

Common Application Form for Equity, Monthly Income and Balanced Schemes

(For Lumpsum / Systematic Investments)



Sr. No.: **A**

I. DISTRIBUTOR II	NFORMATION (Only em	panelled Distributors / Brokers w	ill be permitted to distribute U	Inits of Tata Mutual Fund)	
BROKER	AGENT CODE	SUB-BROKER / BA	NK BRANCH CODE	M. O. CO	DDE
Ganesh S. Shanb	hag / ARN - 0988				
Upfront commission shall be	paid directly by the investor to	the AMFI registered Distributors bas	ed on the investors' assessment of	f various factors including the service re	ndered by the distributor.
Existing Folio Number:			SIP Form Atta	ched	
MANDATORY [Plea APPLICANT DETAILS	se tick (✓)] Refer Instru		ow Your Client (KYC)	STATUS	
FIRST APPLICANT		Proof	` '	t Individual Partnership	Societies
TINOT ALL EIGANT		1100	NRI/NR	O Public Ltd. Co.	HUF
SECOND APPLICANT		Proof	KYC Complied NRI/NR	E Pvt. Ltd. Co.	☐ PIO☐ Body Corporate
THIRD APPLICANT		Proof	KYC Complied Propriet		
GUARDIAN/POA HOLDER		Proof	KYC Complied LLP	Others Ple	ase specify
2. SOLE / FIRST APP as it appears in you		DETAILS (Please fill in Block	Letters use one box for or	ne alphabet leaving one box bl	ank between two words,
Name Mr Ms M/s					
Date of Birth	M M Y Y Y Y S	Status: (🗸)	NRI		
Proof of DOB (Mandator			eaving Certificate Passpo		
Guardian Name (in case Name Mr Ms M/s	of Minor) Contact Person	ı - Designation (non individual) / I	PoA Holder (investments made	e of constitutional attorney).	
Date of Birth DD M	1 M Y Y Y Y Y S	Status: (✓) RI	NRI		
Proof of DOB (Mandator		` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	eaving Certificate Passpo	ort Other	
`	,	address in case of NRI's / FII's)			
City				Pin code Manda	tory
State			Country		
Contact Details					
Phone O		Extn.	Fax	MINISTRA	
R e-mail				Mobile	
	owing via e-mail in lieu of phys	sign de sumant/s) (Plans v/)	Account Statement Ann	nual Report Other Communic	
		applicant in addition to mailing ac		dan report curer communic	
				City	.
State				Zip cc	
FCNR Account. Occupation (please ✓)		, 5	Professional Housewit	through approved banking channels fe Retired Studen	•
		licable where First Holder is		recired states	
Second Applicant	(1100 14ppi	7.000 7.000 10			
Name Mr Ms M/s					
Date of Birth DDM Third Applicant		Status: (✓) RI	NRI		
Name Mr Ms M/s					
Date of Birth DDM	M Y Y Y Y S	Status: (✓) RI	NRI		
Name of Power of At		ment on behalf of Applicant		ated (Non Individuals).	
Name Mr Ms M/s					
Mode of Holding (please	✓) ☐ Single OR ☐ Jo	int OR Anyone or Survivo	Default Option: Joi	nt	
ACKNOWLEDGEME	NT SLIP (TO BE FILLED	D BY THE INVESTOR)		A	
Received from Mr. / Ms. / Mg.		The second second	Sr. No	<i>?</i> ←	
an application for Units of					
Plan	Option		Sub-option		
alongwith Cheque / DD No.	Орион	Dated	Drawn on (Bank)		
alongwith Cheque / DD 140.	A		Diawii Oii (Dalik)	S	ignature, Stamp & Date
	Amo	ount (₹)			

6. FIRST HOLDERS BANK ACCOUNT DETAILS (Mandatory) Refer Instruc			ممانحه مطعط	المانيمين عبمة	h	۵.		
ll communication/payments will be made to first applicant or to Karta in case of HUF. Bank accoun	it details of First Offitholder requir	ed williout write	п ине аррисан	JOH WOULD	De rejecte	u 		
Branch		A T	-					
Account No. (in Fig.)		Account Typ	e Savi	ngs C	urrent	INKOL	NRNI	R NF
ank Address								
City State					PIN			
#IECC Code		*IFSC Code			1 1			
^MICR Code (RTGS)		(NEFT)						
(To be filled in only if dividend is to be paid through ECS). * This is a 11 Digit Number, kind	ly obtain it from your Bank Brar	nch. (Cancelled	cheque is M	andatory)				
nitholders having bank account with ICICI Bank Ltd/HDFC Bank Ltd/Axis Ba ank/Royal Bank of Scotland/Oriental Bank of Commerce/State Bank of Indi CS code may receive their redemption/dividend proceeds (if any) directly into their b. SCHEME DETAILS Refer page 6 & 7 for correct scheme name	a (Core banking centers of bank accounts. In case you v	nly - subject	to validati	on) & wl	no have p	rovided	the NEF	
cheme Name	Plan _ Divide	nd Frequency						
, T.		. ,						
cheme Name : TATA INFRASTRUCTURE FUND GROWTH OPTION	Would you like to a						No	
rigger choice: (Tick (✓) NAV Appreciation): ☐ 5% ☐ 10% (Default: 10%)	Trigger option: Sw			d - Grow	th Optic	n 🗀 R	edeem	
Default Trigger at 10%.	(Default: Switch to Tat	a Floater Fund	d)					
NVESTMENT DETAILS (Strike off whichever is not applicable)	(5)							
rross Amount (A) DD Charges (if any) (B) Net Amou	nt (Cheque / DD Amount)	₹		A	minus	В		
1ode of Payment /c No.	eque / DD No.			Dated	/ M	м /	v v	
rawn on Bank			— L		/ M	<u> </u>		
ranch	Branch City							
SIP THROUGH AUTO-DEBIT (ECS). Please fill up enclosed SIP A								
	rm. Please fill a	JGH POST-E	form for	Post Da		ques (F	PDCs)	
Please select any one of the follows: Please register nomination as requested below (please fill the nomination form be seperate form attached herewith) I do not wish to nominate. We hereby nominate the person more particularly described hereunder to receive	Please fill a singly or jointly) Refer In selow) I wish to nomina the Units allotted to me/us/	struction K te multiple no credit in my/o	form for (MANDA) minees (pleasur folio in t	Post Dan TORY) case strike the event	e out the	form be	elow & fil	ndersta
7. NOMINATION DETAILS (To be filled in by Individual(s) applying solutions select any one of the follows: Please register nomination as requested below (please fill the nomination form be seperate form attached herewith) I do not wish to nominate. We hereby nominate the person more particularly described hereunder to receive that all payments and settlements made to such Nominee and Signature of the Nominame	Please fill a singly or jointly) Refer In below) I wish to nomina the Units allotted to me/us/nee acknowledging receipt the	struction K te multiple no credit in my/o	form for (MANDA) minees (pleasur folio in t	Post Dan TORY) case strike the event	e out the	form be	elow & fil	ndersta
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lease select any one of the follows: Please register nomination as requested below (please fill the nomination form be seperate form attached herewith) I do not wish to nominate. We hereby nominate the person more particularly described hereunder to receive nat all payments and settlements made to such Nominee and Signature of the Nomilame address Please of Birth Proof of DOB Birth Certificate The Nominee is a minor whose guardian is: Barne & Address of Guardian: Birth Certificate Cothers Birth Certificate Cothers C	Please fill a singly or jointly) Refer In selow) I wish to nominate the Units allotted to me/us/nee acknowledging receipt the School Leaving Certification of the School Leaving Certification of the School Leaving Certification of the Income Tax Act, ia from time to time. I We have irrectly or indirectly in making this w Your Customer' process is osted in the School Certification of the Income Tax Act, is from time to time. I We have irrectly or indirectly in making this w Your Customer' process is osted in the John Charles of the School Certification of the Income Tax Act, is from time to time. I we have remitted funds to the Company. Company to the different competing Schement that details provided by me / us & SEBI Circular No. 35/MEM-CC id PAN card. 1) For Micro SIP: will result in aggregate investment.	struction K te multiple no credit in my/o nereof, shall be with 1st unith cate Passpo Be scheme & gned for the Anti Money understood investment. t completed the applicant uired by the from abroad has disclosed es of various are true and pxl 18/07-08 l/We hereby	form for MANDA minees (ple ur folio in tea valid disconding form of the mont o	Post Day TORY) Passe strike The event charge of the event charg	e out the of my/outhe AMC	form be ir death c / Mutu se of mi	. I/We ur al Fund /	ndersta Truste
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Please select any one of the follows: Please select any one of the follows: Please register nomination as requested below (please fill the nomination form be seperate form attached herewith) I do not wish to nominate. We hereby nominate the person more particularly described hereunder to receive hat all payments and settlements made to such Nominee and Signature of the Nominate and Signature of the Nominate of Birth Proof of DOB Birth Certificate Date of Birth Proof of DOB Birth Certificate Proof of relationship of the Nominee with the Guardian Mother Father Legal Groof of relationship: Birth Certificate School Leaving Certificate Others B. DECLARATION AND SIGNATURES. Refer Instruction - C The Trustee, Tata Mutual Fund Having read & understood the contents of the Scheme information Document of the Scheme, gree to abide by the terms, conditions, rules & regulations, overling the scheme. We hereby declare that the amount invested in the scheme is through legitimate sources only urpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the pranaundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt of India details of the scheme & I/We have not received nor have been induced by any rebate or gifts, differency in the scheme in the scheme induced by any rebate or gifts, differency in the scheme in the scheme induced by any rebate or gifts, differency in the scheme in the scheme in the scheme induced by any rebate or gifts, differency in the scheme in the scheme induced by any rebate or gifts, differency in the scheme in th	Please fill a singly or jointly) Refer In singly or jointly) Refer In selow) I wish to nomina the Units allotted to me/us/nee acknowledging receipt the School Leaving Certific School Leaving Certific School Leaving Certific auardian assport If We hereby apply for units of the does not involve & is not designovisions of the Income Tax Act, ia from time to time. If We have irectly or indirectly in making this w Your Customer" process is no ested in the Scheme, in favour of that I / we have remitted funds into Ordinary. c) The ARN holder hat details provided by me / us 7 & SEBI Circular No. 35/MEM-CC did PAN card. f) For Micro SIP: will result in aggregate investmen that details provided by me / us 7 & SEBI Circular No. 35/MEM-CC did PAN card. f) For Micro SIP: will result in aggregate investmen	struction K te multiple no credit in my/o nereof, shall be with 1st unitho cate Passpo Be scheme & gned for the Anti Money understood investment. t completed the applicant uired by the from abroad has disclosed es of various are true and DR/18/07-08 //We hereby ts exceeding	form for MANDA minees (ple ur folio in te a valid disconding for Mominee) Ist Un 2nd Ur 3rd Un	Post Day TORY) Passe strike The event charge of the event charg	e out the of my/outhe AMC	form be ir death c / Mutu se of mi / Thum / Thum	b Impres	ndersta Trusted ninee)
Rease select any one of the follows: Please register nomination as requested below (please fill the nomination form be seperate form attached herewith) I do not wish to nominate. We hereby nominate the person more particularly described hereunder to receive nat all payments and settlements made to such Nominee and Signature of the Nominate and Signature of the Nominate of Birth Proof of DOB Birth Certificate Birth Certificate Proof of DOB Birth Certificate Proof of Pob Birth Certificate Proof of relationship of the Nominee with the Guardian Mother Father Legal Gircof of relationship: Birth Certificate School Leaving Certificate Proof of relationship: Dithers Birth Certificate School Leaving Certificate Proof of relationship: Dithers Birth Certificate School Leaving Certificate Proof of relationship: Dithers Birth Certificate School Leaving Certificate Proof of relationship: Dithers Birth Certificate School Leaving Certificate Proof of relationship: Dithers Birth Certificate School Leaving Certificate Proof of relationship: Dithers Birth Certificate School Leaving Certificate Proof of relationship: Dithers Birth Certificate School Leaving Certificate Proof of relationship: Dithers Birth Certificate School Leaving Certificate Proof of relationship: Dithers Birth Certificate School Leaving Certificate Proof of relationship: Dithers Birth Certificate School Leaving Certificate Proof of relationship: Dithers Birth Certificate School Leaving Certificate Proof of relationship: Dithers Dithe	Please fill a singly or jointly) Refer In singly or jointly) Refer In selow) I wish to nomina the Units allotted to me/us/nee acknowledging receipt the School Leaving Certific School Leaving Certific School Leaving Certific auardian assport If We hereby apply for units of the does not involve & is not designovisions of the Income Tax Act, ia from time to time. If We have irectly or indirectly in making this w Your Customer" process is no ested in the Scheme, in favour of that I / we have remitted funds into Ordinary. c) The ARN holder hat details provided by me / us 7 & SEBI Circular No. 35/MEM-CC did PAN card. f) For Micro SIP: will result in aggregate investmen that details provided by me / us 7 & SEBI Circular No. 35/MEM-CC did PAN card. f) For Micro SIP: will result in aggregate investmen	struction K te multiple no credit in my/o mereof, shall be with 1st unithe cate Passpo Be scheme & gned for the Anti Money understood investment. t completed the applicant uired by the from abroad has disclosed es of various are true and DR/18/07-08 JWe hereby ts exceeding Decuments as lise 9.	form for (MANDA) minees (ple ur folio in te a valid discontent Other Thomas (Ple ur folio in te a valid discontent Other Thomas (Ple ur folio in te a valid discontent Other) Thomas (Ple ur fo	Post Day TORY) Passe strike The event charge of the event charg	e out the of my/outhe AMC	form be ir death C / Mutu ie of mi / Thum / Thum / Thum g with the t List ney	b Impres	ndersta Truste



Common Application Form for Equity, Monthly Income and Balanced Schemes (For Lumpsum / Systematic Investments)



Sr. No.: **A**

I. DISTRIBUTOR IN	IFORMATION (Only empai	nelled Distributors / Brokers wi	Il be permitted to distribute U	nits of Tata Mutual Fund)	
BROKER /	AGENT CODE	SUB-BROKER / BAI	NK BRANCH CODE	M. O. CO	DE
Ganesh S. Shanbh	nag / ARN - 0988				
Upfront commission shall be p	paid directly by the investor to th	ne AMFI registered Distributors base	ed on the investors' assessment of	various factors including the service rer	ndered by the distributor.
Existing Folio Number:			SIP Form Attac	ched	
MANDATORY [Pleas APPLICANT DETAILS	se tick (✓)] Refer Instruc PAN * please a		w Your Client (KYC)	STATUS	
FIRST APPLICANT			Resident	: Individual Partnership	Societies
FIRST APPLICANT		Proof	KYC Complied NRI/NR		HUF
SECOND APPLICANT		Proof [KYC Complied NRI/NRI	E □ Pvt. Ltd. Co. □ FII	☐ PIO☐ Body Corporate
THIRD APPLICANT		Proof	KYC Complied Propriet		
GUARDIAN/POA HOLDER		Proof	KYC Complied LLP	· <u> </u>	se specify
2. SOLE / FIRST APPL as it appears in your		TAILS (Please fill in Block I	etters use one box for on	e alphabet leaving one box bla	ank between two words,
Name Mr Ms M/s					
Date of Birth	M M Y Y Y Y Star	itus: (✓) RI	NRI		
Proof of DOB (Mandatory	in case of minor) Bir	rth Certificate School Le	aving Certificate Passpo	rt Other	
	of Minor) Contact Person -	Designation (non individual) / P	oA Holder (investments made	e of constitutional attorney).	
Name Mr Ms M/s		(3) 🗔 🖫	NID!		
Date of Birth D D M Proof of DOB (Mandatory			NRI aving Certificate Passpor	rt Other	
` ,	,	ddress in case of NRI's / FII's)	aving Certificate rasspor	outer	
City				Pin code Mandato	ory
State			Country		
Contact Details					
Phone O		Extn.	Fax		
R				Mobile	
e-mail					
	wing via e-mail in lieu of physica datory in case of NRI / FII ap	oplicant in addition to mailing addition		ual Report Other Communica	ition
				City	
State		Country		Zip coo	
FCNR Account.		, -		hrough approved banking channels o	•
Occupation (please ✓)			rofessional Housewif	e Retired Student	: Other
	'S DETAILS (Not Applica	able where First Holder is	a Minor)		
Name Mr Ms M/s					
Date of Birth DDM	M Y Y Y Y Star	tus: (✓)	NRI		
Third Applicant Name Mr Ms M/s					
Date of Birth D D M	M Y Y Y Y Stat	ıtus: (✓) RI	NRI		
		ent on behalf of Applicant		ated (Non Individuals).	
Name Mr Ms M/s					
Mode of Holding (please	/) Single OR Doint	OR Anyone or Survivor	Default Option: Join	nt	
ACKNOW! FROM	IT CUID (TO DE FULED	DV THE INVESTOR			
	IT SLIP (TO BE FILLED	DI THE INVESTOR)	Sr. No	D.: A	
Received from Mr. / Ms. / M/s	i.				
an application for Units of					
Plan	Option]	Sub-option		
alongwith Cheque / DD No.		Dated	Drawn on (Bank)	Sie	gnature, Stamp & Date
	Amount	t (₹)		31	5

Il communication/payments will be made to first applicant or to Karta in case of HUF. Ban														
Name of the Bents	nk account de	etails of First U	nitholder	required	without v	vhich the	application	on wou	ld be re	ejected	l			
Name of the Bank														
Branch				Δ	ccount	Type	Savin	ıσς	Curre	nt	NRC	,	VRNI	R N
Account No. (in Fig.)					CCOUNT	19PC	Javii	gs	Curre	IL	INIC		ALCIAL	\I\
												_		
Bank Address				<u> </u>										
City	ate									PIN				
^ MICR Code #FSC Code (RTGS)					*IFSC Co									
(To be filled in only if dividend is to be paid through ECS). * This is a 11 Digit Num	ber, kindly o	obtain it from y	our Banl	k Branch.	(Cance	led cheq	ue is Ma	ndatory	y)					
5. DIRECT CREDIT FACILITY FOR REDEMPTION / DIVIDEND / R	REFUND I	PAYOUTS	- Refer	Instruc	tion I									
						Danle/	Vatale	Makin	E) l .	LICE	C P.	l./F	
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CS code may receive their redemption/dividend proceeds (if any) directly int			-		-			-					_]
. SCHEME DETAILS Refer page 6 & 7 for correct scheme name														
cheme Name			PI	lan										
Options			D	ividend	Freauer	ncy								
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cheme Name : TATA INFRASTRUCTURE FUND GROWTH OPTIO	N Y	Would you	ı like	to ava	il of th	e Trig	ger F	acility	/?	Ye	s		lo	
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