

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

First Applicant ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore (or) Net-worth (Mandatory for non-individuals) ₹ _____ as on DD MM YYYY (Not older than one year)

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

Third Applicant ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore (or) Net-worth _____

6d. First Applicant

For Individuals (Please (✓)) Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) ☐ I am PEP ☐ I am related to PEP ☐ Not Applicable

For Non-Individuals providing any of the below mentioned services (Please (✓))

☐ Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending/Pawning None of the above

Second Applicant: (To be filled only if the applicant is an individual) ☐ I am PEP ☐ I am related to PEP ☐ Not Applicable

Third Applicant: (To be filled only if the applicant is an individual) ☐ I am PEP ☐ I am related to PEP ☐ Not Applicable

7. FATCA & CRS INFORMATION (FOR INDIVIDUAL INCLUDING SOLE PROPRIETOR) (SELF CERTIFICATION) (REFER INSTRUCTION 18)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No [^]			
Identification Type [TIN or other, please specify]			
Country of Tax Residency			
Tax Payer Ref. ID No.			
Identification Type [TIN or other, please specify]			
Country of Tax Residency			
Tax Payer Ref. ID No.			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. [^]In case Tax Identification Number is not available, kindly provide its functional equivalent.

8. POWER OF ATTORNEY (PoA) HOLDER DETAILS

Name of PoA Mr. Ms. M/s. _____

PAN# / PEKRN# _____ KYC Number _____

KYC # _____ [Please tick (✓)] (Mandatory) ☐ Proof Attached

Please attach Proof. Refer instruction No 16 for PAN/PEKRN and No 18a for KYC (KRA). Refer instruction No 18b for KYC Identification Number issued by CKYCR.

9. DEMAT ACCOUNT DETAILS

I would like units to be allotted in DEMAT mode as per the details below:

Beneficiary Owner Identification Number (BO ID) _____ Depository Participant (DP) Name _____

DP ID No. _____ Client ID No. _____ ☐ NSDL ☐ CDSL

Enclosures for Demat option ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)

10. BANK ACCOUNT DETAILS (Please note that as per SEBI regulations, it is mandatory for investors to provide their bank account details) (Refer Instruction 4)

Name of the Bank _____

Branch Address _____

City _____ Pin Code _____

Account No. _____ Account Type Please tick (✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (please specify)

MICR Code _____ This is a 9 digit number next to your cheque number. Please attach a blank extra cheque cancelled or a clear photocopy of a cheque

IFSC Code _____ It is the responsibility of the investor to ensure the correctness of the IFSC code of the recipient / destination branch corresponding to the bank details mentioned in Section 10.

11. INVESTMENT DETAILS - (Refer Instruction 5)

	Scheme 1	Scheme 2	Scheme 3
Name of the Scheme	Taurus -	Taurus -	Taurus -
Plan			
Option			

Cheque No.	Amount	Scheme/Plan/Option	Collection Centre / AMC Stamp / Signature

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

12. PAYMENT DETAILS (Refer Instruction No. 6)			
	Scheme 1	Scheme 2	Scheme 3
Cheque / DD / RTGS / UMR No. & Date:			
Bank & Branch Name			
Amount in figures ₹ (i)			
DD Charges if any, in figures ₹ (ii)			
Net Amount (i) + (ii)			
	in figures ₹	in figures ₹	in figures ₹
	in words ₹	in words ₹	in words ₹
Account Type Please tick (✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify) *** Refer Instruction 5C (Mandatory for Credit via NEFT / RTGS) (1) Character code appearing on your cheque leaf. If you do not find this on your cheque leaf, please check for the same with your bank)			

13. NOMINATION DETAILS - Mandatory if mode of holding is single (Refer Instruction 14)	
<input type="checkbox"/> I/We wish to nominate	<input type="checkbox"/> I/We DO NOT wish to nominate

Please Sign here First / Sole Applicant/ Guardian / POA Holder / Auth. Sign	Please Sign here Second Applicant / Auth. Sign	Please Sign here Third Applicant Sign
Nominee Name & Address	Guardian Name & Address (In case Nominee is Minor)	Nominee Relationship with 1st Holder
Allocation (Total = 100%)	Nominee / Guardian Signature	
Nominee 1		
Nominee 2		
Nominee 3		

14. DOCUMENTS ENCLOSED (PLEASE ✓)			
<input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Resolution / Authorisation to invest <input type="checkbox"/> Power of Attorney <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)	<input type="checkbox"/> Trust Deed <input type="checkbox"/> PAN Copy <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Bye-Laws	<input type="checkbox"/> KYC acknowledgement <input type="checkbox"/> LLP Agreement <input type="checkbox"/> Partnership Deed <input type="checkbox"/> HUF Deed <input type="checkbox"/> Beneficiary ownership list	<input type="checkbox"/> SIP Enrolment Form (For Investment through PDC) <input type="checkbox"/> SIP Enrolment Form (For Investment through NACH / Auto Debit) <input type="checkbox"/> SWP/SIP/DSO Enrolment Form <input type="checkbox"/> Third Party Payment Declaration Form <input type="checkbox"/> Multiple Bank Account Registration Form

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 may voluntarily subscribe to the on-line access for transacting through the internet facility provided by Taurus Mutual Fund and confirm of having read, understood and agree to abide by the terms and conditions for availing of the internet facility more particularly mentioned on the website www.taurusmutualfund.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.</small></p> <p>I/We confirm <input type="checkbox"/> A resident of US/Canada <input type="checkbox"/> Not a resident of US/Canada</p>	

Please Sign here First / Sole Applicant/ Guardian / POA Holder / Auth. Sign	Please Sign here Second Applicant / Auth. Sign	Please Sign here Third Applicant Sign
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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)
78041		E175379		

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.

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

Second Account Holder's Signature

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		
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.			
ID & Add Proof Document Name, in case of Micro SIP (Refer Instruction 14)	Sole/First Applicant/ Guardian	Second Applicant	Third Applicant
Name of Scheme		Plan	Option
<input type="checkbox"/> SIP / Micro SIP	<input type="checkbox"/> OptiSIP		
SIP Amount (₹)		Min. Installment Amt.	
Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		Max. Installment Amt.	
			(Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof)
First/Initial Investment Cheque Number		Cheque Date	
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	End on	No. of Installments

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

Dedclaration & 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 NRI's only -** I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External /Non-Resident Ordinary /FCNR account. **The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.** I/We confirm that details provided by me/us are true and correct. Please ☐ Repatriation basis ☐ Non-Repatriation basis * Please strike out whichever is not applicable.

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

Second Account Holder's Signature

Third Account Holder's Signature

Auto debit form-NACH/OTM Registration

Tick (✓)	UMRN	FOR OFFICE USE	Date
CREATE	Sponsor Bank Code	FOR OFFICE USE	Utility Code
MODIFY	I/We, hereby authorize	Taurus Mutual Fund	To debit (tick ✓)
CANCEL			SB / CA / CC SB-NRE / SB-NRO / Other
Bank a/c Number:			
With Bank	IFSC	or MICR	
An amount of Rupees		₹	
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	Phone No.		
Reference 2	Email ID		
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	Signature Primary Account Holder	Signature of Account Holder	Signature of Account Holder
To			
Or	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.