



# Auto debit form-NACH/OTM Registration

ARN-64917 E434563

UMRN

Date

Tick

Sponsor Bank Code  FOR OFFICE USE

Utility Code  FOR OFFICE USE

CREATE	<input type="checkbox"/>
MODIFY	<input type="checkbox"/>
CANCEL	<input type="checkbox"/>

I/We, hereby authorize  Taurus Mutual Fund

To debit (tick )  SB / CA /CC SB-NRE /SB-NRO /Other

Bank a/c Number:

With Bank

IFSC

or MICR

An amount of Rupees

₹

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when presented

DEBIT TYPE  Fixed Amount  Maximum Amount

Unique ID

Phone No.

Reference 2

Email ID

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From

Signature Primary Account Holder

Signature of Account Holder

Signature of 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 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.

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 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. Also refer instruction no.2. 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 Account Holder's Signature

Third Account Holder's Signature

Registration of SIP/OptiSIP/Micro SIP     Cancellation of SIP/OptiSIP/Micro SIP  
 Renewal of SIP/OptiSIP/Micro SIP     Change in Bank Account for an existing investor

New Investor  Y  N    Folio No. \_\_\_\_\_

**INVESTOR AND INVESTMENT DETAILS**

Name of Sole/First Applicant Mr. Ms. M/s \_\_\_\_\_

Name of Second Applicant Mr. Ms. \_\_\_\_\_

Name of Third Applicant Mr. Ms. \_\_\_\_\_

Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-indl. Applicant)

Mr. Ms. \_\_\_\_\_

ID & Add Proof Document Name, in case of Micro SIP (Refer Instruction 14)

Sole/First Applicant/ Guardian	Second Applicant	Third Applicant
_____	_____	_____

Name of Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

SIP / Micro SIP     OptiSIP

SIP Amount (₹) \_\_\_\_\_

Frequency  Monthly (Default Date 10th)     Quarterly (Default Date 10th)

First/Initial Investment Cheque Number \_\_\_\_\_ Cheque Date DD / MM / YYYY

SIP Date DD    SIP Period From MM YYYY To MM YYYY

(Default SIP Date 10th)    (Any Date from 1st to 28th of a given month)    Installment Amount (₹) \_\_\_\_\_ in figures

**PARTICULARS OF BANK ACCOUNT**

I/We hereby, authorize Taurus Mutual Fund and their authorized service providers, to debit my/our following bank account by ECS (Debit Clearing)/auto debit to account for collection of SIP/OptiSIP payments.

Name of the Account Holder as per Bank Records \_\_\_\_\_

Bank Name \_\_\_\_\_

Branch Address \_\_\_\_\_ City \_\_\_\_\_

Account Number \_\_\_\_\_ Account Type  Savings  Current  NRE  NRO

9 digit MICR Code \_\_\_\_\_ 11 digit IFSC Code \_\_\_\_\_

**Declaration & 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. 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. Please  Repatriation basis  Non-Repatriation basis \* Please strike out whichever is not applicable.

Please sign here

Please sign here

Please sign here

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

Second Account Holder's Signature

Third Account Holder's Signature



**Auto debit form-NACH/OTM Registration**

UMRN \_\_\_\_\_ FOR OFFICE USE \_\_\_\_\_ Date DD / MM / YYYY

Tick  Sponsor Bank Code \_\_\_\_\_ FOR OFFICE USE \_\_\_\_\_ Utility Code \_\_\_\_\_ FOR OFFICE USE \_\_\_\_\_

I/We, hereby authorize \_\_\_\_\_ Taurus Mutual Fund \_\_\_\_\_ To debit (tick ) \_\_\_\_\_ SB / CA /CC SB-NRE /SB-NRO /Other \_\_\_\_\_

Bank a/c Number: \_\_\_\_\_

With Bank \_\_\_\_\_ IFSC \_\_\_\_\_ or MICR \_\_\_\_\_

An amount of Rupees \_\_\_\_\_ ₹ \_\_\_\_\_

FREQUENCY  Mthly  Qtrly  H-Yrly  Yrly  As & when presented    DEBIT TYPE  Fixed Amount  Maximum Amount

Unique ID/Folio No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Reference 2 \_\_\_\_\_ Email ID \_\_\_\_\_

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD From DD / MM / YYYY To DD / MM / YYYY

Unit cancelled    Signature Primary Account Holder    Signature of Account Holder    Signature of Account Holder

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 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.

**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	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.

**2. INVESTOR DETAILS**

Name of Sole/First Applicant	Mr. Ms./M/s																			
Name of Second Applicant	Mr. Ms.																			
Name of Third Applicant	Mr. Ms.																			
Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-incl. 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	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly																			
SWP date (Please ✓)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th																			
Enrolment Period	Start From MM / YYYY End on MM / YYYY No. of Installments																			

**4. SYSTEMATIC TRANSFER PLAN (STP)**

I/We wish to switch units through STP/ OptiSTP as per the details below -

<input type="checkbox"/> Systematic Transfer Plan (STP) DETAILS										<input type="checkbox"/> Opti Systematic Transfer Plan (OptiSTP) DETAILS									
Fixed STP Installment Amount (₹)										Fixed Min. Installment Amt.									
										(Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof)									
Fixed Max. Installment Amt.																			
From → Folio No.										Scheme Name									
										Plan/Option									
To → Folio No.										Scheme Name									
										Plan/Option									
Transfer Frequency										<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly									
Transfer date (Please ✓)										<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th (applicable ONLY for Monthly/Quarterly transfers)									
Enrolment Period										Start From MM / YYYY End on MM / YYYY No. of Installments									

**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 -

From → Folio No.																				
Scheme Name															Plan/Option					
To → Folio No.																				
Scheme Name															Plan/Option					

**Declaration & 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. 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. Please  Repatriation basis  Non-Repatriation basis \* Please strike out whichever is not applicable.

Please sign here  
 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.

Please sign here  
 First Account Holder/Guardian Signature      Second Account Holder's Signature      Third Account Holder's Signature

Folio No.

Received from Mr./Ms./M/s. \_\_\_\_\_

Received for  SWP  STP  OptiSTP  DSO Frequency

Scheme / Plan / Option \_\_\_\_\_

Amount or Units \_\_\_\_\_

Collection Centre / AMC Stamp / Signature
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