

# COMMON APPLICATION FORM

Please read the instructions carefully before filling up the form. All sections should be filled in BLACK/BLUE coloured ink and in BLOCK LETTERS.  
(All points marked \* are mandatory)



## 1. DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN) #	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY Registrar/Bank Serial No./ Date and Time of Receipt
ARN-	ARN-		E- (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

#By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund.  
Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No.II(10)). – 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 /sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
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### TRANSACTION CHARGES

(Please ✓ any one of the below)  
(Refer Instruction No.XII)

I am a first time investor in mutual funds (₹150 will be deducted) OR  I am an existing investor in mutual funds (₹ 100 will be deducted)  
Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

## 2. APPLICANT'S DETAILS

### MODE OF OPERATION

Single  Anyone or Survivor  
 Joint (Default Option is Joint)

Folio No  (For existing Unitholders)

\*Require Physical Copy of Annual Report  Yes  No

\*On providing email id investors shall receive the Annual Report or an abridged summary thereof./ account statements / statutory and other documents by email. However, if the investors wish to receive physical copy of the Annual Report or an abridged summary thereof please tick the appropriate option.

1<sup>st</sup> APPLICANT\* NAME (as per PAN)  Date of Birth/ Incorporation

PAN/PEKRN\*  CKYC No.

Email ID  Please Specify in BLOCK LETTERS Mobile Number

This Mobile Number belongs to (\*Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  POA  Custodian (for FPIs only)

This Email Id belongs to (\*Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  POA  Custodian (for FPIs only)

LEGAL ENTITY IDENTIFICATION (LEI) CODE<sup>3</sup>

(<sup>3</sup>LEI is applicable for Non-Individual investor including HUF, not applicable to Individuals, Minor & NRI investor. LEI no. is mandatory for transaction amount Rs. 50 crs and above for Non-Individuals)

In case the First Applicant is Non-Individual please attach FATCA, CRS and UBO Declaration form.

### GUARDIAN DETAILS (IN CASE FIRST APPLICANT IS MINOR) / CONTACT PERSON DESIGNATION / POA HOLDER (FOR NON INDIVIDUALS INVESTORS)

NAME  Date of Birth

Guardian's Relationship with minor - <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	PAN/PEKRN* <input type="text"/>
Proof of Date of Birth of Minor <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others _____ (Please specify)	CKYC No. <input type="text"/>

2<sup>nd</sup> APPLICANT\* Mr Ms. M/S  Date of Birth

PAN/PEKRN\*  CKYC No.

Email ID  Please Specify in BLOCK LETTERS Mobile Number.

This Mobile Number belongs to (\*Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  POA  Custodian (for FPIs only)

This Email Id belongs to (\*Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  POA  Custodian (for FPIs only)

3<sup>rd</sup> APPLICANT\* Mr Ms. M/S  Date of Birth

PAN/PEKRN\*  CKYC No.

Email ID  Please Specify in BLOCK LETTERS Mobile Number.

This Mobile Number belongs to (\*Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  POA  Custodian (for FPIs only)

This Email Id belongs to (\*Please ✓):  Self  Spouse  Dependent Children  Dependent Siblings  Dependent Parents  Guardian  POA  Custodian (for FPIs only)

### TRUST MUTUAL FUND - ACKNOWLEDGMENT SLIP

(To be filled in by the investor)

Received From

Stamp & Signature



Instrument No.	Dated	Amount (Rs.)	Scheme
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Toll Free Number 1800 267 7878	Email ID investor.service@trustmf.com	Website www.trustmf.com
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Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (please  here) Trees are green gold – Save Trees

### 3 . CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS)

Correspondence Address				Overseas Address (Mandatory for NRI / FII Applicants)			
HOUSE / FLAT NO.				HOUSE / FLAT NO.			
STREET ADDRESS				STREET ADDRESS			
CITY / TOWN		STATE		PINCODE		CITY / TOWN	
COUNTRY						COUNTRY	
				TIN No.(Mandatory)			

### 4 . TAX STATUS (Please tick )

- |  |  |   |  |  |  |
|--|--|---|--|--|--|
| <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Foreign National    | <input type="checkbox"/> Public Limited Company           | <input type="checkbox"/> Government Body       | <input type="checkbox"/> AOP/BOI                         | <input type="checkbox"/> Defence Establishment   |
| <input type="checkbox"/> Guardian            | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Private Limited Company          | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Trust / Society / NGO/Charities | <input type="checkbox"/> Person of Indian Origin |
| <input type="checkbox"/> HUF                 | <input type="checkbox"/> Partnership Firm    | <input type="checkbox"/> Body Corporate                   | <input type="checkbox"/> FII                   | <input type="checkbox"/> NPO*(FCRA A/c. No.)             | <input type="checkbox"/> NRI-NRE                 |
| <input type="checkbox"/> PSU                 | <input type="checkbox"/> Bank                | <input type="checkbox"/> Foreign Portfolio Investor / FII | <input type="checkbox"/> NRI-NRO               | <input type="checkbox"/> Other_____ (Please specify)     |  |

\*\*\*Non-profit organization\*\* means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information.

### 5. DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that of the Demat Account held with your Depository Participant).

Do you want units in Demat Form (Please )  Yes  No (if yes, please provide the below details)<sup>ss</sup>

Depository Participant's Name:		
NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)
Enclosure (Please tick any box)	<input type="checkbox"/> Client Master List (CML)	<input type="checkbox"/> Transaction cum holding Statement
	<input type="checkbox"/> Transaction cum holding Statement	<input type="checkbox"/> Cancelled Delivery Transaction Slip (DIS)

Investor opting to hold units in Demat Form, may provide a copy of the DP statement which will enable us to match Demat details as stated in the Application Form.

<sup>ss</sup> in case of any ambiguity, AMC is at its discretion to either allot units as per Demat information or in physical mode. Kindly refer Statement of Additional Information and Scheme Information document for details.

### 6. BANK DETAILS (MANDATORY)

Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof i.e. Cancelled cheque with name pre-printed/Bank Statement with the latest Transactions of two months in case the pay-out bank account is different from the source bank account.)

Account Number	<input style="width: 150px;" type="text"/>	Account Type	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)
Bank Name & Branch	<input style="width: 100%; height: 20px;" type="text"/>		
Branch City	<input style="width: 50px;" type="text"/>	IFSC Code	<input style="width: 50px;" type="text"/>
		MICR Code	<input style="width: 50px;" type="text"/>

### 7 . FATCA AND CRS DETAILS - For Individuals [Including Sole Proprietor] (MANDATORY)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure 1B). The below information is required for all applicants / guardian

**Are you a tax resident (i.e. are you assessed for tax) in any other country outside India?**  Yes  No (please tick )

If "YES" please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type TIN or other please specify)
First Applicant / Guardian			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

**Reason A** → The country where the Account Holder is liable pay to tax does not issue Tax Identification Number to its residents  **Reason B** → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected)  **Reason C** → Others please state the reasons thereof :

Address Type of Sole /1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Annexure 1A (Form for Additional KYC, FATCA & CRS Annexure for Individual Accounts) and 1B (Form for Ultimate Beneficial Owner including additional FATCA & CRS information - for Non-Individuals / Legal Entity) are available on the website of AMC i.e. www.trustmf.com or at the Official Point of Acceptance of TRUST MF.

**8. KYC DETAILS (MANDATORY)**

**OCCUPATION [Please tick (✓)]**

	Service	Government Official	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Unlisted Company	Listed Company	Private Ltd.	Public Ltd.	Others
First Applicant / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Please specify)
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Please specify)
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Please specify)

**GROSS ANNUAL INCOME [Please tick (✓)]**

First Applicant / Guardian	For Individual <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												
	OR Net worth (Mandatory for Non-Individuals) ₹ _____ as on DD MM YY YY YY YY (Not older than 1 year)												

**9. PEP DETAILS\*\* (MANDATORY)**

	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you Politically Exposed Person? (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a Politically Exposed Person? (PEP)**	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓ )

<input type="checkbox"/> Foreign Exchange / Money Changer Service	<input type="checkbox"/> Gambling / Lottery / Casino Services	<input type="checkbox"/> Money Lending / Pawning	<input type="checkbox"/> Not Applicable
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\*\*Politically Exposed Persons (PEP) are defined as Individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

**10. INVESTMENT & PAYMENT DETAILS Please refer SID of respective scheme for Plans, Sub-options and Dividend frequency**

For Multiple Investments Cheque/DD should be drawn for Total Amount of Investment in all three schemes in favour of 'TRUST MF Pool Collection Account' & For Single Investment Cheque/DD should be drawn in favour of "Scheme name of TRUSTMF"

S. No.	Cheque/DD Favouring	Plan [Regular/Direct]	Option [Growth/IDCW Reinvestment/IDCW Payout]	IDCW Frequency	Amount
1	TRUSTMF				
2	TRUSTMF				
3	TRUSTMF				
	<b>TOTAL</b>		In Words		In Figures

**PAYMENT DETAILS**

<input type="checkbox"/> Payment by Self	<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')	Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS
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Cheque/DD No./UTR No.	A/c No.
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Drawn on Bank & Branch	Cheque Date DD MM YY YY YY YY	A/c Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others
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**11. NOMINATION DETAILS\* (Mandatory)**

I/We wish to nominate as under:

Sr. No	Name of Nominee	PAN	Allocation (%)	Relationship with Investor	Nominee Date of Birth	Guardian Name (In case of Minor)	Guardian's Signature (Not Mandatory)
1							
2							
3							

I/We DO NOT wish to nominate.

**Declaration for opting out of Nomination** (to be signed by all unitholders including joint holders, irrespective of mode of holdings): I/We hereby con rm that I / We do not wish to appoint my nominee(s) for my Mutual Fund units held in my/our Mutual Fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund folio.

**12. DECLARATION & SIGNATURE(S)**

I / We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as an Unitholder. I / We hereby apply for allotment of Units of the Scheme(s) and confirm and declare as under:

- I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited by any order/ruling /judgement passed by any Statutory Authority. 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. I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers registered in the concerned folio, if applicable.
- I/We hereby provide my/our consent to TRUST Asset Management Private Limited for (i) collecting, / sharing (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"); and (ii) downloading and updating my/our Aadhaar number(s) and associated demographic information (including updated information) in my/our accounts/folios under the scheme, based on my/our Income Tax Permanent Account Number ("PAN") in accordance with the Aadhaar Act, 2016, PMLA and rules & regulations made thereunder and applicable SEBI guidelines. I/We hereby further authorise TRUST MF /AMC for sharing/disclosing of the Aadhaar number(s) and associated demographic information (including any updated information) by itself or through its RTA, depository participants, and asset management companies of other SEBI registered mutual funds, and their RTAs, for the purpose of updating the same in my/our accounts/folios based on my/our PAN.
- I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 maintained in accordance with applicable RBI guidelines.
- The information given by me /us in or along with this application form is true and correct and I / We agree to furnish such other further/additional information as may be required by the TRUST MF /AMC. I/We undertake to promptly inform the TRUST MF /AMC /Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time.
- I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by TRUST MF /AMC / RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time of investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless TRUST MF /AMC /Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by TRUST MF /AMC in this regard and 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 TRUST MF /AMC /its distributor for this investment and have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment.
- I / We will be bound and shall abide by the terms and conditions as prescribed by the TRUST MF /AMC as amended from time to time.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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# COMMON SIP REGISTRATION CUM ONE TIME DEBIT MANDATE FORM

((New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form)  
(all points marked \* are mandatory)



## TRUST MUTUAL FUND

CLEAR • CREDIBLE • CONSISTENT

### DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN)#	Sub Broker's ARN	Internal Code for Sub-Broker/Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY Registrar/Bank Serial No./ Date and Time of Receipt
ARN-	ARN-		E- (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

#By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund.  
Declaration for "execution-only" transaction (only where EUIN box is left blank) – 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 /sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
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### 1. UNITHOLDER INFORMATION

Folio No.(for existing unit holders)  CKYC No.   
 Mobile Number

1st/Sole Unit Holder Name  Date of Birth   
 (As per PAN)

Second Applicant Name  Date of Birth

Third Applicant Name  Date of Birth

PAN/PEKRN of First Applicant  Second Applicant  Third Applicant

### 2. INVESTMENT DETAILS

Scheme **TRUSTMF** Plan (Please tick ✓)  Regular  Direct

Option  Growth  IDCW\* Reinvestment  IDCW\* Payout IDCW Frequency \_\_\_\_\_

\*IDCW- INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION

**Note:** Default Option will be Growth in case option not selected or in case of any ambiguity

### 3. SIP DETAILS

Installment Period: From Date  To Date\*  \*(Maximum SIP end date should be upto 40 years from the start date)

First SIP Instalment via: Cheque No  Drawn on Bank and Branch \_\_\_\_\_

Amount: ₹  A/c. No.

Amount per installment: ₹ \_\_\_\_\_ Amount in Words \_\_\_\_\_

I/We hereby authorize TRUST Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing for collection of SIP payments. Note: Please allow 1 month for NACH Mandate to register and start.

Frequency: (Please ✓)	<input type="checkbox"/> Monthly** (SIP) (Minimum instalment amounting to Rs. 1,000/- (plus in multiple of any amount thereafter) (Minimum instalments – 6 )	<input type="checkbox"/> Quarterly (SIP) (Minimum instalment amounting to Rs. 3,000/- (plus in multiple of any amount thereafter) (Minimum instalments – 4 )
Date <input type="text"/>	Preferred Debit Date (Any day from 1st to 28th of the month.)	Date <input type="text"/> Preferred Debit Date (Any day from 1st to 28th of the month.)

\*\* Tenth of the month will be the default frequency if not ticked

### 4. DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply for the units of the scheme for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit.

I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Trust Asset Management Private Limited / Trust Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor 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/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**

Date <input type="text"/>	Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.
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This form should be accompanied with One Time Mandate Form (OTM)

### TRUST MUTUAL FUND - ACKNOWLEDGMENT SLIP

(To be filled in by the investor.)

Received From \_\_\_\_\_

Stamp & Signature



Instrument No.	Dated	SIP Frequency	SIP Amount (Rs.)	Scheme
	<input type="text"/>			

**Mutual Fund investments are subject to market risks, read all scheme related documents carefully.**



## ONE TIME BANK MANDATE (NACH/OTM/DIRECT DEBIT FORM)

	UMRN	F O R O F F I C E U S E O N L Y	Date	D D M M Y Y Y Y								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Tick (✓)</td> <td></td> </tr> <tr> <td>CREATE</td> <td style="text-align: center;">✓</td> </tr> <tr> <td>MODIFY</td> <td style="text-align: center;">✗</td> </tr> <tr> <td>CANCEL</td> <td style="text-align: center;">✗</td> </tr> </table>	Tick (✓)		CREATE	✓	MODIFY	✗	CANCEL	✗	Sponsor Bank Code	FOR OFFICE USE ONLY	Utility Code	FOR OFFICE USE ONLY
Tick (✓)												
CREATE	✓											
MODIFY	✗											
CANCEL	✗											
	I/We hereby authorize	<b>TRUST MUTUAL FUND</b>	to debit (tick ✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other								
	Bank Account No.											
With Bank	Name of customers bank	IFSC	or MICR									
an amount of rupees	IN WORDS		₹	IN FIGURES								
Frequency	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half yearly <input checked="" type="checkbox"/> Annually <input checked="" type="checkbox"/> As & when presented		DEBIT TYPE	<input checked="" type="checkbox"/> Fixed amount <input checked="" type="checkbox"/> Maximum Amount								
Reference/Application No.			Phone No.									
Scheme Name			Email ID									

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

**PERIOD**

From	D	D	M	M	Y	Y	Y	Y
To	D	D	M	M	Y	Y	Y	Y

Maximum period of validity of this mandate is 40 years only.

Signature of Primary Account Holder  
As per Bank Record

Signature of Account Holder  
As per Bank Record

Signature of Account Holder  
As per Bank Record

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 authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

.....✂.....✂.....

### INSTRUCTIONS TO FILL THE NACH DEBIT MANDATE FORM

1. The Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form.
2. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque bank account details are subject to third party verification.
3. Investors are deemed to have read and understood the terms and conditions of NACH Facility, SIP registration through NACH facility, the Scheme Information Document, Statement of Additional Information, Key Information memorandum, Instructions and Addendum issued from time to time of the respective Scheme(s) of TRUST Mutual Fund.
4. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
5. Please mention the amount in figures and words.
6. Please fill all the required details in the Debit mandate Form for NACH. The sole/first holder must be one of the holders in the bank account.
7. The UMRN, the Sponsor Bank Code and the Utility Code are meant for office use only and need not be filled by the investors.
8. The 9 digit MICR or the 11 digit IFSC are mandatory requirements without which your SIP applications will be rejected. You will be able to find these code on cheque leaf.

<b>Toll Free Number</b>	<b>Email ID</b>	<b>Website</b>
1800-267-7878	investor.service@trustmf.com	www.trustmf.com

**Mutual Fund investments are subject to market risks, read all scheme related documents carefully.**