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6c. Gross Annual Income (in ₹) [ First Applicant □ Below]		<b>∕)]</b> □1-51	lars		5-10 Lacs		10-25 La			25 Lors	- 1 Crore		] > 1 Cror	e (or)											
Net-wor	rth (Mandato	_									s on			0 (01)		D	D M I	N	ΥY	Y	Ý (N	lot olde	r than (	one year	)
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Third Applicant Below 1	l Lac	<u> </u> 1−5 l	Lacs		5-10 Lacs		10-25 La	CS	□ > 1	25 Lacs	- 1 Crore		] > 1 Cror	e (or) I	let-worth										
6d. First Applicant For Individuals [Please (√)] Politically	Exposed Per	son (PEP)	Status (	Also appl	licable for	authorised :	sianatories	:/Prom	noters/Kart	a/Truste	ee/Whole	time Dir	ectors) [	la	n PEP		🗌 l am rel	ated	to PEP		[	Not	t Applic	able	
For Non-Individuals providing any of the								,,	,	-,	,												· · · ·		
Foreign Exchange/Money Changer						vices Money	Lending/	'Pawnir	ng None of	the abo	ove														
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Is the applicant(s)/ guardian's			-th / (	Citizei	nship ,	/ Natio	nality ,	/ Ta:		-				Γ	Yes		No		0					0	
If Yes, please provide the follow																									
Please indicate all countries in	which y	rou are	e resic	lent fo	or tax	purpos	es and	the	associe	ated <sup>.</sup>	Tax Re	erend	ce Num	bers	below.										
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| 12. PAYME                         | NT DETAILS (Refer Instruction No                                                               | 0. 6)                                                                                       |                                                                             |                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
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| Bank & Branch                     | Name                                                                                           |                                                                                             |                                                                             |                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
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| DD Charges if a                   | ny, in figures ₹ (ii)                                                                          |                                                                                             |                                                                             |                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
| Net Amount (i)                    | + (ii) in figures ₹<br>in words ₹                                                              |                                                                                             |                                                                             |                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
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| Account Type Pl                   |                                                                                                | ings Current NRE                                                                            |                                                                             |                                                                          | er Instruction 5C (Mandatory for Credit via<br>o not find this on your cheque leaf, please o         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | appearing on your cheque leaf.                                          |
|                                   | NATION DETAILS - Mandatory                                                                     |                                                                                             |                                                                             |                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
| 🗌 I/V                             | Ve wish to nominate                                                                            | I/We DO NOT wis                                                                             | h to nominate                                                               |                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
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| First / So                        | ole Applicant/ Guardian / F                                                                    | POA Holder / Auth. Sign                                                                     | Second                                                                      | Applicant / Auth. S                                                      | ign                                                                                                  | Third Applic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ant Sign                                                                |
|                                   | Nominee Name                                                                                   | e & Address                                                                                 | Guardian Name & Address                                                     | (In case Nominee is Minor)                                               | Nominee Relationship with 1st Hold                                                                   | der Allocation (Total = 100%)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Nominee / Guardian Signat                                               |
| Nominee 1                         |                                                                                                |                                                                                             |                                                                             |                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
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| Nominee 2                         |                                                                                                |                                                                                             |                                                                             |                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
| Nominee 3                         |                                                                                                |                                                                                             |                                                                             |                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
| 14. DOCL                          | JMENTS ENCLOSED (PL                                                                            | ease 🗸 )                                                                                    | I                                                                           |                                                                          | 1                                                                                                    | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |
|                                   | dum & Articles of Association                                                                  |                                                                                             | Trust Dee                                                                   |                                                                          | KYC acknowledgement                                                                                  | SIP Enrolment Form ( For Inv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | restment through PDC)                                                   |
| Resolution                        | Authorisation to invest                                                                        |                                                                                             | PAN Copy                                                                    | of Incorporation                                                         | LLP Agreement Partnership Deed                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | estment through NACH / Auto Del                                         |
|                                   | horised Signatories with Specimen Signature                                                    | e(s)                                                                                        | Bye-Laws                                                                    | or incorporation                                                         | Partnership Deed                                                                                     | SWP/STP/DSO Enrolment F<br>Third Party Payment Declarat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                         |
|                                   |                                                                                                | - (-)                                                                                       |                                                                             |                                                                          | Beneficiary ownership list                                                                           | Multiple Bank Account Regist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ration Form                                                             |
| 15. DECLA                         | ration(s) & Signature(S                                                                        | ) (Refer Instruction 15)                                                                    |                                                                             |                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
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| To,<br>The Trustee,               |                                                                                                |                                                                                             |                                                                             |                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
| Taurus Mutual Fur                 |                                                                                                |                                                                                             |                                                                             |                                                                          |                                                                                                      | The Deltation of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 1 12 1                                                                |
| Having read and u the scheme, 1/W | nderstood the contents of the Scheme Inforr<br>e hereby declare that the amount invested i     | mation Document (SID), Statement of Adi<br>in the scheme is through legitimate sourc        | aitional Information (SAI) & Key Inf<br>es only and does not involve and is | ormation Memorandum (KIM) I<br>not desianed for the purpose of           | /We hereby apply for units of the scheme an<br>the contravention of any Act, Rules, Regula           | id agree to abide by the terms, condition ations. Notifications of the terms of terms | ons, rules and regulations governi<br>ie provisions of the Income Tax A |
| Prevention of Mor                 | ney Laundering Act, Prevention of Corruption                                                   |                                                                                             |                                                                             |                                                                          | derstood the details of the scheme & I/we h                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
|                                   | ig this investment.<br>R <b>I's only</b> - 1/We confirm that I am/we are N                     | Von Residents of Indian Nationality /Origin                                                 | and that I/we have remitted funds                                           | from abroad through approved b                                           | anking channels or from funds in my/our No                                                           | on-Resident External /Non-Resident O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | rdinary /FCNR account.                                                  |
| The ARN holder l                  | as disclosed to me/us all the commission                                                       | s (in the form of trail commission or any                                                   |                                                                             |                                                                          | nes of various Mutual Funds from amongs                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
|                                   | t details provided by me/us are true and corr                                                  |                                                                                             | . Tours Mutual Fund, and confirm                                            | f having road, understood and a                                          | gree to abide by the terms and conditions for                                                        | mailing of the internet facility may a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nsticularly montioned on the webs                                       |
| www.taurusmutud                   | ify subscribe to the on-line access for transact<br>Ifund.com and hereby undertake to be bound | ing mrough the internet tacility provided b<br>by the same. I further undertake to discharg | e the obligations cast on me and shall n                                    | or naving reaa, undersrood and a<br>ot at any time deny or repudiate the | gree to ablae by the terms and conditions for<br>e on-line transactions effected by me and I shall b | availing of the internet facility more p<br>be solely liable for all the costs and conseq                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | amcularly mentioned on the webs<br>uences thereof.                      |
| I/We confirm                      | A resident of US/Can                                                                           | ada 🗌 Not a resident of US/C                                                                | anada                                                                       |                                                                          |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |
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| First / So                        | ole Applicant/ Guardian / F                                                                    | POA Holder / Auth. Sign                                                                     | Second                                                                      | Applicant / Auth. S                                                      | ign                                                                                                  | Third Applic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ant Sign                                                                |
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