TAURUS MUTUAL FUND



COMMON APPLICATION FORM

| | | | | | | (P | lease | read | instru | ctions | s carefu | ully b | efore | filling | up t | he fo | rm) | | | | Ар | plica | tion I | No. | | | | | | |
|---|--------------|-----------|----------|-------------|-----------------|------------------|---------------|---------------|------------------|----------|---------------|--------------|------------------|--------------------|---------|---------|----------|--------|-------------------|------------------|--------|----------|-----------------|---------------|-----------------------|---------------|---------------|---------|----------|----------|
| ARN-0988 | | | | | S | ub-Brok | ker's Nai | me & | ARN No | o. / DII | RECT | | | | | | Collecti | ion Ce | ntre (fo | r office | use on | nly) | | | | | | | | |
| Upfront commission shall be paid directly For Direct Application please write the w | | | | | | rs base | d on the | e inves | tors' as | ssessm | ent of vo | arious f | factors | includin | g the : | service | render | ed by | the dist | ributor. | | | | | | | | | | |
| TRANSACTION CHAR | RGES (Ple | ase tick | any on | ne of the | belov | v. Refe | er Instr | ructio | n no.7 | 7) | | | | | | | | | | | | | | | | | | | | |
| | m a first t | | | | | | | | | | _ or | r L | | | | | | | ın ex | | | | | | | | | | | |
| ₹150 will be deducted as | | | | | | | | | | | re | ₹1 | | | | | | | | | | _ | | | | | | 000 | and | more |
| 1. Existing Unit Holder | R INFORM | ATION | (Pleas | e fill in y | our Fo | olio No | o. & No | ame (| and th | en pr | oceed 1 | to Se | ction | 8) Ap | plical | ble de | etails a | and n | node o | f holdi | ing w | ill be | as pe | er the | existi | ng Fo | olio. | | | |
| Folio No. | | | | | | | <u> </u> | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Unit Holder / New A | APPLICAN' | T INFO | RMAT | 10n (R | lefer In | struct | ion Pa | ige) | Fresh | / Ne | w inves | stors | fill in o | all the | Secti | ion 2 | to 14 | | | | | | | | | | | | | |
| NAME OF FIRST / SOLE APP | PLICANT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr. Ms. M/s. | | | | | | | \perp | | | | | | | | | | | | | | | | | | | \perp | \perp | | | |
| DATE OF BIRTH (DOB) | | W | | Y | Υ | Υ | | | | | ase o | | | | | | | | | | | | | | | | | | | |
| NAME OF THE GUARDIAN (| For minor a | pplicant |) / N | lame c | of the | PO | 4 Ho | lder | / N | ame | of the | e Co | onta | ct Per | son | (For | Non I | ndivi | idual A | pplica | nt) | | | | | | | _ | _ | |
| Mr. Ms. M/s. | | | <u> </u> | | | | | | | | | | | | | \perp | | | | | | | | | | <u></u> | <u>_</u> | <u></u> | | |
| Guardian named above | | | | | | | | | | _ | Designa | | | | | | | | | | | | | | \perp | Ш | \perp | \perp | | |
| For Investments "On bel | | | (*Re | | | | | | | | | | | | | | | | - | | | | | .1 | | | | | | |
| Proof of DOB & Relation | • | iched | | B | Sirth (| Certi | ificat | e | <u></u> ; | Scho | ool Ce | ertiti | icate |) / M | ark | shee | et | Ш | Pass | port | | <u></u> | Any | oth | er | | | | ••••• | |
| NAME OF SECOND APPLICA | ANT | | | | | _ | | | | | 1 | | | | _ | | | , | | | _ | | | | | _ | _ | _ | | 1 |
| Mr. Ms. | | | | | | | \perp | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF THIRD APPLICANT | | | _ | | | | $\overline{}$ | $\overline{}$ | $\overline{}$ | | $\overline{}$ | | - | - | | | - | | | $\overline{}$ | | | | | | _ | _ | _ | | 1 |
| 3. FIRST/SOLE APPLICANT | MAIIING | : ADDP | FSS & | CONT | TACT | DETA | AII S | | | | | | | | | | | | | | | | | | | _ | _ | _ | <u> </u> | |
| 5. FIRST/ SOLL AFFLICANT | TVIAILING | | LUU | CON | T | | TILS | | | | | | | | | | | Π | Т | | | Π | П | Т | $\overline{}$ | $\overline{}$ | $\overline{}$ | _ | Т | Т |
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| City | | | + | | | | | | | Sto | ate | | | | | | | | | | | | Pin | Code | 9 | + | + | + | | |
| STD Code | | Teleph | none 0 |)ff. | | | П | | | | | Resi. | | | | | | | | | Mob |). | | T | П | П | Т | 士 | 1 | |
| E-Mail | | | | | | | | | | | | | | | | | | | ' | | | | | | _ | | | | | |
| OVERSEAS ADDRESS (Manda | atory for NR | l/FII a | pplicat | ion) | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| State | | | | | | | | | Pin (| | | | | | | | Cou | ntry | | | | | | | _ | _ | 丄 | | | |
| 4. PAN AND KYC COMP | PLIANCE | STATU | JS DE | ETAILS | (MA | | | RY) | (Refer | r Instr | uction | 2,15 | 5 & 10 | 6) | | | | | | | | | | | | | | | | |
| Fint / Cala Analizant | | | | | | PAI | N No. | Т | _ | | | | | | | | | | C Comp | | | | | | | | | | | |
| First / Sole Applicant Second Applicant | | | | | | | | | | - | | | | | | | | | Ackno | | | | | | | | | | | |
| Third Applicant | | | | | | | | | | | | | | | | | ౼ | | Ackno | | | | | | | | | | | |
| Guardian / POA Holder | | | | | | | | | + | + | | | | | | | | | Ackno | | | | | | | | | | | |
| 5. S | TATUS (c | OF FIRS | TICK | DLE API | PLICA | NT) | | | | | 1 | | | OF H | | | G | | OCC | UPA | | | | | /Sol (√)] | | .PPLIC | ANT |) | |
| Resident Individual | □ NR | |] PIO | | Parti | nership | p | | ☐ Trus ☐ Flls | st | Ī | ¬ Sii | ngle | | | | | Ī | Serv | ice | | | Stude | ent | П | 1 Profe | ession | al | | |
| Resident Individual HUF On behalf of Minor | ☐ AO ☐ BO | P I | | |] Com i Rody | pany ' / Corp | orate | | □ Flls | | F | ⊒ Jo ∃ An | oint (D ovone | efault) or Surv | vivor | | | F | ∃ Hous ∃ Agric | sewite ulture | | | Busin Pronri | ess ietors | hin 🗆 | Retir | red | | | |
| Society / Club | ☐ 0th | | | | | COLPI | _ (plea | se spe | ecify) | | Ľ | | ., 5110 | J. JUIN | | | | |] Othe | | | | | | | lease | specif | y) | | |
| 6. DEMAT ACCOUNT DE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I would like units to be allotted in | | | | | | | | | _ | | | | | | | | | | | | | | | | | | | | | |
| Beneficiary O | wner Ident | ıticatioı | n Num | | | NI- | | | + | | | | | | | ı | Depo | sitor | y Part | ıcipar | nt (Di | P) No | ime | | — | — | — | | | |
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| Enclosures: Client M | Naster Lis | t (CMI | L) [| l] Tran | sacti | on c | :um F | Hold | ing S | State | ement | + [| De | eliver | y In | stru | ction | Sli | p (DI | S) | | | | | | | | | | |
| | | | × | | | | | | | | Γ SLIP | | | | | | | .>∢. | | | | | | | | | | | | |
| TAURUS | | | | | | 70 | 101 | | | | MUT | | | | | | . 51111 | | | | Apr | PLICATIO | ON. N | 0. | | | | | | |
| Mutual Fund | | | | | | | | | | | | | | | | | | | | | | | ı | | | | | | | |
| Received from Mr. / Ms. / M/s | | | | | | | _ | | | | | | /61 | /^ | |] [| Date : | | | | | | | Col | ection | Centre | AM | C Stan | np / S | ignature |
| Cheque No. | | Amoun | ıt | | | | | | | | Sc | chem | ie/Plo | ın/Op | tion | | | | | | | | | | | | | | | |
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SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)

ONE TIME PURCHASE

Investment Type (Please (🗸))

| Name of the Bank | | Jianons, ii is manaai | ory for investors to | provide iiie | eir dank ac | count de | tails) (Refe | INSTRUCTIO | 111 4) | | | | | |
|---|--|--|--|--|---|--|--|--|---|---|--|---|---|--------------------|
| | | | | | | | | | | | | | | |
| Branch Address | | | City | | | | | | | Pin Code | | | | |
| Account No. | | | Account Type | | | | | | E | NRO 🔲 F | CNR | Others | () | olease specify |
| MICR Code | | | This is a 9 digit number i Please attach a blank ex | next to your ch ctra cheque car | ieque numbe ncelled or a c | r. lear photoco | ppy of a cheque | | | | | | | |
| IFSC Code | | It is the respon | sibility of the investor to | ensure the corr | rectness of th | ne IFSC code | of the recipier | t /destinatio | on branch | n corresponding | to the bank (| details m | entioned ir | Section 9. |
| 8. INVESTMENT DETAILS - (Refe | er Instruction 5) | | Scheme 1 | | | S | cheme 2 | | | | Sc | heme 3 | | |
| Name of the Scheme | | Taurus - | | 1 | Taurus - | | | | | Taurus - | | | | |
| Plan | | | | | | | | | | | | | | |
| Option | | | | | | | | | | | | | | |
| 9. PAYMENT DETAILS | | | | | | | | | | | | | | |
| Payment Type (Please (✓)) | PAYMENT BY | | | | | | tach 'Third Pai | <u> </u> | | | , . | | | |
| Investment Type (Please (✔)) | ONE TIME PL | JRCHASE | Scheme 1 | SIP/Opti SIP | PURCHASE | | up SIP auto de cheme 2 | bit or PDC fo | orm and | attach with thi | | heme 3 | | |
| Cheque / DD No. | Date: | | JUICHIE I | | | 5 | SHEILIG Z | | | | 50 | nenie 3 | | |
| Bank & Branch Name Amount of Cheque / DD /RTGS/NEFT in figures ₹ | (i) | | | | | | | | | | | | | |
| DD Charges if any, in figures ₹ (ii) | | | | | | | | | | | | | | |
| Total Amount (i)+ (ii) in figures ₹ in words ₹ | | | | | | | | | | | | | | |
| 10. PIN FACILITY (PLEASE ✓) | | like to receive PIN | | | | | | | | | | | | |
| I/We wish to receive the following docum 12. NOMINATION DETAILS (Refer In | nstruction 13) | le instead of physical | | ount Staten | ment [|] Annua | Report | □ Other | nforn | nation | | | (please | specify) |
| ☐ I/We wish to nominate | □ I/We NO | | - | | | | 1 | | | | | | | · . |
| I/We wish to nominate | I/We DO | NOT WISHTO HOTHING | Guardian Name 8 | & Address (In | ı case Nomi | nee is Min | or) | All | location | (Total = 100 | %) Nom | ninee / | Guardian | Signature |
| Nominee No | | NOT WISH TO HOTHING | Guardian Name 8 | & Address (In | ı case Nomi | nee is Min | or) | All | location | (Total = 100 ^a | %) Non | ninee / | Guardian | Signature |
| Nominee No | | NOT WISH O HOHING | Guardian Name & | & Address (In | ı case Nomi | nee is Min | or) | All | location | (Total = 100 | %) Nom | ninee / | Guardian | Signature |
| Nominee 1 Nominee 2 | ame & Address | NOT WISH O HOHING | Guardian Name & | 3 Address (In | case Nomi | nee is Min | or) | All | location | (Total = 100° | %) Nom | ninee / | Guardian | Signature |
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| Nominee Nominee Nominee Nominee 1 Nominee 2 Nominee 3 13. DOCUMENTS ENCLOSED (Memorandum & Articles of Association Resolution / Authorisation to invest Power of Attorney | PLEASE ✓) | | Trust Deed PAN Copy Certificate of Inco | | case Nomi | | KYC acknowled | gement | SII SII | P Enrolment Forn P Enrolment Forn IP/STP/DSO En | n (For Investi n (For Investi rolment Form t Declaration | ment throu | ugh PDC) | |
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| Nominee Nominee Nominee Nominee Nominee 2 Nominee 2 Nominee 3 13. DOCUMENTS ENCLOSED (Memorandum & Articles of Association Resolution / Authorisation to invest Power of Attorney List of Authorised Signatories with Specimen Sign 14. DECLARATION(S) & SIGNATURE To, The Trustee, Tourus Mutrual Fund Having read understood the contents of the Scheme In legitimate sources only and does not involve and is not deeply the government of India from time to time. J/We have IThe ARN holder has disclosed to me/us all the commiss Applicable for NRI's only J/We confirm that I am/we are Non Residents of Indian N **I have voluntarily subscribed to the on-line access for tre website www.taurusmutualfund.com and hereby undertake | PLEASE PLEASE The struction 14 of the purpose of the control understood the details of the schen sions (in the form of trail commissions (in the form of trail commissions (in the form of trail commissions (in the form of trail commissions) (in the form of t | ay apply for units of the sche vention of any Act, Rules, R ne & L/we have not receive sion or any other mode), p ave remitted funds from abro | Trust Deed PAN Copy Certificate of Inco Bye-Laws me and agree to abide by the supulations, Notifications or nor have been induced by ayable to him for the diffund through approved bank all Fund and confirm of hav aptions cast on me and shall remaind the supulations cast on me and shall remainded. | vrporation he terms, condit Directions of th after the competition of | itions, rules a ne provisions o iifs, directly o in g Schemes r from funds ir rstood and ag eny orrepudiat | nd regulation of the Income indirectly in of various M | KYC acknowled LLP Agreement Partnership Dee S governing the Tax Act, Anti M making this inv making the farms and | gement d scheme. I/W sney Lounder strment. m amongst v nal /Non-Resi | SII | P Enrolment Form Enrolment Form P/STP/DSO Enrolment Port Port Port Port Port Anti Corruption I P Scheme is bein inary /FCNR acc of the internet f | n (For Investri (For Investri of Compart Form of Declaration unt Registration amount invess aws or any of ung recommen ount. | ment thro nent throu Form on Form | ugh PDC) scheme is 1 scheme is 1 mentioned | luto Debit) hrough |