

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)

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/PEKERN 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**

Mr. 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**

Mr. 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**

Mr. Ms.

**NAME OF THIRD APPLICANT**

Mr. Ms.

**4. MODE OF HOLDING [PLEASE TICK (✓)]**
 Single  Joint (Default)  Anyone or Survivor

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

State	Pin Code	Country	City
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 / FII application)**

State	Pin Code	Country	City
-------	----------	---------	------

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

<b>6a. Status of First/Sole Applicant [Please (✓)]</b>		<input type="checkbox"/> Listed Company <input type="checkbox"/> Partnership <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> Society/Club <input type="checkbox"/> NRI-Non-Repatriable <input type="checkbox"/> FII/Sub account of FII	<input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Fund of Funds in India	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> QFI	<input type="checkbox"/> Minor through guardian <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> HUF <input type="checkbox"/> FPI
<b>6b. Occupation Details [Please (✓)] (To be filled only if the applicant is an individual)</b>		First Applicant <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify)
Second Applicant <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired		<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Agriculturist (please specify)
Third Applicant <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired		<input type="checkbox"/> Public Sector Service <input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Agriculturist (please specify)

ACKNOWLEDGEMENT SLIP - Common Application Form

**TAURUS MUTUAL FUND**

APPLICATION. NO.

6c. Gross Annual Income (in ₹) [Please (✓)]

First Applicant  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore (or)  
 Net-worth (Mandatory for non-individuals) ₹ \_\_\_\_\_ as on 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 (Not older than one year)

Second Applicant  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore (or) Net-worth \_\_\_\_\_

Third Applicant  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 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)  I am PEP  I am related to PEP  Not Applicable

For Non-Individuals providing any of the below mentioned services [Please (✓)]  
 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)  I am PEP  I am related to PEP  Not Applicable

Third Applicant: (To be filled only if the applicant is an individual)  I am PEP  I am related to PEP  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 <sup>^</sup>			
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. <sup>^</sup>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)  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 (✓)  Savings  Current  NRE  NRO  FCNR  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

Collection Centre / AMC Stamp / Signature

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

12. PAYMENT DETAILS (Refer Instruction No. 6)

	Scheme 1	Scheme 2	Scheme 3
Cheque / DD / RTGS / UMR No. & Date:			
Bank & Branch Name			
Amount in figures ₹ (i)			
DD Charges if any, in figures ₹ (ii)			
Net Amount (i)+(ii)	in figures ₹		
	in words ₹		
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) **** Refer Instruction 4 (Mandatory for Credit via NEFT / RTGS) (11 Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)			

13. NOMINATION DETAILS - Mandatory if mode of holding is single (Refer Instruction 14)

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

I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio and understand the issue 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 heir would need to be 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.

Please Sign here

Please Sign here

Please Sign here

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

Second Applicant / Auth. Sign

Third Applicant Sign

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

14. 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 NACH / 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"/> HUF Deed                   | <input type="checkbox"/> Third Party Payment Declaration Form                          |
|  |   | <input type="checkbox"/> Beneficiary ownership list | <input type="checkbox"/> Multiple Bank Account Registration Form                       |

15. Non-Profit Organization (NPO)

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).

Yes  No

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

16. DECLARATION(S) & SIGNATURE(S) (Refer Instruction 15)

To,  
The Trustee,  
Taurus Mutual Fund

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.

\*\*I agree to receive all communication i.e. Statement of Account (SOA), Portfolio, Annual / Abridged Reports etc. (including regulatory updates) related to my investment via email. I may voluntarily subscribe 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.

I/We confirm  A resident of US/Canada  Not a resident of US/Canada

**Opt-in** (Select this box in order to receive the physical copy of the schemewise Annual / Abridged Report at the end of financial year)

Please Sign here

Please Sign here

Please Sign here

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

Second Applicant / Auth. Sign

Third Applicant Sign

