

SWP OR STP / OptiSTP OR DSO FORM

(Please read instructions carefully before filling up the form)

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)
YAGYAJEET SHARMA 99860		E119669		

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.

1. EXECUTION ONLY (To be signed when EUN is left blank)

*I/We hereby confirm that the EUN 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

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

Please sign here

Second Account Holder's Signature

Please sign here

Third Account Holder's Signature

<input type="checkbox"/> Registration	<input type="checkbox"/> Systematic Withdrawal Plan	<input type="checkbox"/> Systematic Transfer Plan	<input type="checkbox"/> IDCW Sweep Option
<input type="checkbox"/> Cancellation		<input type="checkbox"/> OptiSystematic Transfer Plan	

2. INVESTOR DETAILS

Name of Sole/First Applicant	Mr. Ms. W/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.																			

3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

I/We wish to redeem units through Systematic Withdrawal Plan as per the details below -

From → Folio No.		Scheme Name		Plan/Option	
Fixed SWP Amount / No. of Units		Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
SWP date (Please 3)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th				
Enrolment Period	Start From	M M / Y Y Y Y	End on	M M / Y Y Y Y	No. of Installments

4. SYSTEMATIC TRANSFER PLAN (STP)

I/We wish to switch units through STP/ OptiSTP as per the details below -

<input type="checkbox"/> Systematic Transfer Plan (STP) DETAILS				<input type="checkbox"/> Opti Systematic Transfer Plan (OptiSTP) DETAILS			
STP Installment Amount (₹)				Min. Installment Amt.			
				Max. Installment Amt.			
				(Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof)			
From → Folio No.		Scheme Name		Plan		Option	
To → Folio No.		Scheme Name		Plan		Option	
Transfer Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly						
Transfer date (Please 3)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th	(applicable ONLY for Monthly/Quarterly transfers)					
Enrolment Period	Start From	M M / Y Y Y Y	End on	M M / Y Y Y Y	No. of Installments		

5. IDCW SWEEP OPTION (DSO) DETAILS (Refer instructions overleaf)

I/We wish to transfer the IDCWs declared through IDCW Sweep Option as per the details below -

From → Folio No.		Scheme Name		Plan		Option	
To → Folio No.		Scheme Name		Plan		Option	

Declaration & 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 NRIs 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 / FDR account. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other model, 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

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

Please sign here

Second Account Holder's Signature

Please sign here

Third Account Holder's Signature

Folio No.

Received from Mr./Ms./M/s. _____

Received for

☐ SWP

☐ STP

☐ OptiSTP

☐ DSO

Frequency

Scheme / Plan / Option _____

Amount or Units _____

Collection Centre / AMC Stamp / Signature

--

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 or 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

Mr. Ms. M/s.

DATE OF BIRTH (DOB) DD MM YY YY (Mandatory in case of minor) DATE OF INCORPORATION DD MM YY YY

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

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

This E-Mail ID belongs to: ☐ Self ☐ Family Member **Refer instruction No 12

OVERSEAS ADDRESS (Mandatory for NRI / FII application)

		City
State	Pin Code	Country

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

6a. Status of First/Sole Applicant [Please (✓)] <input type="checkbox"/> Partnership <input type="checkbox"/> Society/Club <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non-Repatriable		<input type="checkbox"/> Listed Company <input type="checkbox"/> Company <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
6b. Occupation Details [Please (✓)] (To be filled only if the applicant is an individual) 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)	<input type="checkbox"/> Agriculturist (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 (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 (please specify)	

ACKNOWLEDGEMENT SLIP - Common Application Form

TAURUS MUTUAL FUND

APPLICATION. No.

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) <small>*** 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)</small>					
13. NOMINATION DETAILS -Mandatory if mode of holding is single (Refer Instruction 14)					
<input type="checkbox"/> I/We wish to nominate <input type="checkbox"/> I/We DO NOT wish to nominate					
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p style="color: #ccc; font-size: 0.8em;">Please Sign here</p> <p>First / Sole Applicant/ Guardian / POA Holder / Auth. Sign</p> </div> <div style="text-align: center;"> <p style="color: #ccc; font-size: 0.8em;">Please Sign here</p> <p>Second Applicant / Auth. Sign</p> </div> <div style="text-align: center;"> <p style="color: #ccc; font-size: 0.8em;">Please Sign here</p> <p>Third Applicant Sign</p> </div> </div>					
	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 ✓)					
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Memorandum & Articles of Association</div> <div style="width: 33%;"><input type="checkbox"/> Trust Deed</div> <div style="width: 33%;"><input type="checkbox"/> KYC Acknowledgement</div> <div style="width: 33%;"><input type="checkbox"/> SIP Enrolment Form (For Investment through PDC)</div> <div style="width: 33%;"><input type="checkbox"/> Resolution / Authorisation to invest</div> <div style="width: 33%;"><input type="checkbox"/> PAN Copy</div> <div style="width: 33%;"><input type="checkbox"/> LLP Agreement</div> <div style="width: 33%;"><input type="checkbox"/> SIP Enrolment Form (For Investment through NACH / Auto Debit)</div> <div style="width: 33%;"><input type="checkbox"/> Power of Attorney</div> <div style="width: 33%;"><input type="checkbox"/> Certificate of Incorporation</div> <div style="width: 33%;"><input type="checkbox"/> Partnership Deed</div> <div style="width: 33%;"><input type="checkbox"/> SWP/SIP/DSO Enrolment Form</div> <div style="width: 33%;"><input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)</div> <div style="width: 33%;"><input type="checkbox"/> Bye-Laws</div> <div style="width: 33%;"><input type="checkbox"/> HUF Deed</div> <div style="width: 33%;"><input type="checkbox"/> Third Party Payment Declaration Form</div> <div style="width: 33%;"><input type="checkbox"/> Beneficiary ownership list</div> <div style="width: 33%;"><input type="checkbox"/> Multiple Bank Account Registration Form</div> </div>					
15. DECLARATION(S) & SIGNATURE(S) (Refer Instruction 15)					
<p>To, The Trustee, Taurus Mutual Fund</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I/We confirm that details provided by me/us are true and correct.</p> <p><small>***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 online 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 online transactions effected by me and I shall be solely liable for all the costs and consequences thereof.</small></p> <p>I/We confirm <input type="checkbox"/> A resident of US/Canada <input type="checkbox"/> Not a resident of US/Canada</p> <p>Opt-in (Select this box in order to receive the physical copy of the schemewise Annual / Abridged Report at the end of financial year) <input type="checkbox"/></p>					

Declaration for Ultimate Beneficial Ownership [UBO]

(Mandatory for Non-Individual Applicants/Investors)

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

Part I: Applicant/Investor details:

Investor Name:

PAN

Part II: Listed Company / its subsidiary company (Part III Details NOT APPLICABLE)

(i) I/ We hereby declare that -

- ☐ Our company is a Listed Company listed on recognized stock exchange in India
- ☐ Our company is a subsidiary of the Listed Company
- ☐ Our company is controlled by a Listed Company

(ii) Details of Listed Company^

Stock Exchange on which listed _____ Security ISIN _____

^The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.

Part III: Non-individuals other than Listed Company / its subsidiary company

(i) Category [u applicable category]:

- ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company
- ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust
- ☐ Private Trust ☐ Trust created by a Will ☐ Others _____ [please specify]

(ii) Details of Ultimate Beneficiary Owners:

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Sr. No.	Name of UBO (Mandatory)	PAN or any other valid ID proof for those where PAN is not applicable# (Mandatory)	Position / Designation (to be provided wherever applicable)	Applicable Period	UBO Code (Mandatory) (Refer instruction 3)	KYC (Yes/No) (Please attach KYC acknowledgement copy) (Refer instruction 2)

#Attached documents should be self - certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

Part IV: Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Signature with relevant seal:

Authorized Signatory

Authorized Signatory

Authorized Signatory

Date:

Place:

FATCA - CRS Declaration and Supplementary Information (Declaration Form for Individuals)

Please consult a tax professional for further guidance regarding your tax residency for FATCA & CRS compliance

NAME:	
PAN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or PAN Exempt KYC Ref No. (PEKRN)

Place of Birth	Country of Birth
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify)	Tax Residence Address (for KYC address) <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Are you a tax resident (i.e., are you assessed for Tax in any other country outside India?) ☐ Yes ☐ No

If 'No', please proceed for the signature of declaration

If 'Yes', please fill for All countries (**other than India**) in which you are a Resident for a Resident for tax purpose i.e., where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (TIN or other, please specify)	If TIN is not available, please tick the reason A, B or C (as defined below) <input checked="" type="checkbox"/>
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

➤ Reason A - The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

➤ Reason B - No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)

➤ Reason C - Others; please state the reason thereof

DECLARATION

I hereby confirm that the information provided here in above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.

Date:

Place:

Signature:

FATCA & CRS TERMS & CONDITIONS

(Note: The Guidance Note / notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian Financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS INSTRUCTIONS

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your USTax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA / CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor its resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND 3. Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/mailling address in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p>If no Indian telephone number is provided</p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) <p>If Indian telephone number is provided along with a foreign country telephone number</p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorised government body* (e.g. Passport, National Identity card, etc.)

***Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.**

Details of FATCA & CRS information For Non - Individuals / Legal Entity

Name of the entity

Type of address given at KRA Residential or Business Residential Business Registered Office

PAN Date of incorporation

City of incorporation

Country of incorporation

Please tick the applicable tax resident declaration-

1. Is "Entity" a tax resident of any country other than India Yes ☐ No ☐

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number %	Identification Type (TIN or Other, Please specify)

*In case Tax Identification Number is not available, kindly provide its functional equivalent

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

Please refer to para 3(vii) Exemption code for U.S. persons under Part D of FATCA instructions & Definitions

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, **Global Intermediary Identification Number (GIIN)**

Financial institution³ ☐ **Note:** If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

or ☐ **Name of sponsoring entity**

Direct reporting NFE⁴ ☐

(please tick as appropriate)

GIIN not available (please tick as applicable) ☐ **Applied for**

If the entity is financial institution, ☐ Not required to apply for - please specify 2 digits sub-category¹⁰

☐ Not obtained – Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1.	Is the Entity a <i>publicly traded company</i> (that is, a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> <small>(If yes, please specify any one stock exchange on which the stock is regularly traded)</small> Name of stock exchange
2.	Is the Entity a <i>related entity</i> of a publicly traded company (a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> <small>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</small> Name of listed company Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange
3.	Is the Entity an <i>active</i> ¹ non-financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business Please specify the sub-category of Active NFE <small>(Mention code – refer 2c of Part D)</small>
4.	Is the Entity a <i>passive</i> ² NFE No <input type="checkbox"/>	Yes <input type="checkbox"/> <small>(If yes, please fill UBO declaration in the next section.)</small> Nature of Business

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D |

If passive NFE, please provide below additional details for each of Controlling person.

(Please attach additional sheets if necessary)

Name and PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)		Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other
1. Name & PAN		Occupation Type	DOB
City of Birth		Nationality	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth		Father's Name	Others <input type="checkbox"/>
2. Name & PAN		Occupation Type	DOB
City of Birth		Nationality	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth		Father's Name	Others <input type="checkbox"/>
3. Name & PAN		Occupation Type	DOB
City of Birth		Nationality	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth		Father's Name	Others <input type="checkbox"/>

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

* In case Tax Identification Number is not available, kindly provide functional equivalent

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

* It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Part C : Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Date: / /

Name	
Designation	
Signature	Signature
Signature	Signature

PART D FATCA Instructions & Definitions

(Note: The Guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

- 1 (i) **Financial Institution (FI)** - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.
- 1 (ii) Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
- 1 (iii) Custodial institution is an entity that holds as a substantial portion of its business, holds financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-
- (i) The three financial years preceding the year in which determination is made; or
 - (ii) The period during which the entity has been in existence, whichever is less.
- 1 (iv) Investment entity is any entity:
- (a) That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
 - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
 - Individual and collective portfolio management; or
 - (ii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;
 - or
 - (b) The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of:
 - (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or
 - (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 04, 05, 06 and 07- refer point 2c.)

- 1 (v) Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

1 (vi) FI not required to apply for GIIN: Refer Rule 114F(5) of Income Tax Rules, 1962 for the conditions to be satisfied as "non-reporting financial institution and Guidance issued by CBDT in this regard.

A. Reasons why FI not required to apply for GIIN:

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trust
09	Non-registering local banks
10	FFI with only Low-Value Accounts
11	Sponsored investment entity and controlled foreign corporation
12	Sponsored, Closely Held Investment Vehicle

2. Active Non-financial entity (NFE) :

Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity, the stock of which is regularly traded on an established securities market.
03	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
04	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
05	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
06	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
07	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
08	Any NFE that full fills all of the following requirements: (I) It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organisation, civic league or an organization operated exclusively for the promotion of social welfare; (II) It is exempt from income tax in India; (III) It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof. Explanation.- For the purpose of this sub-clause, the following shall be treated as full filling the criteria provided in the said sub clause, namely:- (I) an Investor Protection Fund referred to in clause (23EA); (II) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and (III) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;

3. Other definitions

(i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

(ii) Passive NFE

The term passive NFE means

(i) any non-financial entity which is not an active non - financial entity;

or

(ii) an investment entity defined in clause 1(iv) (b) of these instructions

(iii) a withholding foreign partnership or withholding foreign trust;

(iii) Passive income

The term passive income includes income byway of:

(1) IDCWs,

(2) Interest

(3) Income equivalent to interest,

(4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE

(5) Annuities

(6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income

(7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,

(8) The excess of foreign currency gains over foreign currency losses

(9) Net income from swaps

(10) Amounts received under cash value insurance contracts

But passive income will not include, in case of a non - financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

(iv) Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering (Maintenance of Records) Rules, 2005.

In determining the beneficial owner, the procedure specified in the following circular as amended from time to time shall be applied, namely:-

i. DBOD.AML.BC. No.71/14.01.001/20 12-13, issued on the 18th January, 2013 by the Reserve Bank of India; or

ii. CIR/MIRSD/2/2013, issued on the 24th January, 2013 by the Securities and Exchange Board of India; or

iii. IRDA/SDD/GDL/CIR/019/02/2013, issued on the 4th February, 2013 by the Insurance Regulatory and Development Authority.

In the case of trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, the said expression means the person in equivalent or similar position;

(A) Controlling Person Type:

Code Sub-category

01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement—trust-settlor
05	CP of legal arrangement—trust-trustee
06	CP of legal arrangement—trust-protector
07	CP of legal arrangement—trust-beneficiary
08	CP of legal arrangement—trust-other
09	CP of legal arrangement—Other-settlor equivalent
10	CP of legal arrangement—Other-trustee equivalent
11	CP of legal arrangement—Other-protector equivalent
12	CP of legal arrangement—Other-beneficiary equivalent
13	CP of legal arrangement—Other-other equivalent
14	Unknown

(v) Specified U.S. person – A U.S. person other than the following:

(i) a corporation the stock of which is regularly traded on one or more established securities markets;

(ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);

(iii) the United States or any wholly owned agency or instrumentality thereof;

(iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;

(v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;

(vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;

(vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;

(viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);

(ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;

(x) any trust that is exempt from tax under section 664© of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;

(xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;

(xii) a broker as defined in section 6045© of the U.S. Internal Revenue Code; or

(xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

(vi) Direct reporting NFE

A direct reporting NFFE means a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

(vii) Exemption code for U.S. persons (Refer 114F(9) of Income Tax Rules, 1962 for details)

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

SIP / OptiSIP Enrolment - cum - Auto Debit / SIP Cancellation / Change of Bank Details (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)

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. Also refer instruction no.2. 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 First / Sole Applicant/ Guardian / POA Holder / Auth. Sign		Please sign here Second Account Holder's Signature		Please sign here Third Account Holder's Signature	
<input type="checkbox"/> Registration of SIP/OptiSIP/Micro SIP	<input type="checkbox"/> Cancellation of SIP/OptiSIP/Micro SIP				
<input type="checkbox"/> Renewal of SIP/OptiSIP/Micro SIP	<input type="checkbox"/> Change in Bank Account for an existing investor				
New Investor <input type="checkbox"/> Y <input type="checkbox"/> N		Folio No. <input type="text"/>			

INVESTOR AND INVESTMENT DETAILS					
Name of Sole/First Applicant	Mr. Ms. M/s	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Second Applicant	Mr. Ms.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Third Applicant	Mr. Ms.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-indl. Applicant)					
Mr. Ms.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID & Add Proof Document Name, in case of Micro SIP (Refer Instruction 14)	Sole/First Applicant/ Guardian	Second Applicant	Third Applicant		
Name of Scheme	<input type="text"/>	Plan	<input type="text"/>	Option	<input type="text"/>
<input type="checkbox"/> SIP / Micro SIP			<input type="checkbox"/> OptiSIP		
SIP Amount (₹)	<input type="text"/>	Min. Installment Amt.	<input type="text"/>	Frequency	<input type="checkbox"/> Monthly
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Max. Installment Amt.	<input type="text"/>	(Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof)	
First/Initial Investment Cheque Number	<input type="text"/>	Cheque Date	<input type="text"/>	<input type="text"/>	
Auto Debit/NACH dates (Please 3)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th				
Enrolment Period	Start From <input type="text"/>	End on <input type="text"/>	No. of Installments <input type="text"/>		

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 <input type="text"/>					
Bank Name <input type="text"/>					
Branch Address <input type="text"/>					
City <input type="text"/>					
Account Number <input type="text"/>					
Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO					
9 digit MICR Code <input type="text"/>					
11 digit IFSC Code <input type="text"/>					

Declaration & 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 and 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 /FQNR 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 First / Sole Applicant/ Guardian / POA Holder / Auth. Sign		Please sign here Second Account Holder's Signature		Please sign here Third Account Holder's Signature	
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Auto debit form-NACH/OTM Registration

Tick (✓)	UMRN <input type="text"/>	FOR OFFICE USE	Date <input type="text"/>
CREATE <input type="checkbox"/>	Sponsor Bank Code <input type="text"/>	Utility Code <input type="text"/>	FOR OFFICE USE
MODIFY <input type="checkbox"/>	I/We, hereby authorize Taurus Mutual Fund To debit (tick ✓) <input type="checkbox"/> SB / CA / CC SB-NRE / SB-NRO / Other		
CANCEL <input type="checkbox"/>	Bank a/c Number: <input type="text"/>		
Bank a/c Number:	With Bank <input type="text"/>	IFSC <input type="text"/>	or MICR <input type="text"/>
An amount of Rupees <input type="text"/>	₹ <input type="text"/>		
FREQUENCY <input type="checkbox"/> Mthly <input type="checkbox"/> Qtrly <input type="checkbox"/> HYrly <input type="checkbox"/> Yrly <input type="checkbox"/> As & when presented	DEBIT TYPE <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount		
Unique ID/Folio No. <input type="text"/>	Phone No. <input type="text"/>	Email ID <input type="text"/>	
Reference 2 <input type="text"/>			
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.			
PERIOD	From <input type="text"/>	Signature Primary Account Holder	
To <input type="text"/>	Signature of Account Holder		Signature of Account Holder
Or <input type="checkbox"/> Until cancelled	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.

THIRD PARTY PAYMENT DECLARATION FORM
(Please read instructions carefully before filling up the form)

FOR OFFICE USE ONLY

Date and Time of Receipt

1. BENEFICIAL INVESTOR INFORMATION

FOLIO NO.

APPLICATION NUMBER

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

DATE OF BIRTH (Mandatory in case of Minor)

NAME OF THE GUARDIAN (For minor applicant) / 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

2. THIRD PARTY INFORMATION (Entity making the payment)

Name Mr. Ms. M/s.

PAN Enclosed (please ☒) KYC Acknowledgement Designation of Contact Person

MAILING ADDRESS & CONTACT DETAILS OF THE THIRD PARTY

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

Status of the Beneficial Investor	<input type="checkbox"/> Minor	<input type="checkbox"/> FIL <input type="checkbox"/> Client	<input type="checkbox"/> Employee (s)
Relationship of Third Party with the Beneficial Investor	<input type="checkbox"/> Parent <input type="checkbox"/> Grand - Parent <input type="checkbox"/> Related Person _____ (Please Specify the relation)	Custodian - SEBI Registration No of Custodian _____ Registration Validity : <input type="text"/>	Employer Name: _____
Declaration by Third Party (Please 3)	<input type="checkbox"/> I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift	<input type="checkbox"/> I/We declare that the payment is made on behalf of FIL/ Client and the source of this payment is from funds provided to us by FIL/Client	<input type="checkbox"/> I/We declare that the payment is made on behalf of employee(s) under Systematic Investment Plans or lump sum/one-time subscription, through Payroll Deductions

3. THIRD PARTY PAYMENT DETAILS

Mode of Payment (Refer Instruction 3, for Mandatory Enclosures)

<input type="checkbox"/> Cheque	<input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Bankers Cheque	<input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer
---------------------------------	--	--

Amount in figures ₹ <input type="text"/>	Cheque / DD / PO / UTR No. <input type="text"/>
Amount in words ₹ <input type="text"/>	Cheque / DD / PO / RTGS Date <input type="text"/>
Bank A/c No. <input type="text"/>	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)
Name of the Bank & Branch <input type="text"/>	
Address of the Bank <input type="text"/>	

4. DECLARATIONS & SIGNATURE/S (Refer Instruction 4)

THIRD PARTY DECLARATION

I/We confirm having read and understood the Third Party Payment rules, as given below and hereby agree to be bound by the same.

I/We declare that the information declared herein is true and correct, which Taurus Mutual Fund is entitled to verify directly or indirectly. I agree to furnish such further information as Taurus Mutual Fund may require from me/us. I/We agree that, if any such declarations made by me/us are found to be incorrect or incomplete, Taurus Mutual Fund/Taurus AMC is not bound to pay any interest or compensation of whatsoever nature on the said payment received from me/us and shall have absolute discretion to reject / not process the Application Form received from the Beneficial investor(s) and refund the subscription monies.

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 any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We will assume personal liability for any claim, loss and/or damage of whatsoever nature that Taurus Mutual Fund/Taurus AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing of the transaction in favour of the beneficial investor(s) as detailed in the Application Form.

Applicable to NRIs only :

I/We confirm that I am/We are Non-Resident of Indian Nationality /Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.

Please (3) ☐ Yes ☐ No

If yes, ☐ Repatriation basis ☐ Non-repatriation basis

Please sign here

Signature of the Third Party

MULTIPLE BANK ACCOUNTS REGISTRATION FORM

(Please strike unused sections to avoid unauthorised use.)

Folio No. (For Existing Unit Holders) _____	OR Application No (for New Unit Holders) _____	Permanent Account Number (PAN) <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
Name of Sole / First Unit Holder _____		

Note: Please read the instructions overleaf before filling in the form.

A - PREFERRED (Default) BANK ACCOUNT

From among the bank accounts registered with you, please register the following bank account as a Preferred Bank Account into which future redemption and/or IDCW proceeds would be credited.

Account No.		Account type	Savings	Current	NRE	NRO	FCNR
Bank Name		Branch					
City		PIN code					
MICR Code [^]		IFSC Code ^{^^}					
Document attached* (Any one) <input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate							
*Refer to instruction 2 ^ 9 digit code on your cheque next to the cheque number. ^^ 11 digit code printed on your cheque.							

B - ADDITION OF BANK ACCOUNTS

Please register my/our following bank accounts for all investments in my/our account. I/We understand that I/We can choose to receive payment proceeds in any of these accounts, by making specific request. I/We understand that the bank accounts listed below shall be taken up for registration in my/our account in the order given below and the same shall be registered only if there is a scope to register additional bank accounts in the account.

Account No.		Account type	Savings	Current	NRE	NRO	FCNR
Bank Name		Branch					
City		PIN code					
MICR Code [^]		IFSC Code ^{^^}					
Document attached* (Any one) <input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate							
*Refer to instruction 2 ^ 9 digit code on your cheque next to the cheque number. ^^ 11 digit code printed on your cheque.							

Account No.		Account type	Savings	Current	NRE	NRO	FCNR
Bank Name		Branch					
City		PIN code					
MICR Code [^]		IFSC Code ^{^^}					
Document attached* (Any one) <input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate							
*Refer to instruction 2 ^ 9 digit code on your cheque next to the cheque number. ^^ 11 digit code printed on your cheque.							

Account No.		Account type	Savings	Current	NRE	NRO	FCNR
Bank Name		Branch					
City		PIN code					
MICR Code [^]		IFSC Code ^{^^}					
Document attached* (Any one) <input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate							
*Refer to instruction 2 ^ 9 digit code on your cheque next to the cheque number. ^^ 11 digit code printed on your cheque.							

Account No.		Account type	Savings	Current	NRE	NRO	FCNR
Bank Name		Branch					
City		PIN code					
MICR Code [^]		IFSC Code ^{^^}					
Document attached* (Any one) <input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Pass book <input type="checkbox"/> Bank Certificate							
*Refer to instruction 2 ^ 9 digit code on your cheque next to the cheque number. ^^ 11 digit code printed on your cheque.							

Declaration

I/We have read and understood the terms and conditions given below for registration of / changes to multiple bank accounts/. I/We understand that my/our application form is liable to be rejected if it is not filled as per the directions provided herein and in case the correct and complete supporting documents are not provided by me/us. I/We confirm that the referred above accounts pertain to my/our name/s. I/We shall not hold responsible Taurus MF / Taurus AMC or its Registrar & Transfer Agents or Banks, should the information furnished above is incomplete / invalid resulting in any transaction delays.

SIGNATURES (To be signed as per mode of holding. In case of Non-Individual Applicant, to be signed by AUTHORISED SIGNATORIES)

Please sign here	Please sign here	Please sign here
First / Sole Applicant / Guardian / POA Holder / Auth. Sign	Second Applicant	Third Applicant

MULTIPLE BANK ACCOUNTS REGISTRATION FORM
(Please strike unused sections to avoid unauthorised use.)

C - Bank Account Deletion Form

Folio No. (For Existing Unit Holders) _____ Name of Sole / First Unit Holder _____	Permanent Account Number (PAN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
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Please delete the following Bank accounts as registered accounts for my/our above folio:

Bank Account No.		Bank Name	
Bank Account No.		Bank Name	
Bank Account No.		Bank Name	
Bank Account No.		Bank Name	
Bank Account No.		Bank Name	

I/We have read and understood the terms and conditions given below for registration of / changes to multiple bank accounts/. I/We understand that my/our application form is liable to be rejected if it is not filled as per the directions provided herein and in case the correct and complete supporting documents are not provided by me/us.
 I/We here declare that the particulars given above are correct. I/we confirm that the referred above accounts pertain to my / our name/s. I/we shall not hold responsible Taurus MF / Taurus AMC or its Registrar & Transfer Agents or Banks, should the information furnished above is incomplete / invalid resulting in any transaction delays.

SIGNATURES (To be signed as per mode of holding. In case of Non-Individual Applicant, to be signed by AUTHORISED SIGNATORIES)		
Please sign here	Please sign here	Please sign here
Sole / First Applicant	Second Applicant	Third Applicant

Instructions and Terms and Conditions:

- 1.A. This facility allows a unit holder to register multiple bank account details for all investments held in the specified account (existing or new). Individuals/HuF can register upto 5 different bank accounts. Non-individuals (e.g Company, Trust, Society etc..) can register upto 10 different bank accounts
- B. To register additional bank accounts, please use another form.
2. Please enclose a cancelled cheque leaf for each banks accounts mentioned in the form, to verify the account details and register them accurately. The application will be processed only for such accounts for which cancelled cheque is provided. Account numbers NOT matching with such cheque leaf thereof will not be registered.
3. The bank account number on the cheque should not be handwritten and investor name should be over printed on the face of the cheque, otherwise provide a copy of statement or passbook indicating the name, address and bank account number. In case there is any change in account number for any other reason, provide a certificate from the banker stating the reason. If photo copies are submitted, investors must produce original for verification.
4. The first/sole unit holder in the account should be one of the holders in all the bank account being registered.
5. The investors can change the preferred bank account by submission this form. In case more than one bank accounts are opted for registration as preferred bank account, then AMC / mutual fund reserves the right to register anyone of them as the preferred bank account.
6. Bank account registration/deletion request will be accepted and processed only if all the details are correctly filled and the necessary documents are submitted. The request is liable to be rejected if any information is missing or incorrectly filled or if there is deficiency in the documents submitted.
7. The Bank Account chosen as the preferred bank account will be used for all Redemption /IDCW payouts. At anytime, investor can instruct the AMC to change the preferred bank account by choosing one of the additional accounts already registered with the AMC.
8. The registered bank accounts will also be used to identify the pay-in proceeds. Hence, unit holder(s) are advised to register their various bank accounts in advance using this facility and ensure that payments for ongoing purchase transactions are from any of the registered bank accounts only, to avoid fraudulent transactions and potential rejections due to mismatch of pay-in bank details with the accounts registered in the folio.
9. If in a folio, purchase investments are vide SB or NRO bank account, the bank account types for redemption can be SB or NRO only. If the purchase investments are made vide NRE account(s), the bank accounts types for redemption can be SB/ NRO/ NRE.
10. If request for redemption received together with a change of bank account or before verification and validation of the new bank account, the redemption request would be processed to the currently registered default (old) bank account.
11. If any of the registered bank accounts are closed/ altered, please intimate the AMC in writing of such change with an instruction to delete/alter it in our records.
12. A written confirmation of registration of the additional bank account details will be dispatched to you within 10 calendar days of receipt of such request.