

ARN Code & 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. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 8) Applicable details and mode of holding will be as per the existing Folio.

Folio No. _____

2. UNIT HOLDER / NEW APPLICANT INFORMATION (Refer Instruction Page) Fresh / New investors to fill in all the Sections 2 to 12

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s. _____

DATE OF BIRTH (DOB)

D	D	M	M	Y	Y	Y	Y
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 (Mandatory in case of minor)

NAME OF THE GUARDIAN (For minor applicant) / **Name of the POA Holder** / **Name of the Contact Person** (For Non Individual Applicant)

Mr. Ms. M/s. _____

Guardian named above is: Father Mother Court Appointed* Designation of Contact Person _____

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

Mr. Ms. _____

NAME OF THIRD APPLICANT

Mr. Ms. _____

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

City _____ State _____ Pin Code _____

STD Code _____ Telephone Off. _____ Resi. _____ Mob. _____

E-Mail** _____

OVERSEAS ADDRESS (Mandatory for NRI / FI application)

State _____ Pin Code _____ Country _____

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

	PAN No.	KYC Compliance Status (Mandatory)		PAN No.	KYC Compliance Status (Mandatory)
First / Sole Applicant	_____	<input type="checkbox"/> KYC Acknowledgement Attached	Third Applicant	_____	<input type="checkbox"/> KYC Acknowledgement Attached
Second Applicant	_____	<input type="checkbox"/> KYC Acknowledgement Attached	Guardian / POA Holder	_____	<input type="checkbox"/> KYC Acknowledgement Attached

5. Other KYC details (Mandatory) Individual Non-Individual

5a. 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)

5b. Occupation Details [Please (✓)] (To be filled only if the applicant is an individual)

First Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others _____	(please specify)
Second Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others _____	(please specify)
Third Applicant	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others _____	(please specify)

5c. Gross Annual Income (in ₹) [Please (✓)]

First Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore (or)
 Net-worth (Mandatory for non-individuals) ₹ _____ as on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 (Not older than one year)

Second Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore (or) Net-worth _____

Third Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore (or) Net-worth _____

5d. First Applicant

For Individuals [Please (✓)] Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am related to PEP Not Applicable

For Non-Individuals providing any of the below mentioned services [Please (✓)]
 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) I am PEP I am related to PEP Not Applicable

Third Applicant: (To be filled only if the applicant is an individual) I am PEP I am related to PEP Not Applicable

ACKNOWLEDGEMENT SLIP - Common Application Form

TAURUS MUTUAL FUND

APPLICATION NO. _____

6. MODE OF HOLDING [PLEASE TICK (✓)]

Single Joint (Default) Anyone or Survivor

7. 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.														

Enclosures: Any one of the following Client Master List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

8. 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 9.

9. INVESTMENT DETAILS - (Refer Instruction 5)

	Scheme 1	Scheme 2	Scheme 3
Name of the Scheme	Taurus -	Taurus -	Taurus -
Plan			
Option			

10. PAYMENT DETAILS

Payment Type (Please (3))	<input type="checkbox"/> PAYMENT BY SELF	<input type="checkbox"/> PAYMENT BY THIRD PARTY (Please attach 'Third Party Payment Declaration Form')	
Investment Type (Please (3))	<input type="checkbox"/> LUMP SUM PURCHASE	<input type="checkbox"/> SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)	
	Scheme 1	Scheme 2	Scheme 3
Cheque / DD No. & Date:			
Bank & Branch Name			
Amount of Cheque / DD /RTGS/NEFT in figures ₹ (i)			
DD Charges if any, in figures ₹ (ii)			
Total Amount (i)+ (ii)	in figures ₹ in words ₹		

11. NOMINATION DETAILS - Mandatory if mode of holding is single (Refer Instruction 14)

I/We wish to nominate I/We DO NOT wish to nominate

	Nominee Name & Address	Guardian Name & Address (In case Nominee is Minor)	Nominee Relationship with 1st Holder	Allocation (Total = 100%)	Nominee / Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					

12. DOCUMENTS ENCLOSED (PLEASE ✓)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Memorandum & Articles of Association | <input type="checkbox"/> Trust Deed | <input type="checkbox"/> KYC acknowledgement | <input type="checkbox"/> SIP Enrolment Form (For Investment through PDC) |
| <input type="checkbox"/> Resolution / Authorisation to invest | <input type="checkbox"/> PAN Copy | <input type="checkbox"/> LLP Agreement | <input type="checkbox"/> SIP Enrolment Form (For Investment through ECS / Auto Debit) |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Partnership Deed | <input type="checkbox"/> SWP/STP/DSO Enrolment Form |
| <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s) | <input type="checkbox"/> Bye-Laws | | <input type="checkbox"/> Third Party Payment Declaration Form |
| | | | <input type="checkbox"/> Multiple Bank Account Registration Form |

13. DECLARATION(S) & SIGNATURE(S) (Refer Instruction 15)

To,
The Trustee,
Taurus Mutual Fund

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.

****I may voluntarily subscribe to the on-line access for transacting through the internet facility provided by Taurus Mutual Fund and confirm of having read, understood and agree to abide by the terms and conditions for availing of the internet facility more particularly mentioned on the website www.taurusmutualfund.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.**

Page 2 of 2

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Please Sign here

Please Sign here

Please Sign here

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

Second Applicant / Auth. Sign

Third Applicant Sign

Cheque No.	Amount	Scheme/Plan/Option	Collection Centre / AMC Stamp / Signature

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

FATCA/ Foreign Tax Laws Information - Self Certification Form

(Individual Sole Proprietor) (Refer to instructions)

[Please seek appropriate advice from a tax professional on FATCA/ Foreign Tax laws related information]

First / Sole Applicant / Guardian

Name																								
PAN										Folio No.														
Address																								
City					State					Country														
Pincode					Mobile																			
Type of address given at KRA					Residential or Business					Residential					Business					Registered Office				
City of Birth																								
Country of Birth																								
Are you a tax resident of any country other than India? Yes <input type="checkbox"/> No <input type="checkbox"/>																								

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [§]	Identification Type (TIN or Other, please specify)

¹ Address would be procured as per the data available in KRA database. In case of any change in address please approach KRA to update

[#] To also include USA, where the individual is a citizen / green card holder of the USA

[§] In case Tax Identification Number is not available, kindly provide its functional equivalent

Second Applicant

Name																								
PAN										Folio No.														
Address																								
City					State					Country														
Pincode					Mobile																			
Type of address given at KRA					Residential or Business					Residential					Business					Registered Office				
City of Birth																								
Country of Birth																								
Are you a tax resident of any country other than India? Yes <input type="checkbox"/> No <input type="checkbox"/>																								

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [§]	Identification Type (TIN or Other, please specify)

Application

Received Form _____	
Date _____	

¹ Address would be procured as per the data available in KRA database. In case of any change in address please approach KRA to update

[#] To also include USA, where the individual is a citizen / green card holder of the USA

[%] In case Tax Identification Number is not available, kindly provide its functional equivalent

Third Applicant

Name																									
PAN				Folio No.																					
Address																									
City		State																				Country			
Pincode		Mobile																							
Type of address given at KRA		Residential or Business				Residential				Business				Registered Office											
City of Birth																									
Country of Birth																									
Are you a tax resident of any country other than India?		Yes <input type="checkbox"/>		No <input type="checkbox"/>																					

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country [#]	Tax Identification Number [%]	Identification Type (TIN or Other, please specify)

¹ Address would be procured as per the data available in KRA database. In case of any change in address please approach KRA to update.

[#] To also include USA, where the individual is a citizen / green card holder of the USA

[%] In case Tax Identification Number is not available, kindly provide its functional equivalent

Certification

I have understood the information requirements of this Form (read along with the FATCA Instructions) and hereby confirm that the information provided by me on this Form is true, correct, and complete. I also confirm that I have read and understood the FATCA Terms and Conditions given under and hereby accept the same.

Signature (as per KRA record):

Please Sign here

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

Please Sign here

Second Applicant / Auth. Sign

Please Sign here

Third Applicant Sign

Date:

Place:

INSTRUCTIONS

Details under FATCA / Foreign Tax Laws: Towards compliance with tax information sharing laws such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. **Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators / tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or a Green card holder, please include The United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.

Please note that you may receive more than one request to provide this information, if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe that you have already provided this information earlier.