

Common Application Form for Equity, Monthly Income and Balanced Schemes  
(For Lumpsum / Systematic Investments)



Sr. No.: **A**

**I. DISTRIBUTOR INFORMATION** (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund)

BROKER / AGENT CODE	SUB-BROKER / BANK BRANCH CODE	M. O. CODE
Ganesh S. Shanbhag / ARN - 0988		

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.  
Existing Folio Number: \_\_\_\_\_  **SIP Form Attached**

**MANDATORY** [Please tick (✓)] Refer Instruction - F

APPLICANT DETAILS	PAN * please attach proof	Know Your Client (KYC)	STATUS
FIRST APPLICANT	_____ <input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI/NRO	<input type="checkbox"/> Partnership <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Societies <input type="checkbox"/> HUF
SECOND APPLICANT	_____ <input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied <input type="checkbox"/> NRI/NRE	<input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> PIO
THIRD APPLICANT	_____ <input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied <input type="checkbox"/> Trust <input type="checkbox"/> Proprietorship	<input type="checkbox"/> FII <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Body Corporate <input type="checkbox"/> FOF
GUARDIAN/POA HOLDER	_____ <input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied <input type="checkbox"/> LLP	<input type="checkbox"/> Others _____ Please specify _____

**2. SOLE / FIRST APPLICANT'S PERSONAL DETAILS** (Please fill in Block Letters use one box for one alphabet leaving one box blank between two words, as it appears in your Bank Account)

Name Mr Ms M/s \_\_\_\_\_  
Date of Birth DDMMYYYY Status: (✓)  RI  NRI  
Proof of DOB (Mandatory in case of minor)  Birth Certificate  School Leaving Certificate  Passport  Other \_\_\_\_\_  
Guardian Name (in case of Minor) **Contact Person** - Designation (non individual) / **PoA Holder** (investments made of constitutional attorney).  
Name Mr Ms M/s \_\_\_\_\_  
Date of Birth DDMMYYYY Status: (✓)  RI  NRI  
Proof of DOB (Mandatory in case of minor)  Birth Certificate  School Leaving Certificate  Passport  Other \_\_\_\_\_

**Address** [P. O. Box Address is not sufficient] (Indian address in case of NRI's / FII's)  
\_\_\_\_\_  
City \_\_\_\_\_ Pin code Mandatory \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_

**Contact Details**  
Phone O \_\_\_\_\_ Extn. \_\_\_\_\_ Fax \_\_\_\_\_  
R \_\_\_\_\_ Mobile \_\_\_\_\_  
e-mail \_\_\_\_\_

I/We wish to receive the following via e-mail in lieu of physical document(s) (Please ✓)  **Account Statement**  **Annual Report**  **Other Communication**  
**Overseas Address** (Mandatory in case of NRI / FII applicant in addition to mailing address)  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_ Zip code \_\_\_\_\_

I/We confirm that I am/we are non-residents of indian nationality/origin & that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/ FCNR Account.  
Occupation (please ✓)  Agriculture  Business  Service  Professional  Housewife  Retired  Student  Other \_\_\_\_\_

**3. JOINT APPLICANT'S DETAILS** (Not Applicable where First Holder is a Minor)

**Second Applicant**  
Name Mr Ms M/s \_\_\_\_\_  
Date of Birth DDMMYYYY Status: (✓)  RI  NRI

**Third Applicant**  
Name Mr Ms M/s \_\_\_\_\_  
Date of Birth DDMMYYYY Status: (✓)  RI  NRI

**Name of Power of Attorney holder for investment on behalf of Applicant / contact person - designated (Non Individuals).**  
Name Mr Ms M/s \_\_\_\_\_

**Mode of Holding** (please ✓)  Single OR  Joint OR  Anyone or Survivor **Default Option: Joint**

**ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)**

Sr. No.: **A**

Received from Mr. / Ms. / M/s. \_\_\_\_\_  
an application for Units of \_\_\_\_\_  
Plan \_\_\_\_\_ Option \_\_\_\_\_ Sub-option \_\_\_\_\_  
alongwith Cheque / DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on (Bank) \_\_\_\_\_  
\_\_\_\_\_ Amount (₹) \_\_\_\_\_

Signature, Stamp & Date

Subject to realisation of cheque / Demand Draft and verification of mandatory information / document.

**4. FIRST HOLDERS BANK ACCOUNT DETAILS (Mandatory) Refer Instruction H**

All communication/payments will be made to first applicant or to Karta in case of HUF. Bank account details of First Unitholder required without which the application would be rejected

Name of the Bank									
Branch					Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> NRE				
Account No. (in Fig.)									
Bank Address									
City			State				PIN		
^ MICR Code		*IFSC Code (RTGS)			*IFSC Code (NEFT)				

^ (To be filled in only if dividend is to be paid through ECS). \* This is a 11 Digit Number, kindly obtain it from your Bank Branch. (Cancelled cheque is Mandatory)

**5. DIRECT CREDIT FACILITY FOR REDEMPTION / DIVIDEND / REFUND PAYOUTS - Refer Instruction I**Unitholders having bank account with **ICICI Bank Ltd/HDFC Bank Ltd/Axis Bank/IDBI Bank/Standard Chartered Bank/Kotak Mahindra Bank/HSBC Bank/Deutsche Bank/Royal Bank of Scotland/Oriental Bank of Commerce/State Bank of India (Core banking centers only - subject to validation)** & who have provided the NEFT/RTGS/ECS code may receive their redemption/dividend proceeds (if any) directly into their bank accounts. In case you wish to receive a cheque/demand draft, please tick here **6. SCHEME DETAILS Refer page 6 & 7 for correct scheme name**

Scheme Name					Plan				
Options					Dividend Frequency				

Scheme Name : <b>TATA INFRASTRUCTURE FUND GROWTH OPTION</b>					Would you like to avail of the Trigger Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Trigger choice: (Tick (✓) NAV Appreciation): <input type="checkbox"/> 5% <input type="checkbox"/> 10% (Default: 10%)					Trigger option: <input type="checkbox"/> Switch to Tata Floater Fund - Growth Option <input type="checkbox"/> Redeem				
Default Trigger at 10%.					(Default: Switch to Tata Floater Fund)				

**INVESTMENT DETAILS (Strike off whichever is not applicable)**

Gross Amount (A)		DD Charges (if any) (B)		Net Amount (Cheque / DD Amount)					
₹		A		₹		A	minus	B	
Mode of Payment									
A/c No.		A/c Type		Cheque / DD No.				Dated	
Drawn on Bank									
Branch					Branch City				

<input type="checkbox"/> <b>SIP THROUGH AUTO-DEBIT (ECS). Please fill up enclosed SIP Auto Debit (ECS) Facility Form and submit it together with this Application Form.</b>	<input type="checkbox"/> <b>SIP THROUGH POST-DATED CHEQUES Please fill attached SIP form for Post Dated Cheques (PDCs)</b>
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**7. NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) Refer Instruction K (MANDATORY)**

Please select any one of the follows:  
 Please register nomination as requested below (please fill the nomination form below)  I wish to nominate multiple nominees (please strike out the form below & fill separate form attached herewith)  I do not wish to nominate.

I/We hereby nominate the person more particularly described hereunder to receive the Units allotted to me/us/credit in my/our folio in the event of my/our death. I/We understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge of the AMC / Mutual Fund / Trustees.

Name \_\_\_\_\_  
Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Proof of DOB  Birth Certificate  School Leaving Certificate  Passport  Others \_\_\_\_\_

The Nominee is a minor whose guardian is:  
Name & Address of Guardian: \_\_\_\_\_

Relationship of the Nominee with the Guardian  Mother  Father  Legal Guardian  
Proof of relationship:  Birth Certificate  School Leaving Certificate  Passport  Others \_\_\_\_\_

Sign of Nominee/ Guardian (in case of minor nominee)

**8. DECLARATION AND SIGNATURES. Refer Instruction - C**

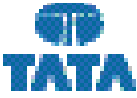
<p><b>The Trustee, Tata Mutual Fund</b></p> <p>a) Having read &amp; understood the contents of the Scheme Information Document of the Scheme, I/ We hereby apply for units of the scheme &amp; agree to abide by the terms, conditions, rules &amp; regulations governing the scheme.</p> <p>I/ We hereby declare that the amount invested in the scheme is through legitimate sources only &amp; does not involve &amp; 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, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt of India from time to time. I/ We have understood the details of the scheme &amp; I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me/us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption &amp; undertaking such other action with such funds that may be required by the Law. b) <b>For NRIs:</b> I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin &amp; that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. c) 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. d) I/ We confirm that details provided by me / us are true and correct. e) I/We have read &amp; understood the SEBI Circular No. MRD/DoP/Cir-05/2007 dt. 27/04/2007 &amp; SEBI Circular No. 35/MEM-COR/18/07-08 dt. 26/06/2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card. f) <b>For Micro SIP:</b> I/We hereby declare that I/We do not have any existing Micro SIP's which together with the current application will result in aggregate investments exceeding ₹ 50,000/- in a year.</p> <p>Date: _____</p>	1st Unitholder Signature / Thumb Impression
	2nd Unitholder Signature / Thumb Impression
	3rd Unitholder Signature / Thumb Impression

**CHECKLIST**

Toll Free: 1800-209-0101 (Open on all days). Email: kiran@tataamc.com, Website: www.tatamutualfund.com. Documents as listed below are submitted along with this application.

Document List	Document List	Document List
1. PAN <input type="checkbox"/>	5. Trust Deed <input type="checkbox"/>	9. Notarised Power of Attorney <input type="checkbox"/>
2. KYC <input type="checkbox"/>	6. Bye-Laws <input type="checkbox"/>	10. Foreign Invest Remittance Certificate (FIRC) <input type="checkbox"/>
3. Resolution / Authorisation to invest <input type="checkbox"/>	7. Partnership Deed <input type="checkbox"/>	11. MICROSIP document <input type="checkbox"/>
4. Authorised Signatories List with Specimen Signature <input type="checkbox"/>	8. Overseas Auditor's Certificate <input type="checkbox"/>	12. Others <input type="checkbox"/>

All documents in 3 to 8 above should be originals / true copies certified by the Director's / Trustee / Company Secretary / Authorised Signatory / Notary Public.



# Common Application Form for Equity, Monthly Income and Balanced Schemes (For Lumpsum / Systematic Investments)



Expertise that's trusted

Sr. No.: **A**

**I. DISTRIBUTOR INFORMATION** (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund)

BROKER / AGENT CODE	SUB-BROKER / BANK BRANCH CODE	M. O. CODE
Ganesh S. Shanbhag / ARN - 0988		

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.

Existing Folio Number:   **SIP Form Attached**

**MANDATORY** [Please tick (✓)] Refer Instruction - F

APPLICANT DETAILS	PAN * please attach proof	Know Your Client (KYC)	STATUS
FIRST APPLICANT	<input type="text"/> <input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Societies <input type="checkbox"/> NRI/NRO <input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> HUF
SECOND APPLICANT	<input type="text"/> <input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	<input type="checkbox"/> NRI/NRE <input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> PIO <input type="checkbox"/> Trust <input type="checkbox"/> FII <input type="checkbox"/> Body Corporate
THIRD APPLICANT	<input type="text"/> <input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	<input type="checkbox"/> Proprietorship <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> FOF
GUARDIAN/POA HOLDER	<input type="text"/> <input type="checkbox"/> Proof	<input type="checkbox"/> KYC Complied	<input type="checkbox"/> LLP <input type="checkbox"/> Others <small>Please specify</small>

**2. SOLE / FIRST APPLICANT'S PERSONAL DETAILS** (Please fill in Block Letters use one box for one alphabet leaving one box blank between two words, as it appears in your Bank Account)

Name

Date of Birth  Status: (✓)  RI  NRI

Proof of DOB (Mandatory in case of minor)  Birth Certificate  School Leaving Certificate  Passport  Other

**Guardian Name** (in case of Minor) **Contact Person** - Designation (non individual) / **PoA Holder** (investments made of constitutional attorney).

Name

Date of Birth  Status: (✓)  RI  NRI

Proof of DOB (Mandatory in case of minor)  Birth Certificate  School Leaving Certificate  Passport  Other

**Address** [P. O. Box Address is not sufficient] (Indian address in case of NRI's / FII's)

City  Pin code Mandatory

State  Country

**Contact Details**

Phone  Extn.  Fax  Mobile

I/We wish to receive the following via e-mail in lieu of physical document(s) (Please ✓)  **Account Statement**  **Annual Report**  **Other Communication**

**Overseas Address** (Mandatory in case of NRI / FII applicant in addition to mailing address)

City

State  Country  Zip code

I/We confirm that I am/we are non-residents of indian nationality/origin & that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/ FCNR Account.

Occupation (please ✓)  Agriculture  Business  Service  Professional  Housewife  Retired  Student  Other

**3. JOINT APPLICANT'S DETAILS** (Not Applicable where First Holder is a Minor)

**Second Applicant**

Name

Date of Birth  Status: (✓)  RI  NRI

**Third Applicant**

Name

Date of Birth  Status: (✓)  RI  NRI

**Name of Power of Attorney holder for investment on behalf of Applicant / contact person - designated (Non Individuals).**

Name

**Mode of Holding** (please ✓)  Single OR  Joint OR  Anyone or Survivor **Default Option: Joint**

**ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)**

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

an application for Units of

Plan  Option  Sub-option

alongwith Cheque / DD No.  Dated  Drawn on (Bank)

Amount (₹)

Signature, Stamp & Date

Subject to realisation of cheque / Demand Draft and verification of mandatory information / document.

Sr. No.: **A**

**4. FIRST HOLDERS BANK ACCOUNT DETAILS (Mandatory) Refer Instruction H**

All communication/payments will be made to first applicant or to Karta in case of HUF. Bank account details of First Unitholder required without which the application would be rejected

Name of the Bank									
Branch					Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> NRE				
Account No. (in Fig.)									
Bank Address									
City			State				PIN		
^ MICR Code		*IFSC Code (RTGS)			*IFSC Code (NEFT)				

^ (To be filled in only if dividend is to be paid through ECS). \* This is a 11 Digit Number, kindly obtain it from your Bank Branch. (Cancelled cheque is Mandatory)

**5. DIRECT CREDIT FACILITY FOR REDEMPTION / DIVIDEND / REFUND PAYOUTS - Refer Instruction I**Unitholders having bank account with **ICICI Bank Ltd/HDFC Bank Ltd/Axis Bank/IDBI Bank/Standard Chartered Bank/Kotak Mahindra Bank/HSBC Bank/Deutsche Bank/Royal Bank of Scotland/Oriental Bank of Commerce/State Bank of India (Core banking centers only - subject to validation)** & who have provided the NEFT/RTGS/ECS code may receive their redemption/dividend proceeds (if any) directly into their bank accounts. In case you wish to receive a cheque/demand draft, please tick here **6. SCHEME DETAILS Refer page 6 & 7 for correct scheme name**

Scheme Name					Plan				
Options					Dividend Frequency				

Scheme Name : <b>TATA INFRASTRUCTURE FUND GROWTH OPTION</b>					Would you like to avail of the Trigger Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Trigger choice: (Tick (✓) NAV Appreciation): <input type="checkbox"/> 5% <input type="checkbox"/> 10% (Default: 10%)					Trigger option: <input type="checkbox"/> Switch to Tata Floater Fund - Growth Option <input type="checkbox"/> Redeem				
Default Trigger at 10%.					(Default: Switch to Tata Floater Fund)				

**INVESTMENT DETAILS (Strike off whichever is not applicable)**

Gross Amount (A)		DD Charges (if any) (B)		Net Amount (Cheque / DD Amount)					
₹		A		₹		A	minus	B	
Mode of Payment									
A/c No.		A/c Type		Cheque / DD No.				Dated	
Drawn on Bank									
Branch					Branch City				

<input type="checkbox"/> <b>SIP THROUGH AUTO-DEBIT (ECS). Please fill up enclosed SIP Auto Debit (ECS) Facility Form and submit it together with this Application Form.</b>	<input type="checkbox"/> <b>SIP THROUGH POST-DATED CHEQUES Please fill attached SIP form for Post Dated Cheques (PDCs)</b>
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**7. NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) Refer Instruction K (MANDATORY)**

Please select any one of the follows:

Please register nomination as requested below (please fill the nomination form below)  I wish to nominate multiple nominees (please strike out the form below & fill separate form attached herewith)  I do not wish to nominate.

I/We hereby nominate the person more particularly described hereunder to receive the Units allotted to me/us/credit in my/our folio in the event of my/our death. I/We understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge of the AMC / Mutual Fund / Trustees.

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Proof of DOB  Birth Certificate  School Leaving Certificate  Passport  Others \_\_\_\_\_

The Nominee is a minor whose guardian is:

Name & Address of Guardian: \_\_\_\_\_

Relationship of the Nominee with the Guardian  Mother  Father  Legal Guardian

Proof of relationship:  Birth Certificate  School Leaving Certificate  Passport  Others \_\_\_\_\_

Sign of Nominee/ Guardian (in case of minor nominee)

**8. DECLARATION AND SIGNATURES. Refer Instruction - C**

<p><b>The Trustee, Tata Mutual Fund</b></p> <p>a) Having read &amp; understood the contents of the Scheme Information Document of the Scheme, I/ We hereby apply for units of the scheme &amp; agree to abide by the terms, conditions, rules &amp; regulations governing the scheme.</p> <p>I/ We hereby declare that the amount invested in the scheme is through legitimate sources only &amp; does not involve &amp; 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, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt of India from time to time. I/ We have understood the details of the scheme &amp; I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Customer" process is not completed by me/us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption &amp; undertaking such other action with such funds that may be required by the Law. b) <b>For NRIs:</b> I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin &amp; that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. c) 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. d) I/ We confirm that details provided by me / us are true and correct. e) I/We have read &amp; understood the SEBI Circular No. MRD/DoP/Cir-05/2007 dt. 27/04/2007 &amp; SEBI Circular No. 35/MEM-COR/18/07-08 dt. 26/06/2007 regarding mandatory requirement of PAN. I/We confirm that I/we are holding valid PAN card. f) <b>For Micro SIP:</b> I/We hereby declare that I/We do not have any existing Micro SIP's which together with the current application will result in aggregate investments exceeding ₹ 50,000/- in a year.</p> <p>Date: _____</p>	1st Unitholder Signature / Thumb Impression
	2nd Unitholder Signature / Thumb Impression
	3rd Unitholder Signature / Thumb Impression

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2. KYC <input type="checkbox"/>	6. Bye-Laws <input type="checkbox"/>	10. Foreign Invest Remittance Certificate (FIRC) <input type="checkbox"/>
3. Resolution / Authorisation to invest <input type="checkbox"/>	7. Partnership Deed <input type="checkbox"/>	11. MICROSIP document <input type="checkbox"/>
4. Authorised Signatories List with Specimen Signature <input type="checkbox"/>	8. Overseas Auditor's Certificate <input type="checkbox"/>	12. Others <input type="checkbox"/>

All documents in 3 to 8 above should be originals / true copies certified by the Director's / Trustee / Company Secretary / Authorised Signatory / Notary Public.