COMMON APPLICATION FORM

Please read the instructions carefully before filling up the form. (All points marked * are mandatory)

TRUST MUTUAL FUND
CLEAR • CREDIBLE • CONSISTENT

All sections should be filled in BLACK/BLUE coloured ink and in BLOCK LETTERS .

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 (EUIN)	FOR OFFICE USE ONLY Registrar/ Bank Serial No./ Date and Time of Receipt
ARN-ARN-307640	ARN-		E- E584535 (Of Individual 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 EUIN box is left blank) (Refer Instruction No.II(10)). – I/We hereby confirm that the EUIN 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. XIII)

☐ 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

MODE OF OPERATION ☐ Single ☐ Anyone or Survivor ☐ Joint (Default Option is Joint)

Folio No. (For existing Unitholders)

*Require Physical Copy of Annual Report ☐ Yes ☐ No

*On providing email id investors shall receive the Annual Report or an abridged summary thereof,/ account statements / statutory and other documents by email. However, if the investors wish to receive physical copy of the Annual Report or an abridged summary thereof please tick the appropriate option.

1st APPLICANT NAME* (As per PAN) Mr. Ms. M/S

PAN/PEKRN* CKYC No. Date of Birth/ Incorporation D D M M Y Y Y Y

E-Mail ID Please Specify in BLOCK LETTERS Mobile No.

This Mobile Number belongs to (*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)
This Email-ID belongs to (*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

LEGAL ENTITY IDENTIFICATION (LEI) CODE$

($LEI is applicable for Non-Individual investor including HUF, not applicable to Individuals, Minor & NRI investor. LEI no. is mandatory for transaction amount Rs. 50 crs and above for Non-Individuals)
In case the First Applicant is Non-Individual please attach FATCA, CRS and UBO Declaration form.

GUARDIAN DETAILS (IN CASE FIRST APPLICANT IS MINOR) / CONTACT PERSON DESIGNATION / POA HOLDER (FOR NON-INDIVIDUALS INVESTORS)

Name Date of Birth D D M M Y Y Y Y

Guardian's Relationship with minor -
☐ Father ☐ Mother ☐ Court Appointed Guardian
Proof of Date of Birth of Minor -
☐ Birth Certificate ☐ Passport ☐ Others_________________ (Please specify)

PAN/PEKRN* X X X X X X X
CKYC No. X X X

2nd APPLICANT* Mr. Ms. M/S

PAN/PEKRN* CKYC No. Date of Birth D D M M Y Y Y Y

E-Mail ID Please Specify in BLOCK LETTERS Mobile No.

This Mobile Number belongs to (*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)
This Email-ID belongs to (*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

3rd APPLICANT* Mr. Ms. M/S

PAN/PEKRN* CKYC No. Date of Birth D D M M Y Y Y Y

E-Mail ID Please Specify in BLOCK LETTERS Mobile No.

This Mobile Number belongs to (*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)
This Email-ID belongs to (*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

☐ 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

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ACKNOWLEDGMENT SLIP (To be filled in by the investor) Application No.

TRUST MUTUAL FUND
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Received From

Scheme Name **Plan** **Option**

Amount **Cheque/ DD No.** **Date** D D M M Y Y Y Y

Bank & Branch Details

Stamp & Signature

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		ZIPCODE
			TIN No. (Mandatory)		

4. TAX STATUS (Please tick ✓)

- ☐ Resident Individual ☐ Foreign National ☐ Public Limited Company ☐ Government Body ☐ AOP/BOI ☐ Defence Establishment
- ☐ Guardian ☐ Sole Proprietorship ☐ Private Limited Company ☐ Financial Institution ☐ Trust / Society / NGO/ Charities ☐ Person of Indian Origin
- ☐ HUF ☐ Partnership Firm ☐ Body Corporate ☐ FII ☐ NPO*(FCRA A/c. No).______________ ☐ NRI-NRE
- ☐ PSU ☐ Bank ☐ Foreign Portfolio Investor/ FII ☐ NRI-NRO ☐ Other____________ (Please specify)

*"Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	☐ **Yes** ☐ **No**

If yes, please quote Registration No. of Darpan portal of Niti Aayog
If not, please register immediately and confirm with the above information.

5. DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that of the Demat Account held with your Depository Participant)

Do you want units in Demat Form (Please tick✓) ☐ Yes ☐ No (if yes, please provide the below details)$$

Depository Participant's Name:

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)

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.
$$ In case of any ambiguity, AMC is at its discretion to either allot units as per Demat information or in physical mode. Kindly refer Statement of Additional Information and Scheme Information document for details.

6. BANK DETAILS (MANDATORY)

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.)

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)

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			☐ Indian ☐ U.S. ☐ Others ____________
Second Applicant			☐ Indian ☐ U.S. ☐ Others ____________
Third Applicant			☐ Indian ☐ U.S. ☐ Others ____________

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type TIN or other please specify)
First Applicant / Guardian			Reasons ☐ A ☐ B ☐ C
Second Applicant			Reasons ☐ A ☐ B ☐ C
Third Applicant			Reasons ☐ A ☐ B ☐ 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
☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ 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.

Toll Free Number	Email ID	Website
1800 267 7878	investor.service@trustmf.com	www.trustmf.com

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

8. KYC DETAILS (MANDATORY)

OCCUPATION [Please tick (✓)]

	Service	Government Official	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Unlisted Company	Listed Company	Private Ltd.	Public Ltd.	Others
First Applicant / Guardian	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	(Please specify)
Second Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	(Please specify)
Third Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	(Please specify)

GROSS ANNUAL INCOME [Please tick (✓)]

First Applicant / Guardian	For Individual ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 crore ☐ >1 crore
	OR Net worth (Mandatory for Non-Individuals) ₹ as on D D M M Y Y Y Y (Not older than 1 year)

9. PEP DETAILS** (MANDATORY)

	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you Politically Exposed Person? (PEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are you related to a Politically Exposed Person? (PEP)**	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick✓)

☐ Foreign Exchange / Money Changer Service ☐ Gambling / Lottery / Casino Services ☐ Money Lending / Pawning ☐ Not Applicable

**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)

For Multiple Investments Cheque/DD should be drawn for Total Amount of Investment in all three schemes in favour of 'TRUST MF Pool Collection Account' & For Single Investment Cheque/DD should be drawn in favour of "Scheme name of TRUSTMF".

Sr. No.	Cheque/ DD Favouring	Plan [Regular / Direct]	Option [Growth/ IDCW Reinvestment/ IDCW Payout]	IDCW Frequency	Amount
1	**TRUSTMF**				
2	**TRUSTMF**				
3	**TRUSTMF**				
TOTAL	(In Words)				(In figures)

PAYMENT DETAILS

☐ Payment by Self ☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form') **Mode of Payment** ☐ Cheque ☐ DD ☐ Funds Transfer ☐ NEFT ☐ RTGS

Cheque/ DD/ UTR No. A/c No.

Drawn on Bank & Branch Cheque Date D D M M Y Y A/c. Type (✓) ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others_______

11. NOMINATION DETAILS* (Mandatory)

☐ I/We wish to nominate as under:

Sr. No.	Name of Nominee	Share of each Nominee (%)	Relationship with Investor	Nominee Date of Birth* (Mandatory for Minor Nominee)	Guardian Name* (In case of Minor)	Guardian's Signature
1						
2						
3						

☐ I/We DO NOT wish to nominate.

Declaration for opting out of Nomination (to be signed by all unitholders including joint holders, irrespective of mode of holdings): I/We hereby con rm that I / We do not wish to appoint my nominee(s) for my Mutual Fund units held in my/our Mutual Fund folio and understand the issues involved in non-appointment of nominee(s)and further are aware that in case of death of all the account holder(s), my/ our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund folio.

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: (a) 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. (b) 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. (c) 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. (d) 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. (e) 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 or 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. (f) 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. (g) 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. (h) 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 / Authorised Signatory	Second Applicant	Third Applicant

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/ FIIs*	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 FIIs, 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 speciman signatures is mandatory.

INSTRUCTIONS TO UNIT HOLDERS TO FILL THE APPLICATION FORM

I. General Instruction

Please read the Key Information Memorandum/Scheme Information Document of the Scheme and Statement of Additional Information and addendum issued from time to time carefully before investing in the Scheme. Unit holders are requested to read and acquaint themselves about the prevailing Load structure on the date of submitting the Application Form.

Upon signing and submitting the Application Form and tendering payment it will be deemed that the unit holders have accepted, agreed to and shall comply with the terms and conditions detailed in the Scheme Documents. Applications complete in all respects, may be submitted at the Official Points of Acceptance of TRUST Mutual Fund /TRUST Asset Management Private Company (TAMPL).

The Application Form should be completed in ENGLISH and in BLOCK LETTERS only. Please tick in the appropriate box for relevant options wherever applicable. Do not overwrite. For any correction/ changes if made in the Application Form, the Applicant(s) shall enter the correct details pursuant to cancellation of incorrect details and authenticate the corrected details by counter-signing against the changes. Applications incomplete in any respect are liable to be rejected. TAMPL / TRUST AMC Trustee Company Private Limited have absolute discretion to reject such Application Forms.

II. Application Information

1. Name should be given in full without any abbreviations. Preferably write exactly as it appears in your PAN or as it appears in the incorporation document as the case may be.
2. Name, Date of birth of the Minor, Name of Parent/Legal Guardian and relationship with minor is mandatory for investment on behalf of Minor applicant.
3. Name of the contact person, email and telephone no. should be mentioned in case of investments by Company, Body Corporate, Trust, Society, FII and other non-individual applicants.
4. The signature should be in English or in any of the Indian languages. Thumb Impressions must be attested by a magistrate or a notary public or a special executive magistrate under his/her official seal. Application by minor should be signed by the guardian. In case of HUF, the Karta should sign on behalf of the HUF.
5. In case an unit holder opts to hold the Units in demat form, the applicant(s) details mentioned in Section 2, should be the same as appearing in demat account held with the investor's Depository Participant.
6. The Official Point of Acceptance Center/Collection Center will affix time stamp/manual stamp and return the acknowledgement slip from the application form, to acknowledge receipt of the Application. No separate receipt will be issued for the application money.
7. Please fill in all the fields to prevent rejection of your Application Form. Please refer to the checklist provided herein to ensure that the necessary details and attachments are made available. The application complete in all respects along with the cheque/fund transfer instructions must be submitted to the nearest Official Point of Acceptance/Collection Center. Applications which are incomplete, invalid in any respect or not accompanied by cheque or fund transfer instructions for the amount payable are liable to be rejected.
8. Existing investors can write the Folio number on the reverse of the cheques accompanying the Application Form.
9. Direct Application: Unit holders subscribing under Direct Plan of the scheme will have to indicate "Direct Plan" against the scheme name in the application. Unit holders should also indicate "Direct" in the ARN column of the application form. However, in case Distributor code is mentioned in the application form, but "Direct Plan" is indicated against the scheme name, the application will be processed under Direct Plan. Further, where application is received for Existing Plan without Distributor code or "Direct" mentioned in the ARN Column, the application will be processed under Direct Plan.
10. Employee Unique Identification Number (EUIN): SEBI has made it compulsory for every employee/relationship manager/sales person of the distributor of Mutual Fund products to quote the EUIN obtained by him/her from AMFI in the Application Form. EUIN, particularly in advisory transactions, would assist in addressing any instance of mis-selling even if the employee/relationship manager/ sales person later leaves the employment of the distributor. Individual ARN holders including senior citizens distributing Mutual Fund products are also required to obtain and quote EUIN in the Application Form. Hence, if your investments are routed through a distributor please ensure that the EUIN is correctly filled up in the Application Form.

    However, if your distributor has not given you any advice pertaining to the investment, the EUIN box may be left blank. In this case, you are required to provide a duly signed declaration to this effect. Distributors are advised to ensure that the sub broker affixes his/ her ARN code in the column separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder and the EUIN of the Sales Person (if any) in the EUIN space.
11. In case of NRI investment, complete postal address should be stated. P.O. Box address alone is not sufficient. NRIs/FIIs should necessarily state their overseas address failing which application may be rejected. In addition, Indian address should be stated for correspondence.

    The physical application form(s) for transactions (in non- demat mode) from such U.S. person will be accepted only at the Official Point of Acceptance of transactions of the Fund in India. Additionally, such transactions in physical application form(s) will also be accepted through Distributors of the AMC and other platforms in India, subject to receipt of such additional documents/undertakings, etc., as may be stipulated by the AMC/Trustee from time to time.
12. Investment through constituted Attorney should necessarily be signed by the constituted Power of Attorney holder.
13. In case of application by minor, they shall only be the sole unit holder in a folio. Joint holding is not allowed. Details of the natural parent viz., father or mother or court appointed legal Guardian must be mentioned for investments made on behalf of a minor. Please fill the parent's name in case of first applicant and date of birth of all unit holders. Payment for investment by means of Cheque, Demand Draft or any other mode shall be accepted from the bank account of the minor or from a joint account of the minor with the guardian only.
14. As per AMFI Circular No. 135/BP/77/2018-19, email id and Mobile Number of the Primary Unit Holder of the Folio to be provided. In cases where the email address/mobile No. is not provided in the application form, the email address/mobile no. of the first applicant as per the KYC data will be taken as the email address/mobile No. The email address of one unit holder shall not be allowed/updated against folios of other/multiple unit holders, unless a specific written request is received in this regard, duly signed by the unit holders in such folios belong to the same family (applicable in respect of individual unit holders only).

    'Family' for this purpose shall mean self, spouse, dependent children, dependent parents as specified in SEBI Circular No. CIR/MIRSD/15/2011 dated Aug 02, 2011, addressed to all Stock Exchanges.

COMMON SIP REGISTRATION CUM ONE TIME DEBIT MANDATE FORM

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form)
(all points marked * are mandatory)

TRUST MUTUAL FUND
CLEAR • CREDIBLE • CONSISTENT

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 (EUIN)	FOR OFFICE USE ONLY Registrar/ Bank Serial No./ Date and Time of Receipt
ARN- ARN-307640	ARN-		E- E584535 (Of Individual ARN Holder or 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 EUIN box is left blank) – I/We hereby confirm that the EUIN 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. PAN No.

1st Unit Holder Name (As per PAN) Mr. Ms. M/S Date of Birth D D M M Y Y Y Y

2. INVESTMENT DETAILS

Scheme Name **TRUSTMF** **Plan -** ☐ Regular ☐ Direct **Option -** ☐ Growth ☐ IDCW* Reinvestment ☐ IDCW* Payout

Note: Default Option will be Growth in case option not selected or in case of any ambiguity *IDCW - Income Distribution cum Capital Withdrawal Option

3. SIP DETAILS

Installment Period: From Date M M Y Y Y Y To Date* M M Y Y Y Y *(Maximum SIP end date should be upto 40 years from the start date)

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

Amount: ₹ A/c. No.

Amount per installment: ₹ Amount in Words

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.

Frequency: (Please ✓)	☐ Weekly (Please ✓)	☐ Fortnightly (Please ✓)	☐ Monthly** (Please ✓)	☐ Quarterly (Please ✓)
	Dates: ☐ 1 ☐ 8 ☐ 15 ☐ 22	D D M M Y Y Y Y (Any day from 1st to 28th of the month)	D D M M Y Y Y Y (Any day from 1st to 28th of the month)	D D M M Y Y Y Y (Any day from 1st to 28th of the month)

** Tenth of the month will be the default frequency if not ticked

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.

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.

Date D D M M Y Y Y Y	Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.

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

TRUST MUTUAL FUND
CLEAR • CREDIBLE • CONSISTENT

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

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

Tick (✓)	
CREATE	✓
MODIFY	x
CANCEL	x

Sponsor Bank Code FOR OFFICE USE ONLY Utility Code FOR OFFICE USE ONLY

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

Maximum period of validity of this mandate is 40 years only.

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 confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions 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.

INSTRUCTIONS TO INVESTORS FOR FILLING UP THE SYSTEMATIC INVESTMENT PLAN (SIP) FORM

Please refer the Key Information Memorandum (KIM) and Scheme Information Document (SID) of the respective Scheme for applicable NAV, risk factors, load (exit entry) and other information on the respective schemes before investing.

1. Investors are required to submit Form along with a photo copy/cancelled cheque of Debit Bank Account at least 21 Business days before the first SIP Installment date.
2. Investor shall have the option of choosing any date of the month as the SIP date. If SIP date is not mentioned, default date would be considered as 10th of every month. If the SIP date falls on a non-business day or a bank holiday, the SIP debit will be processed on the following business day.
3. Default Option for SIP - The Investor is required to furnish all the stipulated details in the Application, SIP Mandate, NACH Forms etc. However, in case, any Investor fails to mention the "start date" and/ or "end date" for the SIP Instalment, the NACH application may be rejected by the Bank. Further, If Investor fails to mention the "start date" the default date is 10th of the subsequent month, after completing 30 days from the date of registration of SIP. The maximum end period for any New SIPs registered through the OTMs will be up to 40 years in line with the OTM or the maximum period of the SIP is not more than 40 years.
4. Please refer below table for minimum SIP amounts and minimum SIP instalments:

Frequency under SIP Facility	Minimum Amount	Minimum number of installments
Weekly	Rs. 1000 and in multiples of any amount thereafter	24 installments
Fortnightly	Rs. 1000 and in multiples of any amount thereafter	12 installments
Monthly	Rs. 1000 and in multiples of any amount thereafter	6 installments
Quarterly	Rs. 3000 and in multiples of any amount thereafter	4 installments

5. If no amount is mentioned in the NACH application minimum SIP instalment amount would be considered.
6. For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
7. The SIP will be discontinued automatically if payment is not received for three successive instalments.
8. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar KFin Technologies Limited. Notice of such discontinuance should be received at least 20 days prior to the due date of the next installment / debit. Further, same can be stopped through our website through investor portal.
9. Mandate will be processed through NACH platform offered by NPCI.
10. As per para 10.5 related to "Transaction charges" of SEBI master circular for mutual fund dated May 19, 2023, Transaction Charge on commitment of Rs. 10,000/- and above shall be charged from the investors and shall be payable to the distributors/ brokers (who have not opted out of charging the transaction charge) in respect of applications routed through distributor/broker relating to Purchases / subscription / new in ows only (lumpsum and SIP), subject to the following:
    - For Existing / New investors: Rs.100 / Rs.150 as applicable on commitment of Rs.10,000/– and above.
    - Transaction charge for SIP shall be applicable only if the total commitment through SIP amounts to Rs. 10,000/- and above. In such cases the transaction charge would be recovered in maximum 4 successful installments.
    - There shall be no transaction charge on commitment below Rs. 10,000/-.
    - There shall be no transaction charges on direct investments.
    - There shall be no transaction charges for transaction other than purchases/ subscriptions relating to new inflows such as Switches, etc.
    - Transactions carried out through the Stock Exchange platforms for mutual funds shall not be subject to transaction charges. The requirement of minimum application amount shall not be applicable if the investment amount falls below the minimum requirement due to deduction of transaction charges from the subscription amount. However, the option to charge "transaction charges" is at the discretion of the distributors. Investors may note that distributors can opt to receive transaction charges based on type of the Scheme. Accordingly, the transaction charges would be deducted from the subscription amounts, as applicable.
11. Investor will not hold TRUST Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/ Local/Bank holiday. TRUST Mutual Fund, its registrars and other service providers shall not be held responsible or liable for damages / compensation / loss incurred by the investor as a result of using the SIP or NACH/ Auto debt facility. The investor assumes the entire risk of using this facility and takes full responsibility.
12. If date selected by the investor is prior to the 21 Business days, the SIP will be start from next available date.
13. As per the latest circular number NPCI/2023-24/NACH/008 dated August 18,2023 from NPCI, the maximum end period for any New SIPs registered through the OTMs will be up to 40 years in line with the OTM or the maximum period of the SIP is not more than 40 years. Existing SIPs will not get impacted on the above conditions.
14. Maximum limit of 1 Crore for Physical OTM/ E-mandate/ E-Sign.

INSTRUCTIONS TO FILL THE NACH DEBIT MANDATE FORM

1. The Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form.
2. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque bank account details are subject to third party verification.
3. Investors are deemed to have read and understood the terms and conditions of NACH Facility, SIP registration through NACH facility, the Scheme Information Document, Statement of Additional Information, Key Information memorandum, Instructions and Addendum issued from time to time of the respective Scheme(s) of TRUST Mutual Fund.
4. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
5. Please mention the amount in figures and words.
6. Please fill all the required details in the Debit mandate Form for NACH. The sole/first holder must be one of the holders in the bank account.
7. The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
8. The 9 digit MICR or the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You will be able to find these code on cheque leaf.

Toll Free Number	Email ID	Website
1800 267 7878	investor.service@trustmf.com	www.trustmf.com

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