TATA MUTUAL FUND				ate Form		Purchases		II as S				OTN	l)		[Date	D I	D M	M	YY	Y		
Choose (✓) ☐ CREATE Sponsor Bank Code			Office use only				Utility Code							Office use only									
■ MODIFY I/We here	eby authorize	TATA M	IUTUAL	FUND	to c	debit (√)		SB		CA] CC		SE	3-NRE		s	B-NR	o		Other		
☑ CANCEL Bank A/c No.:													Ť				Ė			T			
		ank Nama & Pran	oh		IFSO	<u> </u>								MICE									
With Bank:	В	ank Name & Brand	CN											MICI									
an amount of Rupees					in Word										₹								
FREQUENCY (preselected) Reference / Folio No.	☑ Monthly	☑ Quarterly	⊠ Ha	lf Yearly	☑ As Email	when pre	sente	d (de	fault)		D	EBIT	TYPI	EX	Fixed	Amou	ınt	⊠ M	aximu	ım A	mount		
Scheme / Plan reference	No. All Sch	emes of Tata Mut	ual Fund							Mol	oile						T			T			
agree for the debit of mandat	e processing char	ges by the bank whom	I am author	rising to debit my	y account a	as per lates	t sched	ule of	charge	s of th	e bank	ζ.											
PERIOD From D D M M	YYYY	Sign Sig	gnature of	First Account	Holder	Sign	Sigi	nature	e of Se	econd	Acco	unt Ho	lder	_ Sign	Si	ignatur	re of	Third	Accou	nt Ho	older		
to DDMM	YYYY																						
or □-Until Cancel	l led	1. ———— Name	as in Bar	nk Records		2	Nam	ne as	in Ba	nk Re	cord	s	3.		Nam	e as ir	n Ba	ank Re	cords	 S			
• This is to confirm that the dec		carefully read, underst	tood & made	e by me/us. I am	authorisir	ng the user	Entity /	Corpo	rate to	debit ı	ny ac	count, b											
Please tick (✓) as applica Advisor Details (Transa			Registrat	ion of MICRO	SIP	Renewal ents only	of SIP. (Kindl	y ref	er Ins	structi	on 8	overl											
ARN / RIA ^ Code		Sub-Brol	ker ARN	Code		Sub-B	rokei	r / B	ank	вran	n C	ode		EUIN	l Cod	ie							
Internal Code		an "execut notwithsta distributor	tion-only" t anding the r has not c	for "execution- transaction wit advice of in-ap harged any adv RIA) the details	hout any opropriate visory fee	interaction eness, if ar s on this tr	or ad ly, pro ansact	lvice l vided tion. /	by the by the By me	emplo e emp ention	yee/r loyee, ing R	elatior /relation IA code	iship inship e, I / v	manag mana ve auth	er/sale ger/sal	s perso	on o	f the a of the	bove d distrib	distril outor	butor o and the		
Sole / 1st Applicant Signature / 2nd Thumb Impression						Applicant Signature / Thumb Impression							3rd Applicant Signature / Thumb Impression										
Investor Details	A	Application No.								Fc	lio 1	No.											
1st Holder Name											P	AN											
2 nd Holder Name											P	AN											
3 rd Holder Name											P	AN											
First SIP Cheque D	etails																						
Cheque No.			Cheque Amount in Rs.							Cheque Date D D / M M / Y Y Y Y													
Bank Name				Branch							Cit	У											
SIP Scheme/Option/ Pla Sub Option		Plan: Regular	Direct	SIP Instalr Amount		Frequer (*Defau		SIP			Start Date				SIP End Date (Default : 31 December					2099)			
						Daily / Weekl	y	D D / M N				4 / Y Y Y Y											
						Quarte	erly		^	Dail	y SIP	- Mor	ıday	to Fri	lay - C	On Bus	sine	ss Da	ys on	ly			
Day of the week for we		: Monday	Tuesda	y Wed	nesday (•			rsday		Fri												
_ Jii Top up	o Amount (Rs.) Itiples of Rs. 50	0/- only)				OUP Freq Yearly			fault)		U	pper	SIP A	mount	(Rs.)								
Auto Switch Option	: Applicable f	or Tata Retirem	ent Savii	ngs Fund (T	RSF) or	nly, for o	lefau	lt va	lues	refer	SID												
Plan Name		Please tick the						•			C-		i.,- ^	\n=: ~	0)								
Progressive Plan Auto Switch Auto Switch				l (Progressiv 2 (Progressiv								servat Switch		age 6	υ),								
Moderate Plan													uto S	Switch									
Systematic Withdrawa No Auto SWP Fi		se ✓ any one) Ap ct Frequency) 🗆 M	-				1						ithly	only)	Rs.								
Declaration and Signa conditions overleaf, I/W scheme/s. I/We hereby of in ECS/Direct Debit/Star different cometing Sche	e hereby apply declare that the nding Instructio	for the respective particulars given ar n. The ARN Holder	Units of T e correct of , where a	ata Mutual Fu complete & pplicable, has	und Sche express disclose	me/s at N my willing ed to me/i	IAV ba ness t us all 1	ased of the country o	resale ke pay ommis	price ment ssions	& ag s tow	ree to ards S	abid IP ins missio	le by to tallme on or a	erms, nts ref any oth	condit ferred ner mo	abov ode)	s, rule ve thro , paya	s & re ough p ble to	gulat partio him	tions o cipation for the		
SIGNATURE/S	ole / 1st Unithol	der Signature / Thun		sion 2	2nd Unith		ature /	Thur						d Unitl		Signatı	are /	/ Thum					

Received for Folio No. / Application No.

 \square OTM Debit Mandate Form \square SIP Form