



Expertise that's trusted

TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021
ADDITIONAL PURCHASE / SWITCH FORM



1. INVESTOR DETAILS

Folio No.	1st Unit Holder
-----------	-----------------

2. ADVISOR DETAILS

Refer Instruction 2.

Broker / ARN Code ARN: 64917	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUN Code E-029678
---------------------------------	---------------------	-------------------------------	----------------------

I/We hereby confirm that the EUN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor or personnel. 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.

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

3. SWITCH DETAILS

Refer Instruction 4.

From Scheme / Plan / Option
<input type="checkbox"/> Amount (in figure) ₹ _____ OR <input type="checkbox"/> Units (in figure) _____ OR <input type="checkbox"/> All Units

4. ADDITIONAL PURCHASE DETAILS

Refer Instruction 3.

Payment Mode : <input type="checkbox"/> OTM facility (Registered in folio) <input type="checkbox"/> Cheque / DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> NEFT / RTGS		
Gross Amount (A) ₹ _____	DD Charges (if any) (B) ₹ _____	Net Amount (A - B) ₹ _____
Account Number _____	Account Type _____	Dated DD / MM / YYYY
Drawn on Bank _____	Cheque / DD / UTR No. _____	
Branch _____	Branch City _____	

5. SWITCH-IN / ADDITIONAL PURCHASE DETAILS

Scheme Name _____	
Plan (select any one) <input type="checkbox"/> Regular <input type="checkbox"/> Direct	
Option _____	
Sub Option _____	Div. Payout Option: (select any one) <input type="checkbox"/> Div. Reinvest <input type="checkbox"/> Div. Payout

6. DECLARATION AND SIGNATURES

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 including the Key Information Memorandum 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 contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. (3) 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 AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. (4) 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. (5) 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. (6) 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. (7) 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. (8) 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. (9) 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. (10) For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.

Date: _____

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

Acknowledgement Slip

Sr. No.:



Received from Mr./Ms./M/s. _____ PAN _____ ₹ _____

for switch-in/purchase in Scheme Name _____ (mention cheque details overleaf) Subject to realisation.



Expertise that's trusted

TATA MUTUAL FUND
Mafatal Centre 9th Floor Nariman Point Mumbai - 400 021
REDEMPTION FORM



1. Investor Details

Form with fields: Folio No., 1st Unit Holder, 2nd Unit Holder, 3rd Unit Holder

2. Redemption Details

Form with fields: From Scheme / Plan / Option, Amount (in figure), Units (in figure), All Units

3. Redemption Bank Account Details (Registered in the Folio)

Form with fields: Bank Name, Branch, Branch City, Pincode, Account number, Account type (Savings, Current, NRO, NRNR, NRE), IFSC for NEFT, IFSC for RTGS, MICR. Includes a note about processing into the default bank account.

4. Important Note

Redemption requests should not be accompanied with request for Change of Bank Account Details. If the Change of Bank Account Detail request is received along with Redemption requests only the redemption request will be processed and the redemption proceeds will be credited to the last registered bank mandate & the request for Change of bank mandate will be rejected.

5. Declaration and Signatures

Form with fields: The Trustee, Tata Mutual Fund, Having read & understood the contents of the Scheme Information Document of the Scheme. I/ We hereby apply for redemption of units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme and shall not hold AMC /Mutual Fund or its RTA for not being able to process my request due to incomplete information provided by me. Date:
1st Applicant Signature / Thumb Impression, 2nd Applicant Signature / Thumb Impression, 3rd Applicant Signature / Thumb Impression

Redemption signed by authorized signatories of a Non-Individual investor should be affixed with the official stamp.

Acknowledgement Slip form with fields: Received Redemption Request from Mr./Ms./M/s., Folio No., Scheme Name, for Units, / ₹



'OTM - NACH UPDATE/ CANCELLATION FORM'

Date DDMMYY

Experience that's trusted

UMRN Office use only

Choose (✓)

- NEW [x]
CANCEL []
AMEND []

Sponsor Bank Code Office use only Utility Code Office use only

I/We hereby authorize TATA MUTUAL FUND to debit (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC MICR

an amount of Rupees Amount in Words ₹

FREQUENCY [x] Monthly [x] Quarterly [x] Half Yearly [x] As when presented (default) DEBIT TYPE [x] Fixed Amount [x] Maximum Amount

Reference / Folio No. Email Id

Scheme / Plan reference No. All Schemes of Tata Mutual Fund Mobile

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

PERIOD

From DDMMYY to DDMMYY or [x] Until Cancelled (default)

Sign Signature of First Account Holder Sign Signature of Second Account Holder Sign Signature of Third Account Holder

1. Name as in bank records Name (Mandatory) 2. Name as in bank records Name (Mandatory) 3. Name as in bank records Name (Mandatory)

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate to debit my account, based on the instructions as agreed and signed by me.
I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorised the debit.



Expertise that's trusted

Debit Mandate Form NACH (One Time Mandate - OTM)

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date

UMRN

Choose (✓) NEW CANCEL AMEND

Sponsor Bank Code Utility Code

I/We hereby authorize to debit (✓) SB CA CC SB-NRE SB-NRO Other

Bank A/c No.:

With Bank: IFSC MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly As when presented (default) DEBIT TYPE Fixed Amount Maximum Amount

Reference / Folio No. Email Id

Scheme / Plan reference No. All Schemes of Tata Mutual Fund Mobile

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

PERIOD

From	<input type="text" value="DDMMYYYY"/>
to	<input type="text" value="31122099"/>

or Until Cancelled

Sign Sign Sign

1. 2. 3.

Name (Mandatory) Name (Mandatory) Name (Mandatory)

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorised the debit.

SIP REGISTRATION FORM (Attention: Investors registered for One Time Mandate (OTM) need not attach the OTM again)

DISTRIBUTION INFORMATION (Only empanelled Distribution / Broker will be permitted to distribute Units of Tata Mutual Fund) refer instruction 9			
Broker / Agent Code	Sub-Broker / Bank Branch Code	Sub-Broker ARN Code	EUIN Code

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

<input type="text" value="Sole / 1st Unitholder Signature / Thumb Impression"/>	<input type="text" value="2nd Unitholder Signature / Thumb Impression"/>	<input type="text" value="3rd Unitholder Signature / Thumb Impression"/>
---	--	--

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Inst. 8 and please tick (✓) any one)

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

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.

Existing Investor Folio No. / New Investor Application No.:

APPLICATION DETAILS	
Name of Sole / 1st holder	PAN No. / PEKRN. <input type="text" value="M a n d a t o r y"/> <input type="checkbox"/> KYC##
Name of 2nd holder	PAN No. / PEKRN. <input type="text" value="M a n d a t o r y"/> <input type="checkbox"/> KYC##
Name of 3rd holder	PAN No. / PEKRN. <input type="text" value="M a n d a t o r y"/> <input type="checkbox"/> KYC##

email (Refer Inst.7): Mobile :

Sr. No.	Scheme / Plan / Option / Sub-option	SIP Instalment Amount (₹)	SIP Date [#] (Please mention any date)	Frequency	Start Month / Year	End Month / Year (Default Dec 2099)*
1.			<input type="text" value="in words"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text" value="MM YYYY"/>	<input type="text" value="MM YYYY"/>
2.			<input type="text" value="in words"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text" value="MM YYYY"/>	<input type="text" value="MM YYYY"/>
3.			<input type="text" value="in words"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text" value="MM YYYY"/>	<input type="text" value="MM YYYY"/>

[#] Default SIP date 10; ^{**}attach copy of Acknowledgement * Default Option

Please tick (✓) as applicable:

One Time Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in FIVE Days. i.e. for debit days 7th, form can be submitted till 2nd of the month.

One Time Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which taken Ten to Thirty days depending on NACH or ECS modalities. The amount of the instalment per scheme should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

Declaration: Having read, understood and agreed to the contents of OTM facility, the Scheme information Document, Statement of Additional Information, Key Information Memorandum, instructions and Addenda issued from time to time of the respective Scheme(s) of Tata Mutual Fund mentioned within, I hereby declare that the particulars given above are correct my willingness to make payments towards SIP instalments referred above Scheme of various Mutual Funds from amongst which the Scheme being recommended to me/us.

Signatures [as per Mutual Fund Records / Application]	First Unit Holder's Signature	Second Unit Holder's Signature	Third Unit Holder's Signature
---	-------------------------------	--------------------------------	-------------------------------

SIP Acknowledgement through OTM facility. ISC Stamp

Investor Name: Folio No./ Application No.