		Auto debit form-NACH/OTM Registration												
TAURUS Mutual Fund	UMRN FO	R O F F I C E	USE	Date										
Tick (✓)	Sponsor Bank Code	OR OFFICE USE	Utility Code	FOR C	FFICE USE									
CREATE MODIFY	I/We, hereby authorize	Taurus Mutual Fu	n d	To debit (tick ✓ ) SB /	CA /CC SB-NRE /SB-NRO /Other									
CANCEL     Bank a/c Number	:													
With Bank		IFSC		or MICR										
An amount of Rupe	ees			₹										
FREQUENCY	Mthly Qtly H-Yrly	Yrly As & when presente	d DEBIT TYPE	Fixed Amount	Maximum Amount									
Unique ID		Ph	one No.											
Reference 2		Em	ail ID											
I Agree for the debit of PERIOD	mandate processing chargesby the bank wh	nom I am authorizing to debit my accounts as	per latest schedule of c	harges of the bank.										
From D D	M M Y Y Y Y	nature Primary Account Holder	Signature of A	Account Holder	Signature of Account Holder									
To D D	M M Y Y Y Y	ndiore military Account molder			Signature of Account Holder									
Or U	Until cancelled 1	Name as in bank records	2 Name as	in bank records	Name as in bank records									
This is to confirm that the	ne dedaration has been carefully read, understood &	made by me/us. I am authorizing the user entity/corp	orate to debit my account, l	based on the instruction as agreed and sig	ned 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.



## TAURUS MUTUAL FUND

SIP / OptiSIP ENROLMENT - CUM - AUTO DEBIT / SIP CANCELLATION / CHANGE OF BANK DETAILS (Please read instructions carefully before filling up the form) Application No.

ARN/RIA Cod	de and $N$	lame	Sub-	·Broker's	ARN	Cod	e E	mploy	ree U	nique	Ident	tity N	lumbe	er* l	nterno	ıl Cod	e for	Sub-l	brokei	r/Em	ploy	ee	Time	e Stam	p (for	office (	Jse oi
ARN-6	64917								E	<b>E</b> 43	456	33															
ont commission shall be paid dir tion "DIRECT" in the ARN colu		or to the AMFI re	gistered Distr	ributors based	on the ir	nvestors	' assessm	ent of vari	ious fac	tors inclu	ding the s	service i	endered b	by the d	istributo	Also ref	er instru	uction n	<b>o.2</b> . Inve	estors s	subscrib	bing un	nder the	"DIREC	Γ" plan	of the so	heme
XECUTION ONLY(To b	oe signed when l	EUIN is left blo	ınk)																								
/We hereby confirm that the																								n of the	above	distrib	otor o
twithstanding the advice o				y the emplo	yee/rel	lationsl	hip man	ager/sal	les per						outor ho	s not ch	arged (	any ad	visory f								
First / Sole Applie		e sign he rdian / F		lder / A	uth.	Sign		_	Seco				here Ider's		natur	<del></del>	-	Т	hird ,				n her der's	Sign	ature	,	
Registration of	SIP/OptiS	SIP/Micr	o SIP		Cai	ncell	ation	of SI	IP/C	)pti\$I	P/M	icro	SIP														
Renewal of SIP	/ <i>Opti</i> SIP/	Micro S	Р		Cho	ange	in B	ank A	Ассо	unt f	or ar	ı exi	sting	inve	estor												
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- This is to confirm that the deducation has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction 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.

## **TAURUS MUTUAL FUND**



## SWP or STP / OptiSTP or DSO Form

(Please read instructions carefully before filling up the form) Please (✓) any one. Systematic Withdrawal Plan Systematic Transfer Plan **Dividend Sweep Option** OptiSystematic Transfer Plan ARN Code & Name 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. 2. INVESTOR DETAILS Name of Sole/First Applicant Mr. Ms. M/s Name of Second Applicant Mr. Ms. Name of Third Applicant Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-indl. Applicant) Mr. Ms. 3. SYSTEMATIC WITHDRAWAL PLAN (SWP) I/We wish to redeem units through Systematic Withdrawal Plan as per the details below -From→ Folio No. Scheme Name Plan/Option Fixed SWP Amount / No.of Units Frequency Monthly Quarterly SWP date (Please ✓) 10th 28th 15th **Enrolment Period** Start From No. of Installments 4. SYSTEMATIC TRANSFER PLAN (STP) I/We wish to switch units through STP/ OptiSTP as per the details below -Systematic Transfer Plan (STP) DETAILS Opti Systematic Transfer Plan (OptiSTP) DETAILS Fixed Min. Installment Amt. Fixed STP Installment Amount (₹) (Amount greater than Fixed Min. Installment amount Fixed Max. Installment Amt. by ₹500/- & multiple of ₹1/- thereof) From→ Folio No. Scheme Name Plan/Option To → Folio No. Scheme Name Plan/Option Weekly Transfer Frequency Daily Monthly Quarterly 28th ((applicable ONLY for Monthly/Quarterly transfers) ) Transfer date (Please ✓) 10th No. of Installments Enrolment Period Start From End on 5. DIVIDEND SWEEP OPTION (DSO) DETAILS (Refer instructions overleaf) I/We wish to transfer the Dividends declared through Dividend Sweep Option as per the details below -Scheme Name From→ Folio No. Plan/Option To → Folio No. Scheme Name Plan/Option Dedaration & Signature (s): 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. L/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 Loundering Act, Prevention of Corruption Act and / or any other applicable lows 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 Multual 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. Please 🗸 🔃 Repatriation basis Non-Repatriation basis \* Please strike out whichever is not applicable. First Account Holder/Guardian Signature Second Account Holder's Signature Third Account Holder's Signature **EXECUTION ONLY** \*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. First Account Holder/Guardian Signature Second Account Holder's Signature Third Account Holder's Signature **×**----ACKNOWLEDGEMENT - SWP/STP or OptiSTP / DSO Form **TAURUS** Mutual Fund TAURUS MUTUAL FUND Folio No. Collection Centre / AMC Stamp / Signature Received from Mr./Ms./M/s. SWP STP OptiSTP DSO Frequency Received for Scheme / Plan / Option -Amount or Units -