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8. POWER OF ATTORNEY				-	mean		01 0 07			laonni						kindiy	pien		, ionen		quivalent
Name of PoA Mr. Ms. M/s.										1 1											
PAN#/ PEKRN#					VVC	Number					_		_	-	_						
	ıse tick (•	()] (Mai)	dator	<u>ا</u>	1		nd l														
					-	t Attache						(10)							0.00		
# Please attach Proof. Refer in:	struction	No 16 to	or PAN/	PEKRN	and I	No 18a t	or KYC	(KRA).	Reter Insti	ruction	No 18b	o for KY	Clde	entitic	ation Nu	mber	ssued	by Cł	CYCR.		
9. DEMAT ACCOUNT DETAILS																					
I would like units to be allotted in DEMAT	mode as p	per the dete	ails below	/:																	
Beneficiary Owner	Identifica	tion Num	ber (BC	D ID)							De	epositor	ry Pa	rticipo	ant (DP) 1	Name					
DP ID No.			Clie	nt ID No	o.						Г	NS	DL			DSL					
Enclosures for Demat option				Client	Mast	er List (O	CML) [Tra	insactior	n cum	Holdin	ng Stat	eme	nt [Deliv	very lı	nstruc	tion	Slip (E	DIS)	
10. BANK ACCOUNT DETAILS (P	lease note	e that as p	er SEBI r	eaulatio	ns. it is	mandato	rv for inv	estors to	provide th	eir bank	account	details)	(Ref	er Insti	ruction 4)						
Name of the Bank		P		3	.,		<u>,</u>														
Branch Address																					
		<u> </u>																			
							Cit	, I								Pin C					
Account No.							Acc	ount T	ype Plea	se tick (✓)	Saving:	s 🗌	Current	□ NRE	N	RO	FCN	R	Others	(please specify
MICR Code						This	s is a 9 digit	number ne	ext to your che ra cheque can	eque numb	er. clear photo	ncopy of a	cheque								
IFSC Code					lt is the										ation branch		ndina to t	the bank	: details m	entioned	l in Section 10
11. INVESTMENT DETAILS -	(Rafar In	struction	5)]	· .	heme							, 505111			9101				
Name of the Scheme						ieme	I	Scheme 2 Scheme 3 Taurus - Taurus -													
					05 -					JUrUs	-					auru	15 -				
Plan																					
Option																					
I																					

X

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Cheque No.	Amount	Scheme/Plan/Option	Collection Centre / AMC Stamp / Signature
Investment Type (Please 🖌)	ONE TIME	PURCHASE SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)	

12. PAYMENT DETAILS (Refer Instruction No. 6)									
	Schem	ne 1	Sch	neme 2	Scheme 3				
Cheque / DD / RTGS / UMR No. & Date:									
Bank & Branch Name									
Amount in figures ₹ (i)									
DD Charges if any, in figures ₹ (ii)									
Net Amount (i) + (ii) in figures ₹									
in words ₹									
Account Type Please tick (🗸)	Current NRE N	IRO FCNR Others		er Instruction 5C (Mandatory for Credit via N not find this on your cheque leaf, please ch		appearing on your cheque leaf.			
13. NOMINATION DETAILS - Mandatory if mod	le of holding is single (Re	efer Instruction 14)							
I/We wish to nominate	I/We DO NOT wish								
Please Sign here									
First / Sole Applicant/ Guardian / POA H			Applicant / Auth. Si	•	Third Applic	-			
Nominee Name & Addre	ess	Guardian Name & Address (In case Nominee is Minor)	Nominee Relationship with 1st Holde	er Allocation (Iotal = 100%)	Nominee / Guardian Signature			
Nominee 1									
Nominee 2									
Nominee 3									
14. DOCUMENTS ENCLOSED (PLEASE V	()			1		1			
Memorandum & Articles of Association		Trust Deed		KYC acknowledgement	SIP Enrolment Form (For In	vestment through PDC)			
Resolution / Authorisation to invest		PAN Copy		LLP Agreement		restment through NACH / Auto Debit)			
Power of Attorney			of Incorporation	Partnership Deed	SWP/STP/DSO Enrolment F				
List of Authorised Signatories with Specimen Signature(s)		Bye-Laws		HUF Deed Beneficiary ownership list	Third Party Payment Declarat Multiple Bank Account Regist				
15. Declaration(s) & Signature(S) (Refe	r Instruction 15)								
To, The Tweeter									
The Trustee, Taurus Mutual Fund									
Having read and understood the contents of the Scheme Information Do									
the scheme. I/We hereby declare that the amount invested in the sche Prevention of Money Laundering Act, Prevention of Corruption Act and /									
indirectly in making this investment.		, ,	,	,					
Applicable for NRI's only - 1/We confirm that I am/we are Non Reside		,	• 11	•	,				
The ARN holder has disclosed to me/us all the commissions (in the for 1/We confirm that details provided by me/us are true and correct.	orm of frail commission or any	other mode), payable to him for	the different competing Schem	nes of various Mutual Funds from amongst	which the Scheme is being recomi	mended to me/us.			
**I may voluntarily subscribe to the on-line access for transacting throug	jh the internet facility provided by	r Taurus Mutual Fund and confirm o	f having read, understood and ag	ree to abide by the terms and conditions for a	vailing of the internet facility more p	articularly mentioned on the website			
www.taurusmutualfund.com and hereby undertake to be bound by the sam	•	•	ot at any time deny or repudiate the	on-line transactions effected by me and I shall be	solely liable for all the costs and consec	quences thereof.			
I/We confirm Aresident of US/Canada	Not a resident of US/Ca	nada							
First / Sole Applicant/ Guardian / POA H	lolder / Auth. Sign	Second	Applicant / Auth. Si	ign –	Third Applic	cant Sign			

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TAUR	RUS
Mutual	Fund

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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 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-280217	ARN -			
L Upfront commission shall be paid directly by the investor to the AMFI re mention "DIRECT" in the ARN column.	gistered Distributors based on the investors' ass	sssment of various factors including the service rendered by the	distributor. Also refer instruction no.2. Investors subscribing	gunder the "DIRECT" plan of the scheme shou
EXECUTION ONLY (To be signed when EUIN is left blo	nk)			
*1/We hereby confirm that the EUIN box has been intenti				
notwithstanding the advice of in-appropriateness, if any,				
Please sign her First / Sole Applicant/ Guardian / P		Please sign here Second Account Holder's Sig	Please si Third Account H	ign here older's Signature
Registration of SIP/ <i>Opti</i> SIP/Micro		on of SIP/ <i>Opti</i> SIP/Micro SIP		
Renewal of SIP/OptiSIP/Micro SI		Bank Account for an existing inv	(astor	
New Investor Y N	Folio No.		(esio)	
INVESTOR AND INVESTMENT DETAILS	i			
Name of Sole/First Applicant Mr.	Ms. M/s			
Name of Second Applicant Mr.	Ms.			
	Ms.			
Name of Guardian (for Minor appli	cant) / POA Holder / Co	ntact person (for Non-indl. Appli	cant)	
Mr. Ms.				
ID & Add Proof Document Name, Sol in case of Micro SIP(Refer Instruction 14)	e/First Applicant/ Guard	ian Second Applic	ant	Third Applicant
Name of Scheme		Plan		on
	Micro SIP		OptiSIP	
SIP Amount (₹) Frequency Monthl	y Quarterly	Min. Installment Amt. Max. Installment Amt.		uency Monthly eater than Fixed Min. Installment amount & multiple of ₹1/- thereof)
First/Initial Investment Cheque Numb		Cheque Date		& mumple of < 1 /- mereor)
Auto Debit/NACH dates (Please 3)	1 st 5th	10th 15th 28th		T
	rom M M / Y Y	Y Y End on M M /		f Installments
PARTICULARS OF BANK ACCOUNT				
I/We hereby, authorize Taurus Mutual Fund and their	authorized service providers, to del	it my/our following bank account by FCS (De	bit (Learing)/auto debit to account for collecti	on of SIP/ <i>Onti</i> SIP novments
Name of the Account Holder as per				
Bank Name				
Branch Address			City	
Account Number		Account		nt NRE NRC
9 digit MICR Code			igit IFSC Code	
Declaration & Signature (s): Having read and understood the contents of		ement of Additional Information (SAI) & Key Information Memo	orandum (KIM) I/We hereby apply for units of the scheme and	
regulations governing the scheme. I/We hereby declare that the amount in Prevention of Money Laundering Act, Prevention of Corruption Act and/or this investment. Applicable for NRI's only - I/We confirm that I am/we holder has disclosed to me/us all the commissions (in the form of trails I/We confirm that details provided by me/us are true and correct.	any other applicable laws enacted by the governm are Non Residents of Indian Nationality/Origin an commission or any other mode), payable to hir Please 🗸 📄 Repatriation basis	ent of India from time to time. I/We have understood the details I that I/we have remitted funds from abroad through approved b n for th <u>e diff</u> erent competing Schemes of various Mutual Fun	of the scheme & I/we have not received nor have been induced b anking channels or from funds in my/our Non-Resident External ds from amongst which the Scheme is being recommended to	y any rebate or gifts, directly or indirectly in makin, /Non-Resident Ordinary /FCNR account. The ARN me/us.
			gnature Third Account He	
Ŭ	·····}			
TAURUS –		Auto debit form-NACH/OTM Reg		
Mutual Fund UMRN Tick (✓) Sponsor Bank Code		ICEUSE Utility Co	de FOR OFF	
CREATE				ICE 03E
MODIFY I/We, hereby autho	rize laur	us Mutual Fund	To debit (tick ✔) SB / CA	A /CC SB-NRE /SB-NRO /Other
Bank a/c Number:				
With Bank		IFSC	or MICR	
An amount of Rupees				
FREQUENCY Mthly Qtly Unique ID	H-Yrly Yrly	As & when presented DEBIT T	YPE Fixed Amount	Maximum Amount
Reference 2		Email ID		
I Agree for the debit of mandate processing chargesby the PERIOD	bank whom I am authorizing to debit my a	counts as per latest schedule of charges of the bank.		
From D D M M Y Y To D D M M Y Y	Y Y Y Y Signature Primar	y Account Holder Signat	ure of Account Holder	Signature of Account Holder
Or Until cancelled	1Name as	in bank records 2. No	ame as in bank records3	Name as in bank records

This is to confirm that the dedaration 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.