

ARN/RIA Code and Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN - 1308				

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. Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column

EXECUTION ONLY (To be signed when EUIN 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 person of the distributor and the distributor has not charged any advisory fees on this transaction.

Please Sign here

Please Sign here

Please Sign here

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

Second Applicant / Auth. Sign

Third Applicant Sign

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

1. UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 10) Applicable details and mode of holding will be as per the existing Folio.

New Investor ☐ Y ☐ N Folio No.

2. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY) (Refer Instruction 2, 16 & 17)

	PAN/PEKRN No.	KYC Number	Nationality
First / Sole Applicant			
Second Applicant			
Third Applicant			
Guardian POA Holder/Contact Person			

Please attach Proof. for PAN/PEKRN for KYC (KRA). Refer instruction No 17 for KYC Identification Number issued by CKYCR.

3. UNIT HOLDER / NEW APPLICANT INFORMATION (Refer Instruction Page) Fresh / New investors to fill in all the Sections 2 to 15

NAME OF FIRST / SOLE APPLICANT

Ms. M/s.

DATE OF BIRTH (DOB) D D M M Y Y Y Y (Mandatory in case of minor) DATE OF INCORPORATION D D M M Y Y Y Y

NAME OF THE GUARDIAN / POA Holder/ Contact Person

Ms. M/s.

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

Ms.

NAME OF THIRD APPLICANT

Ms.

4. MODE OF HOLDING [PLEASE TICK (✓)]

☐ Single ☐ Joint (Default) ☐ Anyone or Survivor

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

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

This E-Mail ID/Mobile No. belongs to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian in case of minor ☐ PMS ☐ Custodian ☐ POA holder **Refer instruction No 12

OVERSEAS ADDRESS (Mandatory for NRI / FI application)

		City
State	Pin Code	Country

6. Other KYC details (Mandatory) ☐ Individual ☐ Non-Individual

6a. Status of First/Sole Applicant [Please (✓)] ☐ Listed Company ☐ Unlisted Company ☐ Individual ☐ Minor through guardian ☐ HUF
☐ Partnership ☐ Society/Club ☐ Company ☐ Body Corporate ☐ Trust ☐ Mutual Fund ☐ FPI
☐ NRI-Repatriable ☐ NRI-Non-Repatriable ☐ FI/ Sub account of FI ☐ Fund of Funds in India ☐ QFI ☐ Others (please specify)

6b. Occupation Details [Please (✓)] (To be filled only if the applicant is an individual)
First Applicant ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (please specify)
Second Applicant ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (please specify)
Third Applicant ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (please specify)

ACKNOWLEDGEMENT SLIP - Common Application Form

TAURUS MUTUAL FUND

APPLICATION. No.

6c. Gross Annual Income (in ₹) [Please (✓)]									
First Applicant	<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) <input type="checkbox"/> Net-worth (Mandatory for non-individuals) ₹ _____ as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than one year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Second Applicant	<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 _____								
Third Applicant	<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 _____								
6d. First Applicant									
For Individuals (Please (✓)) Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable									
For Non-Individuals providing any of the below mentioned services (Please (✓)) <input type="checkbox"/> Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending/Pawning None of the above									
Second Applicant: (To be filled only if the applicant is an individual)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable								
Third Applicant: (To be filled only if the applicant is an individual)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable								

7. FATCA & CRS INFORMATION (FOR INDIVIDUAL INCLUDING SOLE PROPRIETOR) (SELF CERTIFICATION) (REFER INSTRUCTION 18)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No [^]			
Identification Type [TIN or other, please specify]			
Country of Tax Residency			
Tax Payer Ref. ID No.			
Identification Type [TIN or other, please specify]			
Country of Tax Residency			
Tax Payer Ref. ID No.			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. [^]In case Tax Identification Number is not available, kindly provide its functional equivalent.

8. POWER OF ATTORNEY (PoA) HOLDER DETAILS	
Name of PoA Mr./ Ms./ M/s.	
PAN# / PEKRN#	KYC Number
KYC #	[Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached

Please attach Proof. Refer instruction No 16, 17 & 18

9. 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.	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	

Enclosures for Demat option ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)**10. 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 10.

11. INVESTMENT DETAILS - (Refer Instruction 5)		Scheme 1	Scheme 2	Scheme 3
Name of the Scheme	Taurus -	Taurus -	Taurus -	
Plan				
Option				

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)

Collection Centre / AMC Stamp / Signature

SIP / OptiSIP ENROLMENT - CUM - AUTO DEBIT / SIP CANCELLATION (Please read instructions carefully before filling up the form)

Application No.

ARN/RIA Code and Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN - 1308				

Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column.

#By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Taurus Mutual Fund.

EXECUTION ONLY (To be signed when EUIN 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 person of the distributor and the distributor has not charged any advisory fees on this transaction.

Please sign here

Please sign here

Please sign here

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

Second Account Holder's Signature

Third Account Holder's Signature

☐ Registration of SIP/OptiSIP/Micro SIP ☐ Cancellation of SIP/OptiSIP/Micro SIP ☐ Renewal of SIP/OptiSIP/Micro SIP

New Investor ☐ Y ☐ N Folio No.

INVESTOR AND INVESTMENT DETAILS

Name of Sole/First Applicant Mr. Ms. M/s

Name of Second Applicant Mr. Ms.

Name of Third Applicant Mr. Ms.

Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-indl. Applicant)

Mr. Ms.

ID & Add Proof Document Name, in case of Micro SIP Sole/First Applicant/ Guardian Second Applicant Third Applicant

Name of Scheme Plan Option

☐ SIP / Micro SIP ☐ OptiSIP

SIP Amount (₹) SIP Date SIP Period From To OR ☐ 40 Years

Frequency Details [Please ✓]

☐ Daily SIP ☐ Weekly SIP ☐ Fortnightly SIP ☐ Monthly SIP ☐ Quarterly SIP

All Days between 1 to 28 7th, 14th, 21st, 28th of every month Date will be 1st and 15th Any date between 1 to 28. Default date will be 10th

First/Initial Investment Cheque Number Cheque Date

☐ SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Minimum Amount Rs. 500/- for Half Yearly and Rs. 1000/- for yearly

SIP Top-up Amount (₹) ☐ Half Yearly ☐ Yearly (Default taken will be yearly and for Rs. 1000/-)

PARTICULARS OF BANK ACCOUNT

I/We hereby, authorize Taurus Mutual Fund and their authorized service providers, to debit my/our following bank account by ECS (Debit Clearing)/auto debit to account for collection of SIP/OptiSIP payments.

Name of the Account Holder as per Bank Records

Bank Name

Branch Address City

Account Number Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO

9 digit MICR Code 11 digit IFSC Code

Dedication & Signature (s): Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) 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, Prevention of Money Laundering Act, Prevention of Corruption Act and / 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. 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. 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.

I/We confirm that details provided by me/us are true and correct.

Please ☒ Repatriation basis ☐ Non-Repatriation basis * Please strike out whichever is not applicable.

Please sign here

Please sign here

Please sign here

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

Second Account Holder's Signature

Third Account Holder's Signature



One Time Mandate (OTM)

UMRN FOR OFFICE USE Date

Tick (✓) ☒ CREATE ☒ MODIFY ☒ CANCEL ☒

Sponsor Bank Code Utility Code

I/We, hereby authorize Taurus Mutual Fund To debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c Number:

With Bank IFSC or MICR

An amount of Rupees ₹

FREQUENCY ☒ Mthly ☒ Qly ☒ H-Yrly ☒ Yrly ☒ As & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

PAN/Folio No. Mobile No.

Reference Email ID

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

From To

Signature Primary Account Holder Signature of Account Holder Signature of Account Holder

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