

COMMON APPLICATION FORM

Application No.

(Please read instructions carefully before filling up the form. The product labelling details available on cover page) ARN/RIA Code and Name E175379 78041 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) *1/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. 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 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. N New Investor Y Folio No. 2. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY) (Refer Instruction 2, 16 & 17) PAN/PEKERN No. **KYC Number** Aadhar Number 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 Nationality Mr. Ms. M/s. DATE OF BIRTH (DOB) (Mandatory in case of minor) DATE OF INCORPORATION NAME OF THE GUARDIAN / POA Holder/Contact Person Nationality Mr. Ms. M/s. For Investments "On behalf of Minor": (*Refer Instruction 3 for mandatory documents to be attached) Birth Certificate Proof of DOB & Relationship attached School Certificate / Marksheet Any other... Passport NAME OF SECOND APPLICANT Nationality Mr. Ms. NAME OF THIRD APPLICANT Ms. 4. MODE OF HOLDING [PLEASE TICK ()] ☐ Joint (Default) ☐ Anyone or Survivor 5. FIRST/SOLE APPLICANT - MAILING ADDRESS & CONTACT DETAILS City State Pin Code Country Telephone Off. STD Code Resi Mob. E-Mail* o OVERSEAS ADDRESS (Mandatory for NRI / FII application) Page City State Pin Code Country 6. Other KYC details (Mandatory) ☐ Individual Non-Individual 6a. Status of First/Sole Applicant [Please (✓)] Listed Company Unlisted Company Individual HUF Minor through guardian Partnership Society/Club Company ☐ Trust Body Corporate Mutual Fund ☐ FPI 190 NRI-Repatriable NRI-Non-Repatriable FII/Sub account of FII Fund of Funds in India QFI Others_ (please specify) 6b. Occupation Details [Please (✓)] (To be filled only if the applicant is an individual First Applicant Public Sector Service Private Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others (please specify) Private Sector Service Public Sector Service Second Applicant Government Service Business Professional Agriculturist Retired Housewife Student Others_ Forex Dealer (please specify) Third Applicant Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired ☐ Housewife Student Forex Dealer Others_ (please specify) ACKNOWLEDGEMENT SLIP - Common Application Form TAURUS MUTUAL FUND

TAURUS Mutual Fund



APPLICATION. No.

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

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12. PAYMENT DETAILS (Refer Instruction No. 6)			72 1341 134	
Sche	me 1 Sch	neme 2	Seh	eme 3
Cheque / DD / RTGS / UMR No. & Date: Bank & Branch Name				
Amount in figures ₹ (i)	3			
DD Charges if any, in figures ₹ (ii)		-		
in figures ₹				
Net Amount (i)+ (ii) in words ₹				
Account Type Please tick(✓) Savings ☐ Current ☐ NRE ☐		er Instruction 5C (Mandatory for Credit via NE on not find this on your cheque leaf, please chec		
13. NOMINATION DETAILS - Mandatory if mode of holding is single (Refer Instruction 1 4)			
☐ I/We wish to nominate ☐ I/We DO NOT wi				
First / Sole Applicant/ Guardian / POA Holder / Auth. Sign	Second Applicant / Auth. Si	ign —	Third Appli	cant Sign
Nominee Name & Address	Guardian Name & Address (In case Nominee is Minor)	Nominee Relationship with 1st Holder	Allocation (Total = 100%)	Nominee / Guardian Signatur
Nominee 1				
Nominee 2				
Nominee 3				
14. DOCUMENTS ENCLOSED (PLEASE ✓)				
Memorandum & Articles of Association	☐ Trust Deed		SIP Enrolment Form (For I	
Resolution / Authorisation to invest	PAN Copy Certificate of Incorporation	LLP Agreement [SIP Enrolment Form (For In SWP/STP/DSO Enrolment	vestment through NACH / Auto Debit
Power of Attorney List of Authorised Signatories with Specimen Signature(s)	Bye-Laws	HUF Deed [Third Party Payment Declare	
	- c (c)(m)(c)	Beneficiary ownership list	Multiple Bank Account Regi	stration Form
15. DECLARATION(s) & SIGNATURE(S) (Refer Instruction 15)				
To,				
The Trustee, Taurus Mutual Fund				
Having read and understood the contents of the Scheme Information Document (SID), Statement of A	dditional Information (SAI) & Key Information Memorandum (KIM) I,	/We hereby apply for units of the scheme and a	gree to abide by the terms, condi	itions, rules and regulations governing
the scheme, I/We hereby declare that the amount invested in the scheme is through legitimate sou Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable lows	res only and does not involve and is not designed for the purpose of enacted by the government of India from time to time. I/We have un	t the contravention of any Act, Kules, Regulation derstood the details of the scheme & I/we hav	ns, Notifications or Directions of the not received nor have been ind	the provisions of the income lax Act, luced by any rebate or gifts, directly or
indirectly in making this investment. Applicable for NRI's only - 1/We confirm that I am/we are Non Residents of Indian Nationality/Orig				
The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or a				
I/We confirm that details provided by me/us are true and correct.	. T . U . I . I . C . ()		ilia af tha internat facility man	marking larly marking and another websites
**I may voluntarily subscribe to the on-line access for transacting through the internet facility provided www.taurusmutualfund.com and hereby undertake to be bound by the same. I further undertake to discha				
1/We confirm A resident of US/Canada Not a resident of US/	Canada			
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Mease Sign (wire	Mestic sufficients		Places Si	on vana
First / Sole Applicant/ Guardian / POA Holder / Auth. Sign	Second Applicant / Auth. S	iign	Third Appl	icant Sign
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2.,				



TAURUS MUTUAL FUND

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 78041	Sub-Bro	ker's AR	RN Code	Emplo		nique Ide 1753		Number*	Intern	al Cod	e for Su	ıb-brok	ker/	Emplo	yee	Time	e Stam	p (for	office (use on
ront commission shall be paid directly by the investor to the AMFI	gistered Distributor	rs based on th	he investors' o	ssessment of v	various fact	tors including t	he service	rendered by the	e distributo	or. Also ref	er instructi	on no.2.	nvest	ors subsc	cribing ur	nder the	e "DIREC	T" plan o	of the so	cheme s
ntion "DIRECT" in the ARN column.																				
XECUTION ONLY (To be signed when EUIN is left b							1													
/We hereby confirm that the EUIN box has been inten otwithstanding the advice of in-appropriateness, if any,																	n of the	above	distribu	utor or
First / Sole Applicant/ Guardian /	OA Holde	r / Auth	n. Sian	_	Seco	nd Acco	unt Ho	older's Si	gnatui	re	_	Thire	d A	ccoun	nt Hole	der's	Signo	ature	_	
Registration of SIP/OptiSIP/Mici				ition of					0								J			
Renewal of SIP/OptiSIP/Micro S			hange	in Bank	Acco	unt for	an ex	isting in	vesto	-										
lew Investor Y N	Folio No		a.i.ge																	
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Name of Guardian (for Minor app		DA Hol	der / C	ontact	oersoi	n (for N	on-in	dl Anni	icant	1									_	
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	le/First Ap	policant	t/ Guai	dian			Secor	nd Appli	cant						Т	hird	Арр	licar	nt	
case of Micro SIP(Refer Instruction 14)	-,	1-10-0111	, 5001		1			- PP"									17 19			
Name of Scheme								Plan							ption					
	M1 CI	n .						Flui		Г		CLE	_		piloi	<u>'</u>				
	Micro SII	P		-							U _I	otiSIP							C.V	
P Amount (₹)			\perp	-	M	in. Insta	Ilmer	t Amt.							requ		_	Ш		onthl
requency Month	ly		Quarte	rly	M	ax. Inst	allme	nt Amt.						(Amor by ₹5	unt great 500/- &	ter than multipl	Fixed M le of ₹1/	in. Insta - thereo	llment o f)	mount
rst/Initial Investment Cheque Num	ber					Chequ	e Dat	e	I D	/	MIN	1/	Y	Y	Y	Y				
ARTICULARS OF BANK ACCOUNT e hereby, authorize Taurus Mutual Fund and the lame of the Account Holder as per			viders, to o	debit my/c	our follow	wing bank	accoun	t by ECS (D	ebit CLe	earing)/	auto del	oit to ac	coun	t for co	ollection	n of S	IP/Op	otiSIP	payme	ents.
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Account Number								Accoun			Savi	ngs		Cı	urren	t L	N	IRE	Ļ	NR
digit MICR Code								11	digit IFS	C Code										
trions governing the scheme. J/We hereby declare that the concount of Aloney Landering Act, Prevention of Corruption Act and / westment. Applicable for NRI's only - I/We confirm that I am / westment. Applicable for NRI's only - I/We confirm that I am / we rhas disclosed to me/us all the commissions (in the form of tracconfirm that details provided by me/us are true and correct. First / Sole Applicant/ Guardian /	rany other applicable e are Non Residents of a commission or any Please 🗸	le laws enacter of Indian Nation ny other mode	ed by the gover ionality/Origin e), payable to epatriation bo	nment of India and that I/we him for the di asis	from time have remi ifferent co	to time. I/We I tted funds from mpeting Scher Ion-Repatriati	have unde a abroad th mes of va ion basis	rstood the detail rrough approved rious Mutual Fu * Please strike	s of the sch banking c inds from out which	neme & I/v harinels or f amongst w hever is no	ve have not from funds i hich the Sc t applicabl	received no n my/our l heme is be e.	or have Non-Re eing re	e been ind esident Ex ecommen	duced by o sternal /N nded to m	ony reba Non-Resi ne/us.	ite or gifts, ident Ordin	directly on nary /FC	or indirec NR accou	tly in m unt. The
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An amount of Rupees													₹							
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Reference 2 I Agree for the debit of mandate processing charges by the	a bank whom I an	m authorizin	ig to debit m	y accounts as	s per lates			_												
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