



SIP AUTO DEBIT FACILITY

New Investors are requested to fill-in the scheme application form also.

EUIN - E019976



Expertise that's trusted

REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing / Standing Instruction / Direct Debit Facility in select banks only)

First SIP cheque and subsequent via Auto Debit in select cities only. (Please attach copy of cheque / cancelled cheque)

New Registration with TMF Change in Bank Account for existing Registration with TMF MICRO SIP (refer inst. E)

Broker / Agent Code: ARN - 6574 Sub-Broker / Bank Branch Code: M.O. Code:

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.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Refer Inst. A15 and please tick (✓) any one)

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive transaction charges, the same are deductible as applicable from the purchase / subscription amount and payable to the Distributor. Units will be issued against the balance amount invested (Refer Instruction A15).

INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name: Folio/Application No.: Existing Investors please mention Folio Number. New applicants please mention the application form number. Scheme Plan: Option and Sub Option:

SIP AND BANK DETAILS

Each SIP Installment Amount (₹): Frequency: Monthly (Default) Quarterly Status: RI NRI Amount in words:

First SIP Cheque Details: Cheque No.: Cheque Amount in ₹:

Cheque Date: SIP Dates: Please mention the date in words day of the month. e.g. for SIP on 10th please mention 10 Tenth day of the month [please refer instruction 12 for any day SIP]

SIP Period: Start From End Date (please tick ✓) Default End Date SIP End Date

(Note: Cheque should be drawn on bank details provided below. Please allow minimum one month for auto debit to register & start). I hereby, authorise Tata Mutual Fund (TMF) and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / direct debit / standing instruction to account for collection of SIP payments.

PARTICULARS OF BANK ACCOUNT

Account holder Name as in Bank Account: Bank Name: Branch Name: City: Account Type: Savings Current Cash Credit NRO NRNR NRE 9 Digit MICR Code (Mandatory for ECS): Core banking A/c no. (in figures):

I/We hereby declare that the particulars given above are correct & complete & express my willingness to make payments referred above through participation in ECS/Direct Debit/ Standing Instruction. I/We will also inform TAML, about any changes in my bank account. I/We have read & agreed to the terms & conditions mentioned overleaf.

This is to inform I/We have registered for RBI's Electronic Clearing Service (Debit Clearing)/ Direct Debit/Standing Instruction Facility & that my payment towards my investment in Tata Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorize the representative carrying this ECS/Direct Debit/Standing Instruction mandate Form to get it verified & executed.

I/We acknowledge that no separate intimation will be received from the Bank in case of non-execution of the instructions for any reasons whatsoever.

To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s, I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s. For Micro SIP: 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.

SIGNATURE/S AS PER TATA MUTUAL FUND RECORDS (MANDATORY): Sole / 1st Account Holder's Signature 2nd Account Holder's Signature 3rd Account Holder's Signature

DECLARATION TO THE BANKER

To - Branch Manager, Bank, I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Tata Mutual Fund or the above mentioned Bank responsible. If the date of debit to my/ our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday & allotment of units will happen as per the Terms & Conditions listed in the KIM/SID/SAI of the Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of above mentioned Bank's computer system, force majeure events, or any other cause of peril which is beyond Bank's reasonable control & which has the effect of preventing the performance of the contract by Bank. I/We have noted the contents of the Direct Debit Facility Agreement/ Standing Instruction entered by Tata Mutual Fund with the Bank & I/we are also bound by the terms thereof. I/We also authorize the Bank to debit my account for charges towards mandate verification & transaction bounced due to "insufficient funds" as applicable.

SIGNATURE/S AS PER BANK ACCOUNT (MANDATORY): Sole / 1st Account Holder's Signature (as in bank records) 2nd Account Holder's Signature (as in bank records) 3rd Account Holder's Signature (as in bank records)

(To be signed as per the mode of operations, i.e. all holders to sign if the mode of operations is Joint)

BANKER'S ATTESTATION (FOR BANK USE ONLY)

Certified that the signature of A/c holder and the details mentioned in 'Particulars of Bank A/c' above and its MICR code are correct as per our records

Signature of Bank Manager with name, Employee code, Bank Seal and Contact Number: Bank Account Number:

FOR OFFICE USE ONLY (NOT TO BE FILLED IN BY INVESTOR)

Recorded on: Scheme Code: Recorded by: Credit A/c Number: Bank use Mandate Ref. No.: Customer Ref. No.:

SYSTEMATIC WITHDRAWAL PLAN (SWP)

To,
The Trustee, Tata Mutual Fund, Mumbai

Having read & understood the contents of the SAI / SID / KIM & the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the SWP Enrolment for the following Schemes & agree to abide by the terms & conditions of the Plan.

Folio No.:

Broker /
Agent Code **ARN - 6574**

Sub-Broker /
Bank Branch Code

M.O Code :

Name : _____

Email : _____

Scheme _____ Option _____

Fixed Amount ₹ _____ (in words _____) Capital Appreciation

Period of Enrolment (MM/YY)

From : ____ / ____ / ____ To : ____ / ____ / ____ Frequency Monthly Quarterly

Date: _____ **1st / 7th / 10th / 20th / 28th of the month** (in case of holiday, next business day)

(in case the date is not mentioned, the 1st day of the month will be taken as the default date)

First payout Date: _____ **(that is the first payment date)**

(in case the first payout date is not mentioned, the 1st day of the following month will be taken as the default date)

Last Payout Date: _____ **(that is the last payment date)**

(in case the last payout date is not mentioned, the payout will continue until the balance units are reduced to zero.)

SIGNATURES

Sole/First Applicant

Second Applicant

Third Applicant

Loads as applicable from time to time.

INCORRECTLY / INCOMPLETELY FILLED APPLICATIONS ARE LIABLE FOR REJECTION.

N.B SWP should reach ISCs before 7 working days from the start of first SWP date.

SYSTEMATIC TRANSFER PLAN (STP)

To,
The Trustee, Tata Mutual Fund, Mumbai

Having read & understood the contents of the SAI / SID / KIM of the relevant schemes & the Instructions, I/we here by apply to the Trustee of Tata Mutual Fund for the STP Enrolment under the following Schemes & agree to abide by the terms & conditions of the Plan. 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.

Broker Code :

Sub Broker Code :

M.O Code :

Folio No. _____ Name: _____

Transfer from (Scheme): _____ Option: _____

Transfer to (Scheme): _____ Option: _____

No of Units: _____ or Amount (₹): _____ Amount (in words): _____

or Dividend or Capital Appreciation

STP period from: ____ / ____ / ____ To : ____ / ____ / ____
(dd) (mm) (yy) (dd) (mm) (yy)

Transfer Frequency:

<input type="checkbox"/> Daily Only from Monday to Friday*	<input type="checkbox"/> Weekly (Only on Fridays)	<input type="checkbox"/> Monthly <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 20th <input type="checkbox"/> 28th Days of the month	<input type="checkbox"/> Quarterly
Select any one			
In case the day of STP is a non business day the request will be considered for the next business day.			

Email (mandatory for Daily STP): _____

I/We wish to receive A/c Statement / Annual Report / Quarterly Statement via Email instead of the physical copy Yes No (please refer notes overleaf)

SIGNATURES

Sole/First Applicant

Second Applicant

Third Applicant

Loads as applicable from time to time.

INCORRECTLY / INCOMPLETELY FILLED APPLICATIONS ARE LIABLE FOR REJECTION.

Note: STP should reach AMC offices / Registrar offices before 15 workings days from the start of first STP date.

* In case any day is a non business day for any one of the schemes (either STP from or STP to scheme) the STP will be processed as per the matrix provided in the instructions no. '9'.