	COMMON APPLICATION FORM Please read instructions carefully before	M ore filling up the form. The product labelling details	Applicat available on cover page)	ion 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														
Upfront commission shall be paid directly by the inves investors subscribing under the "DIRECT" plan of the s			ors including the service rendered by the distribut	Dr.										
EXECUTION ONLY (To be signed when EUIN is left bl	ank)													
*I/We hereby confirm that the EUIN box has been inten notwithstanding the advice of in-appropriateness, if any,	tionally left blank by me/us as this is an ' provided by the employee/relationship n	n "execution-only" transaction without any interaction on manager/sales person of the distributor and the distri	or advice by the employee/relationship manager/sa butor has not charged any advisory fees on this tran	les person of the above distributor or saction.										
Please Sign here		Please Sign here	Plea	ase Sign here										
First / Sole Applicant/ Guardian / POA	A Holder / Auth. Sign	Second Applicant / Auth. Sign	Third	Applicant Sign										
TRANSACTION CHARGES (Please ti	ck any one of the below. Refer Instru	ruction no.7)												
	investor in Mutual Funds	or	I am an existing Investor in Mu											
1. Unit Holder Information (Please fi	ll in your Folio No. & Name and then	en proceed to Section 10) Applicable details an	d mode of holding will be as per the existing F	olio.										
New Investor Y N	Folio No.													
2. PAN AND KYC COMPLIANCE STATUS	DETAILS (MANDATORY) (Refer	·												
PAN/PEK	ERN No.	KYC Number	N	lationality										
First / Sole Applicant														
Second Applicant														
Third Applicant														
Guardian POA Holder/Contract Person														
# Please attach Proof. for PAN/PEKRN for KYC (KRA). R	efer instruction No 17 for KYC Identification	ation Number issued by CKYCR.												
3. UNIT HOLDER / NEW APPLICANT INF		·	ons 2 to 15											
NAME OF FIRST / SOLE APPLICANT	0	,												
Ms. M/s.														
DATE OF BIRTH (DOB)	Y Y Y Y (Mandatory	ory in case of minor) DATE OF INCC	DRPORATION D D M M Y	YYY										
NAME OF THE GUARDIAN / POA Holde	er/Contact Person													
Ms. M/s.														
For Investments "On behalf of Minor	": (*Refer Instruction 3 for	r mandatory documents to be attacl	hed)											
Proof of DOB & Relationship attached	Birth Certificate	te School Certificate / Marksh	eet Passport Any oth	ner										
NAME OF SECOND APPLICANT														
Ms.														
NAME OF THIRD APPLICANT														
Ms.														
4. MODE OF HOLDING [PLEASE TICK (✓)]														
5. FIRST/SOLE APPLICANT - MAILING ADD	DRESS & CONTACT DETAILS													
			City											
State		Pin Code	Country											

	Single	L	Joint	· (Deta	ıult) L	⊥ An	yone	or Sur	vivor																									
5. Firs	r/So	LE AP	PLICA	NT -	MAIL	ING	Add	RESS	& C	ONT	ACT I	Deta	ILS																					
																						Cit	hy											
State															Pin	Code					Cou	ntry												
STD Co	le						Tele	phone	off.									Resi.							Mob								T	
E-Mail*	*																																	
This E-Ma	nis 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																																	
OVERS	EAS A	ADDRE	ss (N	\anda	tory fo	or NRI	/FII	appli	cation	1)						•																		
																						Cit	hy											
State															Pin	Code					Cou	ntry												
6. Oth	er KY	er KYC details (Mandatory)										[	_ N	lon-Ir	ndivid	lual																		
6a.	. Status of First/Sole Applicant [Please (🗸)] 🔲 Listed Company										Unlisted Company					Individual			Mino	r throug	h guard	lian												
[	Partnership Society/Club Company										☐ Body Corporate					Trust	Mutual Fund						☐ FPI											
l ſ	NRI-R	enatriahl	A		NRI-No	n-Renat	rinhle			П	II/Suh	account	nf FII		П	und of	Funds in	nihnl n		OFI		Г	Othe	rs					(nleas	e sneci	fv)			

ACKNOWLEDGEMENT SLIP - Common Application Form

Government Service

Government Service
Student

Government Service
Student

Student

Business
Forex Dealer

Business
Forex Dealer

Business

Forex Dealer

TAURUS MUTUAL FUND

APPLICATION. NO.

Agriculturist

Agriculturist (please specify)

Agriculturist

\_(please specify)

TAURUS Mutual Fund Received from Mr. / Ms. / M/s.L

6b. Occupation Details [Please ( $\checkmark$ )] (To be filled only if the applicant is an individual

Public Sector Service

Public Sector Service
Housewife

Public Sector Service
Housewife

Housewife

First Applicant Private Sector Service
Retired

Second Applicant Private Sector Service
Retired

Private Sector Service

Third Applicant

Date :

Professional
Others\_\_\_\_

Professional
Others\_\_\_\_

Professional
Others\_\_\_\_

1

6c. Gross Annual Inco First Applicant		Below 1 L	.ac	1-		viduals) ₹	]5-10 La	CS .	<u></u> 10	-25 Lacs	>	25 Lacs - 1 (	rore		> 1 Crore	e (or)		D	D M	M	γ	у Гу	Υ	(Not ole	der than	n one ve	ır)
Second Applican				1-			]5-10 La	:S	<u>10</u>	-25 Lacs	>	25 Lacs - 1 C	rore		> 1 Crore	e (or) Net-w	orth							(		,	
Third Applicant		Below 1 L					- ]5-10 La			-25 Lacs	>	25 Lacs - 1 C	rore			e (or) Net-w											
6d. First Applicant For Individuals [Please ( For Non-Individuals prov	✓)] Poli	itically Exp	posed Pe elow men	rson (PE	P) Stat	us (Also ap [Please (•	plicable f	or authoi					] I am PEI	] I am PEP					 P		N	lot Appli	icable				
Second Applica	ant: (To	o be filled	d only if	the app	licant i	s an indiv	idual)		☐ I ar	n PEP		I am related to PEP							Not	Applica	ble						
Third Applican	t: (To be	e filled or	nly if the	applica	ınt is a	n individuo	1)		I ar	n PEP		[		ım related	to PEP				Not	Applica	ble						
7. FATCA & CRS INI The below informatic Address Type: Re Is the applicant(s)/ g If Yes, please provide	on is resident	equire tial or an's C	ed for Busin	all ap ess y of B	oplic Eirth	ant(s)/ Resid	guard ential enship	dian [ / No	Ви	usiness		Register	ed C	Office (	for ac		nentio			m/e	kistin	ıg ad	ldres	s app	earii	ng in	Folio
Please indicate all co			-						oses	and the	assoc	iated Tax	Ref	erence	Num	hers he	low										
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Identification Type		·( 1																									
Identification Type [TIN or other, pleas	e spe	city]																									
#To also include US	A, wł	nere th	the individual is a citizen/ green card holder of USA. An case Tax Identification Number is not available, kindly provide its functional ex															auivo									
			(PoA) HOLDER DETAILS																					<u> </u>			
Name of De A AA AA AA		Τ,	T				Т	Т					Т					П	П						П	П	Т
PAN#/ PEKRN#								K)	/C Num	ber																	
KYC#	[	Please	e tick	<b>√</b> )](	(Mar	datory	r)	Pro	of Att	ached														•			
# Please attach Proc	of. Ref	er instr	truction No 16, 17 & 18																								
9. DEMAT ACCOUN	T DET	AILS																									
I would like units to be allott			node as	per th	e deta	ils below	:																				
Beneficia				•												Deposito	ory Pa	rticipo	ant (D	P) N	ame						
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																	SDL			_ Ci	DSL						
Enclosures for Demo	ıt opt	ion					Client	Mas	ter Li	st (CM	L)	Transa	ctio	n cum	Hold	ing Sto	iteme	nt [		eliv	ery I	nstru	uctic	n Sli	p (D	IS)	
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MICR Code										This is a ? Please at	digit nun tach a hla	nber next to y nk extra cheq	our ch ue car	eque num rcelled or a	iber. a clear nh	otocopy of	a cheaue										
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11. INVESTMENT D	FTΔI	IS - (	Refer	nstruc	tion	5)				Schen						Scher									eme		
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	[																										
	- 1																										

SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)

ONE TIME PURCHASE

Investment Type (Please (🗸))

12. PAYMEI	12. PAYMENT DETAILS (Refer Instruction No. 6)  Scheme 1 Scheme 2 Scheme 3														
Cheque / DD /	RTGS / UMR No. & Date:	Schen	ne 1	Scl	neme 2	Sch.	eme 3								
Bank & Branch															
Amount in figure															
0	ny, in figures ₹ (ii) in figures ₹														
Net Amount (i)-	in words ₹														
Account Type Ple		ngs Current NRE			er Instruction 4 (Mandatory for Credit via not find this on your cheque leaf, please		opearing on your cheque leaf.								
	NATION DETAILS - Mandatory i														
I/We hereby are aware tha	/e wish to nominate confirm that I/We do not wish to it in case of death of all the accou itual fund folio.	☐ I/We DO NOT wis appoint any nominee(s) for ant holder(s), my/our legal h	my mutual fund units held	l in my/our mutual fund nit all the requisite docu	folio and understand the issue iments issued by Court or other	involved in non-appointmer such competent authority, l	nt of nominee(s) and furthe cased on the value of assets								
First / Sc	ole Applicant/ Guardian / PC	OA Holder / Auth. Sign	Second	Applicant / Auth. Si	ian	Third Applic	cant Sign								
	Nominee Name				Nominee Relationship with 1st Hol		-								
Nominee 1															
Nominee 2															
Nominee 3															
14. DOCU	IMENTS ENCLOSED (PLE	ASE ✓)			1		1								
	lum & Articles of Association		Trust Deed		KYC acknowledgement	SIP Enrolment Form ( For In									
Resolution Power of A	/ Authorisation to invest Attorney		PAN Copy Certificate	of Incorporation	LLP Agreement Partnership Deed	SIP Enrolment Form (For Inv SWP/STP/DSO Enrolment F	estment through NACH / Auto Debit) orm								
List of Autl	norised Signatories with Specimen Signature(	(s)	☐ Bye-Laws		HUF Deed Beneficiary ownership list	☐ Third Party Payment Declarat									
15 Non-P	rofit Organization (NPO	1													
We are falling	y under "Non-Profit Organization a trust or a society under the Soci	on" [NPO] which has been c	onstituted for religious or	charitable purposes refe ar State legislation or a	erred to in clause (15) of sectio Company registered under the s	n 2 of the Income-tax Act, ection 8 of the Companies A									
Yes	a most of a socioty officer mic soci	□ No	(21 of 1000) of any simil	ar State logislation of a	company registered ender me s	oction o of the companies?	10, 2010 (10012010).								
	quote Registration No. of Darpan														
entity name i	register immediately and confirn n the above portal and may repo and authorize you to deduct such	ort to the relevant authorities	as applicable. We am/ai	e aware that we may b	e liable for it for anv fines or co	onsequences as required un	e MF / AMC to register you der the respective statutory								
16. DECLAR	ration(s) & Signature(S)	(Refer Instruction 15)													
To,															
The Trustee, Taurus Mutual I	Fund														
Having read an	d understood the contents of the Sch	eme Information Document (SID	), Statement of Additional In	formation (SAI) & Key Info	ormation Memorandum (KIM) I/W	e hereby apply for units of the	scheme and agree to abide by								
contravention	ditions, rules and regulations govern of any Act, Rules, Regulations, Notif	ications or Directions of the prov	isions of the Income Tax Act	, Prevention of Money La	undering Act, Prevention of Corrup	tion Act and / or any other ap	plicable laws enacted by the								
government of Applicable for	India from time to time. I/We have united Souly - I/We confirm that I a	understood the details of the sche am/we are Non Residents of Inc	me & I/we have not received fian Nationality/Origin and t	d nor have been induced by that I/we have remitted f	rany rebate or gifts, directly or indire	ectly in making this investment of banking channels or from fu	Inds in my/our Non-Resident								
External / Non-	Resident Ordinary / FCNR account.	•		ř											
The ARN holde recommended	r has disclosed to me/us all the com to me/us.	missions (in the torm of trail cor	nmission or any other mode)	, payable to him for the di	fferent competing Schemes of vario	ous Mutual Funds from among	st which the Scheme is being								
I/We confirm t	hat détails provided by me/us are tru		A 1/41:1 ID				el e el e								
transacting thr	ceive all communication i.e. Statem ough the internet facility provided by	/ Taurus Mutual Fund and confi	m of having read, understoo	d and agree to abide by the	ne terms and conditions for availing	of the internet facility more p	particularly mentioned on the								
	aurusmutualfund.com and hereby und costs and consequences thereof.	dertake to be bound by the same.	l further undertake to discharge	e the obligations cast on me	and shall not at any time deny or repu	diate the on-line transactions effe	ected by me and I shall be solely								
liable for all files	.oos and consoquoness moroor.														
I/We confirm	☐ A resident of US/C	anada 🔲 Not a resident of U	S/Canada												
Opt-in (Select	this box in order to receive the physic	al copy of the schemewise Annuc	I / Abridged Report at the en	d of financial year) 🗌											
	Please Sign her			lease Sign here											
First / Sc	ole Applicant/ Guardian / PC	OA Holder / Auth. Sign	Second	Applicant / Auth. Si	ign	Third Applic	ant Sign								



## TAURUS MUTUAL FUND

SIP / OptiSIP ENROLMENT - CUM - AUTO DEBIT / SIP CANCELLATION (Please read instructions carefully before filling up the form) Application No.

ARN/RIA Code and Nan	ne	Sub-F	Broker's	s ARN	1 Cod	e Er	nploye	e Ur	nique	Ident	ity N	Vumbe	r* li	nterno	al Cod	de fo	or Sul	o-bro	oker/	Emp	loye	e T	ime	Stan	np (fo	or offic	e use	only)
ARN - 1308																												
Investors subscribing under the "DIRECT" plan of the #By mentioning RIA code, I/we authorize you to	share with t	the Investn					ır transac	ctions i	in the sc	:heme(	s) of	Taurus M	utual I	Fund.														
EXECUTION ONLY (To be signed when EUIN	is left blank	<)																										
*I/We hereby confirm that the EUIN box has be notwithstanding the advice of in-appropriateness																								of the	abov	e distri	butor	or
Please s	ign here					np munu			P	lease	sigi	n here				iuigo				Ple	ase :	sign	here					
First / Sole Applicant/ Guardi			der / A		•							lder's	Sign	ature										Sign		е		
Registration of SIP/OptiSIP,	/Micro —	SIP		Cai	ncello	ation	of SIP	P/Op	otiSIP	/Mi	cro	SIP		L	F	Ren	ewal	lof	SIP/	Op.	tiSII	P/M	icro	o SIP	)			
New Investor Y N		Folio	No.																									
Investor and Investment D																												
Name of Sole/First Applicant		Ms. M/s		$\perp$		Ш						$\perp$	$\perp$					<u> </u>										
Name of Second Applicant	Mr. A	_		4		$\perp$					_	4	-	_				_	_	-	_		_	_				_
Name of Third Applicant	Mr. N			ı. I.I.	10		-1		/C )	N.I.		II A	.1										ᆜ	_	_			=
Name of Guardian (for Minor	applica	ant) / 1	POA F	loide	er / C	Lonta	ct per	son	(for I	Non	-ınc	я. Ар П	plice	ant)		Т					Π	Т	$\vdash$	$\overline{}$	$\overline{}$		Т	
ID & Add Proof Document Name,	Sole	/First A	Applica	ant/	Gua	rdian				<u>                                     </u>	eco	nd Ar	l onlic	ant							Ь.	Thir	 d A	pplio	 cant	<u> </u>		
in case of Micro SIP		7 1 11 31 7	фрис	G1117		raian					-	110174	op.iic											PPII	-			
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SIP Top-up (Optional) (Please ✓ to a			Top-up	Minim	um Ar	 mount	Rs. 500						000/-	for ye	early													
SIP Top-up Amount (₹)		ΠÏ					1 —		early			(Defau				arly a	nd for	Rs.	1000/-)									
Particulars of Bank Accou	JNT																											
/We hereby, authorize Taurus Mutual Fund a					ers, to	debit m	y/our fo	ollowi	ng ban	k acc	ount	by ECS	(Debit	t CLea	ring)/	auto	debit	to a	count	for c	ollec	tion o	of SIP	Op	tiSIP	payn	nents	
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Branch Address															City										L			
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9 digit MICR Code	$\perp \perp$												11	l digit l	FSC C	ode												
Deducation & Signature (s): Hoving read and understood the regulations governing the scheme.  /We hereby declare that the Prevention of Money Laundering Act, Prevention of Corruption A this investment. Applicable for RKI's only -  /We confirm that holder has disclosed to me/us all the commissions (in the for //We confirm that details provided by me/us are true and con	e amount inve ct and / or any t I am/we are r <b>m of trail co</b> n rect.	ested in the so y other applic e Non Resider mmission or Please	cheme is thr :able laws er nts of Indian	ough legi nacted by Nationali node), po	timate so the gover ity/Origir	ources only rnment of n and that l o <b>him for</b> t	and does n India from t I/we have	not invol time to t remitted nt comp	lve and is time. I/W d funds fro <b>eting Sch</b> Lepatriati	not desi /e have u om abro nemes a ion basi	gned fo underst ad thro <b>f vario</b> s * Ple	or the purpo cood the de ugh approv u <b>s Mutual</b> ease strike	ose of th tails of t ved banl Funds t out wh	ne contra he scher king cha f <b>rom an</b>	vention on ne & I/w nnels or f nongst w	of any o ve have rom fu <b>hich tl</b>	Act, Rule e not rec nds in m ne Scher	s, Regi eived r sy/our	ulations, nor have l Non-Res <b>eing rec</b>	Notific peen ir ident E omme	ations nduced externa ended t	or Ďirec by any Il /Non- t <b>o me/</b> t	rebate -Reside us.	of the pro or gifts, ent Ordin	ovisions directly	of the Ir	come	lax Act, making
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With Bank An amount of Rupees							IFSC [						<u> </u>					or	MICR ₹	L			<u> </u>		<u> </u>			
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Reference										Ī		mail ID	Ī															
PERIOD I Agree for the debit of From To M M M Y	mandate p	rocessing o	chargesby				horizing to		t my acc	ounts a	s per				es of th				_			Sigi	naturi	e of A	ccoun	ıt Holo	er	
Maximum period of validity of this ma	ndate is 40 y	rears only	1		Name	as in ba	ınk recor	rds			2		Nam	e as in	bank	reco	ds			3			Nar	me as i	in bar	nk reco	ords	

- This is to confirm that the deduration 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.