUF	^Partnership	^FPIs	^IIP/ Fils*	Investments through Constituted Attorney
1. Certificate of Incorporation/Registration				✓	✓			✓	✓	✓	
2. Resolution/Authorization to invest				✓	✓	✓		✓	✓	✓	
3. List of Authorized Signatories with Specimen Signature(s)@			✓	✓	✓		✓	✓	✓	✓	
4. Memorandum & Articles of Association				✓							
5. Trust Deed					✓					✓	
6. Bye-Laws						✓					
7. Partnership Deed/Deed of Declaration							✓	✓			
8. Notarized Power of Attorney											✓
9. Proof of PAN (including for guardian)	✓#	✓	✓#	✓	✓	✓	✓	✓	✓	✓	✓
10. Proof of KYC/CKYC - KIN number	✓#	✓	✓#	✓	✓	✓	✓	✓	✓	✓	✓
11. Proof of Aadhaar Card (Optional)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12. Overseas Auditor's Certificate (applicable for DTAA)		✓							✓		
13. Foreign Inward Remittance Certificate		✓							✓		
14. Date of Birth Certificate or School Living Certificate or Passport of Minor			✓								
15. Document evidencing relationship with Guardian			✓								
16. Declaration for Identification of Beneficial ownership			✓	✓	✓	✓	✓	✓	✓	✓	
17. FATCA/CRS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

All documents for entities above should be originals/true copies certified by the Director/Trustee/Company Secretary/Authorized Signatory/Notary Public.

@ Should be original or true copy certified by the Director/Trustee/Company Secretary/Authorized Signatory/Notary Public, as applicable.

* For FIs, copy of SEBI registration certificate should be provided.

If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.

^ Existing Mutual Fund investor who are KYC compliant, the above mentioned documents are not required. Board Resolution & Authorised Signatory List with specimen signatures is mandatory.

COMMON SIP REGISTRATION FORM & NACH MANDATE

Please read instructions carefully. Please strike off any sections that are not relevant or not applicable.



Application No.

DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN)#	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY Registrar/Bank Serial No./ Date and Time of Receipt
ARN- 183038	ARN-		E- (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

#By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund. Declaration for "execution-only" transaction (only where EUIIN box is left blank) – I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales /sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian _____ Signature of Second Unit Holder _____ Signature of Third Unit Holder _____

1. UNITHOLDER INFORMATION

Folio No. Legal Entity Identification (LEI) Code^s

1st/Sole Unit Holder Name Mr. Ms. M/s

Second Applicant Name Mr. Ms. M/s

Third Applicant Name Mr. Ms. M/s

PAN/PEKRN of First Applicant Second Applicant Third Applicant

2. INVESTMENT DETAILS (Choice of Plan [Please ✓])

Scheme **TRUSTMF** Plan (Please ✓) Regular Direct

Option Growth IDCW* Reinvestment IDCW* Payout Dividend Frequency _____

*IDCW- Income Distribution cum Capital Withdrawal Option LEI is applicable for Non-Individual investor including HUF, not applicable to individuals, minor & NRI investor.

Note: Default Option will be Growth in case option not selected or in case of any ambiguity

Enrolment Period: From Date To Date OR Perpetual (99 years) (Default)

First SIP Instalment via: Cheque No Drawn on Bank and Branch _____

Amount: ₹ A/c. No.

Each SIP Amount: ₹ _____ Amount in Words _____

Frequency: (Please ✓)	<input type="checkbox"/> Monthly (SIP) (Minimum instalment amounting to Rs. 1,000/- (plus in multiple of Re. 1/-) (Minimum instalments – 6)	<input type="checkbox"/> Quarterly (SIP) (Minimum instalment amounting to Rs. 3,000/- (plus in multiple of Re. 1/-) (Minimum instalments – 4)
Date <input type="text"/>	Preferred Debit Date (Any day from 1st to 28th of the month.)	Date <input type="text"/> Preferred Debit Date (Any day from 1st to 28th of the month.)

I/We hereby authorize TRUST Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing for collection of SIP payments. Note: Please allow 1 month for NACH Mandate to register and start.

3. DEMAT ACCOUNT DETAILS (OPTIONAL)

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply for the units of the scheme for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit.

I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Trust Asset Management Private Limited / Trust Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder 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 recommended to me/us.

Date	Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This form should be accompanied with One Time Mandate Form (OTM)

TRUST MUTUAL FUND - ACKNOWLEDGMENT SLIP

(To be filled in by the investor.)

From Application No.

Instrument No.	Dated	SIP Frequency	SIP Amount (Rs.)	Scheme
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.



ONE TIME BANK MANDATE (NACH/OTM/DIRECT DEBIT FORM)

Tick (✓)
CREATE ✓
MODIFY
CANCEL

UMRN	F O R O F F I C E U S E O N L Y	Date	D D M M Y Y Y Y
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Sponsor Bank Code	FOR OFFICE USE ONLY	Utility Code	FOR OFFICE USE ONLY
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I/We hereby authorize **TRUST MUTUAL FUND** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank Account No.

With Bank Name of customers bank IFSC or MICR

an amount of rupees IN WORDS ₹ IN FIGURES

Frequency Monthly Quarterly Half yearly Annually As & when presented DEBIT TYPE Fixed amount Maximum Amount

Reference/Application No. Phone No.

Scheme Name Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD											
From	D	D	M	M	Y	Y	Y	Y			
To	D	D	M	M	Y	Y	Y	Y			
or	<input type="checkbox"/> Until cancelled										

Signature of Primary Account Holder As per Bank Record	Signature of Account Holder As per Bank Record	Signature of Account Holder As per Bank Record
1. Name as in Bank records	2. Name as in Bank records	3. Name as in Bank records

This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of TRUST Mutual Fund / TRUST AMC shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of TRUST Asset Management Private Limited, Investment Manager to TRUST Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/Direct Debit/SI.

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