



TATA MUTUAL FUND

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

Application Form For TATA CRISIL-IBX GILT INDEX -

APRIL 2026 INDEX FUND (SCHEME CODE TATA/O/O/DIN/22/09/0051)

This product is suitable for investors who are seeking*:

- Income over the target maturity period.
- Investing in constituents similar to composition of CRISIL-IBX Gilt Index - April 2026.

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



ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS

Sr. No.:

1. Advisor / Distributor Information

Refer Sec. B

ARN / RIA ^ Code ARN-24952	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUN Code E347831
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUN 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.		
In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive transaction charges, ₹ 150/- (for First time mutual fund investor) or ₹ 100/- (for investor other than First time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. 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. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund			
Sign here	<input checked="" type="checkbox"/> Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression

2. Applicant's Information

Refer Sec. A, C & J

The Name of the Applicants should be as mentioned in the PAN and the KYC acknowledgement. There can be upto 3 holders. No joint holders allowed with 1st applicant as a minor. Any applicants should not be a resident of Canada or a person who falls within the definition of the term "U.S. Person" under the US Securities Act of 1933 and corporations or other entities organised under the laws of the U.S. For Investors New to Tata Mutual Fund, mention the C-KYC No. In case C-KYC No. is not available kindly complete the Know Your Client (KYC) form attached herewith.

1st Applicant's Details

Folio No.

The first applicant will be the primary holder and all correspondence will be sent to him/her. Only the first holder can be a minor. Existing Investors may mention the Folio no. and proceed to Sec. 4. Investors to ensure that PAN is linked to Aadhaar.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	PAN / PEKRN	C-KYC
Name		
Date of Birth (DOB) / Date of Incorporation D D / M M / Y Y Y Y	In case of Minor: Proof of DOB: <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
<input type="checkbox"/> I hereby authorize TAMPL/ TMF to send important information and transaction updates to me on WhatsApp mobile number.		

Contact Person - Designation (Non Individual Investors) / Power of Attorney (POA) / Proprietor / Guardian details (minor applicant)

POA / Proprietor / Guardian Details	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN
Name		
For Non Individual	Legal Entity Identifier (LEI) Number	
To be filled by Guardian	Relationship with the Minor Applicant <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Proof of Relationship <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others
	Mobile No.	Date of Birth D D / M M / Y Y Y Y
		C-KYC

Tax Status

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Overseas Citizen of India
<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> Hindu Undivided Family	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Foreign National Resident in India
<input type="checkbox"/> NRI-Non-Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Person of Indian Origin
<input type="checkbox"/> Minor - Resident Individual	<input type="checkbox"/> Company	<input type="checkbox"/> Society / Club	<input type="checkbox"/> Others (Please specify)
<input type="checkbox"/> Minor - NRI	<input type="checkbox"/> Trust	<input type="checkbox"/> Non Profit Organization

3. Contact Details

Refer Sec. D

Mailing address is required for initial communication. We will overwrite this address with the 1st Applicants address as per the KRA records

PIN		State	City
Residence Phone (prefix STD Code)		Office Phone (prefix STD Code)	Country
Email		Extn	
		Email belongs to	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
For investors who do not have email address on record: I/We wish to receive physical copy of the scheme-wise annual report or abridged summary thereof <input type="checkbox"/> Yes <input type="checkbox"/> No			

Acknowledgement Slip

Sr. No.:

Received from Mr./Ms./M/s. _____ PAN _____ ₹ _____

for purchase in TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND: Plan: Regular Direct Subject to verification and realisation.
Option: Growth IDCW Reinvestment IDCW Payout

Overseas address

Mandatory for Non-Resident Individuals and Overseas Investors in addition to the mailing address.

		City
State	ZIP Code	Country

4. Investment Instrument Details

Refer Sec. E

The name of the first applicant should be available on the investment Cheque.

Cheque/ DD to be drawn in favour of 'Tata Crisil-IBX Gilt Index - April 2026 Index Fund'

Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)
Account Number	A/c Type	Dated
		D D / M M / Y Y Y Y
Drawn on Bank		Cheque / DD No.
Branch		Branch City

5. Investment Scheme Details

Refer Sec. F & Product Labels

Amount Allocation

Lumpsum Lumpsum + SIP

Scheme Name

TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND

Plan (select any one)

Regular Direct

Option

Growth IDCW

IDCW Payout Option (select any one)

IDCW Reinvestment IDCW Payout

IDCW - Income Distribution cum Capital Withdrawal.

6. Bank Account Details

Refer Sec. G

The bank account details provided below will be held on record and considered as default bank mandate to pay redemption proceeds and IDCW payouts (if applicable).

This must be an Indian account. The 1st applicant should be a holder in this account.

Bank Name	Branch		
Account number	A/C type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO	<input type="checkbox"/> NRNR <input type="checkbox"/> NRE
MICR	IFSC for RTGS	IFSC for NEFT	
Address			
City	PIN	State	

Cheque Details

Cheque/DD No. _____ dated _____ A/c. No. _____ Bank _____

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

Acknowledgement Slip

Subject to realisation.

7. Joint Applicant's Details

Refer Sec. H & I

Mode of Holding Single Joint Any one or Survivor (Default)

IInd Applicant's Details

Investors to ensure that PAN is linked to Aadhaar.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	PAN / PEKRN
Name		
Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Date of Birth D D / M M / Y Y Y Y
C-KYC		

IIIrd Applicant's Details

Investors to ensure that PAN is linked to Aadhaar.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	PAN / PEKRN
Name		
Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Date of Birth D D / M M / Y Y Y Y
C-KYC		

8. Know Your Customer (KYC) Details

Refer Sec. J

CATEGORIES	FIRST APPLICANT (Including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Occupation >>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)
Gross Annual Income >>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >1 crore	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore
Networth in (Mandatory for Non-individual)	₹ as on D D / M M / Y Y Y Y (not older than 1 year)	₹ as on D D / M M / Y Y Y Y (not older than 1 year)	₹ as on D D / M M / Y Y Y Y (not older than 1 year)
Others >>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person

Additional KYC Details for Non - Individuals

For Non Individuals only (Companies, Trust, Partnership etc.) >>

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: Yes No (if No, mandatory to attach the UBO declaration)

Non Individual investors involved/providing any of the mentioned services

Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services

Money Lending / Pawning None of the above

9. Foreign Account Tax Compliance Act (FATCA) & CRS Details

Refer Sec. K

For Individuals	FIRST APPLICANT (including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Country of Birth >>			
Place of Birth >>			
Nationality >>	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)
Type of address given at KRA >>	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business
Are you also a resident in any other country(ies) for tax purposes? >>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, complete section below.			
Country of Tax Residency 1 >>			
Tax Identification Number 1 >>			
Identification Type 1 >>			
If TIN is not available please tick the reason A, B or C * >>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Country of Tax Residency 2 >>			
Tax Identification Number 2 >>			
Identification Type 2 >>			
If TIN is not available please tick the reason A, B or C * >>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> 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 (Mandatory)

Refer Sec. L

You can nominate up to 3 persons to receive the Units allotted to you in your folio in the unfortunate event of death of all unit holders. All payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund/ Trustees.

Select any one >>

<input type="checkbox"/> Register nomination as below <input type="checkbox"/> I do not wish to nominate.			
1 st Nominee	Name	PAN / PEKRN	Date of Birth D D / M M / Y Y Y Y
	Relationship with Sole/1 st Holder	Allocation (%)	Signature of Nominee / Guardian
	Address of Nomnee / Guardian (in case of Minor Nominee)		
	State	PIN	Country
2 nd Nominee	Name	PAN / PEKRN	Date of Birth D D / M M / Y Y Y Y
	Relationship with Sole/1 st Holder	Allocation (%)	Signature of Nominee / Guardian
	Address of Nomnee / Guardian (in case of Minor Nominee)		
	State	PIN	Country
3 rd Nominee	Name	PAN / PEKRN	Date of Birth D D / M M / Y Y Y Y
	Relationship with Sole/1 st Holder	Allocation (%)	Signature of Nominee / Guardian
	Address of Nomnee / Guardian (in case of Minor Nominee)		
	State	PIN	Country
Sign here	X 1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression

11. Demat Account Details

Refer Sec. M

The sequence of names as mentioned in the application form matches with that of the account held with DP. In case of discrepancy, Units will be allotted in physical mode.

NSDL Depository Participant Name	DP ID No. I N	Beneficiary Account No.
CDSL Depository Participant Name	Target ID No.	
Enclosures <input type="checkbox"/> Client Masters List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Delivery Instruction Slip (DIS)		

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 Private Limited (TAMPL)/ 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.
- 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 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, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc 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.
- 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.
- 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.

Date: _____

Sign here	X Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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Debit Mandate Form NACH (One Time Mandate - OTM)

Date

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

UMRN Office use only

Choose (✓)

- CREATE
 MODIFY
 CANCEL

Sponsor Bank Code Office use only Utility Code Office use only I/We hereby authorize **TATA MUTUAL FUND** to debit (✓) SB CA CC SB-NRE SB-NRO OtherBank A/c No.: With Bank: Bank Name & Branch IFSC MICR an amount of Rupees Amount in Words ₹ FREQUENCY (preselected) Monthly Quarterly Half Yearly As when presented (default) DEBIT TYPE Fixed Amount Maximum AmountReference / Folio No. Email Id Scheme / Plan reference No. **All Schemes of Tata Mutual Fund** Mobile

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

PERIOD From to or Until Cancelled

Sign Signature of First Account Holder Sign Signature of Second Account Holder Sign Signature of Third Account Holder

1. 2. 3.
 Name as in Bank Records Name as in Bank Records Name as in Bank Records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorised the debit.

SIP Registration (For OTM Registered Investors only)

Please tick (✓) as applicable: Registration of SIP Registration of MICRO SIP

Advisor Details (Transaction Charges for Applications routed through distributor/agents only (Kindly refer Instruction 8 overleaf))

ARN / RIA ^ Code ARN-24952	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code E347831
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - 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. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund.		
Sign here →	<input checked="" type="checkbox"/> Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression

Investor Details	Application No. <input type="text"/>	Folio No. <input type="text"/>
1 st Holder Name	PAN <input type="text"/>	
2 nd Holder Name	PAN <input type="text"/>	
3 rd Holder Name	PAN <input type="text"/>	

First SIP Cheque Details		
Cheque No.	Cheque Amount in Rs. <input type="text"/>	Cheque Date <input type="text"/>
Bank Name	Branch	City

SIP Scheme/Option/ Sub Option	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	SIP Instalment Amount (₹)	Frequency (*Default)	SIP Start Date	SIP End Date (Default : 31 December 2099)
TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW IDCW Option: <input type="checkbox"/> IDCW Reinvest <input type="checkbox"/> IDCW Payout			<input type="checkbox"/> Daily ^ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly * <input type="checkbox"/> Quarterly	<input type="text"/>	<input type="text"/>

Day of the week for weekly frequency: Monday Tuesday Wednesday (Default) Thursday Friday

<input type="checkbox"/> SIP Top-up (Optional)	Top-up Amount (Rs.) (In multiples of Rs. 500/- only) <input type="text"/>	SIP Top Up Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (default)	Upper SIP Amount (Rs.) <input type="text"/>
------------------------------------------------	------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------	---------------------------------------------

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 commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amounts which the Scheme is being recommended to me /us.

Sign here →	<input checked="" type="checkbox"/> Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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TATA MUTUAL FUND

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



COMMON TRANSACTION FORM - TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND

1. ADVISOR DETAILS

Refer Instruction 2.

ARN / RIA ^ Code ARN-24952	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUN Code E347831
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUN 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 inappropriateness, 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. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund.		
	<input checked="" type="checkbox"/> Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression

2. INVESTOR DETAILS

Folio No. _____

1 st Holder Name			PAN
C-KYC	Date of Birth D D / M M / Y Y Y Y	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Legal Entity Identifier (LEI) Number			
2 nd Holder Name			PAN
C-KYC	Date of Birth D D / M M / Y Y Y Y	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child
3 rd Holder Name			PAN
C-KYC	Date of Birth D D / M M / Y Y Y Y	Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child

3. ADDITIONAL PURCHASE DETAILS

Refer Instruction 3.

Payment Mode :	<input type="checkbox"/> Cheque	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> NEFT / RTGS
Scheme Name	TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option (select any one)	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW	
IDCW Option (select any one)	<input type="checkbox"/> IDCW Reinvestment	<input type="checkbox"/> IDCW Payout	
Gross Amount (A)			
₹ _____			
Account Number	Account Type	Dated D D / M M / Y Y Y Y	
Drawn on Bank	Cheque / UTR No.		

4. SWITCH OUT DETAILS

Refer Instruction 4.

From Scheme / Plan / Option			
To Scheme Name			TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND
Option (select any one)			<input type="checkbox"/> Growth <input type="checkbox"/> IDCW
IDCW Option (select any one)			<input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> IDCW Payout
<input type="checkbox"/> Amount (in figure)	₹ _____	OR	<input type="checkbox"/> Units (in figure) _____
		OR	<input type="checkbox"/> All Units

5. DECLARATION AND SIGNATURES

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme, related documents including the key information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes 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. 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 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.

Date _____

	<input checked="" type="checkbox"/> Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
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Acknowledgement Slip

	Folio No. _____	<input type="checkbox"/> Purchase	<input type="checkbox"/> Switch in TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND
	For Amount of ₹ _____	or Units _____	

(details overleaf)



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 CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND	Opens On : 23rd September, 2022
	Closes On : 28th September, 2022
	Application No.
	Date:

DISTRIBUTOR INFORMATION

SUB-BROKER ARN CODE	BROKER / AGENT CODE	SUB-BROKER / BANK BRANCH CODE	EUIN CODE
ARN-24952			E347831

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.

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 & the distributor has not charged any advisory fees on this transaction.

Signature for Sole/First Applicant (Mandatory)

APPLICANT DETAILS (Please fill in BLOCK LETTERS with black/blue ink, use one box for one alphabet leaving one box blank between two words)

NAME OF FIRST / SOLE APPLICANT Mr. Ms

(For existing unitholder(s) please furnish your Common Account / Folio No.)

F I R S T N A M E M I D D L E N A M E L A S T N A M E

PAN Common Account / Folio No.

INVESTOR CATEGORY (Please ✓ as applicable; Refer Instruction No. 4)

IND	HUF	NRI	FI	IC	MF	MINOR
BANK	TRUST	AOP	SOCTY	BOI	CO	OTH Please Specify

DETAILS OF BANK ACCOUNT FOR BLOCKING OF FUNDS

Bank Name (Do not abbreviate)

Account No. Branch Name

(Please provide the full account number)

City

Account Type (Please ✓)	For Residents		For Non-Residents			
	<input type="checkbox"/> Savings <input type="checkbox"/> Current	<input type="checkbox"/> NRO <input type="checkbox"/> NRE	<input type="checkbox"/> Repatriable	<input type="checkbox"/> Non-Repatriable	<input type="checkbox"/> Others	

Amount to be blocked (₹)

Amount in words

INVESTMENT DETAILS

Option(s)	Please (✓) the Option selected in the NFO application form	ISIN Number
TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND - Direct Plan - Growth Option		INF277KA1554
TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND - Direct Plan - IDCW Reinvestment		INF277KA1562
TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND - Direct Plan - IDCW Payout		INF277KA1570
TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND - Regular Plan - Growth Option		INF277KA1588
TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND - Regular Plan - IDCW Reinvestment		INF277KA1596
TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND - Regular Plan - IDCW Payout		INF277KA1604

DEMAT ACCOUNT DETAILS

National Securities Depository Limited
 Depository Participant (DP) Name

Beneficiary Account Number - 16 digit target number

Central Depository Services (India) Limited
 Depository Participant (DP) Name

DP ID Beneficiary Account Number

I N

ACKNOWLEDGEMENT SLIP (To be filled and attached by the Applicant with the NFO Application Form)

TATA CRISIL-IBX GILT INDEX - APRIL 2026 INDEX FUND	Opens On : 23rd September, 2022 Closes On : 28th September, 2022
-----------------------------------------------------------	-----------------------------------------------------------------------------------

Received from _____ (sole / first applicant) ASBA Form dated _____ details of which are as follows:

Application No. _____	Amount Blocked (₹) _____
SCSB (Bank and Branch) _____	Bank Account No. _____
Date of Submission _____	

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.

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

INSTRUCTIONS FOR INVESTORS

1. An ASBA investor shall submit a duly filled up ASBA Application form, physically or electronically, to the Self Certified Syndicate Bank (SCSB) with whom the bank account to be blocked, is maintained.
 - In case of ASBA application in physical mode, the investor shall submit the ASBA Form at the Bank branch of SCSB, which is designated for the purpose and the investor must be holding a bank account with such SCSB.
 - In case of ASBA application in electronic form, the investor shall submit the ASBA Form either through the internet banking facility available with the SCSB, or such other electronically enabled mechanism for subscribing to units of Mutual Fund scheme authorising SCSB to block the subscription money in a bank account.
2. Investors shall correctly mention the Bank Account number in the ASBA Application Form and ensure that funds equal to the subscription amount are available in the bank account maintained with the SCSB before submitting the same to the designated branch.
3. Upon submission of an ASBA Form with the SCSB, whether in physical or electronic mode, investor shall be deemed to have agreed to block the entire subscription amount specified and authorized the Designated Branch to block such amount in the Bank Account.
4. On the basis of an authorisation given by the account holder in the ASBA application, the SCSB shall block the subscription money in the Bank Account specified in the ASBA application. The subscription money shall remain blocked in the Bank Account till allotment of units under the scheme or till rejection of the application, as the case may be.
5. If the Bank Account specified in the ASBA application does not have sufficient credit balance to meet the subscription money, the ASBA application shall be rejected by the SCSB.
6. The ASBA Form should not be accompanied by cheque, demand draft or any mode of payment other than authorisation to block subscription amount in the Bank Account.
7. All grievances relating to the ASBA facility may be addressed to the AMC / RTA to the Issue, with a copy to the SCSB, giving full details such as name, address of the applicant, subscription amount blocked on application, bank account number and the Designated Branch or the collection centre of the SCSB where the ASBA Form was submitted by the Investor.
8. ASBA facility extended to investors shall operate in accordance with the SEBI guidelines in force from time to time.





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 of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes	
Application No.	Folio No.
PAN Number	Date of Incorporation
City of Incorporation	Country of Incorporation
Entity Constitution Type	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify
Please tick the applicable tax resident declaration	Is "Entity" a tax resident of any country other than India: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)</i>

Country	Tax Identification 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 refer to para 3(vii) exemption code for U.S. persons in FATCA Instructions & Definitions

2. FATCA & CRS Declaration

PART A (to be Filled by Financial Institutions or Direct Reporting NFEs)

1	We are a, <input type="checkbox"/> Financial institution ³ or <input type="checkbox"/> Direct reporting NFE ⁴ (please tick as appropriate)	GIIN _____ 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 Name of sponsoring entity _____
GIIN not available (please tick as applicable) <input type="checkbox"/> Applied for If the entity is a Financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category ¹⁰ <input type="checkbox"/> Not obtained - Non-participating FI		<input type="checkbox"/> <input type="checkbox"/>

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a listed company (that is, a company whose shares are regularly traded on an established stock exchanges)	<input type="checkbox"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2	Is the Entity a related entity of a listed company (a company whose shares are regularly traded on an established stock exchanges)	<input type="checkbox"/> Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on where this stock is regularly traded) <input type="checkbox"/> No Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3	Is the Entity an active ¹ NFE	<input type="checkbox"/> Yes <input type="checkbox"/> No Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/>
4	Is the Entity a passive ² NFE	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹ Refer 2 of Part D | ² Refer 3(ii) of Part D | ³ Refer 1(i) of Part D | ⁴ Refer 3(vi) of Part D | ¹⁰ Refer 1A of Part D

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 PAN / Any other Identification Number <i>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)</i> City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

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.

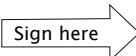

If any controlling person of any utility is US citizen or Green card holder, please include United States in the foreign country information field along with the US Tax Identification number.

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 _____

		Authorized Signatory	Authorized Signatory	Authorized Signatory
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	----------------------	----------------------	----------------------

Place: _____

Date: / /



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 for Listed Company / Subsidiary Company

(i) I We Hereby declare that-

Our Company is a Listed Company listed on recognised stock exchange in India Our Company is a Subsidiary of a Listed Company

Our Company is Controlled by 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 subsidiary company

3. Applicable for Non Individuals other than Listed Company / its Subsidiary Company

Category (Please tick applicable category):

Unlisted Company Partnership Firm Limited Liability Partnership Company

Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust

Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s)^.

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country%	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 _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office
2. Name _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office
3. Name _____ Country _____ Tax ID No.% _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office

1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			

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. ^Attach sheets if necessary.

4. Declaration and Signatures

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorised Signatory	Authorised Signatory	Authorised Signatory
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Place: _____ Date:

D	D	/	M	M	/	Y	Y	Y	Y
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