

for purchase in __

TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021





__Subject to verification and realisation.

ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS Sr. No.: **C**

1. Advisor / Dis	stributor Informa	tion									Refe	r Sec. I
ARN / RIA ^ Code	Sub-Broke	er ARN Code	Sub	-Broker / Ban	k Branch C	Code	EUII	N Code				
Internal Code	without any ir	ation for "execution-only" trans nteraction or advice by the em ne employee/relationship mans	ployee/relationship	manager/sales per	son of the abo	ve distributor	or notwith	hstanding	the advice	of in-app	ropriatene	
other than First time mutua commission shall be paid di	ount is ₹ 10,000 or more and I fund investor) will be deduct rectly by the investor to the AM / we authorize you to share wi	ed from the subscription FI registered Distributors	amount and pa s based on the ii	aid to the distrib nvestors' assess	utor. Units ment of vari	will be issu ous factors	ed again includin	ist the b ig the se	alance an rvice renc	nount in dered by	nvested. y the dis	Upfront tributor.
2. Applicant's Ir	formation									Refer	Sec. A	A, C & I
I st Applicant's Det	The Name of the Applicants sl applicant as a minor. Any applicant as a minor of the entitic complete the Know Your Client	cants should not be a reside ies organised under the law	nt of Canada or a s of the U.S. For I	person who falls v	vithin the def	inition of the	e term "U.	S. Person	" under the	e US Seci	urities Ac	t of 1933
The first applicant > will be the primary		PAN / PEKRN				Folio No.						
holder and all correspondence will be sent to him/her. Only the first holder	Name											
can be a minor. Existing Investors may mention the Folio no. and proceed to Sec. 4	Date of Birth (DOB)	Y Y Y Y	In case of I	Minor: Proof o		Birth cert	ificate	☐ Sch	nool leav	/ing ce	ertificat	te
	Aadhaar No.			C-KY	C							
Power Of Attorney (PO)	A) / Proprietor / Guardia	an details (minor an	plicant)									
POA / Proprietor / Guardian Details	Mr. Ms.		PAN / PEKF	RN								
	Name						,					
To be filled by >> Guardian	Relationship with the M Mother Father		Proof of Re	elationship rtificate Sch	ool leavin	g certific	ate \square P	asspor	t 🗆 Ot	hers		
	Aadhaar No.		Date of Bir		Y Y	C-KYC						
Tax Status												
	Resident Individual NRI-Repatriation NRI-Non-Repatriation Minor - Resident Indi Minor - NRI Person of Indian Orig	☐ Hindu L ☐ Partner: vidual ☐ Compai ☐ Trust	ship ny	☐ Society	d Liability of Individua of / Club ofit Orgar	als nization	nip	Foreigi Qualifi Foreigi	as Citiz n Nation ed Forei n Portfol n Institu	al Res gn In lio Inv	ident i vestor estor	
3. Contact Detai	ils										Refe	r Sec. L
Mailing address is >> required for initial communication. We												
will overwrite this address with the 1st Applicants address						C	City					
as per the KRA records												
	PIN		State			C	Country					
	Residence Phone (prefix	(STD Code)	Office Phone	(prefix STD	Code)		Ex	tn				
	Mobile		Email									
							 No.: C				>	<u>ala</u>
Acknowledgemen MUTUAL Received from Mr./	t Slip 'Ms./M/s			PAI	N	J						

Overseas address			
Mandatory for Non- Resident Individuals and Overseas			
Investors in addition to the mailing address.			City
	State	ZIP Code	Country
4. Investment In	strument Details		Refer Sec. I
The name of the » first applicant	Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)
should be available on the investment			
Cheque.	Account Number	A/c Type	Dated
Cheque/ DD to be drawn in favour			
of 'Name of the Scheme'	Drawn on Bank		Cheque / DD No.
	Branch		Branch City
5. Investment So	cheme Details		Refer Sec. F & Product Label
Scheme Name >	>		
Plan (select any one)	Regular Direct		
Option >	>		
Sub Option >	>		
Div. Payout Option (select any one)	Dividend Reinvestment Dividend	Payout	
6. Bank Account	: Details		Refer Sec. (
	The bank account details provided below will be held payouts (if applicable).	on record and considered as default bank mand	ate to pay redemption proceeds and dividend
This must be an Indian account. The 1st applicant should	Bank Name		Branch
be a holder in this account.	Account number		A/C type Savings Current NRO
			□ NRNR □ NRE
	MICR	IFSC for RTGS	IFSC for NEFT
	Address		
	City	IN	State
%			
Cheque Details Cheque/DD No	dated A/c. No	Bank	Acknowledgement Slip
רוובקמב/ טט אט		DdllK	

7. Joint Applican	t's Details					Refer Sec. E & F
Mode of Holding	☐ Single ☐	Joint	Any one or Survivor (D	efault)		
II nd Applicant's Detai	ls					
☐ Mr. ☐ Ms.		PAN / PEKRN		Stat	:us	
				F	Resident Individual 🗆 🗅	NRI
Name						
Aadhaar No.		Date of Birth		C-KYC		
			/			
III rd Applicant's Deta	IIS	DANI / DEI/DNI		C+.		
☐ Mr. ☐ Ms.		PAN / PEKRN			atus Resident Individual 🔲	NRI
Name					Resident marvidual	TAKI
Aadhaar No.		Date of Birth		C-KYC		
8			/			
CATEGORIES	FIRST APPLICANT (Included)		SECOND APPLICAN	T / CHARDIAN	THIRD APPLI	Refer Sec. G
Occupation »			☐ Private Sector Service	-	☐ Private Sector Service	Retired
•		Business Agriculturist	☐ Public Sector Service ☐ Government Sector	☐ Business☐ Agriculturist	☐ Public Sector Service ☐ Government Sector	☐ Business☐ Agriculturist
		Forex Dealer Student	□ Professional□ Housewife	☐ Forex Dealer ☐ Student	□ Professional□ Housewife	☐ Forex Dealer☐ Student
	Others (please specify)		Others (please specify		Others (please specify)	
Gross Annual Income »		1-5 Lacs 10-25 Lacs	☐ Below 1 Lac ☐ 5-10 Lacs	□ 1-5 Lacs□ 10-25 Lacs	☐ Below 1 Lac ☐ 5-10 Lacs	☐ 1-5 Lacs ☐ 10-25 Lacs
		>1 crore	>25 Lacs-1 crore	□ >1 crore	>25 Lacs-1 crore	□ >1 crore
	Networth in (Mandatory for N ₹		Networth in ₹	as	Networth in ₹	as on
	D D / M M / Y		on DD/MM	/ Y Y Y Y	D D / M M /	
	(not older than 1 year)		(not older than 1 year)		(not older than 1 year)	
Others »	Not Applicable Politically Exposed Persor	1	Not Applicable Politically Exposed Pe	rson	Not Applicable Politically Exposed Pe	erson
Additional WVC Da	Related to Politically Expo		Related to Politically E	exposed Person	Related to Politically I	Exposed Person
Additional KYC De	tails for Non - Indivi		diam. af Lista d Camaran. a	Cambuallad ba.l	isted Company:	□ No
For Non Individuals >> only (Companies,	Is the company a Listed Con (if No, mandatory to attach t	he UBO declara	ation)		isted Company. — res	L NO
Trust, Partnership	Non Individual investors i				Services	
etc.)	Money Lending / Pawning		None of the above			
	nt Tax Compliance					Refer Sec. H
For Individuals	FIRST APPLICANT (include	ding Minor)	SECOND APPLICANT	7 / GUARDIAN	THIRD APPLIC	CANT
Country of Birth >>						
Place of Birth \gg						
Nationality »	☐ Indian ☐	U. S.	Indian	☐ U. S.		☐ U. S.
Type of address given at KRA »	Others (Please specify) Residential or Business	Residential	Others (Please specify) Residential or Business	Residential	Others (Please specify)	Residential
	Registered Office	Business	Registered Office	Business	Registered Office	Business
Are you also a resident in >> any other country(ies) for tax	□ No □	Yes	□ No	☐ Yes	□ No	Yes
purposes?	If yes, complete section below	W.	I			
Country of Tax Residency 1 >>						
Tax Identification Number 1 \gg						
Identification Type 1 \gg						
If TIN is not available please >>	Reason A B	C	Reason A B	С	Reason A B	ПС
tick the reason A, B or C *	Reason A B B		incusori		neason	
Country of Tax Residency 2 »						
Tax Identification Number 2 \gg						
Identification Type 2 >>						
	D		D			
If TIN is not available please >> tick the reason A. B or C *	Reason A B D	C	Reason A B	С	Reason A B	C

^{*} Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents; Reason B: No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected); Reason C: Others- Please state the reasons thereof FATCA & CRS Related Details for Non Individuals: Please submit Form W8 BEN-E / Specified declaration (Enclosed)

10. Nomination Details

Refer Sec. L

Mandatory for Individual(s) applying singly or jointly.	You can nominate up to 3 persons to receive the Units allotted made to such Nominee(s) and Signature of the Nominee(s) ackr	to you in your folio in the unfortunate event o nowledging receipt thereof, shall be a valid dis I do not wish to nominate.	f death of all unit holders. All payments and settlements charge by the AMC/ Mutual Fund/ Trustees.
Select any one »		_ ruo not wish to hominate.	
1 st Nominee	Nominee Name		Date of Birth
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
2 nd Nominee	Nominee Name		Date of Birth
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
3 rd Nominee	Nominee Name		Date of Birth
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
	1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression
11. Demat Accou	unt Details		Refer Sec. N
	Fill these details only if you wish to have your	units in Demat mode.	
Ensure that the sequence of names as mentioned in the application form	Depository participant Name		
matches with that of the account held with the	Central Depository Securities Limited Target ID No.		National Securities Depository Limited DP ID No.
Depository Participant. In case the details are			I N
found to be incorrect, Units will be allotted in physical mode.			Beneficiary Account No.
, ,			
12. Declaration	and Signatures grapital markets under any order/ruling/judgment etc., of any regulation, including S	FRI IAM.	Refer Sec. I
1 / We have read, understood and 2	I hereby agree to comply with the terms and conditions of the scheme related documes as per the scheme related documents and am/are authorised to make this investment cations or directions issued by any regulatory authority in India. his application form is true and correct and further agree to furnished from time to time (RTA) in writing about any change in the information furnished from time to time mation and/or any part of it is/are found to be false/ untrue/misleading, I/We will b close, share, remit in any form/manner/mode the above information and/or any pand thirip darty service providers, SEBI registered intermediaries for single updation/to without any intimation/advice to me/us. C, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibil Distributor) has disclosed to me/us.	nents and apply for allottment of Units of the Scheme(s) of Tat. The amount invested in the Scheme(s) is through legitimate ner/additional information as may be required by the Tata Ast. e liable for the consequences arising therefrom. It of it including the changes/updates that may be provided submission, any Indian or foreign statutory, regulatory, judic lity, validity and authorization of my/our transactions. Ission or any other model, payable to him/them for the diffeeld by the Fund/AMC/its distributor for this investment. Indian residency status. I/We shall be fully liable for all conse	ia Mutual Fund ('Fund') indicated in this application form. e sources only and is not for the purpose of contravention and/or evasion of severe and the second of the purpose of contravention and/or evasion of the second of the
the Aadhaar Act, 2016 (and regul	ovide my consent in accordance with Aadhaar Act, 2016 and regulations made there lations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing ssfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN	/disclose of the Aadhaar number(s) including demographic in	henticating and (ii) updating my/our Aadhaar number(s) in accordance wit nformation with the asset management companies of SEBI registered mutual Date:

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

MUTUAL FUND		Debit I [A UMRN	Mandate For Applicable for Lumpsu	m NACH m Additional F	I (One Tourchases as	well as S	Vian SIP Reg	date istration	- O ' ns]	TM)			Da	ate D					
Choose (√)	Sponsor Bank Code		Office use only			ility Cod	de												
© CREATE ■ MODIFY	I/We hereby authorize	ΤΛΤΛ ΜΙ	UTUAL FUND	to de	ebit (√)	□ SB		CA		СС		SB-N	DE		SB-N	JPO		Otl	nor
☑ CANCEL	i/we hereby authorize	IAIAIII	DIOALIOND	10 46	SDIL (*)	_ 36		CA		00	_	3D-14	IXL		30-1	VIIVO		Oti	ici
Bank A/c No.:																			
With Bank:		ık Name & Brancl		IFSC							N	ИICR							
an amount of F	Rupees			unt in Words									₹						
FREQUENCY (preselected) Reference / Fo		■ Quarterly	■ Half Yearly	☑ As w	vhen presen d	ted (de	fault)		DE	BIT T	/PE	坚 Fix	ed A	moun	ıt 🗹	Max	imum	Amou	ınt
Scheme / Plan	reference No. All Schen	nes of Tata Mutu	al Fund					Mobil	le										
PERIOD	it of mandate processing charges		am authorising to debit	-	•		_				er g	Sian —	Sig	nature	of Th	ird Ad	ccount	Holde	r
to	0 M M Y Y Y Y																		
or - Ui	ntil Cancelled	1. ——Name a	as in Bank Records		2N	ame as	in Bar	nk Rec	ords		3	N	ame	as in	Bank	Rec	ords		
	that the declaration has been ca																		oit.
Please tick (✓)	as applicable: Registr.	SIP Registr	ration / Ren	ewal Fo	rm (For Renewal of S	OTM F	Regis	tered ge in B	Inve ank d	stors etails.	s onl								
ARN / RIA ^	Code	Sub-Broker	ARN Code	Sub-Broker / Bank Branch Code EUIN Code															
Internal Cod	le	OR Declaration Declaration or adversationship manathe SEBI Registere	on for "execution-only" tran vice by the employee/relati ager/sales person of the di ed Investment Adviser (RIA)	nsaction - I/We he ionship manager, stributor and the the details of my	ereby confirm the /sales person of distributor has v / our transaction	at the EUIN the above not charge ons in the	l box has distribu d any ad schemes	been int tor or no visory fee s) of Tata	entiona otwithsta es on th a Mutua	lly left b anding t is transa I Fund.	lank by he advio	me/us as ce of in-a By menti	this is opropr ioning	an "exe iateness RIA cod	ecution-c s, if any, le, I / we	only" tr provio autho	ansactio ded by t rize you	n withou he empl to share	it any oyee/ with
Sole	/ 1st Applicant Signa Thumb Impression	ature /		d Applicar		re /					3r	d App			ignat ressio		/		
Investor De	t ails Ap	plication No.						Foli	o No										
1 st Holder N	lame								PAN	1									
Aadhaar No			Date of Birth						C-K	YC									
				D	D / M M	/ Y	Y	Y											
2 nd Holder	Name								PAN	1									
Aadhaar No			Date of Birth		D / M M	/ v	v v		C-K	YC									_
3 rd Holder I	Name		1		D / WI WI	/ 1			PAN	ı									
Aadhaar No			Date of Birth						C-K	YC									_
First SIP C	neque Details																		
Cheque No.			Cheque Amount	in Rs.					Chec	ue D	ate		n L	/ M		/ V			
Bank Name			Branch						City				<u> </u>		101 17				
	eme/Option/ Plan:	Regular Dire		stalment ount (₹)	SIP Dat (Default 1	e O th)	Frequ (*Defa	ency ault)		Start	Mont	th / Ye	ar		End (Defau	d Mo	nth / ecemb	Year er 209	9)
							Mont Quart	-				YY	Υ					Υ	
SIP Top-up	Top-up Amount (Rs.)			SIP Top	Up Frequen	cy			Upi	oer SII	P Amo	ount (R	s.)						
(Optional)	(In multiples of Rs. 500/	only)			rearly \square Ye	-	fault)												

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 commissions or any other mode), payable to him for the different cometing SKhemes of various Mutual FundS from amoungs which the Scheme is being recommended to me /us. I/We, the holder of the above stated Adahaar antumber, however the remaining of the mentioned in my account for sending SMS alers to me. I/We hereby provide my consent in accordance with adahaar antumber, shadhaar and sending singular and accordance with adahaar and account for sending singular states and sending states and sending states are sending states and sending states are sending states. If we have been provide my/our consent for sharing/disclose of the Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic

information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN. SIGNATURE/S

Tata Retirement Savings Fund (TRSF) only, for detault values release.

Please tick the appropriate Autoswitch option (any one as per the plan)

Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60),

Auto Switch Option 2 (Progressive to Conservative @age 60) No Auto Switch

Auto Switch Option: Applicable for Tata Retirement Savings Fund (TRSF) only, for default values refer SID.

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

Plan Name Progressive Plan

Received for Folio No. / Application No. OTM Debit Mandate Form SIP Form



for

☐ FATP ☐ FUTP ☐ CATP

DTP for Amount (₹) / Units ___

TATA MUTUAL FUND



Subject to verifaction.

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021

SYSTEMATIC TRANSFER PLAN FORM

1. ADVISOR DETAILS							Refer	Instruction
ARN / RIA ^ Code		Sub-Broker	ARN Code	Sub-Broker / Bank Brar	ich Code	EUIN Code		
Internal Code		any interaction o employee/relation	r advice by the employee/relationship nship manager/sales person of the distr	We hereby confirm that the EUIN box has be manager/sales person of the above distri- ributor and the distributor has not charged () the details of my / our transactions in the	butor or notwithsta any advisory fees on	nding the advice of in-a n this transaction. ^ By m	ppropriateness, if	any, provided by t
	pplicant Signatu b Impression		2nd Appli	cant Signature / o Impression		3rd Applican Thumb In		2 /
. INVESTOR DETAILS	S				Folio N	0.		
I st Holder Name					PAN			
A - db N -			Data of Direct		C KVC			
Aadhaar No.			Date of Birth		C-KYC			
^{2nd} Holder Name					PAN			
Aadhaar No.			Date of Birth	D / M M / Y Y Y Y	C-KYC			
B rd Holder Name					PAN			
Aadhaar No.			Date of Birth		C-KYC	1 1 1 1		
. PURPOSE OF FORM	1 (tick any one)		D	D / M M / Y Y Y Y				
Fresh Registration		Canc	ellation					
. SYSTEMATIC TRAN		Guiie						
cheme Details								
Fransferor Scheme / I	Plan / Option							
Fransferee Scheme /	Plan / Option							
Fransferee Sub Option	n			Div. Payout Option: (so	elect any one			
ransfer Plan Details	(Select any one	2)						
Fixed Amount Transfer Plan (FATP)	Amount in Rs.			Amount in Words				
Fixed Units Transfer Plan (FUTP)	Number of Unit	S						
Capital Appreciatio	n Transfer Plan (CATP)						
Dividend Transfer I	Plan (DTP)							
ransfer Frequency ((Select any one -	Not Applic	able for Dividend Transf	fer Plan)				
Daily	Only from Mono	day to Frida	y [In case any day is a no	n-business day for any one d on our website www.tatan	of the schen	nes (either STP f	rom or STP	to scheme)
Weekly	Only on Fridays		- рег постания			-		
Monthly	Days	of the Mon	th (Select any one)	In case the day cor		on business da the next busin		iest will be
Quarterly	□ 1 st □ 7	th 1	0 th 20 th 2					
nrolment Period	(Not Applicable	for Dividend	d Transfer Plan)					
Start Date D D / M M /	'	End Da	te 	Number of	Installments	/ Transfers		
DECLARATION AN	D SIGNATURES			OR				
und ("Fund") indicated in this	application form. I/We wi	Il indemnify the F	und, AMC, Trustee, RTA and other in	documents including the key information nermediates in case of any disputes rega on or any other mode), payable to him /t inunicated any indicative portfolio and/ my Aadhaar number, Name and Fingerp and regulations made thereunder, for (i) b. I/We hereby provide my/our consent for (RTA) for the purpose of updating the sai	irding the eligibilit	y, validity and authoriz	ation of my/our	transactions. The
	cant Signature / lb Impression			cant Signature / b Impression		3 rd Applicar Thumb I		
%				knowledgement Slip				
TATA			ACI	knowieugement Siip		Sr. No.:		
AND THE PARTY OF T	Ir./Ms./M/s				Folio No.			STP reque
from Scheme				to Schemes				



TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021





1st Holder Name		<u>'</u>	olio No.
1 Holder Name		PA	N
Aadhaar No.	Date of Birth		KYC
Addidal IVU.	Date of Birth		
2 nd Holder Name		PA	N
Aadhaar No.	Date of Birth	C-	KYC
		Y Y Y Y	
3 rd Holder Name		PA	NN
Aadhaar No.	Date of Birth		KYC
PURPOSE OF FORM (I.I.	D D / M M /	Y Y Y Y	
2. PURPOSE OF FORM (tick any one) Fresh Registration	nge in the Withdrawal Amount	Cancellatio	on
3. SYSTEMATIC WITHDRAWAL DETAILS			
Scheme Details			
Scheme / Plan / Option			
Withdrawal Plan Details (Select any one)			
☐ Fixed Amount Withdrawal Plan ₹	Amount in	Words	
Capital Appreciation Withdrawal Plan			
Withdrawal Frequency (Select any one)			
☐ Monthly ☐ Quarte	rly Half Yea	rly	Annually (Default)
Functionant Deviced			
Enrolment Period			
Start Date End Da		ndrawal Date (Any	date between 1st and 31st - default 25th)
Start Date End Date D D / M M / Y Y Y Y Y A. PAYMENT BANK DETAILS FOR SWP (Register For Investors who have registered for Multiple	ed in the folio) Bank Accounts facility in the above fol	in words	
Start Date End Da	ed in the folio) Bank Accounts facility in the above fol	in words	
Start Date End Date PAYMENT BANK DETAILS FOR SWP (Register For Investors who have registered for Multiple should be prescribed into the following bank as	ed in the folio) Bank Accounts facility in the above fol	in words	
Start Date End Date PAYMENT BANK DETAILS FOR SWP (Register For Investors who have registered for Multiple should be prescribed into the following bank a Bank Name	ed in the folio) Bank Accounts facility in the above fol ccount as per the payout mechanism i	in words io (Please strike condicated me/us.	off the section if not used). The SWP payout
Start Date End Date DDD / MM / YYYYY 4. PAYMENT BANK DETAILS FOR SWP (Register For Investors who have registered for Multiple should be prescribed into the following bank a Bank Name Branch	ed in the folio) Bank Accounts facility in the above fol ccount as per the payout mechanism i	io (Please strike condicated me/us.	off the section if not used). The SWP payout
Start Date D D	ed in the folio) Bank Accounts facility in the above fol count as per the payout mechanism i City IFSC for NEFT ifferent from those already registered ault" bank account registered for the a	io (Please strike condicated me/us. PIN A/C to IFSC in your folio OR if foresaid folio.	off the section if not used). The SWP payout type Savings Current NRO NRNR NRE for RTGS f the bank account details are not filled above
Start Date D D	ed in the folio) Bank Accounts facility in the above fol count as per the payout mechanism i City IFSC for NEFT ifferent from those already registered ault" bank account registered for the a	io (Please strike condicated me/us. PIN A/C to IFSC in your folio OR if foresaid folio.	off the section if not used). The SWP payout type Savings Current NRO NRNR NRE for RTGS f the bank account details are not filled above
Start Date End Date A. PAYMENT BANK DETAILS FOR SWP (Register For Investors who have registered for Multiple should be prescribed into the following bank a Bank Name Branch Account number MICR Note: If the bank account mentioned above is described into the SWP payout will be processed into the "Def 5. DECLARATION AND SIGNATURES	ed in the folio) Bank Accounts facility in the above fol count as per the payout mechanism i City IFSC for NEFT ifferent from those already registered ault" bank account registered for the a	in words io (Please strike condicated me/us. PIN A/C to IFSC in your folio OR it foresaid folio. he key information Memora any disputes regarding the payable to him / them for twe portfolio and/ or any in Name and Fingerprint/iris thereunder, for (i) collecting my/our consent for sharing for updating the same in my,	off the section if not used). The SWP payout type Savings Current NRO NRNR NRE for RTGS f the bank account details are not filled abov
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