

| 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) |
|-----------------------|-----------------------|----------------------------------|---------------------------------------|----------------------------------|
| <b>ARN-280217</b>     | <b>ARN -</b>          |                                  |                                       |                                  |

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

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 Applicant / Auth. Sign

Third Applicant Sign

|   |   |            |             |  |
|---|---|------------|-------------|--|
| <b>TRANSACTION CHARGES</b> (Please tick any one of the below. Refer Instruction no.7)   |   |            |             |  |
| <input type="checkbox"/> I am a first time investor in Mutual Funds or <input type="checkbox"/> I am an existing Investor in Mutual Funds   |   |            |             |  |
| <b>1. UNIT HOLDER INFORMATION</b> (Please fill in your Folio No. & Name and then proceed to Section 10) Applicable details and mode of holding will be as per the existing Folio. |   |            |             |  |
| New Investor  | <input type="checkbox"/> Y <input type="checkbox"/> N | Folio No.  |             |  |
| <b>2. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY)</b> (Refer Instruction 2, 16 & 17)  |   |            |             |  |
|   | PAN/PEKERN No.  | KYC Number | Nationality |  |
| First / Sole Applicant  |   |            |             |  |
| Second Applicant  |   |            |             |  |
| Third Applicant   |   |            |             |  |
| Guardian / POA Holder   |   |            |             |  |

# Please attach Proof. for PAN/PEKERN for KYC (KRA). Refer instruction No 17 for KYC Identification Number issued by CKYCR.

|   |     |      |  |  |
|---|-----|------|--|--|
| <b>3. UNIT HOLDER / NEW APPLICANT INFORMATION</b> (Refer Instruction Page) Fresh / New investors to fill in all the Sections 2 to 15  |     |      |  |  |
| NAME OF FIRST / SOLE APPLICANT  |     |      |  |  |
| Mr.   | Ms. | M/s. |  |  |
| DATE OF BIRTH (DOB) D D M M Y Y Y Y (Mandatory in case of minor) DATE OF INCORPORATION D D M M Y Y Y Y  |     |      |  |  |
| NAME OF THE GUARDIAN (For minor applicant) / Name of the POA Holder/ Name of the Contact Person (For Non Individual Applicant)  |     |      |  |  |
| Mr.   | Ms. | M/s. |  |  |
| For Investments "On behalf of Minor": (*Refer Instruction 3 for mandatory documents to be attached)   |     |      |  |  |
| Proof of DOB & Relationship attached <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Certificate / Marksheet <input type="checkbox"/> Passport <input type="checkbox"/> Any other..... |     |      |  |  |
| NAME OF SECOND APPLICANT  |     |      |  |  |
| Mr.   | Ms. |      |  |  |
| NAME OF THIRD APPLICANT   |     |      |  |  |
| Mr.   | Ms. |      |  |  |

|  |                |         |      |  |
|--|----------------|---------|------|--|
| <b>4. MODE OF HOLDING</b> [PLEASE TICK (✓)]  |                |         |      |  |
| <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor |                |         |      |  |
| <b>5. FIRST/ SOLE APPLICANT - MAILING ADDRESS &amp; CONTACT DETAILS</b>  |                |         |      |  |
|  |                |         |      |  |
| City   |                |         |      |  |
| State  | Pin Code       | Country |      |  |
| STD Code   | Telephone Off. | Resi.   | Mob. |  |
| E-Mail**   |                |         |      |  |

|   |          |         |  |  |
|---|----------|---------|--|--|
| <b>OVERSEAS ADDRESS</b> (Mandatory for NRI / FII application) |          |         |  |  |
|   |          |         |  |  |
| City  |          |         |  |  |
| State   | Pin Code | Country |  |  |

|   |   |  |   |   |
|---|---|--|---|---|
| <b>6. Other KYC details (Mandatory)</b> <input type="checkbox"/> Individual <input type="checkbox"/> Non-Individual |   |  |   |   |
| <b>6a. Status of First/Sole Applicant [Please (✓)]</b>  |   |  |   |   |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Society/Club           | <input type="checkbox"/> Listed Company        | <input type="checkbox"/> Unlisted Company   | <input type="checkbox"/> Individual                     |
| <input type="checkbox"/> NRI-Repatriable  | <input type="checkbox"/> NRI-Non-Repatriable    | <input type="checkbox"/> Company               | <input type="checkbox"/> Body Corporate     | <input type="checkbox"/> Trust                          |
| <input type="checkbox"/> Minor through guardian   | <input type="checkbox"/> Mutual Fund            | <input type="checkbox"/> FII                   | <input type="checkbox"/> QFI                | <input type="checkbox"/> Others (please specify)        |
| <b>6b. Occupation Details [Please (✓)] (To be filled only if the applicant is an individual)</b>                    |   |  |   |   |
| First Applicant   | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service | <input type="checkbox"/> Business                       |
|   | <input type="checkbox"/> Retired                | <input type="checkbox"/> Housewife             | <input type="checkbox"/> Student            | <input type="checkbox"/> Forex Dealer                   |
|   |   |  |   | <input type="checkbox"/> Professional                   |
|   |   |  |   | <input type="checkbox"/> Agriculturist (please specify) |
| Second Applicant  | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service | <input type="checkbox"/> Business                       |
|   | <input type="checkbox"/> Retired                | <input type="checkbox"/> Housewife             | <input type="checkbox"/> Student            | <input type="checkbox"/> Forex Dealer                   |
|   |   |  |   | <input type="checkbox"/> Professional                   |
|   |   |  |   | <input type="checkbox"/> Agriculturist (please specify) |
| Third Applicant   | <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Public Sector Service | <input type="checkbox"/> Government Service | <input type="checkbox"/> Business                       |
|   | <input type="checkbox"/> Retired                | <input type="checkbox"/> Housewife             | <input type="checkbox"/> Student            | <input type="checkbox"/> Forex Dealer                   |
|   |   |  |   | <input type="checkbox"/> Professional                   |
|   |   |  |   | <input type="checkbox"/> Agriculturist (please specify) |

ACKNOWLEDGEMENT SLIP - Common Application Form



| 12. PAYMENT DETAILS (Refer Instruction No. 6)   |                        |  |                                      |  |
|---|------------------------|--|--------------------------------------|--|
| Scheme 1  |                        | Scheme 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 (✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)    *** Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)   |                        |  |                                      |  |
| 13. NOMINATION DETAILS - Mandatory if mode of holding is single (Refer Instruction 14)  |                        |  |                                      |  |
| <input type="checkbox"/> I/We wish to nominate <input type="checkbox"/> I/We DO NOT wish to nominate  |                        |  |                                      |  |
| Please Sign here  |                        | Please Sign here                                   |                                      | Please Sign here   |
| First / Sole Applicant/ Guardian / POA Holder / Auth. Sign  |                        | Second Applicant / Auth. Sign                      |                                      | Third Applicant Sign                                     |
|   | Nominee Name & Address | Guardian Name & Address (In case Nominee is Minor) | Nominee Relationship with 1st Holder | Allocation (Total = 100%) / Nominee / Guardian Signature |
| Nominee 1   |                        |  |                                      |  |
| Nominee 2   |                        |  |                                      |  |
| Nominee 3   |                        |  |                                      |  |
| 14. DOCUMENTS ENCLOSED (PLEASE ✓)   |                        |  |                                      |  |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Memorandum &amp; Articles of Association</div> <div style="width: 33%;"><input type="checkbox"/> Trust Deed</div> <div style="width: 33%;"><input type="checkbox"/> KYC acknowledgement</div> <div style="width: 33%;"><input type="checkbox"/> SIP Enrolment Form (For Investment through PDC)</div> <div style="width: 33%;"><input type="checkbox"/> Resolution / Authorisation to invest</div> <div style="width: 33%;"><input type="checkbox"/> PAN Copy</div> <div style="width: 33%;"><input type="checkbox"/> LLP Agreement</div> <div style="width: 33%;"><input type="checkbox"/> SIP Enrolment Form (For Investment through NACH / Auto Debit)</div> <div style="width: 33%;"><input type="checkbox"/> Power of Attorney</div> <div style="width: 33%;"><input type="checkbox"/> Certificate of Incorporation</div> <div style="width: 33%;"><input type="checkbox"/> Partnership Deed</div> <div style="width: 33%;"><input type="checkbox"/> SWP/STIP/DSO Enrolment Form</div> <div style="width: 33%;"><input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)</div> <div style="width: 33%;"><input type="checkbox"/> Bye-Laws</div> <div style="width: 33%;"><input type="checkbox"/> HUF Deed</div> <div style="width: 33%;"><input type="checkbox"/> Third Party Payment Declaration Form</div> <div style="width: 33%;"><input type="checkbox"/> Beneficiary ownership list</div> <div style="width: 33%;"><input type="checkbox"/> Multiple Bank Account Registration Form</div> </div>  |                        |  |                                      |  |
| 15. DECLARATION(S) & SIGNATURE(S) (Refer Instruction 15)  |                        |  |                                      |  |
| <p>To,<br/>The Trustee,<br/>Taurus Mutual Fund</p> <p>Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) &amp; 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 &amp; I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment.</p> <p><b>Applicable for NRI's only</b> - 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.</p> <p><b>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.</b></p> <p>I/We confirm that details provided by me/us are true and correct.</p> <p><small>**I may voluntarily subscribe to the on-line access for transacting through the internet facility provided by Taurus Mutual Fund and confirm of having read, understood and agree to abide by the terms and conditions for availing of the internet facility more particularly mentioned on the website www.taurusmutualfund.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.</small></p> <p>I/We confirm                      <input type="checkbox"/> A resident of US/Canada                      <input type="checkbox"/> Not a resident of US/Canada</p> |                        |  |                                      |  |

Please Sign here

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

Please Sign here

Second Applicant / Auth. Sign

Please Sign here

Third Applicant Sign

**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) |
|-----------------------|-----------------------|----------------------------------|---------------------------------------|----------------------------------|
| <b>ARN-280217</b>     | ARN -                 |                                  |                                       |                                  |

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<br>First / Sole Applicant/ Guardian / POA Holder / Auth. Sign |  | Please sign here<br>Second Account Holder's Signature |  | Please sign here<br>Third Account Holder's Signature |  |
| <input type="checkbox"/> Registration of SIP/OptiSIP/Micro SIP                 | <input type="checkbox"/> Cancellation of SIP/OptiSIP/Micro SIP           |   |  |  |  |
| <input type="checkbox"/> Renewal of SIP/OptiSIP/Micro SIP                      | <input type="checkbox"/> Change in Bank Account for an existing investor |   |  |  |  |
| New Investor <input type="checkbox"/> Y <input type="checkbox"/> 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 |  |

|   |   |   |                     |  |                                  |
|---|---|---|---------------------|--|----------------------------------|
| <input type="checkbox"/> <b>SIP / Micro SIP</b> |   | <input type="checkbox"/> <b>OptiSIP</b> |                     |  |                                  |
| SIP Amount (₹)                                  |   | Min. Installment Amt.                   |                     | Frequency  | <input type="checkbox"/> Monthly |
| Frequency                                       | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly   | Max. Installment Amt.                   |                     | (Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof) |                                  |
| First/Initial Investment Cheque Number          |   | Cheque Date                             | DD / MM / YYYY      |  |                                  |
| Auto Debit/NACH dates (Please 3)                | <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 |  |                                  |

| 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 <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> 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<br>First / Sole Applicant/ Guardian / POA Holder / Auth. Sign |  | Please sign here<br>Second Account Holder's Signature |  | Please sign here<br>Third Account Holder's Signature |  |
|--|--|---|--|--|--|

**TAURUS**  
Mutual Fund

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

|   |   |  |  |                             |                |
|---|---|--|--|-----------------------------|----------------|
| Tick (✓)  | UMRN  | FOR OFFICE USE   |  | Date                        | DD / MM / YYYY |
| CREATE  | Sponsor Bank Code   | FOR OFFICE USE   |  | Utility Code                | FOR OFFICE USE |
| MODIFY  | I/We, hereby authorize Taurus Mutual Fund   |  | To debit (tick ✓) SB / CA / CC SB-NRE / SB-NRO / Other |                             |                |
| CANCEL  |   |  |  |                             |                |
| Bank a/c Number:  |   |  |  |                             |                |
| With Bank   | IFSC  |  | or MICR  |                             |                |
| An amount of Rupees   | ₹   |  |  |                             |                |
| FREQUENCY   | <input type="checkbox"/> Mthly <input type="checkbox"/> Qlty <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input type="checkbox"/> As & when presented | DEBIT TYPE <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount |  |                             |                |
| Unique ID   | Phone No.   |  | Email ID   |                             |                |
| Reference 2   |   |  |  |                             |                |
| 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  | Signature Primary Account Holder   |  | Signature of Account Holder |                |
| To  | DD / MM / YYYY  |  |  |                             |                |
| Or  | <input type="checkbox"/> 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.