

## SYSTEMATIC INVESTMENT PLAN (SIP) APPLICATION FORM

(Please read instructions carefully before filling up the form)

Application No.

Ganesh S Shanbhag  
ARN 1989217

Sub-Broker's ARN No.

Registrar's Serial No.

- ☐
- New Registration
- 
- ☐
- Change in Bank Account
- 
- ☐
- Cancellation

Existing investors of Taurus Mutual Fund wanting to make an SIP investment will need to fill up ONLY the SIP Application Form quoting their Folio/Account Number. However, new investors are required to fill up the Common Application Form as well as the SIP Application Form.

## APPLICANTS INFORMATION (MANDATORY)

Folio No. (For existing Unitholder)		Common Appn. form No. (For new investor)	
Name of the First Applicant	Mr. Ms./M/s		
PAN**		Enclosed (please ✓) <input type="checkbox"/>	PAN proof <input type="checkbox"/> Please attach KYC acknowledgement letter <input type="checkbox"/>
Name of the Second Applicant	Mr. Ms./M/s		
PAN**		Enclosed (please ✓) <input type="checkbox"/>	PAN proof <input type="checkbox"/> Please attach KYC acknowledgement letter <input type="checkbox"/>
Name of the Third Applicant	Mr. Ms./M/s		
PAN**		Enclosed (please ✓) <input type="checkbox"/>	PAN proof <input type="checkbox"/> Please attach KYC acknowledgement letter <input type="checkbox"/>

\*\*KYC is Mandatory if amount of purchase is Rs. 50,000 or more irrespective of mode of holding

## SIP INVESTMENT DETAILS

S. No.	*Cheque / DD Favouring Scheme Name	Plan / Option	Amount invested (Rs.)	DD charges	Net Amount paid (Rs.)	Type of Account #
1.						
2.						
3.						
4.						

\*All purchases are subject to realization of cheque/DD # (Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR)

Amount (Rs.) In figures		Amount (Rs.) In words	
Payment Mechanism SIP (Please ✓ any one only)	<input type="checkbox"/> Auto Debit Facility (Please complete the SIP Auto Debit Facility Form)	<input type="checkbox"/> Cheques (Please provide the details below)	
Total No. of Cheques		Cheque Nos. from	To
Drawn on Bank			
Branch		A/C No.	
Frequency (Please ✓)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Date (Please ✓)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th of the month
No. of months/quarters		Period of enrolment (MM / YY)	From MM/YY To MM/YY

## DECLARATION AND SIGNATURE(S)

Having read and understood the contents of the Scheme Information Document & Scheme Additional Information of the schemes and subsequent amendments thereto including the sections on 'Prevention of Money Laundering and Know Your Customer', I/We hereby apply to the Trustees of Taurus Mutual Fund for units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the PMLA. I/We have not received and will not receive nor will be induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the above scheme of Taurus Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. It is expressly understood that I/we have the express authority from our constitutional documents to invest in the units of the above scheme and the AMC/Trustee/Fund would not be responsible if the investment is thereto and the investment is contrary to the relevant constitutional documents. I/We authorise this Fund to reject the application, revert the units credited, restrain me/us from making any further investment in any of the schemes of the Fund, and take any appropriate action against me/us in case the cheque(s)/payment instrument is/are returned unpaid by my/our bankers for any reason whatsoever. Applicable to NRIs only : I / We\* confirm that I am / we\* are Non-Resident of Indian Nationality / Origin and I / we\* hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my / our\* Non-Resident External / Ordinary Account / FCNR Account.

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

1st Applicant		2nd Applicant		3rd Applicant	
Place				Date	

## ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Name  SIP Application for purchase of units of 

Address 

Acknowledgement is subject to realization of cheque/draft. All future communication in connection with the application should be addressed to the Registrar Karvy Computershare Private Limited: H No. 8-2-596, Avenue 4, Street No. - 1, Banjara Hills, Hyderabad-500034

Signature &amp; Stamp

## SIP AUTO DEBIT (ECS) APPLICATION FORM

(Please read instructions carefully before filling up the form)

Application No. \_\_\_\_\_

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

First investment in SIP via cheque and subsequent investment via Auto Debit, available in select cities only. Application should be submitted at least three days before the 1st SIP cheque date

- ☐ New SIP Registration-by existing investor ☐ Change in Bank Account for an existing investor
- ☐ New SIP Registration-by new investor (Also attach the new application form duly filled & signed)

### INVESTOR AND INVESTMENT DETAILS

Sole/First Investor Name	
Account No.	
Scheme	
Option	

### SIP AND BANK DETAILS

Each SIP Amount (Rs.)		Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
First SIP Cheque (Rs.)		Cheque date should either be 5th, the 10th or the 15th of the month	
(Submit at least 3 days before this SIP Cheque Date)			
SIP Auto Debit dates	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th	of the month	
SIP Period Start	From	MM/YY	End on
		MM/YY	

Note : Please allow minimum one month for auto debit to register and start

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 payments.

### PARTICULARS OF BANK ACCOUNT

Name of the Account Holder as in Bank Records	
Name of the Bank	
Branch Address	
City	
Account Number	
Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current
MICR Code	
This is a 9 digit number next to your cheque no.	
IFSC Code	

Having read and understood the contents of the Scheme Information Document & Scheme Additional Information Document, Key Information Memorandum, Instruction and Addendums issued from time to time of the respective schemes of Taurus Mutual Fund, I/We declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS/Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Taurus Asset Management Co. Ltd. about any changes in my bank account. I/We have read and agreed to the terms and conditions regarding Auto Debit Facility.

First Account Holder's signature

Second Account Holder's signature

Third Account Holder's signature

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

Recorded on	Scheme Code
Recorded on	Credit Account No.
Bank use mandate Ref. No.	Customer Ref. No.

### AUTHORISATION OF THE BANK ACCOUNT HOLDER (to be signed by account holder)

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 to account mandate form to get it verified & executed.

Bank Account Number

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First Account Holder's signature as per bank records

Second Account Holder's signature as per bank records

Third Account Holder's signature as per bank records

Bank Manager's signature

## COMMON APPLICATION FORM

(Please read instructions carefully before filling up the form)

Application No.

Broker ARN-109217 ARN No.

Sub-Broker's Name & ARN No. / DIRECT

Collection Centre  
(for office use only)

For Direct Application please write the word "DIRECT" in Distributor & Sub-Broker Box.

1. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 7) Applicable details and mode of holding will be as per the existing Folio No.

Folio No.

2. UNIT HOLDER / NEW APPLICANT INFORMATION (Refer Instruction Page) Fresh / New investors fill in all the blocks. (2 to 11)

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s.

PAN\* (Mandatory for all investors)

DATE OF BIRTH

ENCLOSED (Please tick (✓))

☐ PAN Proof

☐ Please attach KYC acknowledgement letter

NAME OF SECOND APPLICANT

Mr. Ms. M/s.

PAN\* (Mandatory for all investors)

DATE OF BIRTH

ENCLOSED (Please tick (✓))

☐ PAN Proof

☐ Please attach KYC acknowledgement letter

NAME OF THIRD APPLICANT

Mr. Ms. M/s.

PAN\* (Mandatory for all investors)

DATE OF BIRTH

ENCLOSED (Please tick (✓))

☐ PAN Proof

☐ Please attach KYC acknowledgement letter

NAME OF THE GUARDIAN (in case of First / Sole Applicant is a minor) / CONTACT PERSON – DESIGNATION (in case of non-individual investors)

Mr. Ms. M/s.

PAN\* (Mandatory for Guardian / Power of Attorney investing on behalf)

ENCLOSED (Please tick (✓))

☐ PAN Proof

☐ Please attach KYC acknowledgement letter

DOCUMENT SUBMITTED [Please tick (✓)]

☐ Board / Committee Resolution / Authority ☐ Trust Deed ☐ Bye-laws ☐ List of Authorised Signatories with names, designations & Specimen Signature  
☐ Memorandum & Articles of Association ☐ Partnership Deed ☐ Overseas Auditor's certificate

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O. Box Address is not sufficient)

City  State  Pin Code

OVERSEAS ADDRESS (For NRI / FI application in addition to mailing address & above)

State  Pin Code  City  Country

CONTACT DETAILS OF FIRST / SOLE APPLICANT

STD Code  Telephone Off.  Resi.  Mob.   
E-Mail  Online access ☐ Yes ☐ No Please tick (✓)

3. COMMUNICATION [Please tick (✓)]

I/We wish to receive the following document(s) by Electronic Mode ☐ Account Statement ☐ Annual Report ☐ Other Information (please specify)

4. OCCUPATION (First/Sole Applicant) [Please tick (✓)]

☐ Service ☐ Housewife ☐ Defence ☐ Professional ☐ Retired ☐ Business ☐ Others (please specify)

5. STATUS (First/Sole Applicant) [Please tick (✓)]

☐ Resident Individuals ☐ HUF ☐ On Behalf of Minor ☐ Proprietor ☐ Partnership Firm ☐ NRI - NRE ☐ NRI - NRO  
☐ PIO ☐ Society ☐ Trust ☐ Company/ Body Corporate ☐ FI ☐ Bank ☐ Others (please specify)

6. MODE OF HOLDING [Please tick (✓)]

☐ Single ☐ Joint ☐ Anyone or Survivor (Default option is anyone or survivor)

ACKNOWLEDGEMENT SLIP (Common Application Form. To be filled in by the investor)

# 7. BANK ACCOUNT DETAILS (Please note that as per SEBI regulations, it is mandatory for investors to provide their bank account details)

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						

# 8. REDEMPTION / DIVIDEND REMITTANCE

In case an investor wishes to receive a cheque (instead of a direct credit into their bank account), please indicate the preference below: I/We want to receive the redemption and dividend proceeds (if any) by way of a cheque. [Please tick (✓)] <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DIRECT CREDIT AVAILABLE IN :</b> ABN Amro Bank, Citi Bank, Deutsche Bank, HDFC Bank, HSBC Bank, ICICI Bank, IDBI Bank, Standard Chartered Bank, Axis Bank, Kotak Mahindra Bank, Yes Bank, ING Vysya Bank. Investor having a bank account with any one of these bank will receive their redemption / a dividend payments (if any) directly into their bank account.
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Real Time Gross Settlement (RTGS) for redemptions only I/We request you to activate Real Time Gross Settlement (RTGS) facility for my folio and remit the redemption proceeds through RTGS [Please tick (✓)] <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IFSC Code</b> <input type="text"/> 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 7.
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<b>ELECTRONIC CLEARING SERVICE (ECS) FOR DIVIDENDS ONLY</b> I authorise Taurus Mutual Fund to credit my dividend payments through ECS [Please tick (✓)] <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>9 Digits MICR Code</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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# 9. INVESTMENT DETAILS

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option.

S. No.	*Cheque / DD Favouring Scheme Name (refer Instruction 5)	Plan / Option	The Amount invested (Rs.)	DD charges	Net Amount paid (Rs.)	Payment Details		Type of Account #
						Cheque / DD No.	Bank and Branch	
1.								
2.								
3.								
4.								

\*All purchases are subject to realization of cheque/DD # (Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR)

# 10. NOMINATION DETAILS

I/We do hereby nominate the undermentioned Nominee to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such nominee (upon such documentation) shall be a valid discharge by the AMC / Mutual Fund / Trustees.

S. No.	Name & Address of the Nominee (s)	Nominee's relationship with the unit holder	Date of Birth	If the nominee is minor, name & address of the guardian
1.				

Unitholder(s):

	Name	Signature
1.		
2.		
3.		

Witness (es) - could be the same for all unitholder(s):

	Name & Address	Signature
1.		
2.		
3.		

# 11. DECLARATION(S) & SIGNATURE(S)

To, The Trustee, Taurus Mutual Fund Having read and understood the contents of the Offer Document of the Scheme, 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, Anti Money Laundering Laws, Anti Corruption Laws 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. For NRIs 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. I/We confirm that details provided by me/us are true and correct. **I have voluntarily subscribed 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.	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>SIGNATURE/S</b>	First / Sole Applicant /Guardian
			Second Applicant
			Third Applicant

# ACKNOWLEDGEMENT SUP (Common Application Form to be filled in by the investor)

Sr.No.	Scheme Name	Plan / Option	Net Amount Paid (Rs.)	Payment Details	
				Cheque / DD No.	Bank and Branch
1.					
2.					
3.					
4.					