COMMON APPLICATION FORM (Please read instructions carefully before filling up the form. The product labelling details available on cover page)

Application No.

1

ARN/RIA Code	and No	ame		Sub-B	roker':	s ARN	1 Coc	de E	mplo	oyee l	Uniq	ue Ide	entity	Nun	nber*	Inte	rnal C	code	for S	ub-l	oroke	r/En	nplo	yee	Time	e Sto	ımp (for of	ice use	only)
Upfront commission shall be pai	id directly by	the inve	estor to	the AM	IFI renist	tered di	istrihut	ors has	ed on t	the inv	estors	' nssess	ment	of var	rious fact	ors in	ıcludina	ı the	service	reno	lered I	hv the	dist	ributor						
Investors subscribing under the											631013	u33633	SIIIGIII	oi vui	ious iuci	1013 11	iciouiiig	1116	361 1100	FIGIIC	1616U I	Dy IIIC	5 UISII	IDUIUI						
EXECUTION ONLY (To be si	<u> </u>																													
*I/We hereby confirm that the E notwithstanding the advice of in-	UIN box has b	been inte ess. if an	entionall Iv. provi	y left bl ded by t	ank by n the empl	ne/us a: ovee/re	s this is elations	an "ex hip mai	ecution	ı-only" sales pe	transo	action wi	ithout a stributa	iny int	teraction I the distr	or ad ibutor	vice by	the e	mploye Iraed ar	e/rel	ations visory	hip mo fees o	anage on this	er/sale s transc	s perso	on of t	he abo	ove dis	tributo	r or
g uu o	app. op.ia.o	.055/ u	.,, p		o op.	0,00,.0		р		ou.os po									gou u.	.,	,									
F	Please Sig	gn here	е					_			Plec	ise Si	gn he	ere										Pleas	e Si	gn h	ere			_
First / Sole Applicant,	/ Guardia	ın / PC	ОА Но	lder /	Auth.	Sign			S	econo	d Ap	plican	nt / A	Auth.	Sign								Tl	nird A	Appli	cant	Sign			
TRANSACTION CH	ARGES ((Please t	tick an	v one o	of the he	low R	efer In	structi	on no	7)																				
	am a fir										_	or					l am	an	exis	ting	Inve	esto	r in	Mut	ual F	unc	ls			
1. Unit Holder Info	RMATION ((Please	fill in y	our Fol	lio No. 8	& Nam	e and t	then p	oceeo	l to Se	ction	10) A	pplica	ble d	etails ar	nd mo														
New Investor Y				Folio					\perp		\perp	\perp	\perp	\perp																
2. PAN AND KYC COM					MANI	OTAC	RY) (R	Refer Inst	ruction			umber							T					Ma	tiona	lity.				
First / Sole Applicant		PAN/PE	EVEKIA I	νο. 			\top	\top			IC N	UIIIDEI				Т				Г	Т	T	Т	INU	HOHU	IIIy	Т	Т		Т
Second Applicant							\top	+																						$^{+}$
Third Applicant																														
Guardian POA Holder/Contact Person																							\perp							
# Please attach Proof. for PAN/P													L. felle	. п.	L. C.		0. 75													
3. Unit Holder / Net Name of First / Sole A			NFORM	OITA	∨ (Kefe	er Instru	Jction	Page)	Frest	1 / Ne	w inv	estors	to till ii	n all t	he Sect	ions 2	2 10 15)												
Ms. M/s.	APPLICANI	<u> </u>					Τ						Т			Τ	Т	Τ	Т											
DATE OF BIRTH (DOB)	D D	MM	Y	Υ	Υ	Υ (Μ	Nando	atory i	n case	of mi	nor)		DATE	OF	INCO	ORPO	ORATI	ON	1] () /	M I	М	Υ	Υ	Υ	Υ			
NAME OF THE GUARDIA	n / POA	A Hold	ler/C	Conta	ct Per	son										_		_												
Ms. M/s. For Investments "On b		1		.Defe	ما ما د		- 3 t				الما					امما	<u> </u>													
Proof of DOB & Relat				Kelei		th Ce			Indi						Aarksl		, Г	¬ P	assp	ort			Any	othe	er					
Name of Second Appl	ICANT																	_												
Ms.	<u> </u>																	\perp												
NAME OF THIRD APPLICA	ANI						Τ									Τ		Т		Т										
4. MODE OF HOLDING	[PLEASE TIC	CK (✔)]]												-								'							
☐ Single ☐ Joint	(Default) 🗆] Anyon	ne or Su	ırvivor																										
5. FIRST/SOLE APPLICAN	NT - MAILIN	NG AD	DDRES	s&C	ONTA	CT DE	TAILS																				1			
		_																City	,											
State									Pin	Code							Count		/											
STD Code		Tel	lephon	ie Off.								Resi.						,			Mob.									
E-Mail**																														
This E-Mail ID/Mobile No. belo	-					hildren	ı 🗐 D	epende	nt Sib	lings	∐D	epender	nt Pare	nts [Guard	lian ir	case c	of mi	nor \square	_IPM:	5 🗆	Custo	dian	∐P0	A hold	der	**Ref	er ins	tructio	n No 1
OVERSEAS ADDRESS (MO	inuuloiy for	1	пиррі	ICUIION														Т	\neg											
																		City	/											
State									Pin	Code							Count	ry												
6. Other KYC details (M		•] Indi					Von-I																				
6a. Status of First/Sc ☐ Partnership	le Applica Society/		ease (√)]	List	ed Comp	any		=	Unlisted					Individua Trust				Minor tl Mutual		guardi	an] HUF] fpi					
NRI-Repatriable	NRI-Non-		le			ripuriy /Sub acco	ount of F	FII		Body Co Fund of					QFI				Others_	ruliu					_	se spec	ify)			
6b. Occupation Details				ed only																										
First Applicant	Private S Retired	Sector Serv	/ice		☐ Pub	ılic Sector ısewife	r Service	9		Governn Student		ervice		_] Business] Forex De	aler			Professi Others	onal				L	Agrica Onleas)	ulturist se speci	ifv)			
Second Applicant Private Sector Service				Public Sector Service				Government Service				Business				Professional								Agriculturist						
Retired				Housewife				Student Course				Forex Dec			aler			Others_						(please specify)						
Third Applicant Private Sector Service Public Sector Service Nousewife						9	_] Business] Forex De	rex Dealer Professional Others					Agriculturist (please specify)												
			····>e·																											
			∕6.			A	CKN	OWLE	DGE	MEN	T SLI	P - Co	mmor	1 Ар	plicatio	on Fo		ь												
TANIBLIC								T.	AUF	RUS	ML	JTUA	L FU	JN	D						Appl	LICATIO	n. No).						
TAURUS Mutual Fund																														
Received from Mr. / Ms. / I	M/s															Do	ıte :													

SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)

2

Investment Type (Please (✓))

ONE TIME PURCHASE

12. PAYMENT DETAILS (Refer Instruction No. 6)														
CL / DD / DTCC / HAD N Q D .	Schen	ne 1	Sch	neme 2	Scheme 3									
Cheque / DD / RTGS / UMR No. & Date: Bank & Branch Name														
Amount in figures ₹ (i)														
DD Charges if any, in figures ₹ (ii)														
Net Amount (i)+ (ii) in figures ₹ in words ₹														
Account Type Please tick(✓) Savin	gs Current NRE N	IRO FCNR Others	(please specify) *** Refe	er Instruction 4 (Mandatory for Credit via not find this on your cheque leaf, please	NEFT / RTGS) (11 Character code a check for the same with your bank)	pearing on your cheque leaf.								
13. NOMINATION DETAILS - Mandatory														
I/We DO NOT wish to nominate I/We DO NOT wish to nominate We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio and understand the issue involved in non-appointment of nominee(s) and furthe are aware that in case of death of all the account holder(s), my/our legal heir would need to be submit all the requisite documents issued by Court or other such competent authority, based on the value of asset need in the mutual fund folio.														
First / Sole Applicant/ Guardian / PG	DA Holder / Auth Sign	Second	Applicant / Auth. Si	Third Applicant Sign										
Nominee Name	<u> </u>		* * *	=	st Holder Allocation (Total = 100%) Nominee / Guardian Signati									
Nominee 1			,	,	,	,								
Nominee 2														
Nominee 3														
	105 (1)													
14. DOCUMENTS ENCLOSED (PLE	ASE 🗸)													
Memorandum & Articles of Association Resolution / Authorisation to invest Power of Attorney List of Authorised Signatories with Specimen Signature(s)	Trust Deec PAN Copy Certificate Bye-Laws	of Incorporation	KYC acknowledgement LP Agreement Partnership Deed HUF Deed Beneficiary ownership list	SIP Enrolment Form (For Investment through PDC) SIP Enrolment Form (For Investment through NACH / Auto SWP/STP/DSO Enrolment Form Third Party Payment Declaration Form Multiple Bank Account Registration Form									
15. Non-Profit Organization (NPO) We are falling under "Non-Profit Organization registered as a trust or a society under the Soci Yes If yes, please quote Registration No. of Darpan If not, please register immediately and confirmentity name in the above portal and may report requirements and authorize you to deduct such	on" [NPO] which has been co eties Registration Act, 1860 (No portal of Niti Aayog n with the above information. ort to the relevant authorities	(21 of 1860) or any similification. Failure to get above confas applicable. We am/ar	ar State legislation or a d irmation or registration re aware that we may b	Company registered under the s with the portal as mandated, w e liable for it for any fines or co	ection 8 of the Companies A herever applicable will forconsequences as required un	e MF / AMC to register you								
16. DECLARATION(s) & SIGNATURE(S) (Refer Instruction 15)														
To, The Trustee, Taurus Mutual Fund Having read and understood the contents of the Sch the terms, conditions, rules and regulations govern contravention of any Act, Rules, Regulations, Notif government of India from time to time. I/We have t Applicable for NRI's only - I/We confirm that I of External /Non-Resident Ordinary /FCNR account. The ARN holder has disclosed to me/us all the com recommended to me/us. I/We confirm that details provided by me/us are tru **1 agree to receive all communication i.e. Statem transacting through the internet facility provided by website www.taurusmutualfund.com and hereby unc liable for all the costs and consequences thereof.	ning the scheme. I/We hereby of ications or Directions of the prov understood the details of the sche arm/we are Non Residents of Inc missions (in the form of trail con use and correct. ent of Account (SOA), Portfolio, I Taurus Mutual Fund and confir	Jeclare that the amount inveisions of the Income Tax Act, me & I/we have not received lian Nationality/Origin and the mission or any other mode) Annual / Abridged Reports et m of having read, understoo	isted in the scheme is thro, Prevention of Money La I nor have been induced by that I/we have remitted fi , payable to him for the di cc. (including regulatory up d and agree to abide by the	ough legitimate sources only and coundering Act, Prevention of Corruption of Corruptio	loes not involve and is not de tition Act and / or any other ap actly in making this investment ad banking channels or from fu ous Mutual Funds from among ia email. I may voluntarily subs a of the internet facility more	igned for the purpose of the plicable laws enacted by the								
I/We confirm A resident of US/Canada Not a resident of US/Canada														
Opt-in (Select this box in order to receive the physical copy of the schemewise Annual / Abridged Report at the end of financial year)														
Please Sign her First / Sole Applicant/ Guardian / PC			lease Sign here Applicant / Auth. Si	gn	Please Sig Third Applic									