

TATA MUTUAL FUND

Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001

Application Form For Tata Business Cycle Fund

This product is suitable for investors who are seeking*:

• Long Term Capital Appreciation.

• An equity scheme that invests predominantly in Indian markets with focus on riding business cycles through dynamic allocation between various sectors and stocks at different stages of business cycles.

*Investors should consult their financial advisors if in doubt about whether the product is suitable for them

		Sub-Broke	er ARN Code	Sub-Br	oker / Bank Bra	nch Code	EUIN Co	de	
·					•				
ernal Code		without any in provided by th	ation for "execution-only" tra iteraction or advice by the e ne employee/relationship ma	mployee/relationship ma nager/sales person of the	nager/sales person of t distributor and the di	the above distributo stributor has not cha	r or notwithstand arged any advisor	ing the advice of in-a y fees on this transac	appropriateness, i tion.
ase the subscription amer than First time mutual mission shall be paid di mentioning RIA code, I	I fund investor) wrectly by the inves	vill be deducte stor to the AM	ed from the subscription FI registered Distributo	on amount and paid t rs based on the inve	to the distributor. I stors' assessment (Units will be iss of various factor	ued against th s including the	e balance amoun service rendered	t invested. Up I by the distrib
	licant Signature Impression			Applicant Signati Thumb Impressio				icant Signature nb Impression	
Applicant's Ir	nformatio	n						Ref	er Sec. A, (
	with 1st applica the US Securiti C-KYC No. Inca	ant as a minor ies Act of 193	s should be as mention r. Any applicants should 3 and corporations or . is not available kindly	d not be a resident o other entities organ	of Canada or a pers ised under the law	son who falls wit s of the U.S. For	hin the definit	ion of the term "	U.S. Person" u
Applicant's De			T			Folio N	lo.		
The first applicant > will be the primary holder and all espondence will be	Mr. Ms	s. M/s.	PAN / PEKRN			C-KYC			
sent to him/her. Only the first holder can be a minor.	Name								
sting Investors may ention the Folio no. I proceed to Sec. 4. Investors to ensure	Date of Birth	M M /	Y Y Y Y	In case of Mi	nor: Proof of DO	OB: 🗌 Birth ce 🗌 Passpor		School leaving Others	
nat PAN is linked to Aadhaar.	Mobile No.					Mobile belong Self Spouse		Parent Child	
tact Person - Desig	nation (Non In	ndividual In	vestors) / Power (of Attorney (POA) / Proprietor	•			
POA / Proprietor /		Ms.	ivestors, / rower v	or Attorney (1 or	, , Troprictor	PAN / PEKRN	ctans (mine	иррпсипс,	
Guardian Details	Name	MS.							
For Non Individual >	Entity Identif	ier (LEI) Nur	mber Mandatory for	Transaction Valu	ie of INR 50 cro	re and above			
To be filled by > Guardian	I — '-		inor Applicant Legal Guardian	Proof of Relation	onship ate School le	aving certifica	nte Passno	ort 🗌 Others	
	Mobile No.			Date of Birth		C-KYC	1 1 1		
				D D / M N	/				
x Status									
x Status	Resident I NRI-Repat NRI-Non-R Minor - Re	riation Repatriation esident Indiv	☐ Hindu ☐ Partne vidual ☐ Compa	•	☐ Body of Ind☐ Society / CI	oility Partners ividuals ub	hip	rseas Citizen o ign National R on of Indian O ers (Please spe	esident in Ir rigin cify)
	☐ NRI-Repat ☐ NRI-Non-R ☐ Minor - Re ☐ Minor - NF	riation Repatriation esident Indiv	□ Hindu □ Partne	Undivided Family rship	□ Limited Lial □ Body of Ind	oility Partners ividuals ub	hip	ign National R on of Indian O	esident in Ir rigin cify)
Contact Deta Mailing address is required for initial emmunication. We will overwrite this	NRI-Repat NRI-Non-R Minor - Re Minor - NF	riation Repatriation esident Indiv	☐ Hindu ☐ Partne vidual ☐ Compa	Undivided Family rship	Limited Lial Body of Ind Society / Cl	oility Partners ividuals ub	hip	ign National R on of Indian O ers (Please spe	esident in Ir rigin cify)
Contact Deta Mailing address is > equired for initial mmunication. We will overwrite this dress with the 1st pplicants address as per the KRA	NRI-Repat NRI-Non-R Minor - Re Minor - NF	riation Repatriation esident Indiv	☐ Hindu ☐ Partne vidual ☐ Compa	Undivided Family rship	Limited Lial Body of Ind Society / Cl	oility Partners ividuals ub Organization	hip	ign National R on of Indian O ers (Please spe	esident in Ir rigin cify)
Contact Deta Mailing address is acquired for initial mmunication. We will overwrite this ldress with the 1st pplicants address	NRI-Repat NRI-Non-R Minor - Re Minor - NF	riation Repatriation esident Indiv	☐ Hindu ☐ Partne vidual ☐ Compa	Undivided Family rship	Limited Lial Body of Ind Society / Cl	pility Partners ividuals ub Organization	hip Fore	ign National R on of Indian O ers (Please spe	esident in Ir rigin cify)
Contact Deta Mailing address is > equired for initial mmunication. We will overwrite this dress with the 1st pplicants address as per the KRA	□ NRI-Repat □ NRI-Non-R □ Minor - Re □ Minor - NF	riation Repatriation esident Indiv RI	☐ Hindu ☐ Partne vidual ☐ Compo ☐ Trust	Undivided Family rship any	Limited Lial Body of Ind Society / Cl Non Profit (pility Partners ividuals ub Organization	hip	ign National R on of Indian O ers (Please spe	esident in Ir rigin cify)
Contact Deta Mailing address is > equired for initial mmunication. We will overwrite this ldress with the 1st pplicants address as per the KRA	NRI-Repat NRI-Non-R Minor - Re Minor - NR	riation Repatriation esident Indiv RI	☐ Hindu ☐ Partne vidual ☐ Compo ☐ Trust	Undivided Family rship any	Limited Lial Body of Ind Society / Cl Non Profit (polity Partners ividuals ub Organization	hip	ign National R on of Indian O ers (Please spe	esident in Ir rigin cify) Refer Si

PAN _

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 Dotails					D.C. C.
-						Refer Sec.
The name of the » first applicant	Gross Amount (₹) (A)		(B)	ges (₹) (if any)	Net Amount (₹) (Cheq (A - B)	ue / DD Amount)
should be available on the investment Cheque.	Account Number			A/c Type	Dated	
Cheque/ DD to be				. ,,	 D D / M M /	y
drawn in favour of 'Tata Business Cycle Fund'	Drawn on Bank				Cheque / DD No.	
	Branch				Branch City	
5. Investment Sc	heme Details				Refer Se	ec. F & Product Label
Amount Allocation					Lumpsum	Lumpsum + SI
Scheme Name »	Tata Business Cycle Fund					
Plan » (select any one)	Regular	Direct				
Option »	Growth	IDCW				
IDCW Payout Option (select any one)	DCW Reinvestment	IDCW Payout				
	IDCW - Income Distribution cum Capit	al Withdrawal.				
6. Bank Account	Details					Refer Sec. (
	The bank account details provided by proceeds and IDCW payouts (if appl		on record	and considered a	s default bank mandat	e to pay redemption
This must be an Indian account. The 1st applicant should	Bank Name				Branch	
be a holder in this account.	Account number				A/C type Saving	gs Current NRO
					□ NRNR	
	MICR	IFSC for RT0	GS		IFSC for NEFT	
	Address				l	
	City	PIN			State	
%						
Cheque Details	days d	N.		D. J		Acknowledgement Slip
Cheque/DD No	dated A/c	. No		Bank		

Subject to realisation.

Call (022) 6282 7777 (Monday to Saturday 9:00 am to 5:30 pm)

7. Joint Applican	t's Details					Refer Sec. H & I
Mode of Holding	Single	Joint	Any one or Survivor (De	fault)		
II nd Applicant's Detail	ls			Investors	to ensure that PAN is li	inked to Aadhaar.
☐ Mr. ☐ Ms.		Status		PAN / PEKRN		
		Resident I	ndividual 🗆 NRI			
Name						
Mobile No.	Mobile belongs to	Date of Birth		C-KYC		
	Self Parent Child	D				
III rd Applicant's Detai	ls			Investors	to ensure that PAN is li	inked to Aadhaar.
☐ Mr. ☐ Ms.		Status		PAN / PEKRN		
		Resident I	ndividual NRI			
Name						
Mobile No.	Mobile belongs to	Date of Birth		C-KYC		
	Self Parent Child		$ \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm} \hspace{.1cm}$			
8. Know Your Cu	ıstomer (KYC) Deta	ils				Refer Sec. J
CATEGORIES	FIRST APPLICANT (Include	ding Minor)	SECOND APPLICANT	/ GUARDIAN	THIRD APPLI	ICANT
Occupation »	Private Sector Service Public Sector Service	Retired Business	Private Sector ServicePublic Sector Service	Retired Business	Private Sector ServicePublic Sector Service	Retired Business
		Agriculturist Forex Dealer		☐ Agriculturist ☐ Forex Dealer	☐ Government Sector☐ Professional	☐ Agriculturist ☐ Forex Dealer
	Housewife Others (please specify)	Student	☐ Housewife☐ Others (please specify)	Student	☐ Housewife ☐ Others (please specify)	Student
Gross Annual Income »	☐ Below 1 Lac ☐	1-5 Lacs	☐ Below 1 Lac	□ 1-5 Lacs	☐ Below 1 Lac	☐ 1-5 Lacs
		10-25 Lacs >1 crore		□ 10-25 Lacs □ >1 crore	☐ 5-10 Lacs ☐ >25 Lacs-1 crore	□ 10-25 Lacs □ >1 crore
	Networth in (Mandatory for N		Networth in	>1 close	Networth in	/ Clore
	₹ D D / M M / Y				₹	as on
	(not older than 1 year)		on D / M M / (not older than 1 year)		(not older than 1 year)	
Others »			Not Applicable		Not Applicable	
	Politically Exposed Person Related to Politically Expo		Politically Exposed Pers Related to Politically Ex		Politically Exposed Pe	
Additional KYC De	tails for Non - Indivi			, , , , , , , , , , , , , , , , , , , ,		
For Non Individuals »	Is the company a Listed Con			Controlled by a L	sted Company:	□ No
only (Companies,	(if No, mandatory to attach to Non Individual investors			vices		
Trust, Partnership etc.)	Foreign Exchange / Money Money Lending / Pawning	/ Changer Servic		/ Lottery / Casino S	Services	
9 Foreign Accou	nt Tax Compliance		None of the above	c		Refer Sec. K
For Individuals	FIRST APPLICANT (include		SECOND APPLICANT		THIRD APPLIC	
Country of Birth >>	TIKST ATTECART (IIICIU	unig Milioi)	SECOND ATTECANT	GOARDIAN	THIND ATTEN	CAIVI
•						
Place of Birth »						
Nationality »	Indian Others (Please specify)	U. S.	☐ Indian ☐ Others (Please specify)	☐ U. S.	Indian Others (Please specify)	□ U. S.
Type of address given at KRA \gg	Residential or Business	Residential	Residential or Business	Residential	Residential or Business	Residential
Are you also a resident in ≫	Registered Office	Business	Registered Office	Business	Registered Office	Business
any other country(ies) for tax	If yes, complete section belo	Yes	│	Yes	□ No	☐ Yes
purposes? Country of Tax Residency 1 >>	ii yes, complete section belo	vv.				
, ,						
Tax Identification Number 1 »						
Identification Type 1 \gg						
If TIN is not available please \gg tick the reason A, B or C *	Reason A B D	С	Reason A B	С	Reason 🗌 A 🗌 B	С
Country of Tax Residency $2 \gg$						
Tax Identification Number 2 \gg						
Identification Type 2 \gg						
If TIN is not available please >> tick the reason A. B or C *	Reason A B D	С	Reason	С	Reason 🗌 A 🗌 B	С

^{*} 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 to you made to such Nominee(s) and Signature of the Nominee(s) acknow	rledging receipt thereof, shall be a valid o	f death of all unit holders. All payments and settlements lischarge by the AMC/ Mutual Fund/ Trustees.
Select any one »	Register nomination as below	I do not wish to nominate.	
•			
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 □ □ □ / M M / Y Y Y Y
	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
	1st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression
11. Demat Accoι			Refer Sec. M
Ensure that the sequence of names as mentioned in the	Fill these details only if you wish to have your unit Depository participant Name	s in Demat mode.	
application form matches with that of the	Central Depository Securities Limited		National Securities Depository Limited
account held with the	Target ID No.		DP ID No.
Depository Participant. In case the details are			I N
found to be incorrect,			Beneficiary Account No.
Units will be allotted in physical mode.			

12. Declaration and Signatures

Refer Sec. N

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under:

- I/ We have read, understood and hereby agree to comply with the terms and conditions of the scheme, related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ('Fund') indicated in this application form.

 I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Limited (TAML)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. (3)

- That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom.

 I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom.

 I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, judicial, quasi- judicial authorities/agencies including but not limited to financial Intelligence Unit-India (FIU-IND) et without any intimation/advice to me/us. I/We hereby authorize you to share the account statement of the folio with the distributor /broker / advisor on record.

 I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (7)
- (8) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment.

 I/We agree that the unit balance(s) reflecting in the account statement is subject to realisation of Cheque accompanying the purchase request, PAN validation and KYC compliance.
- For Foreign Nationals Resident in India only. I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status. (10)

For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.
I/We hereby accord my/our consent to TATA AMC for receiving the promotional information/ material via email, SMS, telemarketing calls, etc. on the mobile number and email provided by me/us in this Application Form.

	cant Sign	

Date:

×

TATA MUTUAL FUND		Debit M [Ap		Form Lumpsum A			well as					MTC	1)			I	Date	D	D M	М Ү	Υ	Y
Choose (✓) Sponso	or Bank Code		Office use o	only			Itility Co	ode							(Office u	se only	У				
© CREATE ☑ MODIFY ☐ CANODIFY	ereby authorize	TATA MUT	ΓUAL FU	ND	to d	ebit (√)	SI	В 🗆		CA] C(2		SE	B-NRE		1 8	B-NRC		(Other
Bank A/c No.:									T			Ť	Ť					Ī				
With Bank:	Bank I	Name & Branch	<u>'</u>		IFSC	;							İ	ľ	ИΙСΙ	٦						
an amount of Rupees				Amount	in Words	3										₹						
FREQUENCY (preselected)	■ Monthly ■	Quarterly	■ Half Y	⁄early	☑ As v	when prese	nted (d	efault	t)		D	EBIT	ΤY	PE	×	Fixed	Amou	unt	☑ Ma	ximun	ı Am	ount
Reference / Folio No.					Email	ld																
Scheme / Plan referentiagree for the debit of mand PERIOD	late processing charges by	the bank whom I ar	m authorisin			·			ges o		banl					Q	anatu	re of	f Third A	ccolini	Hol	der
to DDM		Sign — Signa		st Account F			olynatu	ile or .	3600	JIIU A	1000	unt m			Ĭ		griata	10 0	Timer		. 1 101	001
or □ Until Cano	elled	1. ————————————————————————————————————	in Bank f	Records	2		lame a	s in B	Bank	Rec	ord	s	-	3		Nam	e as i	n Ba	ank Re	cords		
• This is to confirm that the o	n authorised to cancel / am	end this mandate by	y appropriate	ely communic	cating the	cancellation /	amendm	ent rec	quest	to the	e us	er entity	y / c	orpor	ate o	r the ba	nk whe	ere I	have aut	horised	me.	ebit.
Please tick (🗸) as a Advisor Details (T ARN / RIA ^ Code	oplicable: 🗆 Reg	istration of SIP	Regist Regions rou	tration gistration ited throu	(For C	OTM Regi RO SIP	stered .gents	only	esto y (K	ors (onl y r	y) efer		true	tio		verle					
Internal Code		OR Declathis is an "extendistributor of the distribut to share with	ecution-or or notwiths or and the	nly" transac standing th e distributo	ction with e advice r has not	nout any int of in-appro charged a	eractior oriatent y advis	or acess, if ory fe	dvice any ees c	by t , pro on thi	he e vide is tr	emplo ed by ansac	yee, the tion	/rela emp	ition loye By m	ship n e/rela ention	nanag tionsh ing RI	er/s nip r A co	ales pe nanage ode, I /	son of sales ve aut	the personiz	above son of ze you
	Applicant Signatu Imb Impression	ire /				nt Signat mpressio								31					nature ssion	: /		
Investor Details	Appli	cation No.								Foli	io I	No.										
1 st Holder Name											P	AN										
2 nd Holder Name											P	AN										
3 rd Holder Name											P	AN										
First SIP Cheque	Details																					
Cheque No.		C	Cheque A	mount in	Rs.						Ch	eque	Da	ite			/ M		л / ¬			v
Bank Name		В	Branch								Cit	у					/ 1		1 1			
SIP Scheme/Opt Sub Option		egular 🗌 Direc		Instalme mount (₹)	Frequenc (*Default			SI	P St	art	Date	2			(E	Defau		P End 31 Dec		20	99)
Tata Business Cycl Option:		IDCW				Daily ^ Weekly			/ N		1 /					D	D /		M /			
IDCW Option:	IDCW Reinvest	IDCW Payou	t			☐ Monthly ☐ Quarterly													ess Day ember		'	
Day of the week fo	r weekly frequency	: Monday	□ Tue	esday	□ Wed	dnesday (Default	t)		Thu	ırso	lay		F	rida	ay						
_ Jii i op up	p-up Amount (Rs.) multiples of Rs. 500/-	only)				p Up Fred Yearly □			fau	lt)	L	ppei	· SI	PΑ	mo	ınt (F	ls.)					
Scheme/s and tern abide by terms, co to make payments has disclosed to m	ignatures: To - T ns and conditions o nditions, rules & re towards SIP installr e/us all the commis ch the Scheme is be	verleaf, I/We h gulations of so nents referred ssions (trail cor	nereby ap cheme/s. above th mmissior	oply for the I/We her prough pa or any c	ne respe reby dec articipat	ective Uni clare that ion in EC:	s of T the pa /Direc	ata M Irticu It Del	Mutu Ilars bit/	ual F giv Stan	un en idir	d Sch are c ig Ins	em orr stru	ect ect ictio	at & c n	NAV I omplo The A	oased ete & RN H	l re ex old	sale p press er, wh	rice & my wi ere ap	agr Iling plic	ee to gness able,
SIGNATURE/S	Sole / 1st Unitholder Si	gnature / Thumb	Impression	2	nd Unitho	older Signat	ire / Thi	umb Ir	mpre	ession	1			3rd	Unitl	nolder	Signat	ure ,	/ Thuml	Impre	ioiza	1

Received for Folio No. / Application No. in ${\bf Tata}\ {\bf Business}\ {\bf Cycle}\ {\bf Fund}$

OTM Debit Mandate Form SIP Form



1. ADVISOR DETAILS

TATA MUTUAL FUND



Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001

CO

MMON TRANSACTION FORM	
	Refer Instruction 2.

ARN / RIA ^ Code	Sub-Broker A	RN Code	Sub-Broker / Bank Branch	Code	EUIN Code		
	distributor or n	otwithstanding the advice of i	action – I/We hereby confirm that t any interaction or advice by th n-appropriateness, if any, provi arged any advisory fees on this Adviser (RIA) the details of my /	ided by the	employee/relationsh	ip manager/s	ales person of
Sole / 1st Applicant Signatu Thumb Impression		2nd Applican	t Signature / npression		3rd Applicant :	Signature ,	
2. INVESTOR DETAILS				Folio N			
1st Holder Name				P	AN		
C-KYC		of Birth	Mobile No.	N	Nobile belongs to	Self	Parent
Entity Identifier (LEI) Number Mandator		D // M M // Y Y Y	ction Value of INP 50 crore	and abov	, <u>o</u>	Spouse	Child
Littly identifier (LL) Number Mandator	y for Non indi		ection value of livic 30 crore	and abov	, с		
2 nd Holder Name				P	AN		
C-KYC	Date	of Birth	Mobile No.	N	Mobile belongs to	Self	Parent
						Spouse	Child
3 rd Holder Name	,			P	AN		
C-KYC		of Birth □ / M M / Y Y Y Y	Mobile No.	N	Mobile belongs to	Self Spouse	Parent Child
3. ADDITIONAL PURCHASE DETAIL	.S		·			Refer In	struction 3.
Payment Mode :	Cheque	☐ Fund Transfe	er NEFT / RTGS		OTM Facility (R	egistered in	folio)
Scheme Name	Tata Bus	iness Cycle Fund		Plan	Regular	Direct	
Option (select any one)	Growth	1	IDCW				
IDCW Option (select any one)	IDCW R	Reinvestment	IDCW Payout				
Gross Amount (A)							
 ₹							
Account Number			Account Type	Dated			
					/ M M / Y	/	
Drawn on Bank				Cheque	e / UTR No.		
4. SWITCH OUT DETAILS						Refer In	struction 4.
From Scheme / Plan / Option						.,.	
To Scheme Name	Tata Bus	iness Cycle Fund		Plan	Regular	Direct	
Option (select any one)	Growth	1	IDCW				
IDCW Option (select any one)	DCW R	Reinvestment	IDCW Payout				
☐ Amount (in figure) ₹		OR Unit	igure)			OR All	Units
5. DECLARATION AND SIGNATULE	RES	•					
I/We have read, understood and herel Memorandum and apply for allotment of AMC, Trustee, RTA and other inermedic (AMFI registered Distributor) has disclicted the different competing Schemes of values not been offered /communicated accord my/our consent to TATA AMC femail provided by me/us in this Applic	of Units of the ates in case of osed to me / rious Mutual F any indicative or receiving th	Scheme(s) of Tata Mutual any disputes regarding th us all the commissions (ii runds from amongst whic portfolio and/ or any inc	Fund ("Fund") indicated in ne eligibility, validity and au n the form of trail commis. h the Scheme is being reco dicative yield by the Fund/A	this appl ithorization sion or an immended AMC/its d	ication form. I/We on of my/our trans by other mode), part to me/us. I/We histributor for this ieting calls, etc. on	will indemn actions. The ayable to hi ereby confi nvestment.	ify the Fund, e ARN holder m /them for rm that I/We I/We hereby number and
1st Applicant Signature / Thumb Impression			t Signature / npression		3 rd Applicant S Thumb Imp		
Folio No			vledgement Slip	Fund			>=

	Folio No	Purchase	Switch in Tata Business Cycle Fund
AL			
)	For Amount of ₹	or Units	



Date of Submission

Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001 Contact No.:: (022) 6282 7777 Fax: (022) 22613782 Website: www.tatamutualfund.com Email: service@tataamc.com

ASBA FORM

NEW FUND OFFER (NFO)

TATA BUSINESS CYCLE FUND

Opens On: 16 July, 2021 Closes On: 30 July, 2021

Application No.

Date:

						טכ	ite.				
			DISTRIBUTOR	INFORMATION	I						
SUB-BROKER ARM	N CODE	BROKER / A	GENT CODE	SUB-BROKER / BA	NK BRANCH	CODE		EUII	N COD	E	
Jpfront commission shall endered by the distributo		y by the investor to the	e AMFI registered Di	stributors based on th	ne investors'	assessm	ent of vari	ous facto	rs inclu	ıding f	the servi
I/We hereby confirm the lithout any interaction or a lithout any interaction or a lithout advice of in-appropriation istributor has not charge	advice by the en teness, if any, p	mployee/relationship m provided by the emplo	nanager/sales persor yee/relationship ma	of the above distribu	tor or notwith	nstanding	Sign:	ature for S	Sole/Findator		plicant
		ase fill in BLOCK L	ETTERS with blac		ne box for	one al	phabet l	eaving o	one bo	ox bl	ank
LAME OF FIRST (SO	1 F A BBL 16 A	N		two words)							
NAME OF FIRST / SO For existing unithol			☐ Ms ommon Account	: / Folio No.)	4 E	l I.	1 5	_	LN	I ^	l M l e
PAN	N A	IVI E IVI	. 5 5 -	.ccount / Folio N			A 3		IN	I	IVI E
PAN	INI\/EQ	STOR CATEGOR				uction	No. 4)				
IND HU		NRI	FI	IC	MF	uction	MINOR				
	-			BOI						-:	
BANK TRU	JSI	AOP	SOCTY		СО		ОТН	Please	s Spec	ЛТУ	
		DETAILS OF E	BANK ACCOUN	T FOR BLOCKI	NG OF FL	JNDS					
Bank Name (Do not abbreviate)											
Account No.				Branch Name							
	(Please pro	ovide the full accou	nt number)								
City											
Account Type (Plea	se ✔)	For Residents Savings Curr	ent □ NRO □	NRE □ Repatriab	For Non			Others			
Amount to be blocked (₹)											
Amount in words											
	NVESTMEN	IT DETAILS			DEMAT	ACCO	LINT DE	TAIIS			
Option(s)		Please (√) the Option selected in the NFO application form	ISIN Number	N	National Sec	urities		ry Limite	ed		
Tata Business Cycle Fur Direct Plan - Growth Op			INF277KA1166		Donofi	sian, As	acont Nico	-b			
Tata Business Cycle Fur - Direct Plan - IDCW Rei	nd		INF277KA1182		Вепен	CIATY ACC	ount Nun	ibei			
Tata Business Cycle Fur Direct Plan - IDCW Payo	nd -		INF277KA1174	Cer	ntral Depos	itory Se	rvices (In	dia) Lim	ited		
Tata Business Cycle Fur Regular Plan - Growth C	nd -		INF277KA1190		Deposi	tory Pari	icipant (D	טו (א			
Tata Business Cycle Fur - Regular Plan - IDCW Re	nd		INF277KA1216		Benefi	ciary Acc	ount Nun	nber			
Tata Business Cycle Fur Regular Plan - IDCW Pay	nd -		INF277KA1208								
ACKNO	OWLEDGEMI	ENT SLIP (To be f	illed and attach	ed by the Applica	ant with tl	he NFO	Applica	tion Fo	rm)		
	Т	ATA BUSINES	S CYCLE FUN	D			Opens (
Received from which are as follows:				(sole / first app	licant) ASB/	A Form	dated			(details (
Application No				Amount Blocked	(₹)						
SCSB (Bank and Branc				Bank Account No	` ,						

UNDERTAKING BY ASBA INVESTOR AND ACCOUNT HOLDER

- (1) I/ We hereby undertake that, I/ we have read and understood the instructions contained in this Form and Terms and Conditions concerning ASBA as contained in the Scheme Information Document (SID) / Key Information Memorandum (KIM) of the above mentioned Scheme and Statement of Additional Information (SAI) of Tata Mutual Fund. Further, I/we understand that if the details as provided by me/us in this Form are different from those in the NFO Application Form, then in such a case; the application is liable to be rejected. I/we further confirm and undertake that I am/ we are eligible ASBA applicants(s) as per the relevant provisions of the SEBI (Issue of Capital and Disclosure Requirement) Regulations, 2009.
- (2) In accordance with provisions of ASBA in the SEBI ICDR Regulations, 2009 and as disclosed in the SAI, I/We authorize
 - (a) the SCSB to do all acts as are necessary to make an application in the New Fund Offer of above mentioned Scheme, including uploading of application details, blocking the amount to the extent mentioned above under "DETAILS OF BANK ACCOUNT FOR BLOCKING OF FUNDS" or unblocking of funds in the bank account maintained with the SCSB specified above, transfer of funds to the Tata Mutual Fund's account on receipt of instructions from the Registrar to Tata Mutual Fund after finalisation of the basis of allotment, entitling me/us to receive mutual fund units on such transfer of funds, etc.
 - (b) Registrar to issue instructions to the SCSB to unblock the funds in the bank account specified above upon finalisation of the basis of allotment and to transfer the requisite money to the Tata Mutual Fund's account.
- (3) In case the amount available in the bank account specified above is insufficient, the SCSB shall reject the application.
- (4) If the DP ID, Beneficiary or PAN is not provided by me/us or the details on the same as furnished in the form are incorrect or incomplete or not matching with the depository records, my/our application is liable to be rejected and Tata Mutual Fund or SCSB shall not be liable for losses, if any.

TURES	1ST APPLICANT / POA HOLDER /	2ND APPLICANT / POA HOLDER	3RD APPLICANT / POA HOLDER
	GUARDIAN SIGNATURE	SIGNATURE	SIGNATURE
SIGNA	SCSB BANK - 1ST ACCOUNT HOLDER	SCSB BANK - 2ND ACCOUNT HOLDER	SCSB BANK - 3RD ACCOUNT HOLDER
	SIGNATURE	SIGNATURE	SIGNATURE

INSTRUCTIONS FOR INVESTORS

SCSB means Self Certified Syndicate Bank registered with the SEBI, which offers the facility of ASBA. The current list of SCSBs as available on SEBI website is as follows: 1. Allahabad Bank 2. Andhra Bank 3. Axis Bank 4. Bank of Maharashtra 5. Bank of Baroda 6. Bank of India 7. Canara Bank 8. Central Bank of India 9. Citi Bank 10. Corporation Bank 11. Deutsche Bank 12. Federal Bank 13. HDFC Bank 14. HSBC Bank 15. ICICI Bank Ltd 16. IDBI Bank Limited 17. Indian Bank 18. Indusind Bank 19. Indian Overseas Bank 20. J P Morgan Chase Bank, N.A. 21. Karur Vysya Bank 22. Kotak Mahindra Bank 23. Nutan Nagrik Sahakari Bank Ltd. 24. Oriental Bank of Commerce 25. Punjab National Bank 26. South Indian Bank 27. Standard Chartered Bank 28. State Bank of Travancore 29. State Bank of Bikaner & Jaipur 30. State Bank of India 31. State Bank of Hyderabad 32. Syndicate Bank 33. UCO Bank 34. Union Bank of India 35. United Bank of India 36. Vijaya Bank 37. Yes Bank Limited.

For the complete list of controlling / designated branches of above mentioned SCSBs, please refer to websites - www.sebi.gov.in, www.bseindia.com and www.nseindia.com

- 2. Eligible investors for ASBA maintaining their account in any of the above SCSBs may use ASBA facility subject to fulfilling all the terms and conditions stipulated in this regard.
- 3. The investor is required to submit a copy of the acknowledgment receipt of the ASBA Form (as submitted with SCSB) along with the NFO application form to be furnished to Tata Mutual Fund.
- 4. Investors shall tick the applicable category in the form, please note the various categories below:

Code	Category	Code	Category	Code	Category
IND	Individual	MF	Mutual Funds	SOCTY	Society
HUF	Hindu Undivided Family	MINOR	Minor (Through Guardian)	BOI	Board of Individuals
NRI	Non-Resident Indian	BANK	Bank	СО	Bodies Corporate
FI	Banks & Financial Institutions	TRUST	Trust	ОТН	Others
IC	Insurance Companies	AOP	Association of Persons		



Registrar: Computer Age Management Services Ltd., No. 178/10, Kodambakkam High Road, Opp. Hotel Palmgrove, Nungambakkam, Chennai 600 034. Venkatesh Pai Tel. No. 044 - 6109 5563, 6109 5565, 6109 5567 Fax 28283 613 camslb1@camsonline.com



TATA MUTUAL FUND

Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001



FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

1. Entity Details

Name of the Entity

Type o at KRA	f address given	Residential or Business	Residential	Business	\square Registered Office			
		Address of tax residence would	be taken as available in KR	A database. In case of any c	hange, please approach KRA & notify the changes			
Applica	ation No.			Folio No.				
PAN Nu	umber			Date of Incorporation				
City of	Incorporation			Country of Incorporation				
	Constitution	Partnership Firm HUF	Private Limited Co	ompany 🗌 Public Limite	ed Company Society AOP/BOI			
Type		☐ Trust ☐ Liqui	dator 🔲 Limited Liability P	artnership 🗌 Artificial Jur	idical Person Others specify			
Please tick the applicable tax resident declaration		Is "Entity" a tax resident of any country other than India: Yes One of the image						
(Country	Tax Identifica	ation Number*	Identification Type (TIN or Other, please specify)			
		,						
%In case Tax Identification Number is not available, kindly provide its functional equivalent. In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.								
In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here								
Please i	refer to para 3(vii)	exemption code for U.S. person	s in FATCA Instructions & De	finitions				
2. FATCA & CRS Declaration								
PART	A (to be Filled by	/ Financial Institutions or Dire	ect Renortina NFFs)					
1	We are a, Financial institution ³		GIIN					
or Direct repo			Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below					
	(please tick	as appropriate)	Name of sponsoring enti	ty				
	GIIN not availa	able (please tick as applicable	igcap Applied for					
If the entity is a Financial ins		a Financial institution,	☐ Not required to appl	y for - please specify 2 dig	gits sub-category ¹⁰			
			Not obtained - Non-	participating FI				
PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")								
1								
	company whose an established s	shares are regularly traded on tock exchanges)	, , ,,	, ,				
2	company (a c		Yes (If yes, please sp this stock is regularly tra		ompany name of and one stock exchange(s) on where $\hfill \Box$ No			
	exchanges)		Name of listed company					
			Nature of relation:	Subsidiary of the Listed (Company Controlled by a Listed Company			
3	Is the Entity an	active ¹ NFE	Yes	No				
			Nature of Business					
			Please specify the sub-ca	tegory of Active NFE				
4	Is the Entity a p	passive ² NFE			declaration in the next section.)			
				. ,				
			ויימנעור טו שעאווופאא					

3. Ultimate Beneficial Ownership (UBO) Details for Passive NFE # If passive NFE, please provide below additional details for each of controlling persons. (Please attach additional sheets if necessary) Name DOB - Date of Birth Occupation Type -PAN / Any other Identification Number Service, Business, Others Gender - Male. Female. Other (PAN, Aadhar, Passport, Election ID, Govt. ID, **Nationality** Driving Licence, NREGA Job Card, Others) Father's Name -City of Birth - Country of Birth Mandatory if PAN is not available 1. Name Occupation Type D D / M M / Y Y Y PAN Nationality Gender \square Male Female Other City of Birth Father's Name Country of Birth. 2. Name Occupation Type D D / M M / Y Y Y PAN Nationality Gender Male ☐ Female ☐ Other City of Birth Father's Name Country of Birth 3. Name Occupation Type DOB | D | D | / M | M | / | Y | Y | Y | Y | PAN Nationality Female Other Gender Male City of Birth Father's Name Country of Birth # Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India: * To include US, where controlling person is a US citizen or green card holder. % In case Tax Identification Number is not available, kindly provide functional equivalent. 4. FATCA - CRS Terms and Conditions The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules- 1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change any information provided by you, please insure your advice us promptly, i.e. within 30 days. If any controlling person of any utility is US citizen or Green card holder, please include United States in the foreign country information field along with the US Tax Identification number. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form. 5. Declaration and Signatures I/We have understood the information requirements of this Form (Read along with FATCA & CRS Instructions) and hereby confirm that information provided by me / us on this Form is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same. Name Designation

Place:

Date: | D | D | / M | M | / | Y | Y | Y | Y



Place: __

TATA MUTUAL FUND
Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001



Declaration for Ultimate Beneficial Ownership (UBO) / Controlling Persons (Mandatory for Non-individual Investors)

1. Entity Details	;							
Name of the Entity								
PAN Number	·							
2. Applicable fo	r Listed Company	/ Subsidiary Company						
Our Compan	ry is a Listed Company listed ry is Controlled by a Listed C		Company is a Subsidary of a Listed Company					
, ,	(ii) Details of the Listed Company ^ Stock Exchange on which it is listed Security ISIN							
^ The Details of holding/parent company to be provided in case the applicant / investor is a subsidary company								
3 Applicable for	Non Individuals of	ther than Listed Company / its Sub	sidiary Company					
3. Applicable for Non Individuals other than Listed Company / its Subsidiary Company Category (Please tick applicable category):								
Unlisted Company		Partnership Firm Limited Liability Part	tnership Company					
Unincorporated asso	ociation / body of individuals		Private Trust					
Others (please specif)						
		LL countries of tax residency / permanent residency / citizenship ar						
Name - Beneficial owner , Country - Tax Residency* Tax ID No Or functiona		Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code - of Controlling person					
1. Name		Address	Tax ID Type					
		State: Country:	Beneficial Interest					
Country		PIN/ZIP Code	Type Code					
Tax ID No.*			Add. Type \bigcirc Residence \bigcirc Business \bigcirc Registered office					
2. Name		Address	Tax ID Type					
Country		State: Country:	Beneficial Interest					
Country		PIN/ZIP Code	Type Code					
Tax ID No. [%]		Address	Add. Type Residence Business Registered office					
3. Name		Address	Tax ID Type					
Country		State: Country:	Beneficial Interest					
Country		PIN/ZIP Code	Type Code					
Tax ID No.*			Add. Type \bigcirc Residence \bigcirc Business \bigcirc Registered office					
1. PAN		Occupation Type	DOB D D M M M M Y Y Y Y					
		Nationality						
Country of Birth		Father's Name	Gender Male Female Other					
2. PAN		Occupation Type						
City of Birth		Nationality	DOB					
Country of Birth		Father's Name	Gender Male Female Other					
3. PAN		Occupation Type	DOB D D / M M / Y Y Y Y					
,		Nationality	Gender ☐ Male ☐ Female ☐ Other					
•		Father's Name						
* To include US, where o equivalent. ^Attach shee	controlling person is a US cit ets if necessary.	ins with tax residency / permanent residency / citiz cizen or green card holder. % In case Tax Identificati	enship / Green Card in any country other than India: on Number is not available, kindly provide functional					
4. Declaration a	ınd Signatures							
to be false/incorrect and/or to AMC/Mutual Fund/Trustee sloon the same. In case the abo	the declaration is not provided, th hall not be liable for the same. I/W ove information is not provided, it	en the AMC/Trustee/Mutual Fund shall reserve the right to reje Ve hereby authorize sharing of the information furnished in th will be presumed that applicant is the ultimate beneficial owi	and belief. In the event any of the above information is/are found ect the application and/or reverse the allotment of units and the is form with all SEBI Registered Intermediaries and they can rely ner, with no declaration to submit. I/We also undertake to keep					
X		above information in future and also undertake to provide an						
Authoris	sed Signatory	Authorised Signatory	Authorised Signatory					

Date: | D | D | / | M | M | / | Y | Y | Y | Y