

for purchase in $__$

TATA MUTUAL FUND

Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001





_Subject to verification and realisation.

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

A DAL / DIA A G :		c ! > '	ADNI G. I		6 1 5 1 15 1 =		.1.	E			
ARN / RIA ^ Code		Sub-Broker	ARN Code		Sub-Broker / Bank Br	anch Co	de	EUIN Code			
nternal Code		without any inte provided by the	eraction or advice by the employee/relationship	he en o man	saction – I/We hereby confirm that the EUIN bo nployee/relationship manager/sales person o nager/sales person of the distributor and the	of the above of the distributor has	distributo as not cha	or or notwithstanding arged any advisory fe	the advice of s on this trar	in-app rsaction	ropriateness, if an
case the subscription amo ner than First time mutual mmission shall be paid dir By mentioning RIA code, I /	ount is ₹ 10,000 o fund investor) wi ectly by the invest we authorize you	r more and yo II be deducted or to the AMFI I to share with	our Distributor has I from the subscri registered Distrib the SEBI Register	s op ption outor ed Ir	ted to receive transaction charges, ₹ n amount and paid to the distributor rs based on the investors' assessmen nvestment Adviser (RIA) the details o	150/- (for . Units wil t of variou f my / our	First ti I be iss s factor transac	ime mutual fund ued against the b s including the se ctions in the sche	nvestor) o alance amo rvice rende nes(s) of T	r ₹ 10 ount ii red b ata M	0/- (for invest nvested. Upfro the distribut utual Fund
	icant Signature mpression				Applicant Signature / Thumb Impression			3 rd Applica Thumb	nt Signat Impressio		
Applicant's In	formation								ı	Refer	Sec. A, C
	with 1st applica under the US S	nt as a minor ecurities Act o	. Any applicants s of 1933 and corp	shou orat	ed in the PAN and the KYC acknowl uld not be a resident of Canada or a tions or other entities organised ur available kindly complete the Know	a person v nder the la	who fall aws of t	s within the defi the U.S. For Inve	nition of th tors New	ne ter	m "U.S. Perso
Applicant's Deta	ails						Folio N	lo.			
The first applicant >> will be the primary holder and all	Mr. Ms.	. M/s.	PAN / PEKRN			C-KYC					
respondence will be sent to him/her. Only the first holder can be a minor.	Name										
isting Investors may nention the Folio no. Id proceed to Sec. 4. Investors to ensure	Date of Birth		/		In case of Minor: Proof of D		irth ce asspo	_	hool leav	-	ertificate
that PAN is linked to Aadhaar.	Mobile No.					Mobile Self Spou		gs to			
	□ I harabu au	ıthariza TAA	AL / TME to some	ما اما	anartant information and trans					hila	nmah.ar
	,				nportant information and trans						number.
itact Person - Design POA / Proprietor /	iation (Non Inc	aividuai inv	estors) / Powe	er o	of Attorney (POA) / Proprietor	•		· · · · · · · · · · · · · · · · · · ·	applicant	:)	
Guardian Details	Mr. M	ls.				PAN / I	PEKRN				
For Non Individual >>	Entity Identific	er (LEI) Num	ber Mandatory	for	Transaction Value of INR 50 cr	ore and	above				
To be filled by »	· -		• •		Proof of Relationship		. 6				
Guardian		Father 🗀	Legal Guardi	ian	☐ Birth certificate ☐ School			ate 🗀 Passport	□ Othe	rs	
	Mobile No.				Date of Birth	C-I	KYC				
v Status						Y					
x Status	Resident In	dividual	□ Sole	o Dr	oprietorship	orato		□ Overse	ac Citizo	n of I	ndia
	NRI-Repatr NRI-Non-Re Minor - Res	iation epatriation sident Indivi	☐ Hin ☐ Part dual ☐ Cor ☐ Tru	du I tner npa st	Undivided Family 🗆 Limited Liseship 🗆 Body of In	ability Pa dividuals Club : Organiz	ation	hip	n Nationa ed Foreig n Portfolio	l Res n In	ident in Ind vestor estor
Contact Detai	ls										Refer Sec
Mailing address is » required for initial											
ommunication. We will overwrite this								C'.			
ddress with the 1st								City			
pplicants address as per the KRA	PIN				State		- 0	Country			
records	Residence Pho	one (prefix :	STD Code)		Office Phone (prefix STD Coo	de)		Extn			
	Email			al al			I	Email belongs	Self Spou	ıse	Parent Child
_			t have email ac sical copy of tl		ess on record: scheme-wise annual report or	abridge	d sum	mary thereof	☐ Yes		□ No
%											
IATA JTUAL UND			Ackı	now	ledgement Slip		Sr.	No.: C			
und ceived from Mr./Ms./M/s.					PAN			₹			

Overseas address			
Mandatory for Non- Resident Individuals and Overseas Investors in addition to the mailing			City
address.			
	State	ZIP Code	Country
4. Investment In	strument Details		Refer Sec. I
The name of the »	Gross Amount (₹) (A)	DD Charges (₹) (if any)	Net Amount (₹) (Cheque / DD Amount)
first applicant should be available		(B)	(A - B)
on the investment Cheque.	Account Number	A/c Type	Dated
Cheque/ DD to be			
drawn in favour of 'Name of the	Drawn on Bank		Cheque / DD No.
Scheme'			
	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)	DCW Reinvestment DCW Payou	t	
	IDCW - Income Distribution cum Capital Witho	Irawal.	
6. Bank Account	Details		Refer Sec. (
	The bank account details provided below w proceeds and IDCW payouts (if applicable).		s default bank mandate to pay redemption
This must be an Indian account. The	Bank Name		Branch
1 st applicant should 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	PIN	State
			State
Chaque Datails			Acknowledgement Sliv
Cheque/DD No	dated A/c No	Rank	Acknowledgement Slip

Mode of Holding Single Joint Any one or Survivor (Default) Ind Applicant's Details Investors to ensure that P	'AN is linked to Aadhaar.
Mr. Ms. Status PAN / PEKRN Name Mobile No. Mobile belongs to Self Parent Spouse Child Parent Spouse Child Investors to ensure that P Mr. Ms. Status PAN / PEKRN Investors to ensure that P Resident Individual NRI	'AN is linked to Aadhaar.
Resident Individual NRI Name	
Resident Individual NRI Name	
Mobile No. Mobile belongs to Date of Birth C-KYC Self Parent Downward Parent Downward Parent Downward Parent Downward Parent Parent	
Self Parent Spouse Child D / M M / Y Y Y Y Status PAN / PEKRN Resident Individual NRI NRI Status PAN / PEKRN Resident Individual NRI Status PAN / PEKRN PA	
Self Parent Spouse Child D / M M / Y Y Y Y Status PAN / PEKRN Resident Individual NRI NRI Status PAN / PEKRN Resident Individual NRI Status PAN / PEKRN PA	
Mr. Ms. Status PAN / PEKRN Resident Individual NRI	
Resident Individual NRI	'AN is linked to Aadhaar.
Name	
Mobile No. Mobile belongs to Date of Birth C-KYC	
Self Parent Spouse Child	
8. Know Your Customer (KYC) Details	Refer Sec. J
CATEGORIES FIRST APPLICANT (Including Minor) SECOND APPLICANT / GUARDIAN THIRI	D APPLICANT
Occupation >>	Service 🗆 Business
	□ 1-5 Lacs □ 10-25 Lacs rore □ >1 crore as on
(not older than 1 year) (not older than 1 year) (not older than 1 year)	ear)
Others » Not Applicable Not Applicable Not Applicable Not Applicable Politically Exposed Person Related to Politically Exposed Person Related to Politically Exposed Person Related to Politically Exposed Person	
Additional KYC Details for Non - Individuals	
For Non Individuals only (Companies, Trust, Partnership etc.) Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: (if No, mandatory to attach the UBO declaration) Non Individual investors involved/providing any of the mentioned services Foreign Exchange / Money Changer Services Money Lending / Pawning None of the above	Yes No
9. Foreign Account Tax Compliance Act (FATCA) & CRS Details	Refer Sec. K
	O APPLICANT
Country of Birth »	
Place of Birth >>	
Nationality » Indian U. S. Indian U. S. Indian U. S. Indian Others (Please specify) Others (Please specify)	U. S.
Type of address given at KRA >> Residential or Business Residential Residential Residential Residential Registered Office Business Residential Registered Office Registered Office Registered Office Registered Office	
Are you also a resident in >	Yes
any other country(ies) for tax purposes? If yes, complete section below.	
Country of Tax Residency 1 »	
Tax Identification Number 1 »	
Identification Type 1 »	
If TIN is not available please >> Reason	ВС
Country of Tax Residency 2 >>	
Tax Identification Number 2 »	
If TIN is not available please >> Reason	ВС

^{*} 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)

Refer Sec. L 10. Nomination Details

10: 11011111111111111111111111111111111	Details		Rejer Sec. 1
Mandatory for Individual(s) applying singly or jointly.	You can nominate up to 3 persons to receive the Units allotted to you made to such Nominee(s) and Signature of the Nominee(s) acknowled Register nomination as below	ou in your folio in the unfortunate event of edging receipt thereof, shall be a valid disc I do not wish to nominate.	f death of all unit holders. All payments and settlements charge by the AMC/ Mutual Fund/ Trustees.
Select any one »	_ negister nomination as select		
1 st Nominee	Nominee Name		
	Relationship with Nominee		Date of Birth
	Address		City
	State	PIN	Country
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian
2 nd Nominee	Nominee Name		
	Relationship with Nominee		Date of Birth
	Address		City
	State	PIN	Country
	Guardian Name in case of Minor	Allocation (%)	Signature of Nominee / Guardian
3 rd Nominee	Nominee Name		
	Relationship with Nominee		Date of Birth
	Address		City
	State	PIN	Country
	Guardian Name in case of Minor	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 Accou	unt Details		Refer Sec. N
Ensure that the	Fill these details only if you wish to have your unit	s in Demat mode.	
sequence of names as mentioned in the	Depository participant Name		
application form matches with that of the account held with the	Central Depository Securities Limited Target ID No.		National Securities Depository Limited DP ID No.
Depository Participant. In case the details are			
found to be incorrect, Units will be allotted in			Beneficiary Account No.
physical mode.			
12. Declaration a	and Signatures		Refer Sec. N
(1) I/We have read, understood and 2 J/We am/are eligible Investor(s) a any act, rules, regulations, notific (3) The information given in / with Fund/Registrars and Transfer Agr (4) That in the event, the above infor (5) I/We hereby authorize you to dis Company, its employees, agents Intelligence Unit-India (FIU-IND) e (6) I/We will indemnify the Fund, AM (7) The ARN holder (AMFI registered Scheme is being recommended to (8) I/We hereby confirm that I/We ha (9) I / We agree that the unit balance For Foreign Nationals Resident in of change in residential status. (11)	o capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/ hereby agree to comply with the terms and conditions of the scheme related documents as per the scheme related documents and am/are authorised to make this investment. The rations or directions issued by any regulatory authority in India. his application form is true and correct and further agree to furnish such other further/ac ret (RTA) in writing about any change in the information furnished from time to time. mation and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liabl close, share, remit in any form/manner/mode the above information and/or any part of it and third party service providers, SEBI registered intermediaires for single updation/ subm to without any intimation/advice to me/us. I/We hereby authorize you to share the account C, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, ve Distributor) has disclosed to me/us all the commissions (in the form of trail commission of me/us. ve not been offered/ communicated any indicative portfolio and/ or any indicative yield by (s) reflecting in the account statement is subject to realisation of Cheque accompanying th India only: I/We will redeem my/our entire investment/s before I/We change my/our India nfirm that my application is in compliance with applicable Indian and Foreign laws. ent to TATA AMC for receiving the promotional information/ material via email, SMS, telem ent to TATA AMC for receiving the promotional information/ material via email, SMS, telem	and apply for allotment of Units of the Scheme(s) of Tat amount invested in the Scheme(s) is through legitimate Iditional information as may be required by the Tata A: e for the consequences arising therefrom. It including the changes/updates that may be provided ission, any Indian or foreign statutory, regulatory, juid is tatement of the folio with the distributor /broker / ac allidity and authorization of my/our transactions. or any other mode), payable to him/them for the differ the Fund/AMC/its distributor for this investment, he purchase request, PAN validation and KYC compliance in residency status. I/We shall be fully liable for all consequences.	a Mutual Fund ('Fund') indicated in this application form. e sources only and is not for the purpose of contravention and/or evasion o sset Management Limited (TAML)/ Fund and undertake to inform the AMC I by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Managemen ial, quasi-judicial authorities/agencies including but not limited to Financia dvisor on record. erent competing Schemes of various Mutual Funds from amongst which the ie. equences (including taxation) arising out of the failure to redeem on accoun
(12) I/We hereby accord my/our conse	in to the Amic to receiving the promotional information/ material via email, SMS, telem	arketing cans, etc. on the mobile number and email pro	ovided by me/us in this Application Form. Date:



TATA MUTUAL FUND

Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001

Application Form For Tata Retirement Savings Fund

for purchase in Tata Retirement Savings Fund - Plan: \Box Progressive \Box Moderate \Box Conservative

This product is suitable for investors who are seeking*:

PROCRESSIVE PLAN: · Long Term Capital Appreciation. · An equity oriented (between 85%-100%) savings scheme which provides tool for retirement planning to individual investors.

MODERATE PLAN: · Long Term Capital Appreciation & Current Income. · A predominantly equity oriented (between 65%-85%) savings scheme which provides tool for retirement planning to individual investors. CONSERVATIVE PLAN: · Long Term Capital Appreciation & Current Income. · A debt oriented (between 70%-100%) savings scheme which provides tool for retirement planning to individual investors. *Investors should consult their financial advisors if in doubt about whether the product is suitable for them

Sr. No.:



Cheque Details Overleaf / Subject to realisation.

ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS

1. Advisor / Distrib	utor Inform	ation									Refer Sec. B
ARN / RIA ^ Code		Sub-Broke	r ARN Code		Sub-Brokei	r / Bank Bra	anch Code	EUIN	Code		
Internal Code In case the subscription amother than First time mutual commission shall be paid dir	fund investor) we ectly by the inves	this is an "e distributor of distributor a or more and y vill be deducte stor to the AMF	d from the subscriptio I registered Distributor	tion without advice of in- not charged ted to recein amount ar rs based on	any interacti appropriaten I any advisor ve transaction nd paid to the the investors	on or advice less, if any, p y fees on this n charges, ₹ e distributor. 'assessment	by the employer crovided by the estransaction. 150/- (for First Units will be is	ee/relationshemployee/relationsh	hip mana lationshi I fund inv t the bala the serv	ger/sales per p manager/sa vestor) or ₹ 1 ance amount ice rendered I	rson of the above ales person of the 00/- (for investor invested. Upfront by the distributor.
A By mentioning RIA code, I , Sole / 1st Appl Thumb			2 nd		Signature /		f my / our trans	3 rd Ap	pplicant	es(s) of Tata I t Signature apression	
2. Applicant's Inform	nation									Refe	er Sec. A, C & I
I st Applicant's Det	The Name of th as a minor. Any corporations or number. In case	applicants show	ould be as mentioned in uld not be a resident of C organised under the laws nber is not available, kind	anada or a po of the U.S. I	erson who fall: ndividual Inves	s within the de stors who are	efinition of the te KYC KRA verified	rm "U.S. Perso after 10th Fe able on www.1	on" under eb 2017, s	holders allowe the US Securiti should addition	ed with 1st applicant ies Act of 1933 and
The first applicant >> will be the primary holder and all	Mr. Mr	s. M/s.	PAN / PEKRN				C-KYC				
correspondence will be sent to him/her. Only the first holder can be a minor.	Name										
Existing Investors may mention the Folio no. and proceed to Sec. 4	Date of Birth		Y Y Y Y	In cas	e of Minor:	Proof of D	OOB: Birth o			ool leaving ers	
	Mobile No.						Mobile belong Self Spouse	js to	☐ Pare		
			ML/ TMF to send in		nformation	and transa	action update	s to me on	Whats.	App mobile	number.
Power Of Attorney (POA	A) / Proprieto	r / Guardia	n details (minor a	pplicant)							
POA / Proprietor / Guardian Details	Mr.	Ms.					PAN / PEKRI	N			
	Name										
To be filled by » Guardian			• •		Relationsh						
Guarulan	Mobile No.	Father	Legal Guardian	☐ Birth Date of		School I	eaving certific	cate 🗀 Pas	sport	Others .	
	Mobile No.			1	/ M M //	Y Y Y	C-KYC				
Tax Status											
	Resident I NRI-Repat NRI-Non-R Minor - Re	riation Lepatriation	idual	☐ Sole P	- NRI n of Indian roprietorsh Undivided	ip		Foreign	Nation	en of India al Resident gn Investo	
3. Contact Detai	ls										Refer Sec. D
Mailing address is » required for initial communication. We											
will overwrite this address with the 1st								City			
Applicants address as per the KRA	PIN			State				Country			
records	Residence Ph	one (prefix	STD Code)	Office Ph	one (prefi	x STD Cod	le)	Exti			
	Email			1				Email belo	ongs to	Self Spouse	☐ Parent☐ Child
8.0			t have email addre sical copy of the			report or	abridged sur	nmary the	reof	Yes	□ No
TATA			Ac	knowledg	jement Slij)		Sr. No.:			>
Received from Mr./Ms./M/s.						D/	AN			7	

Overseas address								
Mandatory for Non-Resident Individuals and Overseas Investors in addition to the mailing address.								
maining address.					City			
	State		ZIP Code		Country			
4. Investment Instrur	ment Details					Refer Sec.		
The name of the »	Gross Amount (₹) (A)		DD Chard	ges (₹) (if any)	Net Amount (₹)	(Cheque / DD Amount)		
first applicant should be available on the investment Cheque.			(B)		(A - B)			
Cheque/ DD to be	Account Number			A/c Type	Dated			
drawn in favour of 'Tata Retirement Savings Fund'	Drawn on Bank				Cheque / DD N	M / Y Y Y Y O.		
	Branch				Branch City			
5. Investment Scheme	e Details					Refer Sec. F & 0		
	TATA RETIREMENT SAVINGS FUND							
Select any one »	Progressive Plan - Direct Plan	uto Switch Opti	on 1 (Progr	tessive to Moderate @ ressive to Conservative	age 45; Moderate	to Conservative @age 60),		
			on 3 (Mode	erate to Conservati	ve @ age 60)	☐ No Auto Switch		
	Conservative Plan - Regular Plan Conservative Plan - Direct Plan				-			
6. Auto SWP Facility	_ conservative hair							
Select any one only » Will be applicable after attaining 60 years	OR Fixed SWP (Select Frequency) OR Fixed Amount (Frequency Month) Monthly	OR O	Quarterly (Default	:)		
7. Bank Account Deta	ails					Refer Sec. (
This must be an Indian account. The 1st applicant	Bank Name				Branch			
should be a holder in this account. The bank account	Account number					Savings Current NRO		
details provided below will be held on record and	MICR	IFSC for NEI	FT IFSC for RTGS					
considered as default bank mandate to pay redemption proceeds and IDCW payouts	Address							
(if applicable).	City	PIN			State			
		A aluma - 1 : 1						
Cheque Details	Asted	Acknowledgem	ent Slip		Rank			

8. Joint Applicant's [Details								Refer Sec. E & I
Mode of Holding	☐ Single		□ Joint	☐ Any one or Survivor (I	Default)				
II nd Applicant's Detai	ls					Investors	to ensu	ire that PAN is li	nked to Aadhaar
☐ Mr. ☐ Ms.				Status		PAN / PEK	(RN		
				Resident Individual	☐ NRI				
Name									
Mobile No.		Mobile belo	ongs to	Date of Birth		C-KYC			
		Self Spouse	☐ Parent☐ Child		/ Y Y				
III rd Applicant's Detai	ils					Investors	to ensu	ire that PAN is li	inked to Aadhaar
☐ Mr. ☐ Ms.				Status		PAN / PE	(RN		
				Resident Individual	\square NRI				
Name									
Mobile No.		Mobile belo	onas to	Date of Birth		C-KYC			
mobile No.		Self Spouse	Parent Child	D D / M M / Y Y	/ Y Y				
9. Know Your Custon	mer (KYC) I	Details							Refer Sec.
CATEGORIES	EIDST ADE	DI ICANT (In	cluding Minor)	SECOND APPLICAT	NT / CUA	PDIAN		THIRD APPL	ICANT
Occupation >				☐ Private Sector Service	-		☐ Priva	ate Sector Service	Retired
	☐ Public Sec☐ Governme		BusinessAgriculturist	☐ Public Sector Service ☐ Government Sector	☐ Busir ☐ Agric			ic Sector Service ernment Sector	BusinessAgriculturist
	☐ Profession☐ Housewife☐ Others (pl	2	☐ Forex Dealer ☐ Student)	□ Professional□ Housewife□ Others (please specified)	☐ Fore: ☐ Stude fy)	ent	☐ Hou	essional sewife ers (please specify	☐ Forex Dealer ☐ Student)
Gross Annual Income »	☐ Below 1 La	ac	☐ 1-5 Lacs	☐ Below 1 Lac	□ 1-5 L		□ Belo	w 1 Lac	☐ 1-5 Lacs
	☐ 5-10 Lacs ☐ >25 Lacs-		□ 10-25 Lacs □ >1 crore	☐ 5-10 Lacs ☐ >25 Lacs-1 crore	□ 10-2 □ >1 c		□ 5-10) Lacs Lacs-1 crore	☐ 10-25 Lacs ☐ >1 crore
			or Non-individual)	Networth in	□ >1 C	iore	Networ		>1 clore
			as on	₹		as	₹		as on
	(not older than			on Older than 1 year)	/ Y Y			or than 1 year)	
Others »	_	· ·		Not Applicable				er than 1 year) Applicable	
Others	Politically	Exposed Per	rson xposed Person	Politically Exposed Politically		erson	Polit	tically Exposed Pe ted to Politically	
10. Foreign Account	Tax Compl	iance Act	(FATCA) & CR	S Details					Refer Sec. I
For Individuals	FIRST APP	PLICANT (in	cluding Minor)	SECOND APPLICAN	IT / GUAR	DIAN		THIRD APPLIC	CANT
Country of Birth \gg									
Place of Birth »									
Nationality »	Indian		☐ U. S.	Indian	□ U. S.		Indian		☐ U. S.
Hadionality //		ase specify)		Others (Please specify				(Please specify) _	
Type of address given at KRA »	Registered	l or Business Office	Business	Residential or Busines Registered Office	Busir	lential ness	Regist	ential or Business ered Office	Residential Business
Are you also a resident in >> any other country(ies) for tax	□ No		☐ Yes		☐ Yes		□ No		Yes
purposes? Country of Tax Residency 1 >>	If yes, compl	ete section b	elow.						
Tau Idansifiassian Numban 1									
Tax Identification Number 1 »									
Identification Type 1 >>									
If TIN is not available please >> tick the reason A, B or C *	Reason	A	С	Reason A B	□ C		Reason	□ A □ B	С
Country of Tax Residency $2 \gg$									
Tax Identification Number 2 \gg									
Identification Type 2 \gg									
If TIN is not available please >> tick the reason A, B or C *	Reason	A	С	Reason A B	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

11. Nomination Details Refer Sec. L Mandatory for Individual(s) applying singly or jointly. You can nominate up to 3 persons to receive the Units allotted to you in your folio in the unfortunate event of death of all unit holders. All payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund/ Trustees. Register nomination as below I do not wish to nominate. Select any one 1st Nominee Nominee Name Relationship with Nominee Date of Birth D D / M M / Y Y Y Address City PIN State Country Guardian Name in case of Minor Allocation (%) Signature of Nominee / Guardian 2nd Nominee Nominee Name Relationship with Nominee Date of Birth D D / M M / Y Y Y Y Address PIN State Country Guardian Name in case of Minor Allocation (%) Signature of Nominee / Guardian 3rd Nominee Nominee Name Relationship with Nominee Date of Birth D D / M M / Y Y Y Y Address City PIN State Country Guardian Name in case of Minor Allocation (%) Signature of Nominee / Guardian 12. Demat Account Details Refer Sec. M Fill these details only if you wish to have your units in Demat mode. Ensure that the Depository participant Name sequence of names as mentioned in the application form National Securities Depository Limited Central Depository Securities Limited matches with that of the account held with the DP ID No. Target ID No. Depository Participant. In case the details are Beneficiary Account No. found to be incorrect, Units will be allotted in physical mode. 13. Declaration and Signatures Refer Sec. N I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under:

(1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ('Fund') indicated in this application form.

(2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of I/We am/are eligible investor(s) as per the scneme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose or contravention and/or exactsion of any act, rules, regulations, notifications or directions issued by a regulatory authority in India.

The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Limited (TAML)/ Fund and undertake to inform the MAC/ Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.

That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom.

I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We hereby authorize you to share the account statement of the folio with the distributor / broker / advisor on record. (3) authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We hereby authorize you to share the account statement of the folio with the distributor /broker / advisor on record.
I/We will indemnify the Fund, AMC. Trustee, RTA and other intermediaries 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 Fund/AMC/its distributor for this investment.
I/We agree that the unit balance(s) reflecting in the account statement is subject to realisation of Cheque accompanying the purchase request, PAN validation and KYC compliance.
For Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.
For NRIs/ Plo/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.
I/We hereby accord my/our consent to TATA AMC for receiving the promotional information/ material via email, SMS, telemarketing calls, etc. on the mobile number and email provided by me/us in this Application Form. (11) (12) Date:

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

TATA MUTUAL FUND				ate Form		l Purchase		ell as S				OTN	l)		[Date	D I	D M	M Y	Υ	YY
Choose (✓) ☐ CREATE Sponsor	Bank Code		Office us	se only			Utili	ty Co	de					(Office u	se only	/				
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to DDMM	Y Y Y Y	1				2.							3.								
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Please tick (<) as applica Advisor Details (Transa ARN / RIA ^ Code			Registrat	ion of MICRO	SIP	Renewa ents only	l of SIP	Ily ref	fer Ins	structi	on 8	overl			l Cod	le					
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Auto Switch Option	: Applicable f										SID	•									
Plan Name Progressive Plan		Please tick the Auto Switch			•						Con	servat	ive @	age 6	0).						
		Auto Switch	Option 2	2 (Progressiv	e to Cor	nservativ	e @ ag	ge 60			uto :	Switch	ı								
Moderate Plan Systematic Withdrawa	al Plan : (Pleas	□ Auto Switch se ✓ anv one) Ap							lder. f	or T			uto S	Switch							
		ct Frequency) \square M	-				Fixe						ithly	only)	Rs.						
Declaration and Signa conditions overleaf, I/W scheme/s. I/We hereby of in ECS/Direct Debit/Star different cometing Sche	e hereby apply declare that the nding Instructio	for the respective particulars given an n. The ARN Holder	Units of Tre correct of where a	ata Mutual Fi complete & pplicable, has	und Sche express disclose	eme/s at my willin ed to me/	NAV b gness 'us all	ased to ma the c	resale ke pay ommis	price ment ssions	& ag s tow	ree to ards S	abid IP ins	e by to tallme	erms, nts ref	condit erred	tions abo	s, rules	& reg	julat artic	ions of
SIGNATURE/S	ole / 1st Unithol	der Signature / Thur		sion 2	2nd Unith		nature	/ Thui						d Unitl		Signatı	ure /	/ Thum			

Received for Folio No. / Application No.

OTM Debit Mandate Form SIP Form



Flex FATP

☐ FUTP ☐ CATP ☐ DTP for Amount (₹) ____

TATA MUTUAL FUND



Subject to verification.

Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001 SYSTEMATIC TRANSFER PLAN FORM (Including Flex STP)

1. ADVISOR DETAILS									Refe	r Ins	struction .			
ARN / RIA ^ Code		Sub-Broker A	ARN Code	Sub-Broker / Bank Bra	anch Code	EUIN Code								
Internal Code		relationship manage	for "execution-only" transaction - I/We her by the employee/relationship manager/s rr/sales person of the distributor and the d investment Adviser (RIA) the details of my	istributor has not charged any adviso	ory fees on this transacti	k by me advice on. ^ By	e/us as thi of in-appr y mention	is is an "e opriatend ing RIA c	xecution-or ess, if any, ode, I / we	nly" tran provideo authoriz	saction without ar d by the employed e you to share wit			
	pplicant Signatu b Impression	ire /	2nd Applican Thumb Ir	t Signature / npression					Signat pressio					
2. INVESTOR DETAI	LS				Folio No.									
1st Holder Name					P.A	N.								
C-KYC			of Birth	Mobile No.	M	obile	belor	igs to	☐ Sel		☐ Parent☐ Child			
2 nd Holder Name					PA	N.								
C-KYC			of Birth	Mobile No.	M	obile	belor	igs to	_	lf ouse	Parent Child			
3 rd Holder Name					PA	AN.								
C-KYC			of Birth	Mobile No.	M	obile	belor	igs to			☐ Parent☐ Child☐			
3. PURPOSE OF FORM	(tick any one)													
Fresh Registration	(tick any one)	Cancell	ation											
4. SYSTEMATIC TRAN	ISEER DETAILS	Carreen	ation											
Flex STP Refer Instruction 5		No (Default)		Flex STP is available for "Daily / Weekly" IDCW poption of the target sch	plans of the source									
Scheme Details	I			, ,										
Source Scheme / Plan	/ Option													
Target Scheme / Plan	/ Option													
Target Scheme Sub O	ption			Div. Payout Option Div. Reinvest	n: (select any or Div. Payo									
Transfer Plan Details	(Select any one)) Flex STP is	applicable only under Fix	ed Amount Transfer P	Plan.									
Fixed Amount Transfer Plan (FATP) /1st Installment for Flex STP	Amount in Rs.			Amount in Words										
Fixed Units Transfer Plan (FUTP)	Number of Units			Units in Words										
Capital Appreciatio	n Transfer Plan (C	CATP)		☐ IDCW Transfer P	lan (DTP)									
Transfer Frequency (Select any one -	Not Applicab	ole for IDCW Transfer Plan)										
Daily	Only from Mond	lav to Fridav [In case any day is a non-bu	isiness dav for anv one	of the scheme	s (eit	her S	ΓP fro	m or ST	ΓP to	scheme) th			
Weekly			☐ Wednesday (Defaul		E data	the	day o	f STD	ic a no	n hu	siness day			
Monthly		Days	of the Month (Select any o	one)	the re	ques	t will	be co	nsider	ed fo	r the next			
Quarterly	1 st 7 ^t	h 10 th	20 th 28 th				b	usine	ss day.	•				
Enrolment Period (No	ot Applicable for	IDCW Transfe	er Plan)											
Start Date		End Date	/ M M / Y Y Y	OR Number of	Installments /	Trai	nsfers							
		/	, , , , , , , , , , , , , , , , , , ,											
5. DECLARATION AND I/We have read, understood the Scheme(s) of Tata Mutua validity and authorization of to him /them for the difference.		omply with the to ated in this applic The ARN holder (of various Mutua	erms and conditions of the schemation form. I/We will indemnify the MMF1 registered Distributor) has dal Funds from amongst which the S	e related documents including e Fund, AMC, Trustee, RTA ai sclosed to me / us all the cor cheme is being recommended	g the key information the following the key information of the following the following the following the following the following the key in the key information of the key inform	n Mer tes in rm of	norandı case of trail co	ım and any dis mmissio	apply for sputes re- on or any Date	r allotn garding other	nent of Units of g the eligibility mode), payabl			
1 st Appli Thum	cant Signature / b Impression		2 nd Applicant Thumb Im				Appli	icant S	Signatu pression					
			Acknowledge											
MUTUAL FUND Received from Mr./Ms./M/s	5		Acknowledg 	·		r. No					STP reque			

_____ / Units ____



from Scheme _

TATA MUTUAL FUND

TATA

SWP request

Subject to verifaction.

Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001

PAN		3131EMATIC W	III II DKAWAL PLAN FI	JKIVI
Date of Birth CRYC	1. INVESTOR DETAILS			Folio No.
PAN Date of Birth C-KYC Mobile No PAN "" Holder Name PAN Mobile No PAN "" Holder Name PAN "" Anoust in World Name "" Holder Name PAN "" Anoust in World Name "" Holder Name PAN "" Ho	1st Holder Name			PAN
Date of Birth C-KYC	Date of Birth	C-KYC		Mobile No.
Date of Birth CKYC				
2* Holder Name Date of Birth C KYC Mobile No. PAN	2 nd Holder Name			PAN
Date of Birth	Date of Birth	C-KYC		Mobile No.
Date of Birth CAYC				
Presh Registration	3 rd Holder Name			PAN
Piersh Registration	Date of Birth	C-KYC		Mobile No.
Fresh Registration				
Scheme / Plan / Option Scheme / Plan / Option	2. PURPOSE OF FORM (tick any one)			
Scheme Details Scheme / Plan / Option Withdrawal Plan Details (Select any one) Fixed Amount Amount in Rs. Amount in Words	Fresh Registration	Change in the Withdrawal	Amount Ca	ncellation
Scheme / Plan / Option Skelect Amount Amount in Rs. Amount in Rs. Amount in Words	3. SYSTEMATIC WITHDRAWAL DETAIL	.S		
Fixed Amount Amount in Rs. Amount in Words	Scheme Details			
Fixed Amount Withdrawal Plan Amount in Rs. Amount in Words	Scheme / Plan / Option			
Withdrawal Pian Capital Appreciation Withdrawal Plan Withdrawal Frequency (Select any one) Monthly	Withdrawal Plan Details (Select an	ıy one)		
Monthly	Withdrawal Plan		Amount in Words	
Monthly	Capital Appreciation Withdrawal Plan			
Start Date End Date D	Withdrawal Frequency (Select any one)	<u></u>		
Start Date End Date Withdrawal Date (Any date between 1st and 31st - default 25th) D D / M M / Y Y Y Y D D In words 4. PAYMENT BANK DETAILS FOR SWP (Registered in the folio) For Investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off the section if not used). The SWP payout should be prescribed into the following bank account as per the payout mechanism indicated me/us. Bank Name Branch City PIN Account number A/C type Savings Current NRO NRNR NRE MICR IFSC for NEFT IFSC for RTGS Note: If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled abother SWP payout will be processed into the "Default" bank account registered for the aforesaid folio. 5. DECLARATION AND SIGNATURES Whe have read, understood and bereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of Scheme(s) of Tata Mutual Fund? Indicated in this application from. I/We will indemnify the Fund. AMC, Trustee, RTA and other intermediates in case of any disputes regarding the eliphility, valid and authorization of my/our transactions. The ARN holder (AMIT registered Distribution has disclosed to me? us all the common of trail commissions or any other model, payable to the 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 /communical payable to the Thumb Impression Acknowledgement Slip Acknowledgement Slip Scheme(s) Scheme(s) Acknowledgement Slip Scheme(s) Acknowledgement Slip Scheme(s) Acknowledgement Slip Scheme(s) Acknowledgement Slip	Monthly	Quarterly	☐ Half Yearly	Annually (Default)
4. PAYMENT BANK DETAILS FOR SWP (Registered in the folio) For Investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off the section if not used). The SWP payout should be prescribed into the following bank account as per the payout mechanism indicated me/us. Bank Name Branch City	Enrolment Period			
4. PAYMENT BANK DETAILS FOR SWP (Registered in the folio) For Investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off the section if not used). The SWP payout should be prescribed into the following bank account as per the payout mechanism indicated me/us. Branch City	Start Date	End Date	Withdrawal Da	te (Any date between 1st and 31st - default 25th)
For Investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off the section if not used). The SWP payout should be prescribed into the following bank account as per the payout mechanism indicated me/us. Bank Name Branch City PIN Account number A/C type		D D M M Y Y	Y Y Y I D D in word	Is
Branch City PIN Account number A/C type Savings Current NRO NRNR NRE MICR IFSC for NEFT IFSC for RTGS Note: If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled abothe SWP payout will be processed into the "Default" bank account registered for the aforesaid folio. 5. DECLARATION AND SIGNATURES I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of the Start Mutual Fund (Trund's Indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediates in case of any disputes regarding the eligibility, valid 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. (We hereby confirm that I/We have not been offered /communicat any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment. 1st Applicant Signature / Thumb Impression Acknowledgement Slip School Savings Current ONE	4. PAYMENT BANK DETAILS FOR SWP	(Registered in the folio)		
Branch City PIN Account number A/C type	For Investors who have registered for should be prescribed into the followin	Multiple Bank Accounts facilit	ty in the above folio (Please Lyout mechanism indicated r	strike off the section if not used). The SWP payout ne/us.
Acknowledgement Slip A/C type	Bank Name			
Acknowledgement Slip A/C type				
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Acknowledgement Slip Sr. No.:				
		Ack	knowledgement Slip	~ ~

_ for ₹ _____



TATA MUTUAL FUND

Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001



FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

1. Entity Details Name of the Entity

Type of at KRA	address given	Residential or Business	Residential	Business	\square Registered Office
		Address of tax residence would	d be taken as available in KR	A database. In case of any c	hange, please approach KRA & notify the changes
Applica	tion No.			Folio No.	
PAN Nu	mber			Date of Incorporation	
City of	Incorporation			Country of Incorporation	
Entity C	Constitution	Partnership Firm HUF	Private Limited C		
Please t	ick tho	Trust Liqui	•		
applical		Is "Entity" a tax resident of ar (If yes, please provide countr	•		□ No and the associated Tax ID number below.)
	(Country	Tax Identific	ation Number [%]	Identification Type (TIN or Other, please specify)
		tion Number is not available,			or Global Entity Identification Number or GIIN, etc.
		•		•	<u>'</u>
	•	try of Incorporation / Tax resider exemption code for U.S. person	•		on Entity's exemption code here
riease i	eiei to para 3(vii)	exemption code for 0.3. person	S III FATCA IIISTI UCTIONS & DE	HIIILIOIIS	
2. FA	TCA & CRS	Declaration			
PART A	A (to be Filled by	y Financial Institutions or Dire	ect Reporting NFEs)		
1	We are a, Financial in:	Stitution ³	GIIN		
	or Direct repor			a GIIN but you are sponso your sponsor's name belo	ored by another entity, please provide your sponsor's w
		as appropriate)	Name of sponsoring enti	ty	
	GIIN not availa	able (please tick as applicable	Applied for		
	If the entity is a	a Financial institution,	□ Not required to app□ Not obtained - Non-	ly for - please specify 2 dig participating Fl	gits sub-category ¹⁰
PART F	S (nlease fill any	one as appropriate "to be fil	led by NFFs other than Di	rect Renortina NFFs")	
		listed company (that is, a	· · · · · · · · · · · · · · · · · · ·		nge on which the stock is regularly traded)
	company whose	shares are regularly traded on tock exchanges)	Name of stock exchange		
	company (a c	a related entity of a listed ompany whose shares are ed on an established stock	Yes (If yes, please sp this stock is regularly tra	ecify name of the listed co ided)	ompany name of and one stock exchange(s) on where \Box No
	exchanges)	d on an established stock	Name of listed company		
			Nature of relation:	Subsidiary of the Listed (Company Controlled by a Listed Company
	L. II E:	'' NEE			
3	Is the Entity an	active' NFE		No	
4	Is the Entity a p	passive ² NFE	Please specify the sub-ca		declaration in the next section.)
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3. Ultimate Beneficial Ownership (UBO) Details for Passive NFE # If passive NFE, please provide below additional details for each of controlling persons. (Please attach additional sheets if necessary) Name Occupation Type -DOB - Date of Birth PAN / Any other Identification Number Service, Business, Others Gender - Male, Female, Other (PAN, Aadhar, Passport, Election ID, Govt. ID, Nationality Driving Licence, NREGA Job Card, Others) Father's Name -City of Birth - Country of Birth Mandatory if PAN is not available 1. Name Occupation Type D D / M M / Y Y Y PAN Nationality Gender Male Female Other City of Birth Father's Name Country of Birth. Occupation Type __ 2. Name DOB D D / M M / Y Y Y PAN Nationality Gender \square Male Female Other City of Birth Father's Name Country of Birth 3. Name Occupation Type DOB | D | D | / M | M | / | Y | Y | Y | Y | PAN Nationality Gender \square Male Female Other City of Birth Father's Name Country of Birth # Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India: * To include US, where controlling person is a US citizen or green card holder. % In case Tax Identification Number is not available, kindly provide functional equivalent. 4. FATCA - CRS Terms and Conditions The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules-1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change any information provided by you, please insure your advice us promptly, i.e. within 30 days. If any controlling person of any utility is US citizen or Green card holder, please include United States in the foreign country information field along with the US Tax Identification number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form. 5. Declaration and Signatures I/We have understood the information requirements of this Form (Read along with FATCA & CRS Instructions) and hereby confirm that information provided by me / us on this Form is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same. Name Designation

Place:

Date: | D | D | / M | M | / | Y | Y | Y