

COMMON TRANSACTION FORM

Details of Transaction: Additional Purchase ☐

Switch ☐

Redemption ☐

Application No.

ARN Code & Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
SGSSL - 54854		E026651		

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

*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.

Please sign here

First Account Holder/Guardian Signature

Please sign here

Second Account Holder's Signature

Please sign here

Third Account Holder's Signature

UNIT HOLDER DETAILS (MANDATORY)

FOLIO No.		PAN No.		ENCLOSED (Please ✓)
UNITHOLDERS INFORMATION (Please fill in BLOCK Letters)				
Name of 1st Applicant (Mr/Ms/M/s)	Please attach KYC acknowledgment letter			

ADDITIONAL PURCHASE REQUEST

Scheme Name	Plan	Option (Please ✓)	Investment Amount (In Figures)	Investment Amount (In Words)
		Dividend <input type="checkbox"/> Growth <input type="checkbox"/>	Rs.	Rupees
		Dividend mode (Please ✓)		
		Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>		
Cheque / DD No.	Cheque / D.D. Date	Drawn on Bank and Branch		

SWITCH REQUEST

From Scheme		To Scheme	
Plan		Plan	
Option (Please ✓)	Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Dividend mode(✓) Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>	Option (Please ✓)	Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Dividend mode(✓) Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>
Number of Units	OR	All units (Please ✓)	
OR Amount in (In Figure)	Rs.	(In Words)	Rupees

REDEMPTION REQUEST

Scheme		Plan		Option (Please ✓)	Growth <input type="checkbox"/> Dividend <input type="checkbox"/>
Dividend Mode(✓)	Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>	Number of Units		OR	All units (Please ✓)
OR Amount in (In Figure)	Rs.	(In Words)	Rupees		

DECLARATION AND SIGNATURE(s)

I/We have 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.

Please sign here

First Account Holder/Guardian Signature

Please sign here

Second Account Holder's Signature

Please sign here

Third Account Holder's Signature

TEAR HERE



COMMON TRANSACTION FORM - ACKNOWLEDGMENT

To be filled in by the Investor
Email: customercare@taurusmutualfund.com
Website: www.taurusmutualfund.com

No.

Folio No.		Stamp, Signature and Date			
Name					
TRANSACTION DETAILS					
Scheme/Plan/Option	Additional Purchase	Redemption	Switch		Amount (Rs.) / Unit
			From	To	