



TATA MUTUAL FUND

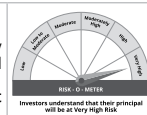
Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001

Application Form For Tata Dividend Yield Fund

This product is suitable for investors who are seeking*:

- 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

Refer Sec. B

| | | | |
|---|---|--|--|
| ARN / RIA ^ Code | Sub-Broker ARN Code | Sub-Broker / Bank Branch Code | EUN Code |
| 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. | | |
| 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 | | | |
| X Sole / 1 st Applicant Signature / Thumb Impression | | 2 nd Applicant Signature / Thumb Impression | 3 rd Applicant 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) | In case of Minor: Proof of DOB: <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate | |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/> Passport <input type="checkbox"/> Others | |
| Mobile No. | Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child | |

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 | Entity Identifier (LEI) Number Mandatory for Transaction Value of INR 50 crore and above | |
| <input type="text"/> | | |
| 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 | C-KYC |
| <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |

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

| | | |
|---|---|---------|
| City | | |
| PIN | State | Country |
| Residence Phone (prefix STD Code) | Office Phone (prefix STD Code) | Extn |
| Email | Email belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <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 | | |

Sr. No.:



Acknowledgement Slip

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

PAN _____

₹ _____

for purchase in Tata Dividend Yield Fund

Subject to verification and realisation.

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 Dividend Yield Fund'

| | | |
|----------------------|-----------------------------|---|
| Gross Amount (₹) (A) | DD Charges (₹) (if any) (B) | Net Amount (₹) (Cheque / DD Amount) (A - B) |
| | | |
| Account Number | A/c Type | Dated |
| | | DD / MM / YYYY |
| 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 Dividend Yield 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

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 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.

Register nomination as below

I do not wish to nominate.

Select any one >>

1st Nominee

Nominee Name

Date of Birth

D D / M M / Y Y Y Y

Address

City

State

PIN

Country

Guardian Name in case of Minor Nominee

Allocation (%)

Signature of Nominee / Guardian

2nd Nominee

Nominee Name

Date of Birth

D D / M M / Y Y Y Y

Address

City

State

PIN

Country

Guardian Name in case of Minor Nominee

Allocation (%)

Signature of Nominee / Guardian

3rd Nominee

Nominee Name

Date of Birth

D D / M M / Y Y Y Y

Address

City

State

PIN

Country

Guardian Name in case of Minor Nominee

Allocation (%)

Signature of Nominee / Guardian



1st Applicant Signature /
Thumb Impression

2nd Applicant Signature /
Thumb Impression

3rd Applicant Signature /
Thumb Impression

11. Demat Account Details

Refer Sec. M

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.

Fill these details only if you wish to have your units in Demat mode.

Depository participant Name

Central Depository Securities Limited

Target ID No.

National Securities Depository Limited

DP ID No.

I N _____

Beneficiary Account No.

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:-

- (1) 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.
- (2) 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.
- (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/misleading, I/We will be liable for the consequences arising therefrom.
- (5) 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.
- (6) 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.
- (7) 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.
- (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.
- (9) 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.
- (10) 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.
- (11) For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.
- (12) 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: _____



1st Applicant Signature /
Thumb Impression

2nd Applicant Signature /
Thumb Impression

3rd Applicant Signature /
Thumb Impression



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



1. ADVISOR DETAILS

Refer Instruction 2.

| | | | |
|---|---|--|-----------|
| ARN / RIA ^ Code | Sub-Broker ARN Code | Sub-Broker / Bank Branch Code | EUIN Code |
| 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. | | |
| <input checked="" type="checkbox"/> Sole / 1st Applicant Signature / Thumb Impression | 2nd Applicant Signature / Thumb Impression | 3rd Applicant Signature / Thumb Impression | |

2. INVESTOR DETAILS

Folio No. _____

| | | | |
|--|---------------|------------|---|
| 1 st Holder Name | PAN | | |
| C-KYC | Date of Birth | Mobile No. | Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child |
| Entity Identifier (LEI) Number Mandatory for Non Individual Investor for Transaction Value of INR 50 crore and above | | | |
| 2 nd Holder Name | PAN | | |
| C-KYC | Date of Birth | 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 | 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 | <input type="checkbox"/> OTM Facility (Registered in folio) |
| Scheme Name | Tata Dividend Yield 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 | | |
| Drawn on Bank | Cheque / UTR No. | | | |

4. SWITCH OUT DETAILS

Refer Instruction 4.

| | | | | |
|---|--|--|------|--|
| From Scheme / Plan / Option | | | | |
| To Scheme Name | Tata Dividend Yield 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 | | |
| <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"/> 1 st Applicant Signature / Thumb Impression | 2 nd Applicant Signature / Thumb Impression | 3 rd Applicant Signature / Thumb Impression |
|--|--|--|

Acknowledgement Slip

Folio No. _____ Purchase Switch in **Tata Dividend Yield 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 DIVIDEND YIELD FUND | Opens On : 03 May, 2021 |
| | Closes On : 17 May, 2021 |
| | Application No. _____ |
| | Date: _____ |

DISTRIBUTOR INFORMATION

| SUB-BROKER ARN CODE | BROKER / AGENT CODE | SUB-BROKER / BANK BRANCH CODE | EUIN CODE |
|---------------------|---------------------|-------------------------------|-----------|
| | | | |

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 |

Amount to be blocked (₹) _____

Amount in words _____

INVESTMENT DETAILS

| Option(s) | Please (✓) the Option selected in the NFO application form | ISIN Number |
|---|--|--------------|
| Tata Dividend Yield Fund - Direct Plan - Growth Option | | INF277K015Z8 |
| Tata Dividend Yield Fund - Direct Plan - IDCW Reinvestment | | INF277K016Z6 |
| Tata Dividend Yield Fund - Direct Plan - IDCW Payout | | INF277K017Z4 |
| Tata Dividend Yield Fund - Regular Plan - Growth Option | | INF277K018Z2 |
| Tata Dividend Yield Fund - Regular Plan - IDCW Reinvestment | | INF277K019Z0 |
| Tata Dividend Yield Fund - Regular Plan - IDCW Payout | | INF277KA1018 |

DEMAT ACCOUNT DETAILS

National Securities Depository Limited
 Depository Participant (DP) ID _____

Beneficiary Account Number _____

Central Depository Services (India) Limited
 Depository Participant (DP) ID _____

Beneficiary Account Number _____

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

| | |
|---------------------------------|---|
| TATA DIVIDEND YIELD FUND | Opens On : 03 May, 2021 Closes On : 17 May, 2021 |
|---------------------------------|---|

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. 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 | CO | Bodies Corporate |
| FI | Banks & Financial Institutions | TRUST | Trust | OTH | Others |
| IC | Insurance Companies | AOP | Association of Persons | | |





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 <table border="1"><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. Name _____ PAN _____ City of Birth _____ Country of Birth _____ | Occupation Type _____ Nationality _____ Father's Name _____ | DOB <table border="1"><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. Name _____ PAN _____ City of Birth _____ Country of Birth _____ | Occupation Type _____ Nationality _____ Father's Name _____ | DOB <table border="1"><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.

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:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

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 Applicable.

(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 partnership |
| UBO - 03 | Ownership of / entitlement to 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 |
| 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. |