

# Common Application Form for Equity, Monthly Income and Balanced Schemes

(For Lumpsum / Systematic Investments)



Expertise that's trusted

Sr. No.: **A**

Please refer the instructions while filling the Application Form. Tick (✓) whichever is applicable. (Strike out which is not required)

## 1. DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund)

Distributor / Broker ARN	56003	Sub-Broker Code	
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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.

Existing Folio Number:		<input type="checkbox"/> SIP Form Attached
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### MANDATORY [Please tick (✓)] (Refer Instruction - F)

APPLICANT DETAILS	PAN * please attach proof	Know Your Client (KYC)	STATUS
FIRST APPLICANT	<input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Societies <input type="checkbox"/> NRI/NRO <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> HUF <input type="checkbox"/> NRI/NRE <input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> PIO <input type="checkbox"/> Trust <input type="checkbox"/> FII <input type="checkbox"/> Body Corporate <input type="checkbox"/> Proprietorship <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> FOF <input type="checkbox"/> Others <small>Please specify</small>
SECOND APPLICANT	<input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	
THIRD APPLICANT	<input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	
GUARDIAN/POA HOLDER	<input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	

## 2. SOLE / FIRST APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters use one box for one alphabet leaving one box blank between two words, as it appears in your Bank Account)

Name	Mr Ms M/s	
Date of Birth	DDMMYYYY	Status: (✓) <input type="checkbox"/> RI <input type="checkbox"/> NRI

Guardian Name (in case of Minor) Contact Person - Designation (non individual) / PoA Holder (investments made of constitutional attorney).

Name	Mr Ms M/s	
Date of Birth	DDMMYYYY	Status: (✓) <input type="checkbox"/> RI <input type="checkbox"/> NRI

Address [P. O. Box Address is not sufficient] (Indian address in case of NRI's / FII's)

City	Pin code Mandatory
State	Country

Contact Details

Phone	O	Extn.	Fax	Mobile
	R			
e-mail				

I/We wish to receive the following via e-mail in lieu of physical document(s) (Please ✓)  Account Statement  Annual Report  Other Communication

Overseas Address (Mandatory in case of NRI / FII applicant in addition to mailing address)

State	Country	City	Zip code
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I/We confirm that I am/we are non-residents of indian nationality/origin & that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/FCNR Account.

Occupation (please ✓)  Agriculture  Business  Service  Professional  Housewife  Retired  Student  Other

## 3. JOINT APPLICANT'S DETAILS

Second Applicant

Name	Mr Ms M/s	
Date of Birth	DDMMYYYY	Status: (✓) <input type="checkbox"/> RI <input type="checkbox"/> NRI

Third Applicant

Name	Mr Ms M/s	
Date of Birth	DDMMYYYY	Status: (✓) <input type="checkbox"/> RI <input type="checkbox"/> NRI

Name of Power of Attorney holder for investment on behalf of Applicant.

Name	Mr. Ms. M/s.	
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Mode of Holding (please ✓)  Single OR  Joint OR  Anyone or Survivor **Default Option: Joint**

## ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

Sr. No.: **A**

Received from Mr. / Ms. / M/s.		Signature, Stamp & Date	
an application for Units of			
Plan	Option		Sub-option
alongwith Cheque / DD No.	Dated		Drawn on (Bank)
	Amount (Rs.)		

Subject to realisation of cheque / Demand Draft and verification of mandatory information / document.



**4. FIRST HOLDERS BANK ACCOUNT DETAILS (Mandatory) Refer Instruction H**

All communication/payments will be made to first applicant or to Karta in case of HUF. Bank account details of First Unitholder required without which the application would be rejected

Name of the Bank											Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRRR	<input type="checkbox"/> NRE
Branch																
Account No. (in Fig.)																
Bank Address																
City											State					
PIN											MICR Code					
* IFSC Code for NEFT/RTGS																

(To be filled in only if dividend is to be paid through ECS).  
\* This is a 11 Digit Number, kindly obtain it from your Bank Branch. (Cancelled cheque is Mandatory)

**5. DIRECT CREDIT FACILITY FOR REDEMPTION / DIVIDEND / REFUND PAYOUTS**

Tata Mutual Fund directly credits the Redemption/Dividend/Refund payout into the investor's Bank Account in case the account is with **ICICI Bank Ltd./HDFC Bank Ltd./Axis Bank/IDBI Bank/Standard Chartered Bank/Kotak Mahindra Bank/HSBC Bank/Deutsche Bank/Royal Bank of Scotland/Oriental Bank of Commerce/State Bank of India (Core banking centers only - subject to validation).**  
I/We understand that the instruction to the bank for Direct Credit/NEFT/ECS will be given by the Mutual Fund & such instruction will be adequate discharge of Mutual Fund towards redemption/dividend/refund proceeds. In case of bank not crediting my/our bank account with/without assigning any reason thereof or if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Tata Mutual Fund responsible. I/We understand that in case account number furnished by me/us, if found incorrect, I/We would not hold Tata Mutual Fund responsible for the credit going to the wrong account. Further, the Mutual Fund reserves the right to issue a demand draft/payable at par cheque in case it is not possible to make payment by DC/NEFT/ECS.  
**If however you wish to receive payouts by cheque, please tick here**

**6. SCHEME DETAILS Refer Page 6 & 7 for correct scheme name**

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_  
Options \_\_\_\_\_ Dividend Frequency \_\_\_\_\_

Scheme Name : **TATA EQUITY P/E FUND**

Options:  Growth  Dividend Trigger Option A (5%)  Dividend Trigger Option B (10%)  
Default Option: Dividend Trigger Option B (10%)

Dividend Suboption - Only for Dividend Trigger Option A and Dividend Trigger Option B  
 Dividend Payout  Dividend Re-investment  Dividend Sweep to Tata Floater Fund - Growth Option  
Default Option: Dividend Sweep to Tata Floater Fund - Growth Option

Scheme Name : **TATA INFRASTRUCTURE FUND GROWTH OPTION** Would you like to avail of the Trigger Facility?  Yes  No  
Trigger choice: (Tick (✓) NAV Appreciation):  5%  10% (Default: 10%) Trigger option:  Switch to Tata Floater Fund - Growth Option  Redeem  
Default Trigger at 10%. (Default: Switch to Tata Floater Fund)

**[A] INVESTMENT DETAILS (Strike off whichever is not applicable)**

Gross Amount (A)	DD Charges (if any) (B)	Net Amount (Cheque / DD Amount)
Rs. _____	Rs. _____	Rs. _____
Mode of Payment		Dated
A/c No. _____	A/c Type _____	DD / MM / YYYY
Cheque / DD No. _____		
Drawn on Bank	Branch	Branch City

**[B] SYSTEMATIC INVESTMENT**

Installment Amount (Rs.) \_\_\_\_\_ x No. of Installments \_\_\_\_\_ = Total Amount \_\_\_\_\_ SIP Period From MM/YY To MM/YY

First SIP Installment Cheque Details :  
Cheque No. \_\_\_\_\_ Rs. \_\_\_\_\_ Dated DD/MM/YYYY

SIP Date (Please ✓)  1st OR  07th OR  10th OR  20th OR  25th SIP Frequency (Please ✓)  Monthly OR  Quarterly

Drawn on Bank \_\_\_\_\_  
Branch \_\_\_\_\_ City \_\_\_\_\_

**SIP THROUGH AUTO-DEBIT (ECS)**  
Please fill up enclosed SIP Auto Debit (ECS) Facility Form and submit it together with this Application Form.

**SIP THROUGH POST-DATED CHEQUES**  
Please fill attached SIP form for Post Dated Cheques (PDCs)

**7. DECLARATION AND SIGNATURES. Refer Instruction - C**

**The Trustee, Tata Mutual Fund**  
a) Having read & understood the contents of the Scheme Information Document of the Scheme, I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. I/ We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt of India from time to time. I/ We have understood the details of the scheme & I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me/us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law.  
b) For NRIs: I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary.  
c) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. d) I/ We confirm that details provided by me / us are true and correct. e) I/ We have read & understood the SEBI Circular No. MIRD/DoP/Cir-05/2007 dt. April 27, 2007 & SEBI Circular No. 35/MEM-COR/18/07-08 dt. June 26, 2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card. f) For Micro SIP: I/We hereby declare that I/We do not have any existing Micro SIP's which together with the current application will result in aggregate investments exceeding Rs.50,000/- in a year.  
Date: \_\_\_\_\_

1st Unitholder Signature / Thumb Impression \_\_\_\_\_

2nd Unitholder Signature / Thumb Impression \_\_\_\_\_

3rd Unitholder Signature / Thumb Impression \_\_\_\_\_

**CHECKLIST**

Tata Mutual Fund: Toll Free No. 1800-209-0101 (Open on all days). Email: kiran@tataamc.com, Website: www.tatamutualfund.com.  
Checklist: Documents as listed below are submitted along with this application.

Document List	Document List	Document List
1. PAN <input type="checkbox"/>	5. Memorandum & Articles of Association <input type="checkbox"/>	9. Overseas Auditor's Certificate <input type="checkbox"/>
2. KYC <input type="checkbox"/>	6. Trust Deed <input type="checkbox"/>	10. Notarised Power of Attorney <input type="checkbox"/>
3. Resolution / Authorisation to invest <input type="checkbox"/>	7. Bye-Laws <input type="checkbox"/>	11. Foreign Invest Remittance Certificate (FIRC) <input type="checkbox"/>
4. Authorised Signatories List with Specimen Signature <input type="checkbox"/>	8. Partnership Deed <input type="checkbox"/>	12. MICROSIP document <input type="checkbox"/>
		13. Others _____

All documents in 3 to 8 above should be originals / true copies certified by the Director's / Trustee / Company Secretary / Authorised Signatory / Notary Public.