

COMMON APPLICATION FORM

(Please read instructions carefully before filling up the form)

Application No.

ARN-0988

Sub-Broker's Name & ARN No. / DIRECT

Collection Centre (for office use only)

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.
For Direct Application please write the word "DIRECT" in Distributor & Sub-Broker Box.

TRANSACTION CHARGES (Please tick any one of the below. Refer Instruction no.7)

I am a first time investor in Mutual Funds or I am an existing Investor in Mutual Funds
 ₹150 will be deducted as transaction charges for transaction of ₹10,000 and more or ₹100 will be deducted as transaction charges for transaction of ₹10,000 and more

1. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 8) Applicable details and mode of holding will be as per the existing Folio.

Folio No.

2. UNIT HOLDER / NEW APPLICANT INFORMATION (Refer Instruction Page) Fresh / New investors fill in all the Section 2 to 14

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s.

DATE OF BIRTH (DOB) (Mandatory in case of minor)

NAME OF THE GUARDIAN (For minor applicant) / Name of the POA Holder / Name of the Contact Person (For Non Individual Applicant)

Mr. Ms. M/s.

Guardian named above is: Father Mother Court Appointed* Designation of Contact Person

For Investments "On behalf of Minor": (*Refer Instruction 3 for mandatory documents to be attached)

Proof of DOB & Relationship attached Birth Certificate School Certificate / Marksheet Passport Any other.....

NAME OF SECOND APPLICANT

Mr. Ms.

NAME OF THIRD APPLICANT

Mr. Ms.

3. FIRST/SOLE APPLICANT - MAILING ADDRESS & CONTACT DETAILS

City State Pin Code
 STD Code Telephone Off. Resi. Mob.
 E-Mail

OVERSEAS ADDRESS (Mandatory for NRI / FII application)

State Pin Code City Country

4. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY) (Refer Instruction 2, 15 & 16)

	PAN No.	KYC Compliance Status (Mandatory)
First / Sole Applicant		<input type="checkbox"/> KYC Acknowledgement Attached
Second Applicant		<input type="checkbox"/> KYC Acknowledgement Attached
Third Applicant		<input type="checkbox"/> KYC Acknowledgement Attached
Guardian / POA Holder		<input type="checkbox"/> KYC Acknowledgement Attached

5. STATUS (OF FIRST/SOLE APPLICANT) [PLEASE TICK (✓)]	MODE OF HOLDING [PLEASE TICK (✓)]	OCCUPATION (OF FIRST/SOLE APPLICANT) [PLEASE TICK (✓)]
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Company <input type="checkbox"/> Fils <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> BOI <input type="checkbox"/> Body Corporate <input type="checkbox"/> Society / Club <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others (please specify)

6. DEMAT ACCOUNT DETAILS

I would like units to be allotted in DEMAT mode as per the details below:

Beneficiary Owner Identification Number (BO ID)	Depository Participant (DP) Name
DP ID No.	Client ID No.

Enclosures: Client Master List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

ACKNOWLEDGEMENT SLIP - Common Application Form

TAURUS MUTUAL FUND APPLICATION NO.

Received from Mr. / Ms. / M/s. | Date : | Collection Centre / AMC Stamp / Signature

Cheque No.	Amount	Scheme/Plan/Option

Investment Type (Please ✓) ONE TIME PURCHASE SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)

7. BANK ACCOUNT DETAILS (Please note that as per SEBI regulations, it is mandatory for investors to provide their bank account details) (Refer Instruction 4)

Name of the Bank																	
Branch Address											City				Pin Code		
Account No.						Account Type Please tick (✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others	(please specify)				
MICR Code					This is a 9 digit number next to your cheque number. Please attach a blank extra cheque cancelled or a clear photocopy of a cheque												
IFSC Code					It is the responsibility of the investor to ensure the correctness of the IFSC code of the recipient / destination branch corresponding to the bank details mentioned in Section 9.												

8. INVESTMENT DETAILS - (Refer Instruction 5)

	Scheme 1	Scheme 2	Scheme 3
Name of the Scheme	Taurus -	Taurus -	Taurus -
Plan			
Option			

9. PAYMENT DETAILS

Payment Type (Please (✓))	<input type="checkbox"/> PAYMENT BY SELF	<input type="checkbox"/> PAYMENT BY THIRD PARTY (Please attach 'Third Party Payment Declaration Form')
Investment Type (Please (✓))	<input type="checkbox"/> ONE TIME PURCHASE	<input type="checkbox"/> SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)

	Scheme 1	Scheme 2	Scheme 3
Cheque / DD No.			
Date:			
Bank & Branch Name			
Amount of Cheque / DD /RTGS/NEFT in figures ₹ (i)			
DD Charges if any, in figures ₹ (ii)			
Total Amount (i)+ (ii)			
	in figures ₹		
	in words ₹		

10. PIN FACILITY (PLEASE ✓)

I would like to receive PIN agreement for online access and transactions**

11. COMMUNICATION [Please(✓)]

I/We wish to receive the following document(s) by Electronic Mode instead of physical mode Account Statement Annual Report Other Information _____ (please specify)

12. NOMINATION DETAILS (Refer Instruction 13)

I/We wish to nominate I/We DO NOT wish to nominate

	Nominee Name & Address	Guardian Name & Address (In case Nominee is Minor)	Allocation (Total = 100%)	Nominee / Guardian Signature
Nominee 1				
Nominee 2				
Nominee 3				

13. DOCUMENTS ENCLOSED (PLEASE ✓)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Memorandum & Articles of Association | <input type="checkbox"/> Trust Deed | <input type="checkbox"/> KYC acknowledgement | <input type="checkbox"/> SIP Enrolment Form (For Investment through PDC) |
| <input type="checkbox"/> Resolution / Authorisation to invest | <input type="checkbox"/> PAN Copy | <input type="checkbox"/> LLP Agreement | <input type="checkbox"/> SIP Enrolment Form (For Investment through ECS / Auto Debit) |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Partnership Deed | <input type="checkbox"/> SWP/STP/DSO Enrolment Form |
| <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s) | <input type="checkbox"/> Bye-Laws | | <input type="checkbox"/> Third Party Payment Declaration Form |
| | | | <input type="checkbox"/> Multiple Bank Account Registration Form |

14. DECLARATION(S) & SIGNATURE(S) (Refer Instruction 14)

To,
The Trustee,
Taurus Mutual Fund

Having read and understood the contents of the Scheme Information Document, I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and 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 government 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.

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.

Applicable for NRI's only
I/We confirm that I am/we are Non Residents of Indian Nationality /Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account.
I/We confirm that details provided by me/us are true and correct.

**I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Taurus Mutual Fund and confirm of having read, understood and agree to abide by the terms and conditions for availing of the internet facility more particularly mentioned on the website www.taurusmutualfund.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.

Repatriation basis Non-repatriation basis

Please Sign here

Please Sign here

Please Sign here

First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Second Applicant / Auth. Sign

Third Applicant Sign