

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

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 (To be signed when EUIN is left blank)

*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

Please Sign here

Please Sign here

First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Second Applicant / Auth. Sign

Third Applicant Sign

TRANSACTION CHARGES (Please tick any one of the below. Refer Instruction no.7)

☐ I am a first time investor in Mutual Funds or ☐ I am an existing Investor in Mutual Funds

1. UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 10) Applicable details and mode of holding will be as per the existing Folio.

New Investor ☐ Y ☐ N Folio No.

2. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY) (Refer Instruction 2, 16 & 17)

	PAN/PEKRN No.	KYC Number	Nationality
First / Sole Applicant			
Second Applicant			
Third Applicant			
Guardian POA Holder/Contact Person			

Please attach Proof. for PAN/PEKRN for KYC (KRA). Refer instruction No 17 for KYC Identification Number issued by CKYCR.

3. UNIT HOLDER / NEW APPLICANT INFORMATION (Refer Instruction Page) Fresh / New investors to fill in all the Sections 2 to 15

NAME OF FIRST / SOLE APPLICANT

Ms. M/s.

DATE OF BIRTH (DOB) (Mandatory in case of minor) DATE OF INCORPORATION

NAME OF THE GUARDIAN / POA Holder/ Contact Person

Ms. M/s.

For Investments "On behalf of Minor": (*Refer Instruction 3 for mandatory documents to be attached)

Proof of DOB & Relationship attached ☐ Birth Certificate ☐ School Certificate / Marksheet ☐ Passport ☐ Any other.....

NAME OF SECOND APPLICANT

Ms.

NAME OF THIRD APPLICANT

Ms.

4. MODE OF HOLDING [PLEASE TICK (✓)]

☐ Single ☐ Joint (Default) ☐ Anyone or Survivor

5. FIRST/SOLE APPLICANT - MAILING ADDRESS & CONTACT DETAILS

		City	
State	Pin Code	Country	
STD Code	Telephone Off.	Resi.	Mob.
E-Mail**			

This E-Mail ID/Mobile No. belongs to: ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian in case of minor ☐ PMS ☐ Custodian ☐ POA holder **Refer instruction No 12

OVERSEAS ADDRESS (Mandatory for NRI / FI application)

		City
State	Pin Code	Country

6. Other KYC details (Mandatory) ☐ Individual ☐ Non-Individual

6a. Status of First/Sole Applicant [Please (✓)] ☐ Listed Company ☐ Unlisted Company ☐ Individual ☐ Minor through guardian ☐ HUF
☐ Partnership ☐ Society/Club ☐ Company ☐ Body Corporate ☐ Trust ☐ Mutual Fund ☐ FPI
☐ NRI-Repatriable ☐ NRI-Non-Repatriable ☐ FI/ Sub account of FI ☐ Fund of Funds in India ☐ QFI ☐ Others (please specify)

6b. Occupation Details [Please (✓)] (To be filled only if the applicant is an individual)

First Applicant ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (please specify)

Second Applicant ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (please specify)

Third Applicant ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist
☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (please specify)

ACKNOWLEDGEMENT SLIP - Common Application Form

TAURUS MUTUAL FUND

APPLICATION. No.

6c. Gross Annual Income (in ₹) [Please (✓)]									
First Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore (or) <input type="checkbox"/> Net-worth (Mandatory for non-individuals) ₹ <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than one year) as on _____	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Second Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore (or) Net-worth _____								
Third Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore (or) Net-worth _____								
6d. First Applicant									
For Individuals (Please (✓)) Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable									
For Non-Individuals providing any of the below mentioned services (Please (✓)) <input type="checkbox"/> Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending/Pawning None of the above									
Second Applicant: (To be filled only if the applicant is an individual)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable								
Third Applicant: (To be filled only if the applicant is an individual)	<input type="checkbox"/> I am PEP <input type="checkbox"/> I am related to PEP <input type="checkbox"/> Not Applicable								

7. FATCA & CRS INFORMATION (FOR INDIVIDUAL INCLUDING SOLE PROPRIETOR) (SELF CERTIFICATION) (REFER INSTRUCTION 18)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? ☐ Yes ☐ No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency#			
Tax Payer Ref. ID No^			
Identification Type [TIN or other, please specify]			
Country of Tax Residency			
Tax Payer Ref. ID No.			
Identification Type [TIN or other, please specify]			
Country of Tax Residency			
Tax Payer Ref. ID No.			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.

8. POWER OF ATTORNEY (PoA) HOLDER DETAILS	
Name of PoA Mr./Ms./M/s.	
PAN# / PEKRN#	KYC Number
KYC #	[Please tick (✓)] (Mandatory) <input type="checkbox"/> Proof Attached

Please attach Proof. Refer instruction No 16, 17 & 18

9. DEMAT ACCOUNT DETAILS

I would like units to be allotted in DEMAT mode as per the details below:

Beneficiary Owner Identification Number (BO ID)		Depository Participant (DP) Name	
DP ID No.	Client ID No.	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	

Enclosures for Demat option ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Delivery Instruction Slip (DIS)**10. BANK ACCOUNT DETAILS (Please note that as per SEBI regulations, it is mandatory for investors to provide their bank account details) (Refer Instruction 4)**

Name of the Bank			
Branch Address			
	City		Pin Code
Account No.	Account Type Please tick (✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)		
MICR Code	This is a 9 digit number next to your cheque number. Please attach a blank extra cheque cancelled or a clear photocopy of a cheque		
IFSC Code	It is the responsibility of the investor to ensure the correctness of the IFSC code of the recipient /destination branch corresponding to the bank details mentioned in Section 10.		

11. INVESTMENT DETAILS - (Refer Instruction 5)		Scheme 1	Scheme 2	Scheme 3
Name of the Scheme	Taurus -	Taurus -	Taurus -	
Plan				
Option				

Cheque No.	Amount	Scheme/Plan/Option

Investment Type (Please (✓)) ☐ ONE TIME PURCHASE ☐ SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)

Collection Centre / AMC Stamp / Signature

