

TATA MUTUAL FUND

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

Application Form For Tata Dividend Yield Fund

This product is suitable for investors who are seeking⁶:
Long Term Capital Appreciation.
An open ended equity scheme that aims for growth by primarily investing in equity and equity related instruments of dividend yielding companies.
*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

ARN / RIA ^ Code		Sub-Broke	er ARN Code		Sub-Broker / Bank E	Branch Code	EUIN Code				
Internal Code In case the subscription am other than First time mutua commission shall be naid di	ount is ₹ 10,000 I fund investor) w rectly by the invest	without any ir provided by the	nteraction or advice by the er ne employee/relationship man	mployee/relatio nager/sales per	nship manager/sales person son of the distributor and th	of the above distribute distributor has not	nally left blank by me/us as this is an "execution-only" transactio tor or notwithstanding the advice of in-appropriateness, if any charged any advisory fees on this transaction. : time mutual fund investor) or ₹ 100/- (for investo ssued against the balance amount invested. Upfron ors including the service rendered by the distributo				
A By mentioning RIA code, I Sole / 1 st App	icant Signatur	ou to share wi	th the SEBI Registered I	nvestment A	dviser (RIA) the details Signature /	of my / our trans	3 rd Applicant Signature / Thumb Impression				
2. Applicant's Ir		n					Refer Sec. A, C &				
	The Name of t with 1 st applica the US Securiti	he Applicant int as a mino es Act of 193	 Any applicants should 	d not be a re other entitie	sident of Canada or a p s organised under the	erson who falls v laws of the U.S. F	re can be upto 3 holders. No joint holders allowed within the definition of the term "U.S. Person" unde or Investors New to Tata Mutual Fund, mention th				
I st Applicant's Det	ails					Folic) No.				
The first applicant > will be the primary holder and all correspondence will be	> Mr M	s. 🗌 M/s.	PAN / PEKRN			C-KYC					
sent to him/her. Only the first holder can be a minor. Existing Investors may	Name										
mention the Folio no. and proceed to Sec. 4.	Date of Birth		Y Y Y Y	In cas	e of Minor: Proof of	DOB: Birth Passp					
Investors to ensure that PAN is linked to Aadhaar.	Mobile No.					Mobile belo					
Contact Person - Desig	nation (Non Ir	ndividual Ir	ivestors) / Power o	of Attorne	y (POA) / Proprieto	or / Guardian	details (minor applicant)				
POA / Proprietor / Guardian Details	Mr.	Ms.				PAN / PEKR	N				
	Name										
For Non Individual >	> Entity Identif	ier (LEI) Nu	mber Mandatory for	⁻ Transacti	on Value of INR 50 o	crore and abov	re				
To be filled by > Guardian	· · ·		inor Applicant Legal Guardian	Birth Date of	Relationship certificate 🗌 School Birth	leaving certifi C-KYC	cate Passport Others				
Tax Status						T					
	Resident I NRI-Repat NRI-Non-R Minor - Re Minor - NF	riation epatriation sident Indi	□ Hindu □ Partne	rship	Family Limited L Body of I Society /	.iability Partne ndividuals	 Person of Indian Origin Others (Please specify) 				
3. Contact Deta	ils						Refer Sec.				
Mailing address is required for initial communication. We will overwrite this address with the 1 st Applicants address as per the KRA	> 						City				
records	PIN			State	te Country						
	Residence Ph	ione (prefix	sTD Code)	Office Ph	ice Phone (prefix STD Code) Extn						
	Email						Email belongs to Self Parent Spouse Child				
			ot have email addr ysical copy of the			r abridged su	mmary thereof 🗌 Yes 📄 No				
TATA Acknowledgemen	t Slin			= = = ;		S	r. No.:				
MUTUAL FUND Received from Mr./	(Ms./M/s				PAN		₹₹				

for purchase in Tata Dividend Yield Fund

Subject to verification and realisation.



Refer Sec. B

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

The name of the » first applicant	Gross Amount (₹) (A)	DD Charg (B)	es (₹) (if any)	Net Amount (₹) (Cheque / DD Amount) (A - B)
should be available on the investment Cheque.	Account Number			
	Account Number		A/c Type	Dated
Cheque/ DD to be drawn in favour of				
'Tata Dividend Yield Fund'	Drawn on Bank			Cheque / DD No.
	Branch			Branch City

5. Investment Scheme Details

Amount Allocation			Lumpsum	Lumpsum + SIP
Scheme Name »	Tata Dividend Yield Fund			
Plan → (select any one)	Regular	Direct		
Option »	Growth			
IDCW Payout Option (select any one) >>>	DCW Reinvestment	DCW Payout		

IDCW - Income Distribution cum Capital Withdrawal.

6. Bank Account Details

Refer Sec. G

Refer Sec. F & Product Labels

Refer Sec. E

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 1 st applicant should be a holder in this	Bank Name		Branch
account.	Account number		A/C type Savings Current NRO
	MICR	IFSC for RTGS	IFSC for NEFT
	Address		
	City	PIN	State
%			
Cheque Details			Acknowledgement Slip
Cheque/DD No	dated A/c. No	Bank	

	Single	Joint	Any one or Survivor (Def	fault)		
II nd Applicant's Detai	ils			Investors	to ensure that PAN is lir	nked to Aadha
Mr. Ms.		Status		PAN / PEKRN		
		Resident I	Individual 🗌 NRI			
Name		Resident				
Mobile No.	Mobile belongs to	Date of Birth	1	C-KYC		
	Self Parent Spouse Child	D	D / M M / Y Y Y Y			
III rd Applicant's Deta	•				to ensure that PAN is lir	-
	115	Status		PAN / PEKRN	to ensure that PAN is in	ikeu to Adulla
Mr. Ms.		Resident I	Individual 🗌 NRI			
Name						
Mobile No.	Mobile belongs to	Date of Birth	1	C-KYC		
	Self Parent Spouse Child	D	D / M M / Y Y Y Y			
8 Know Your C	ustomer (KYC) Detai					Refer Sec
CATEGORIES	FIRST APPLICANT (Includ		SECOND APPLICANT	/ GUARDIAN	THIRD APPLIC	· · ·
Occupation »	Private Sector Service	Retired	Private Sector Service	Retired	Private Sector Service	Retired
	Public Sector Service	Business Agriculturist		Business Agriculturist	Public Sector Service Government Sector	Business
	Professional	Forex Dealer Student	Professional	Forex Dealer	 Professional Housewife 	Forex Deal
	Others (please specify)		Others (please specify)		Others (please specify)	
Gross Annual Income »		1-5 Lacs		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 Lac □ >1 crore
	Networth in (Mandatory for No		Networth in		Networth in	
	₹		₹	as	₹	
			on D D / M M /	YYYYY		
Oth arra w	(not older than 1 year)		(not older than 1 year)		(not older than 1 year)	
Others »	Not Applicable		Not Applicable	on	Not Applicable Politically Exposed Per	rson
	Related to Politically Expos	ad Parson				
	· · ·		Related to Politically Ex	posed Person	Related to Politically E	xposed Persor
Additional KYC De	etails for Non - Individ		Related to Politically Ex	posed Person	Related to Politically E	xposed Persor
For Non Individuals »	etails for Non - Individ	tuals pany or Subsid	diary of Listed Company or		· · · · · · · · · · · · · · · · · · ·	xposed Persor
For Non Individuals » only (Companies,	etails for Non - Indivic Is the company a Listed Com (if No, mandatory to attach th Non Individual investors invo	Juals pany or Subsid ne UBO declard lved/providing	diary of Listed Company or ation) g any of the mentioned serv	Controlled by a Li	sted Company: Yes	·
For Non Individuals »	etails for Non - Indivic Is the company a Listed Com (if No, mandatory to attach th Non Individual investors invo Foreign Exchange / Money	Juals pany or Subsid ne UBO declard lved/providing	diary of Listed Company or ation) g any of the mentioned serv ces Gaming / Gambling ,	Controlled by a Li	sted Company: Yes	·
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FATCA & CRS Related Details for Non Individuals: Please submit Form W8 BEN-E / Specified declaration (Enclosed

Nomination Details

Date:

/idual(s) applying singly or jointly.	made to such Nominee(s) and Signature of the Nominee(s) and Register nomination as below	I do not wish to nominate.	discharge by the Ame, mutual runu, Trustees.		
Select any one >					
1 st Nominee	Nominee Name		Date of Birth $\Box \Box \Box / M M / Y Y Y Y$		
	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 D D M M		
	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 \Box \Box A A			
	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		
	unt Details	· · · ·	Refer Se		

Ensure that the
sequence of names
as mentioned in the
application form
matches with that of the
account held with the
Depository Participant.
In case the details are
found to be incorrect,
Units will be allotted in
physical mode.

Central De	pository Se	ecurit	ies Li	imite	d					National Securities Depository Limited
Target ID	No.									DP ID No.
										IN
										Beneficiary Account No.

12. Declaration and signature

//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:-

- 1/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. 1/We an/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. (1)(2)
- (3) 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. (4)
- That in the event, the above information and/or any part of it is/are found to be false/ untrue/mislead non-ministed non-m (5) (6)
- 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. (9)
- 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)
- (11) (12)
- For NRIS / PIO/OCIS only: / 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.

X

ΤΛΤΛ	
MUTUAL	
FUND	

Debit Mandate Form NACH (One Time Mandate - OTM)

Date D D M M Y Y Y Y

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MUTUAL
FUND

TATA MUTUAL FUND

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



Refer Instruction 2

1. ADVISOR DETAILS										Refer In	struction
ARN / RIA [^] Code	Sub-Broker A	ARN Code	Su	b-Broker / Bank Brancl	n Code	1	EUIN (Code			
OR □ Declaration for "execution-only" transaction - I/We hereby confirm that the EUIN box has been intentionally left blank by me/us a this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the abov 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. A By mentioning RIA code, I / we authorize yo to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund.											
Sole / 1st Applicant Signate Thumb Impression		2nd Ap		ignature /			rd Ap	plican	nt S	ignature , ression	
2. INVESTOR DETAILS					Folio	No.					
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2 nd Holder Name						PAN					
С-КҮС		e of Birth D	(Mobile No.		Mobi	le bel	ongs t		Self Spouse	Parent
3 rd Holder Name						PAN					
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3. ADDITIONAL PURCHASE DETAIL	LS									Refer II	nstruction
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₹ Account Number Drawn on Bank			A	ccount Type				M /	Y	Y Y Y	(
4. SWITCH OUT DETAILS										Pafar In	struction
From Scheme / Plan / Option										Kejer in	Struction
To Scheme Name	Tata Div	idend Yield Fun	d		Plan		Regu	lar		Direct	
Option (select any one)	Growth	1		DCW							
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		DETAILS OF	BANK ACCOUN	T FOR BLO		OF FUNDS				
Bank Name (Do not abbreviate) Account No.				Branch	n Name					
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City Account Type	(Please ✓)	For Residents				r Non-Resid				
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Tata Dividend Yiel Regular Plan - Grov	d Fund -		INF277K018Z2			epository Par	LICIPANT (DP)			
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Regular Plan - IDC			INF277KA1018							
A	CKNOWLEDGEM	1ENT SLIP (To be 1	illed and attache	ed by the A	pplicant w	ith the NFC/) Applicati	on Form)		
		TATA DIVIDEN	D YIELD FUN	D			•	n : 03 May n : 17 May		
Received from				(sole / firs	st applicant) ASBA Form	dated		de [.]	tails of
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which are as follows:	
Application No	Amount Blocked (₹)
SCSB (Bank and Branch)	Bank Account No
Date of Submission	

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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	ST 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		



Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001 Tel: (022) 66578282 Fax: (022) 22613782 Website: www.tatamutualfund.com Email: service@tataamc.com 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	Registered Office			
		Address of tax residence would	he taken as available in KR	A database. In case of any o	hange, please approach KRA & notify the changes	<		
Applica	ation No.			Folio No.				
PAN Ni	umber			Date of Incorporation				
City of	Incorporation			Country of Incorporation				
Entity (Type	Constitution	Partnership Firm HUF Trust Liqui	Private Limited Co			/BOI		
applica	tick the ble tax	Is "Entity" a tax resident of an	y country other than India:	Yes	and the associated Tax ID number below.)			
resider	nt declaration	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	C	Country	Tax Identifica	ation Number [%]	Identification Type (TIN or Other, please s	pecify)		
In case In case Please	%In case Tax Identification Number is not available, kindly provide its functional equivalent. 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 Dire	ect Reporting NFEs)					
1	We are a, Financial in: or Direct repor (please tick			your sponsor's name belo	ored by another entity, please provide your sp w	onsor's		
	GIIN not availa	ble (please tick as applicable) Applied for					
	If the entity is a	Financial institution,	 Not required to appl Not obtained - Non- 	y for - please specify 2 di participating Fl	gits sub-category ¹⁰			
PART	R (nlease fill an	one as appropriate "to be fil						
1	Is the Entity a	listed company (that is, a shares are regularly traded on		ecify any one stock exchan	nge on which the stock is regularly traded)			
2		a related entity of a listed ompany whose shares are	Yes (If yes, please sp this stock is regularly tra		ompany name of and one stock exchange(s) o	on where		

	company (a company whose shares are regularly traded on an established stock	this stock is regularly traded) No	
	exchanges)	Name of listed company	
		Nature of relation: \Box Subsidiary of the Listed Company \Box Controlled by a Listed Company	
		Name of stock exchange	
3	Is the Entity an active ¹ NFE	Yes No	
		Nature of Business	
		Please specify the sub-category of Active NFE	
4	Is the Entity a passive ² NFE	Yes 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 d	etails for each of controlling persons. (Please attach	additional sheets if necessary)
Name PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) 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 2. Name PAN City of Birth Country of Birth City of Birth City of Birth	Occupation Type Nationality Father's Name Occupation Type Nationality Father's Name	DOB D / M M / Y Y Y Y Gender Male Female Other DOB D / M M / Y Y Y Y Gender Male Female Other
3. Name PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB D / M M / Y Y Y Y Gender Male Female 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			
×			
Autho	rized Signatory	Authorized Signatory	Authorized Signatory

Place: _____

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



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 Our Company is Controlled by a Listed C (ii) Details of the Listed Company ^ Stock Exchange on which it is listed ^ The Details of holding/parent company to be pro- 	ompany	Company is a Subsidary of a Listed Company rity ISIN company
3. Applicable for Non Individuals o	ther than Listed Company / its Sub	sidiary Company
Unincorporated association / body of individuals		Private Trust
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	Address	Tax ID Type
Country	State: Country: PIN/ZIP Code	Beneficial Interest
Tax ID No. [%]		Add. Type \bigcirc Residence \bigcirc Business \bigcirc Registered office
2. Name	Address	Tax ID Type
Country	State: Country: PIN/ZIP Code	Beneficial Interest
Tax ID No. [%]	Address	Add. Type
3. Name		Tax ID Type Beneficial Interest
Country	State: Country: PIN/ZIP Code	Type Code
Tax ID No. [%]		Add. Type \bigcirc Residence \bigcirc Business \bigcirc Registered office
1. PAN	Occupation Type	
City of Birth	Nationality	
Country of Birth	Father's Name	Gender 🗌 Male 🔤 Female 🔤 Other
2. PAN City of Birth	Occupation Type Nationality	DOB D / M M / Y Y Y Y
Country of Birth	Father's Name	Gender Male Female Other
3. PAN	Occupation Type	
City of Birth Country of Birth	Nationality Father's Name	Gender Male Female Other
		enship / Green Card in any country other than India on Number is not available, kindly provide functiona

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.

Δ	+h		

Authorised Signatory

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

uthorised Signatory

Place:

S

INSTRUCTIONS

Pursuant to SEBI master circular vide ref. no. CIR/ISD/AML/3/2010 dated December 31, 2010 on anti money laundering standards and guidelines on identification of Beneficial Ownership issued by SEBI vide its circular ref. no. CIR/MIRSD/2/2013 dated January 24, 2013, investors (other than Individuals) are required to provide details of Ultimate Beneficial Owner(s) ("UBO(s)") and submit proof of identity (viz. PAN with photograph or any other acceptable proof of identity prescribed in common KYC form) of UBO(s)). Attached Documents should be self-certified by the UBO and certified by the Applicant/Investor Authorised Signatory/ies.

(1) The Ultimate Beneficial Owner means:

For Investor other than Trust:

A 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest.

Controlling ownership interest means ownership of / entitlements to:

- i. more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- iv. In cases where there exists doubt as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity details should be provided of the natural person who is exercising control over the juridical person through other means (i.e. control exercised through voting rights, agreement, arrangements or in any other manner).
- v. However, where no natural person is identified, the identity of the relevant natural person who holds the position of senior managing official should be provided.

For Trust :

The settler of the trust, the trustees, the protector, the beneficiaries with 15% or more of interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

(2) Documents to be provided:

Provide copy of PAN with photograph or valid KYC Compliance proof or any other acceptable identity proof of UBO as below

- i. UID (Adhar)
- ii. Passport
- iii. Voter ID
- iv. Driving Licence

If UBO is not KYC compliant, request to complete KYC formalities and send the intimation to CAMS /Fund. Attach valid address proof.

Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary.

Note: Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies

(3) If the BO is minor proof of date of birth (i.e. birth certificate) and proof of relationship with the guardian and the copy of PAN with photograph of the guardian is mandatory.

(4) Exemption in case of listed companies:

The provisions w.r.t. Identification of UBO are not applicable to the investor or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company.

(5) Applicability for foreign investors:

Not Applicabile.

(6) In case the information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership.

(7) UBO - Type Codes

UBO - 01	Ownership of / entitlement to more than 25% of shares of capital or profits of the juridical person, where the juridical person is a company
UBO - 02	Ownership of / entitlement to more than 15% of the capital or profits of the juridical person, where the juridical person is a partnerhip
UBO - 03	Ownership of / entitlement to more than 15% of the property or capital or profits or the juridical person, where the juridical person is an unicorporated association or body of individuals
UBO - 04	Natural person who is exercising control over the juridical person through other means i.e. control exercised through voting rights, agreement, arrangements or in any other manner. (In case where there exist doubt as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests)
UBO - 05	Person who holds the position of senior managing official like CEO, MD, Managing Partner etc. (In case any Ultimate Beneficial Owner/s does not own over 25% or 15%).
UBO - 06	The settlor(s) of the Trust
UBO - 07	Trustee(s) of the Trust.
UBO - 08	The Protector(s) of the Trust (if applicable).
UBO - 09	The beneficiaries with 15% or more interest in the trust if they are natural person(s)
UBO - 10	Natural person(s) exercising ultimate effective control over the trust through a chain of control or ownership.