



PLEASE REFER TO THE PRODUCT LABEL SECTION ON PAGE 27 BEFORE FILLING THIS FORM

Common Application Form (except for Tata Retirement Savings Fund & Tata Young Citizens' Fund)

Sr. No.:



Expertise that's trusted

1. DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) refer instruction A16 & J

BROKER / AGENT CODE	SUB-BROKER/BANK BRANCH CODE	SUB-BROKER ARN CODE	EUIN CODE
South Gujarat ARN: 54854			

☐ 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 & the distributor has not charged any advisory fees on this transaction.

Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression
--	---	---

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. 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.

2. Existing Unitholder information, please fill in your Folio Number, Name & proceed to Scheme Investment Details.

Existing Folio Number: Name of Sole/1st Applicant:

3. DEMAT ACCOUNT DETAILS: (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant).

In case Unit holders do not provide their Demat Account details, Units will be allotted in physical form. (Refer Instruction K)

National Securities Depository Limited	Depository participant Name	Central Depository Securities Limited	Depository participant Name
DP ID No.	I N	Target ID No.	
Beneficiary Account No.			

4. MODE OF HOLDING	OCCUPATION	STATUS
<input type="checkbox"/> Single	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Service <input type="checkbox"/> Retired	1st Holder <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> HUF
<input type="checkbox"/> Joint (Default)	<input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician	<input type="checkbox"/> Minor RI <input type="checkbox"/> Minor NRI <input type="checkbox"/> Trust <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLP <input type="checkbox"/> Partnership
<input type="checkbox"/> Anyone or Survivor(s)	<input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others <input type="checkbox"/> Political Party Official	<input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> Societies <input type="checkbox"/> Body Corporate
	<input type="checkbox"/> Current/Former MP/MLA/MLC/Head of State	<input type="checkbox"/> FOF <input type="checkbox"/> Others
	<input type="checkbox"/> Senior Executive of State owned corporation	

5. APPLICANT'S PERSONAL DETAILS (Fill in Block Letters, use one box for one alphabet leaving one box blank between two words, as it appears in your Bank A/c & KYC letter)

Name of First / Sole applicant ☐ Mr. ☐ Ms. ☐ M/s.

1st holder PAN ☐ KYC Copy attached

Proof of DOB (Mandatory for minor) ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Other

Name of Guardian (In case of Minor) Contact Person/Designation (In case of non-individual Investors) ☐ Mr. ☐ Ms.

Guardian's PAN ☐ KYC Copy attached

Proof of relationship with minor (Mandatory) Mother / Father / Legal Guardian ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Other

Name of Second applicant ☐ Mr. ☐ Ms.

2nd holder PAN ☐ KYC Copy attached

Name of Third applicant ☐ Mr. ☐ Ms.

3rd holder PAN ☐ KYC Copy attached

Mailing Address of Sole / First Applicant (P.O. Box Address may not be sufficient. Please provide your complete Address)

Add 1

Add 2

Add 3

Pin State City Country

Contact Details (REQUIRED)

Phone O e-mail → (IN CAPITAL)

R (STD Code) Mobile

[If you wish to receive Account Statement / Annual Report / Other Statutory Information via Post instead of Email ☐ (Refer Inst. - C9)].

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

City

Zip code State Country

ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTOR)

Sr. No.:

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.

6. FIRST HOLDERS BANK ACCOUNT DETAILS (Mandatory) Refer Instruction H and I

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)

7. SCHEME DETAILS Refer page I & 2 & Instruction D for default values

Scheme / Plan																
Options											Sub-Option					
Payout Option																

Scheme Name : TATA INFRASTRUCTURE FUND GROWTH OPTION	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	B
Mode of Payment		Dated
A/c No.	A/c Type	Cheque / DD No.
		D D / M M / Y Y Y Y
Drawn on Bank		
Branch	Branch City	

☐ **SIP THROUGH AUTO-DEBIT (ECS).** Please fill up enclosed SIP Auto Debit (ECS) Facility Form and submit it together with this Application Form.☐ **SIP THROUGH POST-DATED CHEQUES**
Please fill attached SIP form for Post Dated Cheques (PDCs)**8. NOMINATION DETAILS** (To be filled in by Individual(s) applying singly or jointly) Refer Instruction L (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 nomination form) ☐ 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
Nominee's relationship with 1st holder**If Nominee is Minor:**Date of Birth Proof of DOB ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Others

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)

9. TRANSACT ONLINE OPTION Refer Instruction - A17☐ I wish to apply for PIN to transact online on www.tatamutualfund.com I have read and understood the terms and conditions mentioned on the website: www.tatamutualfund.com**10. DECLARATION AND SIGNATURES.** Refer Instruction - C**The Trustee, Tata Mutual Fund**

a) Having read & understood the contents of the Scheme Information Document of the Scheme, I/We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme.

I/We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & 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 & 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 Client" process is not completed by me/us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to refund/redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. **b) For NRIs:** 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 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 in this application are true & correct. e) I/We have read & understood the AMFI Circular No. 35/MEM-COR/62/10-I dt. 07/10/2010 regarding mandatory KYC requirement. f) 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 Rs 50,000/- in a year.

Date:

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