

NOT TO BE USED FOR TATA RETIREMENT SAVINGS FUND

SIP AUTO DEBIT FACILITY – WITH TOP-UP FACILITY NEW INVESTORS ARE REQUESTED TO FILL-IN THE SCHEME APPLICATION FORM ALSO



REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing / Standing Instruction / Direct Debit Facility in select banks only)

	TION (Only empanelled Distribution/Broke Sub-Broker / Bank Branch Code	er will be permitted to distribute Units o Sub-Broker ARN Code		fer instruction A16 & K N Code	FOR OFFICE USE ONLY (TIME STAMP)				
Broker / Agent Code ARN-16709	Sub-broker / Bank Branch Code	Sub-Broker Ann Code							
ARN-10709			EOS	9709					
	EUIN box has been intentionally of the above distributor/sub brok butor/sub broker.								
Sole / 1st Unitholder Signatur	e / Thumb Impression 2nd	Unitholder Signature / Thum	b Impression	3rd Unitholde	r Signature / Thumb Impression				
2. TRANSACTION CHARGE	S FOR APPLICATIONS THRO	UGH DISTRIBUTORS ONL	Y (Refer Inst. A	15 and please ti	ck (✓) any one)				
I confirm that I am a First tim (Rs. 150 deductible as Training)	e investor across Mutual Funds. nsaction Charge and payable to			sting investor in Mu ransaction Charge	itual Funds. • and payable to the Distributor)				
ransaction charges, the same are - 4 installments. Units will be iss	ent through SIP (i.e. amount per SIP deductible as applicable from the ins ued against the balance of the install 's' assessment of various factors incl	tallment amount and payable to ment amount invested. Upfrom	the the distributo commission shal	r. In such cases tran	saction charge will be recoverable				
3. APPLICATION DETAILS									
Folio No.		Applicatio	n No.						
Name of Sole / 1st holder			PAN No	. / PEKRN.	andatory CKYC				
Name of 2nd holder			PAN No	PAN No. / PEKRN. Mandatory KYC					
Name of 3rd holder		PAN No	PAN No. / PEKRN. Mandatory KYC						
					# Attach Acknowledgement Co				
Securities Depository participa Depository participa DP ID No. Beneficiary Account S. SCHEME DETAILS Refer Inst Cheme / Plan:	I N .	Depository Securities Limited	Target ID No.						
Dptions: Growth Divid									
For Dividend option only: Sub-C			it option: 🗆 Pay	out 🗌 Reinves	itment				
×	noose anyone (√) (Refer Instruction E) m Home □ Dream Car □ Retireme		ildren's Marriage						
Target Amount Rs.									
7. FIRST SIP CHEQUE DETAILS									
Cheque No.:	Cheque Amount in ₹			Cheque Date :					
Bank Name		nch:		City:					
Mutual Fund Scheme/s at NAV bas complete & express my willingness I/We have read & agreed to the terr	, Mumbai. Having read & understood ed resale price & agree to abide by te to make payments through participatic ns & conditions mentioned overleaf. Fo nvestments exceeding ₹ 50,000/- in a r	rms, conditions, rules & regulatio on in ECS/Direct Debit/Standing In or Micro SIP: I/We hereby declare	ns of scheme/s. I/V struction. I/We will that I/We do not ha	Ve hereby declare th also inform TAML, a	nat the particulars given are correct bout any changes in my bank accoun				
SIGNATURE/S AS PER TATA MUTUAL FUND RECORDS									
(MANDATORY) Sole / I	st Account Holder's Signature	2nd Account Holder	's Signature	3rd Ac	count Holder's Signature				
ACKNOWLEDGEMENT SLIP (TO BE FILLED BY THE INVESTO	DR) T	ATA MUTUAL	FUND	ISC Stamp & Signature				
eceived from Mr./Mrs.									
cheme/Plan/Option									

8. SIP DETAILS																			 		
SIP Installment Amount (3)							Amo	ounts i	n wor	ds								 		
Frequency	Enrollment Period: (Please √any one)							SIP Dates:													
Monthly (Default)	$\square Regular From: M M Y Y Y Y to: M M Y Y Y Y$									Please mention the date											
Quarterly (Please tick any one)									in words day of the month							onth					
							e.g. for SIP on 10th please mention I 0 <u>Tenth</u> day of the month														
	(Default	(Default) (Refer Instruction No. 12)						[please refer instruction 13 for any day SIP] Default: 10 th (Tenth)													
9. SIP TOP UP (Optional) (tick to ava	il this fa	cility) (F	Refer i	nstruc	tion I	5)														
								Top Up Frequency : Half Yearly Yearly (Default)													
Top Up Amount*								Upper SIP Amount													
*Top Up amount has to be in multiples of Rs. 500 only									Rs												
									_												
10. PARTICULARS OF	BANK ACC	COUNT	•																		
Account holder Name as in Bank Account																					
Bank Name																					
												City									
Branch Name								(please	enter	the 9	digit nur	nber tha	t appe	ars aft	er the	che	que nu	ımber)			
Branch Name 9 Digit MICR Code				~			0	NR	E	FCN	IR										
		Saving	s	Curre	:iiu		-														

To - Branch Manager, Bank. This is to inform I/We have registered for RBI's Electronic Clearing Service (Debit Clearing)/ Direct Debit/Standing Instruction Facility & that my payment towards my investment in Tata Mutual Fund shall be made from my/our above mentioned bank account with your bank.

I/We authorize the representative carrying this ECS/Direct Debit/Standing Instruction mandate Form to get it verified & executed. I/We acknowledge that no separate intimation will be received from the Bank in case of non-execution of the instructions for any reasons whatsoever. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Tata Mutual Fund or the above mentioned Bank responsible. I have read and agreed to the terms and conditions mentioned overleaf. I/We have noted the contents of the Direct Debit Facility Agreement/Standing Instruction entered by Tata Mutual Fund with the Bank & I/we are also bound by the terms thereof. I/We also authorize the Bank to debit my account for charges towards mandate verification & transaction dishonoured due to "insufficient funds" as applicable.

SIGNATURE/S AS PER BANK ACCOUNT (MANDATORY)	✓		
(MANDATORY)	Sole / Ist Account Holder's Signature	2nd Account Holder's Signature	3rd Account Holder's Signature
	(as in bank records)	(as in bank records)	(as in bank records)

(To be signed as per the mode of operations, i.e. all holders to sign if the mode of operations is Joint)

12. BANKER'S ATTESTATION (FOR BANK USE ONLY)

Certified that the signature of A/c holder and the details mentioned in 'Particulars of Bank A/c' above and its MICR code are correct as per our records									
Signature of Bank Manager with name, Employee code, Bank Seal and Contact Number	Bank Account Number								
FOR OFFICE USE ONLY (NOT TO BE FILLED IN BY INVESTOR)									
Recorded on	Scheme Code								
Recorded by	Credit A/c Number								

Bank use Mandate Ref. No.

Customer Ref. No.