

ARN/RIA Code and Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN-64917		E434563		

Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors' assessment of various factors including the service rendered by the distributor. Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column

EXECUTION ONLY (To be signed when EUIN 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 person of the distributor and the distributor has not charged any advisory fees on this transaction.

Please Sign here

Please Sign here

Please Sign here

First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Second Applicant / Auth. Sign

Third Applicant Sign

TRANSACTION CHARGES (Please tick any one of the below. Refer Instruction no.7)

I am a first time investor in Mutual Funds or I am an existing Investor in Mutual Funds

1. UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 10) Applicable details and mode of holding will be as per the existing Folio.

New Investor Y N Folio No. _____

2. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY) (Refer Instruction 2, 16 & 17)

	PAN/PEKERN No.	KYC Number	Nationality
First / Sole Applicant			
Second Applicant			
Third Applicant			
Guardian POA Holder/Contact Person			

Please attach Proof. for PAN/PEKERN for KYC (KRA). Refer instruction No 17 for KYC Identification Number issued by CKYCR.

3. UNIT HOLDER / NEW APPLICANT INFORMATION (Refer Instruction Page) Fresh / New investors to fill in all the Sections 2 to 15

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s. _____

DATE OF BIRTH (DOB) D D M M Y Y Y Y (Mandatory in case of minor) DATE OF INCORPORATION D D M M Y Y Y Y

NAME OF THE GUARDIAN / POA Holder/Contact Person

Mr. Ms. M/s. _____

For Investments "On behalf of Minor": (*Refer Instruction 3 for mandatory documents to be attached)

Proof of DOB & Relationship attached Birth Certificate School Certificate / Marksheet Passport Any other.....

NAME OF SECOND APPLICANT

Mr. Ms. _____

NAME OF THIRD APPLICANT

Mr. Ms. _____

4. MODE OF HOLDING [PLEASE TICK (✓)]

Single Joint (Default) Anyone or Survivor

5. FIRST/SOLE APPLICANT - MAILING ADDRESS & CONTACT DETAILS

State	Pin Code	Country	City
STD Code	Telephone Off.	Resi.	Mob.
E-Mail**			

This E-Mail ID belongs to: Self Family Member **Refer instruction No 12

OVERSEAS ADDRESS (Mandatory for NRI / FII application)

State	Pin Code	Country	City
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6. Other KYC details (Mandatory) Individual Non-Individual

6a. Status of First/Sole Applicant [Please (✓)] <input type="checkbox"/> Partnership <input type="checkbox"/> Society/Club <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non-Repatriable		<input type="checkbox"/> Listed Company <input type="checkbox"/> Company <input type="checkbox"/> FII/Sub account of FII		<input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Fund of Funds in India		<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> QFI		<input type="checkbox"/> Minor through guardian <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Others (please specify)		<input type="checkbox"/> HUF <input type="checkbox"/> FPI			
6b. Occupation Details [Please (✓)] (To be filled only if the applicant is an individual) First Applicant		<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired		<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife		<input type="checkbox"/> Government Service <input type="checkbox"/> Student		<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify)		<input type="checkbox"/> Agriculturist	
Second Applicant		<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired		<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife		<input type="checkbox"/> Government Service <input type="checkbox"/> Student		<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify)		<input type="checkbox"/> Agriculturist	
Third Applicant		<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired		<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife		<input type="checkbox"/> Government Service <input type="checkbox"/> Student		<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer		<input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify)		<input type="checkbox"/> Agriculturist	

ACKNOWLEDGEMENT SLIP - Common Application Form

6c. Gross Annual Income (in ₹) [Please (✓)]

First Applicant 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
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 (Not older than one year)

Second Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore (or) Net-worth _____

Third Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore (or) Net-worth _____

6d. First Applicant

For Individuals [Please (✓)] Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am related to PEP Not Applicable

For Non-Individuals providing any of the below mentioned services [Please (✓)]
 Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending/Pawning None of the above

Second Applicant: (To be filled only if the applicant is an individual) I am PEP I am related to PEP Not Applicable

Third Applicant: (To be filled only if the applicant is an individual) I am PEP I am related to PEP Not Applicable

7. FATCA & CRS INFORMATION (FOR INDIVIDUAL INCLUDING SOLE PROPRIETOR) (SELF CERTIFICATION) (REFER INSTRUCTION 18)

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? Yes No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Mandatory
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Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No [^]			
Identification Type [TIN or other, please specify]			
Country of Tax Residency			
Tax Payer Ref. ID No.			
Identification Type [TIN or other, please specify]			
Country of Tax Residency			
Tax Payer Ref. ID No.			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. [^]In case Tax Identification Number is not available, kindly provide its functional equivalent.

8. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s. _____

PAN# / PEKRN# _____ KYC Number _____

KYC # _____ [Please tick (✓)] (Mandatory) Proof Attached

Please attach Proof. Refer instruction No 16, 17 & 18

9. DEMAT ACCOUNT DETAILS

I would like units to be allotted in DEMAT mode as per the details below:

Beneficiary Owner Identification Number (BO ID)	Depository Participant (DP) Name
DP ID No. _____ Client ID No. _____	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL

Enclosures for Demat option Client Master List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

10. BANK ACCOUNT DETAILS (Please note that as per SEBI regulations, it is mandatory for investors to provide their bank account details) (Refer Instruction 4)

Name of the Bank _____

Branch Address _____

City _____ Pin Code _____

Account No. _____ Account Type Please tick (✓) Savings Current NRE NRO FCNR Others (please specify)

MICR Code _____ This is a 9 digit number next to your cheque number. Please attach a blank extra cheque cancelled or a clear photocopy of a cheque

IFSC Code _____ It is the responsibility of the investor to ensure the correctness of the IFSC code of the recipient /destination branch corresponding to the bank details mentioned in Section 10.

11. INVESTMENT DETAILS - (Refer Instruction 5)

	Scheme 1	Scheme 2	Scheme 3
Name of the Scheme	Taurus -	Taurus -	Taurus -
Plan			
Option			

Cheque No.	Amount	Scheme/Plan/Option	Collection Centre / AMC Stamp / Signature

Investment Type (Please (✓)) ONE TIME PURCHASE SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)

12. PAYMENT DETAILS (Refer Instruction No. 6)

	Scheme 1	Scheme 2	Scheme 3
Cheque / DD / RTGS / UMR No. & Date:			
Bank & Branch Name			
Amount in figures ₹ (i)			
DD Charges if any, in figures ₹ (ii)			
Net Amount (i)+ (ii)	in figures ₹		
	in words ₹		
Account Type Please tick (✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify) *** Refer Instruction 4 (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)			

13. NOMINATION DETAILS - Mandatory if mode of holding is single (Refer Instruction 14)

I/We wish to nominate I/We DO NOT wish to nominate

Please Sign here

Please Sign here

Please Sign here

First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Second Applicant / Auth. Sign

Third Applicant Sign

	Nominee Name & Address	Guardian Name & Address (In case Nominee is Minor)	Nominee Relationship with 1st Holder	Allocation (Total = 100%)	Nominee / Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					

14. DOCUMENTS ENCLOSED (PLEASE ✓)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Memorandum & Articles of Association
<input type="checkbox"/> Resolution / Authorisation to invest
<input type="checkbox"/> Power of Attorney
<input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s) | <input type="checkbox"/> Trust Deed
<input type="checkbox"/> PAN Copy
<input type="checkbox"/> Certificate of Incorporation
<input type="checkbox"/> Bye-Laws | <input type="checkbox"/> KYC acknowledgement
<input type="checkbox"/> LLP Agreement
<input type="checkbox"/> Partnership Deed
<input type="checkbox"/> HUF Deed
<input type="checkbox"/> Beneficiary ownership list | <input type="checkbox"/> SIP Enrolment Form (For Investment through PDC)
<input type="checkbox"/> SIP Enrolment Form (For Investment through NACH / Auto Debit)
<input type="checkbox"/> SWP/STP/DSO Enrolment Form
<input type="checkbox"/> Third Party Payment Declaration Form
<input type="checkbox"/> Multiple Bank Account Registration Form |
|--|--|---|---|

15. DECLARATION(S) & SIGNATURE(S) (Refer Instruction 15)

To,
The Trustee,
Taurus Mutual Fund

Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.

Applicable for NRI's only - I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that 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.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I/We confirm that details provided by me/us are true and correct.

**I agree to receive all communication i.e. Statement of Account (SOA), Portfolio, Annual / Abridged Reports etc. (including regulatory updates) related to my investment via email. I may voluntarily subscribe to the on-line access for transacting through the internet facility provided by Taurus Mutual Fund and confirm of having read, understood and agree to abide by the terms and conditions for availing of the internet facility more particularly mentioned on the website www.taurusmutualfund.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

I/We confirm A resident of US/Canada Not a resident of US/Canada

Opt-in (Select this box in order to receive the physical copy of the schemewise Annual / Abridged Report at the end of financial year)

Please Sign here

Please Sign here

Please Sign here

First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Second Applicant / Auth. Sign

Third Applicant Sign