## Common Application Form for Equity, Monthly Income and Balanced Schemes

(For Lumpsum / Systematic Investments)

Sr. No.:

1919337



Please refer the instructions while filling the Application Form. Tick (1) whichever is applicable. (Strike out which is not required) DISTRIBUTOR INFORMATION (2nly empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) S. PAREKH Distributor / Broker ARN Sub-Broker Code Upfront commission shall be paid directly by the investor to the AMF1 registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. SIP Form Attached Existing Folio Number: MICRO SIP - Refer instruction E For Micro SIP please mention 'MICROSIP' in 'PAN area' for 1st applicant / Guardian / 2nd applicant wherever applicable. Mentioning the date of Birth in section 4 below mandatory for Micro SIP applications. Micro SIP document submitted (any one mentioned in the instruction {E.2} : Document Enclosed Validity of document Document Id First Second Third I/We hereby declare that I/We do not have any existing Micro SIP's which together with the current application will result in aggregate investments exceeding Rs.50,000/- in a year. MANDATORY [Please tick (< )] (Refer Instruction - F) APPLICANT DETAILS Know Your Client (KYC) PAN \* please attach proof STATUS Resident Individual Societies Partnership FIRST APPLICANT KYC Complied Proof ☐ NRI/NRO Public Ltd. Co. HUF SECOND APPLICANT KYC Complied Proof Pvt. Ltd. Co. ☐ NRI/NRE PIO Trust ☐ FII ☐ Body Corporate THIRD APPLICANT **KYC Complied** Proof Proprietorship On behalf of Minor FOF Please specify **GUARDIAN/POA HOLDER** Others **KYC Complied** Proof 2. SOLE / FIRST APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters use one box for one alphabet leaving one box blank between two words, as it appears in your Bank Account) Mr Ms M/s Name Date of Birth Status: (V) NRI Guardian Name (in case of Minor) Contact Person - Designation (non individual) / PoA Holder (investments made of constitutional attorney). Mr Ms M/s Name Date of Birth Status: (✓) Address [P. O. Box Address is not sufficient] (Indian address in case of NRI's / FII's) Pin code City Mandatory State Country Contact Details Phone O Extn. Fax R Mobile e-mail I/We wish to receive the following via e-mail in lieu of physical document(s) (Please / ) Account Statement Annual Report Other Communication Overseas Address (Mandatory in case of NRI / FII applicant in addition to mailing address) City State Country Zip code I/We confirm that I am/we are non-residents of indian nationality/origin & that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/FCNR Account. Occupation (please √) ☐ Agriculture Business Service Professional 7 Housewife Retired Student Other 3. JOINT APPLICANT'S DETAILS Second Applicant Mr Ms M/s Name Date of Birth Status: (✓) Third Applicant Mr Ms M/s Name Status: ( ) RI Date of Birth Mode of Holding (please ✓) Single OR Joint OR Anyone or Survivor Default Option: Joint ACKNOWLEDGEMENT SLIP (To be filled by the investor) Sr. No.: A Received from Mr. / Ms. / M/s. an application for Units of Plan Option Sub-option alongwith Cheque / DD No. Dated Drawn on (Bank) Signature, Stamp & Date Amount (Rs.)

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## TO BE USED FOR ALL SCHEMES OTHER THAN TATA SERVICE INDUSTRIES FUND AND TATA CONTRA FUND

## SIP AUTO DEBIT FACILITY

Expertise that's trusted

New Investors are also requested to fill-in the scheme application form

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