

TAURUS MUTUAL FUND

SIP / OptiSIP ENROLMENT - CUM - AUTO DEBIT / SIP CANCELLATION (Please read instructions carefully before filling up the form)

Application No.

| 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) |
|-----------------------|-----------------------|----------------------------------|---------------------------------------|----------------------------------|
| | | | | |

Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column.

#By mentioning RIA code, I/we authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of Taurus Mutual Fund.

EXECUTION ONLY (To be signed when EUI is left blank)

*1/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.

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

Second Account Holder's Signature

Third Account Holder's Signature

[illegible]

INVESTOR AND INVESTMENT DETAILS

[illegible]

| ID & Add Proof Document Name, in case of Micro SIP | Sole/First Applicant/ Guardian | Second Applicant | Third Applicant |
|---|--------------------------------|------------------|-----------------|
| | | | |

| Name of Scheme | Plan | Option |
|----------------|------|--------|
|----------------|------|--------|

☐ **SIP / Micro SIP** ☐ *OptiSIP*

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|----------|---|---|-----------------|---|---|---|---|---|---|----|---|---|---|---|---|---|----|-----------------------------------|
| SIP Amount (₹) | | | | | | | SIP Date | D | D | SIP Period From | M | M | Y | Y | Y | Y | To | M | M | Y | Y | Y | Y | OR | <input type="checkbox"/> 40 Years |
|----------------|--|--|--|--|--|--|----------|---|---|-----------------|---|---|---|---|---|---|----|---|---|---|---|---|---|----|-----------------------------------|

| Frequency Details [Please ✓] | | | | |
|------------------------------------|--------------------------------------|--|---|--|
| <input type="checkbox"/> Daily SIP | <input type="checkbox"/> Weekly SIP | <input type="checkbox"/> Fortnightly SIP | <input type="checkbox"/> Monthly SIP | <input type="checkbox"/> Quarterly SIP |
| All Days between 1 to 28 | 7th, 14th, 21st, 28th of every month | Date will be 1st and 15th | Any date between 1 to 28. Default date will be 10th | |

| | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|-------------|---|---|---|---|---|---|---|---|---|---|
| First/Initial Investment Cheque Number | | | | | | Cheque Date | D | D | / | M | M | / | Y | Y | Y | Y |
|--|--|--|--|--|--|-------------|---|---|---|---|---|---|---|---|---|---|

☐ SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Minimum Amount Rs. 500/- for Half Yearly and Rs. 1000/- for yearly

| | | | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--------------------------------------|---------------------------------|---|
| SIP Top-up Amount (₹) | | | | | | | | <input type="checkbox"/> Half Yearly | <input type="checkbox"/> Yearly | (Default taken will be yearly and for Rs. 1000/-) |
|-----------------------|--|--|--|--|--|--|--|--------------------------------------|---------------------------------|---|

PARTICULARS OF BANK ACCOUNT

I/We hereby, authorize Taurus Mutual Fund and their authorized service providers, to debit my/our following bank account by ECS (Debit Clearing)/auto debit to account for collection of SIP/*Opti*SIP payments.

[illegible][illegible][illegible][illegible][illegible]

Declaration & Signature (s): Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government of India from time to time. I/We have understood the details of the scheme & I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. **Applicable for NRI's only -** I/We confirm that I am / we are Non Residents of Indian Nationality /Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my /our Non-Resident External /Non-Resident Ordinary /FCNR account. **The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.**

I/We confirm that details provided by me/us are true and correct.

Please ☒ ☐ Repatriation basis


☐ Non-Repatriation basis * Please strike out whichever is not applicable

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

Second Account Holder's Signature

Third Account Holder's Signature

One Time Mandate (OTM)



TAURUS

Mutual Fund

Tick ☒

CREATE

MODIFY

CANCEL

Bank a/c Number:

With Bank

An amount of Rupees

FREQUENCY

PAN/Folio No.

Reference

PERIOD

UMRN

Sponsor Bank Code

I/We, hereby authorize

DD

MM

YY

YY

Date

FOR OFFICE USE

Utility Code

Taurus Mutual Fund

SB

CA

CC

SB-NRE

SB-NRO

Other

IFSC

or MICR

₹

☒ Mthly

☒ Qly

☒ H-Yrly

☒ Yrly

☒ As & when presented

DEBIT TYPE

☒ Fixed Amount

☒ Maximum Amount

Mobile No.

Email ID

Signature Primary Account Holder

Signature Account Holder

Signature Account Holder

Maximum period of validity of this mandate is 40 years only

1

2

3

One Time Mandate (OTM)

FOR OFFICE USE

FOR OFFICE USE

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.