TAURUS MUTUAL FUND

TAURUS Mutual Fund

SIP / *Opti*SIP ENROLMENT - CUM - AUTO DEBIT / ECS APPLICATION FORM (Please read instructions carefully before filling up the form)

Application No.

ARN Code & Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
24863		E043887		

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. **Also refer instruction no.2.** 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 — First Account Holder/Guardian Signature

Please sign here — Second Account Holder's Signature

Please sign here — Third Account Holder's Signature

☐ Registration of SIP/*Opti*SIP/Micro SIP ☐ Cancellation of SIP/*Opti*SIP/Micro SIP Folio No.

☐ Extension of SIP/*Opti*SIP/Micro SIP ☐ Change in Bank Account for an existing investor

REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / ECS (DEBIT CLEARING)

First investment in SIP/*Opti* SIP/Micro SIP via cheque and subsequent investment via Auto Debit, available in select cities only.

INVESTOR AND INVESTMENT DETAILS

Name of Sole/First Applicant — Mr. Ms. M/s

Name of Second Applicant — Mr. Ms.

Name of Third Applicant — Mr. Ms.

Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-indl. Applicant)

Mr. Ms.

ID & Add Proof Document Name, in case of Micro SIP (Refer Instruction 14)	Sole/First Applicant/ Guardian	Second Applicant	Third Applicant

Name of Scheme | Plan/Option

☐ SIP / Micro SIP	☐ *Opti*SIP
Fixed SIP Amount (₹)	Fixed Min. Installment Amt. — Frequency ☐ Monthly
Frequency ☐ Monthly ☐ Quarterly	Fixed Max. Installment Amt. (Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof)

First/Initial Investment Cheque Number — Cheque Date D D / M M / Y Y Y Y

Auto Debit/ECS dates (Please 3) ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 28th

Enrolment Period — Start From M M / Y Y Y Y — End on M M / Y Y Y Y — No. of Installments

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.

Name of the Account Holder as in Bank Records

Bank Name

Branch Address — City

Account Number — Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO

9 digit MICR Code — 11 digit IFSC Code

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.

Please sign here — First Account Holder/Guardian Signature

Please sign here — Second Account Holder's Signature

Please sign here — Third Account Holder's Signature

AUTHORISATION OF THE BANK ACCOUNT HOLDER (to be signed by account holder as per bank records)

This is to inform that I/We have registered for the RBI's Electronic on Clearing Service (Debit Clearing) /Auto Debit facility and that my payment towards my investment in Taurus Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorize the representative carrying this ECS/Auto Debit account mandate form to get it verified & executed. Mandate verification charges, if any, may be charged to my/our A/C.

Bank Account Number

Please sign here — First Account Holder/Guardian Signature

Please sign here — Second Account Holder's Signature

Please sign here — Third Account Holder's Signature

FOR BANK USE ONLY (not to be filled in by investor)

Recorded on	Scheme Code
Recorded by	Credit Account No.

Bank use mandate Ref. No. | Customer Ref. No.

TAURUS Mutual Fund

ACKNOWLEDGEMENT SLIP - Micro SIP or SIP / *Opti*SIP Auto Debit / ECS Form

Application No.

TAURUS MUTUAL FUND

Received from Mr. / Ms. | Date :

Frequency ☐ Monthly ☐ Quarterly

Micro SIP or SIP/*Opti*SIP Date	Cheque No.	Amount	Scheme/Plan/Option