



# TATA MUTUAL FUND

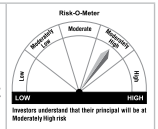
Mulla House, Ground Floor, M.G. Road, Fort, Mumbai - 400 001

## Application Form For Tata Young Citizens' Fund

This product is suitable for investors who are seeking\*:

• Long Term Capital Appreciation by investing predominantly in equity & equity related instruments.

\*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 <b>ARN-24952</b>	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIIN Code <b>E347831</b>
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUIIN 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			Signature of Donor

### 2. Applicant's Information

Refer Sec. A, C & I

The Donor and/or Guardian 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. Individual Investors who are KYC KRA verified after 10th Feb 2017, should additionally submit C-KYC number. In case the C-KYC number is not available, kindly complete the CKYC Application Form - Individual available on www.tatamutualfund.com.

#### Name of Donee Child

Folio No.

Donee Child Name >

#### Donor Details

<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="text"/> - <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"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child	

#### Donor 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"/> Qualified Foreign Investor
<input type="checkbox"/> Person of Indian Origin	<input type="checkbox"/> Company	<input type="checkbox"/> Society / Club	<input type="checkbox"/> Foreign Portfolio Investor
<input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Trust	<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Foreign Institutional Investor

### 3. Contact Details

Refer Sec. D

Mailing address is required for initial communication. We will overwrite this address with the 1<sup>st</sup> 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"/> 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		

#### Overseas address

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

City		
State	ZIP Code	Country



#### Acknowledgement Slip

Sr. No.:

Received from Mr./Ms./M/s. \_\_\_\_\_ PAN \_\_\_\_\_ ₹ \_\_\_\_\_

for purchase in Tata Young Citizens' Fund

Cheque Details Overleaf / Subject to realisation.

Call: (022) 6282 7777 (Monday to Saturday 9:00 am to 5:30 pm) • SMS: TMF To 57575 • E-mail: enq\_T@camsonline.com

#### 4. Donee Child's & Guardian's Personal Details

Refer Sec. E

##### Donee Child's Details

<input type="checkbox"/> Miss <input type="checkbox"/> Master	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="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Passport <input type="checkbox"/> Others .....

##### Guardian Details

Guardian Details » <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	PAN / PEKRN	Date of Birth (DOB)
Name		C-KYC
Relationship with the Minor Applicant		Parent's / Guardian's Signature / Thumb Impression
<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 .....		
Address		
City		
PIN	State	Country
Residence Phone (prefix STD Code)	Office Phone (prefix STD Code)	Extn
Mobile No.	Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Email	Email belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child	

#### 5. Investment Instrument Details

Refer Sec. E

The name of the Donor should be available on the investment Cheque.  Cheque/ DD to be drawn in favour of 'Tata Young Citizens' Fund'	Gross Amount (₹) (A)	DD Charges (₹) (if any) (B)	Net Amount (₹) (Cheque / DD Amount) (A - B)
	Account Number	A/c Type	Dated
	Drawn on Bank	Cheque / DD No.	
	Branch	Branch City	

#### 6. Investment Scheme Details

Refer Sec. F & Product Labels

Scheme Name »	Tata Young Citizens' Fund
Plan (select any one) »	<input type="checkbox"/> Regular <input type="checkbox"/> Direct

##### Cheque Details

##### Acknowledgement Slip

Cheque/DD No. \_\_\_\_\_ dated \_\_\_\_\_ A/c. No. \_\_\_\_\_ Bank \_\_\_\_\_

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

Subject to realisation.

**7. Bank Account Details**

Refer Sec. G

This must be an Indian account. The donee child should be a holder in this account.  
  
The bank account details provided below will be held on record and considered as default bank mandate to pay redemption proceeds and dividend payouts (if applicable).

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

**8. Know Your Customer (KYC) Details**

Refer Sec. J

CATEGORIES	DONOR	PARENT / GUARDIAN	DONEE CHILD
Occupation >>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify) .....	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify) .....	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify) .....
Gross Annual Income >>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Networth in (Mandatory for Non-individual) ₹ ..... as on DD / MM / YYYY (not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Networth in (Mandatory for Non-individual) ₹ ..... as on DD / MM / YYYY (not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Networth in (Mandatory for Non-individual) ₹ ..... as on DD / MM / YYYY (not older than 1 year)
Politically Exposed Person (PEP) Status >>	<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: <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, mandatory to attach the UBO declaration) Non Individual investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above
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**9. Foreign Account Tax Compliance Act (FATCA) Details**

Refer Sec. K

For Individuals	DONOR	PARENT / GUARDIAN	DONEE CHILD
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"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <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
<b>If yes, complete section below.</b>			
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. Alternate Child's Details

Refer Sec. L

Alternate Child's Name		
Relationship with Donee Child	Date of Birth D   D   /   M   M   /   Y   Y   Y   Y	Proof of DOB (in case of minor) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others .....
Address		
		City
State	PIN	Country
Guardian details of Alternate child >>	Name of the Guardian	
	Address of the Guardian	
	City	
State	PIN	Country
Signature of Donor >>	Guardian's Relationship with Alternate child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others .....
	Signature of Alternate child's Guardian	

## 11. Demat Account Details

Refer Sec. M

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

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.

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:-

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

Date: \_\_\_\_\_

Signature of Donor

# Thank you for your Interest in Tata Mutual Fund

## 5 simple steps to open your Investment Account

Step 1	Complete the relevant sections of this Application Form in English and In CAPITAL.
Step 2	Sign and date this Application Form.
Step 3	Enclose your Investment Cheque/DD drawn in favour of “Tata Young Citizens’ Fund”, dated, signed and crossed ‘A/c Payee only.’
Step 4	Attach the relevant documents as per the list below.
Step 5	Submit your application form to the Nearest Collection Centre. List of the Centre available on our website <a href="http://www.tatamutualfund.com">www.tatamutualfund.com</a> and on page nos. 41 to 44.

	Documents	Companies / Trusts / Societies / Partnership Firms / LLP / FIs*	FPI	NRI/ OCI/ PIO	Minor	Investments through Constituted Attorney
1.	Board/ Committee Resolution/ Authority Letter	✓				
2.	List of Authorised Signatories with Specimen Signature(s) @	✓	✓			✓
3.	Notarised Power of Attorney					✓
4.	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable			✓		✓
5.	PAN Proof	✓	✓	✓	✓*	✓
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status	✓	✓	✓	✓*	✓
7.	Proof of Date of Birth				✓	
8.	Proof of Relationship with Guardian				✓	
9.	PIO / OCI Card (as applicable)			✓		
10.	Certificate of registration granted by Designated Depository Participant on behalf of SEBI		✓			
11.	Ultimate Beneficial Owner	✓	✓			✓
12.	FATCA & CRS	✓	✓	✓	✓	✓
13.	Aadhaar updation form for non individuals	✓				

@ Should be original or true copy certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable.

\* For FIs, copy of SEBI registration certificate should be provided. # If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.

### INSTRUCTIONS FOR FILLING UP THE APPLICATION FORM

#### A. General Instructions:

- i. Please read the Key Information Memorandum (KIM)/ Scheme Information Document(s) (SID) of the Scheme and Statement of Additional Information (SAI) and addenda issued from time to time (Scheme Documents) carefully before investing in the Scheme.
- ii. The Application Form should be completed in ENGLISH and in BLOCK LETTERS only.
- iii. Please tick in the appropriate box for relevant options wherever applicable. Do not overwrite. For any correction / changes in the Application Form, the Applicant(s) shall enter the correct details pursuant to cancellation of incorrect details and authenticate the corrected details by counter-signing against the changes. The AMC reserves the right to reject the application forms, in case the investor(s) has/have not countersigned in every place where such corrections/overwriting has/have been made.
- iv. New investors wishing to make SIP investment will need to complete and submit both the Application Form and the SIP Enrolment Form.
- v. Applications complete in all respects, may be submitted at the Official Points of Acceptance (OPAs) of Tata Mutual Fund (TMF, the Fund). Application can be sent directly to the registrar along with a Demand Draft (DD) payable at Chennai on the address: Computer Age Management Services (Private) Limited (Cams), Unit: Tata Mutual Fund. 178/10 Kodambakkam High Road, Opp.Hotel, Palmgrove, Nungambakkam, Chennai-600034.
- vi. The Application form number, PAN and Name of the Applicant should be written by the Applicants on the reverse of the cheques and bank drafts accompanying the Application Form.
- vii. Copies of the supporting documents submitted should be accompanied by originals for verification. In case the original of any document is not produced for verification, Mutual Fund/ AMC reserves the right to seek attested copies of the supporting documents.
- viii. Non-individual investors (Corporate, Societies, Trusts, etc.) are required to submit specified documents such as bylaws, trust deed, board resolutions, Authorized Signatory List and other similar documents along with the subscription application. Units allotted to the non-individual investors are subject to receipt and confirmation of correctness of such statutory documents. If required document(s) provided by the non-individual investors are inaccurate, then the transactions are liable to be reversed with all costs and consequences to the investor. It is the responsibility of the Non-individual investors to inform TAML /TMF about any change to the Authorized Signatory List or Board resolution.
- ix. Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the Scheme Documents.
- x. Applications incomplete in any respect are liable to be rejected. Tata Asset Management Limited (the AMC) / Tata Trustee Company Limited (Trustee) have absolute discretion to reject any such Application Forms.
- xi. Units will be allotted subject to realization of payment proceeds.
- xii. Despatch of Account Statement:
  - a. On acceptance of application for financial transaction, a confirmation specifying the number of Units allotted will be sent by way of e-mail and/or SMS to the applicant’s registered e-mail address and/or mobile number within five business days from the date of transaction for ongoing scheme.
  - b. Tata Mutual Fund shall send first account statement for a new folio separately with all details registered in the folio by way of a physical account statement and/or an e-mail to the investor’s registered address/email address not later than five business days from the date of subscription.
  - c. Thereafter a Single Consolidated Account Statement (CAS) on basis of PAN (PAN of the first holder & pattern of holding, in case of multiple holding) will be dispatched to unitholders having Mutual Fund investments & holding Demat accounts by Depositories within ten days from the end of the month in which transaction (the word ‘transaction’ shall include all financial transactions in demat accounts/Mutual Fund folios of the investor) takes place. In case there is no transaction in any of the mutual fund folios & demat accounts then CAS with holding details will be sent to the Unitholders on half yearly basis.



# TATA MUTUAL FUND

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



## COMMON TRANSACTION FORM FOR TATA YOUNG CITIZENS' FUND

### 1. ADVISOR DETAILS

Refer Instruction 2.

ARN / RIA Code <b>ARN-24952</b>	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUN Code <b>E347831</b>
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.		Signature of Donor

### 2. INVESTOR DETAILS

Folio No. \_\_\_\_\_

Donee Child Name			
PAN	Date of Birth D D / M M / Y Y Y Y	C-KYC	Mobile No.
Donor Name			PAN
PAN	Date of Birth D D / M M / Y Y Y Y	C-KYC	Mobile No.
Parents / Guardian Name			PAN
PAN	Date of Birth D D / M M / Y Y Y Y	C-KYC	Mobile No.

### 3. SWITCH OUT DETAILS

Refer Instruction 4.

From Scheme / Plan / Option			
To <b>Tata Young Citizens' Fund</b>		Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
(select any one)			
<input type="checkbox"/> Amount (in figure) ₹	OR	<input type="checkbox"/> Units (in figure)	OR <input type="checkbox"/> All Units

### 4. ADDITIONAL PURCHASE DETAILS

Refer Instruction 3.

To <b>Tata Young Citizens' Fund</b>		Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
(select any one)			
Payment Mode : <input type="checkbox"/> OTM facility (Registered in folio) <input type="checkbox"/> Cheque / DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> NEFT / RTGS			
Gross Amount (A) ₹	DD Charges (if any) (B) ₹	Net Amount (A - B) ₹	
Account Number	Account Type	Dated D D / M M / Y Y Y Y	
Drawn on Bank	Cheque / DD / UTR No.		

### 5. REDEMPTION DETAILS

Refer Instruction 5.

From Scheme / Plan / Option			
<input type="checkbox"/> Amount (in figure) ₹	OR	<input type="checkbox"/> Units (in figure)	OR <input type="checkbox"/> All Units

**Redemption Bank Account Details for investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off this section if not used).** The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us:

Bank Name	Bank Account Number		
IFSC for NEFT	IFSC for RTGS	MICR	

**Note:** If the bank account mentioned above is different from those already registered in your folio OR If the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio.

### 6. 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, the holder of the above stated Aadhaar number, hereby give my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI, use my mobile number mentioned in my account for sending SMS alerts to me. I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN. Date _____	Signature of Donor
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### Acknowledgement Slip



Folio No. \_\_\_\_\_  Purchase  Redemption  Switch in Scheme \_\_\_\_\_  
 For Amount of ₹ \_\_\_\_\_ or Units \_\_\_\_\_ (details overleaf)



### Debit Mandate Form NACH (One Time Mandate - OTM)

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

Date 

D	D	M	M	Y	Y	Y	Y
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UMRN 

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 Office use only

Choose (✓) Sponsor Bank Code 

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 Office use only Utility Code 

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 Office use only

CREATE  MODIFY  CANCEL I/We hereby authorize **TATA MUTUAL FUND** to debit (✓)  SB  CA  CC  SB-NRE  SB-NRO  Other

Bank A/c No.: 

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With Bank: Bank Name & Branch 

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 IFSC 

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 MICR 

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an amount of Rupees 

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 Amount in Words ₹ 

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FREQUENCY  Monthly  Quarterly  Half Yearly  As when presented (default) DEBIT TYPE  Fixed Amount  Maximum Amount

Reference / Folio No. 

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 Email Id 

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Scheme / Plan reference No. **All Schemes of Tata Mutual Fund** Mobile 

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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 

D	D	M	M	Y	Y	Y	Y
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 to 

D	D	M	M	Y	Y	Y	Y
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 or  Until Cancelled Sign  Signature of First Account Holder Sign Signature of Second Account Holder Sign Signature of Third Account Holder  
1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records

\* This is to confirm that the declaration has been carefully read, understood & made by me/us. I am 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 / Renewal Form (For OTM Registered investors only)

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

<b>Advisor details</b> (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) - Refer instruction overleaf			
ARN / RIA ^ Code <b>ARN-24952</b>	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUN Code <b>E347831</b>
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			Signature of Donor

Investor Details Application No. 

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 Folio No. 

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Donee Child Name

PAN 

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 Date of Birth 

D	D	/	M	M	/	Y	Y	Y	Y
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 C-KYC 

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 Mobile No. 

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Donor Name

PAN 

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 Date of Birth 

D	D	/	M	M	/	Y	Y	Y	Y
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 C-KYC 

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Parents / Guardian Name

PAN 

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 Date of Birth 

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 C-KYC 

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 Mobile No. 

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#### First SIP Cheque Details

Cheque No.	Cheque Amount in Rs. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			Cheque Date <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>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y																					
Bank Name	Branch	City																												

#### Scheme and SIP Details

Scheme/Option	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	SIP Instalment Amount (₹)	Frequency (*Default) <input type="checkbox"/> Daily ^ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly * <input type="checkbox"/> Quarterly	SIP Start Date <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			SIP End Date (Default : 31 December 2099) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
				^ Daily SIP - Monday to Friday - On Business Days only																																					

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

SIP Top-up (Optional) Top-up Amount (Rs.) (In multiples of Rs. 500/- only) 

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 SIP Top Up Frequency  Half Yearly  Yearly (default) Upper SIP Amount (Rs.) 

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Declaration and Signatures : To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SA/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 coming Schemes of various Mutual Funds from amounts which the Scheme is being recommended to me /us. I/We, the holder of the above stated Aadhaar number, hereby give my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI, use my mobile number mentioned in my account for sending SMS alerts to me. I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosed of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN. Signature of Donor

Received for Folio No. / Application No. 

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 OTM Debit Mandate Form  SIP Form

### 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
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