



Debit Mandate Form NACH (One Time Mandate - OTM)

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

Date

UMRN Office use only

Choose (✓)

- CREATE
- MODIFY
- CANCEL

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 (preselected) 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 Sign Signature of First Account Holder Sign Signature of Second Account Holder Sign Signature of Third Account Holder

to

or Until Cancelled

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 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 / Renewal Form (For OTM Registered Investors only)

Please tick (✓) as applicable: Registration of SIP Registration of MICRO SIP Renewal of SIP.

Advisor Details (Transaction Charges for Applications routed through distributor/agents only (Kindly refer Instruction 8 overleaf))

ARN / RIA [^] Code ARN-64917	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIIN Code E434563
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. [^] By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund.		
Sole / 1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression	

Investor Details Application No. Folio No.

1 st Holder Name	PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2 nd Holder Name	PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 rd Holder Name	PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

First SIP Cheque Details

Cheque No.	Cheque Amount in Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cheque Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Name	Branch	City

SIP Scheme/Option/Sub Option	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	SIP Instalment Amount (₹)	Frequency (*Default)	SIP Start Date	SIP End Date (Default : 31 December 2099)
<input type="text"/>		<input type="text"/>	<input type="checkbox"/> Daily [^] <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly * <input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
[^] Daily SIP - Monday to Friday - On Business Days only					

Day of the week for weekly frequency : Monday Tuesday Wednesday (Default) Thursday Friday

<input type="checkbox"/> SIP Top-up (Optional)	Top-up Amount (Rs.) (In multiples of Rs. 500/- only) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SIP Top Up Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (default)	Upper SIP Amount (Rs.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Auto Switch Option : Applicable for Tata Retirement Savings Fund (TRSF) only, for default values refer SID.

Plan Name	Please tick the appropriate Autoswitch option (any one as per the plan)
Progressive Plan	<input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @ age 60), <input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch
Moderate Plan	<input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60) <input type="checkbox"/> No Auto Switch

Systematic Withdrawal Plan : (Please ✓ any one) Applicable after the age of 60 of the 1st unit holder, for TRSF only.

No Auto SWP Fixed SWP (Select Frequency) Monthly or Quarterly (Default) Fixed Amount (Frequency Monthly only) Rs.

Declaration and Signatures : To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s and terms and conditions overleaf. I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s. I/We hereby declare that the particulars given are correct & complete & express my willingness to make payments towards SIP installments referred above through participation in ECS/Direct Debit/Standing Instruction. The ARN Holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different coming Schemes of various Mutual Funds from amounts which the Scheme is being recommended to me /us.

SIGNATURE/S	Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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TATA MUTUAL FUND

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

SYSTEMATIC TRANSFER PLAN FORM



1. ADVISOR DETAILS

Refer Instruction 2.

ARN / RIA [^] Code ARN-64917	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUN Code E434563
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - 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 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. [^] By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund.		
Sole / 1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression	

2. INVESTOR DETAILS

Folio No. _____

1 st Holder Name			PAN
C-KYC	Date of Birth D D / M M / Y Y Y Y	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
2 nd Holder Name			PAN
C-KYC	Date of Birth D D / M M / Y Y Y Y	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
3 rd Holder Name			PAN
C-KYC	Date of Birth D D / M M / Y Y Y Y	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child

3. PURPOSE OF FORM (tick any one)

Fresh Registration Cancellation

4. SYSTEMATIC TRANSFER DETAILS

Scheme Details

Source Scheme / Plan / Option	
Target Scheme / Plan / Option	
Target Scheme Sub Option	Div. Payout Option: (select any one) <input type="checkbox"/> Div. Reinvest <input type="checkbox"/> Div. Payout

Transfer Plan Details (Select any one)

<input type="checkbox"/> Fixed Amount Transfer Plan (FATP)	Amount in Rs. ₹ _____	Amount in Words
<input type="checkbox"/> Fixed Units Transfer Plan (FUTP)	Number of Units	
<input type="checkbox"/> Capital Appreciation Transfer Plan (CATP)		
<input type="checkbox"/> Dividend Transfer Plan (DTP)		

Transfer Frequency (Select any one - Not Applicable for Dividend Transfer Plan)

<input type="checkbox"/> Daily	Only from Monday to Friday [In case any day is a non-business day for any one of the schemes (either STP from or STP to scheme) the STP will be processed as per the matrix provided on our website www.tatamutualfund.com .]	
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	In case the day of STP is a non business day the request will be considered for the next business day.
<input type="checkbox"/> Monthly	Days of the Month (Select any one)	
<input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 20 th <input type="checkbox"/> 28 th	

Enrolment Period (Not Applicable for Dividend Transfer Plan)

Start Date D D / M M / Y Y Y Y	End Date D D / M M / Y Y Y Y	Number of Installments / Transfers
OR		

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 Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes 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.
Date _____

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

Sr. No.:

Received from Mr./Ms./M/s. _____ Folio No. _____ STP request
from Scheme _____ to Schemes _____
for FATP FUTP CATP DTP for Amount (₹) / Units _____ Subject to verification.





TATA MUTUAL FUND
Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001
SYSTEMATIC WITHDRAWAL PLAN FORM

ARN-64917 E434563

1. INVESTOR DETAILS

Folio No. _____

1 st Holder Name			PAN
C-KYC	Date of Birth D D / M M / Y Y Y Y	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
2 nd Holder Name			PAN
C-KYC	Date of Birth D D / M M / Y Y Y Y	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
3 rd Holder Name			PAN
C-KYC	Date of Birth D D / M M / Y Y Y Y	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child

2. PURPOSE OF FORM (tick any one)

Fresh Registration Change in the Withdrawal Amount Cancellation

3. SYSTEMATIC WITHDRAWAL DETAILS

Scheme Details

Scheme / Plan / Option _____

Withdrawal Plan Details (Select any one)

Fixed Amount Withdrawal Plan Amount in Rs. _____ Amount in Words _____
 Capital Appreciation Withdrawal Plan

Withdrawal Frequency (Select any one)

Monthly Quarterly Half Yearly Annually (Default)

Enrolment Period

Start Date D D / M M / Y Y Y Y	End Date D D / M M / Y Y Y Y	Withdrawal Date (Any date between 1st and 31st - default 25th) D D in words
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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 <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> 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 above, the 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 Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes 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. Date _____

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

Sr. No.:

Received from Mr./Ms./M/s. _____ Folio No. _____ SWP request
from Scheme _____ for ₹ _____

Subject to verification.