Common Application Form for Equity, Monthly Income and Balanced Schemes

(For Lumpsum / Systematic Investments)





Please refer the instructions while filling the Application Form. Tick (\checkmark) whichever is applicable. (Strike out which is not required)

1. DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund)

Distributor / Broker A	ARN 34120		Sub-B	roker Code		
Upfront commission shall be p	aid directly by the investor to the AMFI registere	d Distributors base	sed on the investors' a	ssessment of various facto	rs including the service rend	lered by the distributor.
Existing Folio Numbe			The state of the s	Form Attached		
MANDATORY [Plea						
APPLICANT DETAILS	PAN * please attach proof	Kno	ow Your Client (KYC)	Marketin view 3 a	STATUS	
FIRST APPLICANT		Proof	KYC Complied	Resident Individual NRI/NRO	☐ Partnership ☐ Public Ltd. Co.	☐ Societies ☐ HUF
SECOND APPLICANT		Proof	KYC Complied	□ NRI/NRE	Pvt. Ltd. Co.	□ PIO
THIRD APPLICANT		Proof	KYC Complied	☐ Trust ☐ Proprietorship	☐ FII ☐ On behalf of Minor	☐ Body Corporate ☐ FOF
GUARDIAN/POA HOLDER		Proof	KYC Complied	Others	Floors specify	Automorphism subservers unbauerstan (ballet)
2. SOLE / FIRST APP as it appears in yo	LICANT'S PERSONAL DETAILS (Pleas ur Bank Account)	e fill in Block L	Letters use one bo	ox for one alphabet le	eaving one box blank b	etween two words,
Name Mr Ms M/s						
Date of Birth	M M Y Y Y Y Status: (✓)	RI 🗆	NRI			
	of Minor) Contact Person - Designation	(non individual) /	/ PoA Holder (inve	estments made of const	titutional attorney).	
Name Mr Ms M/s		161 43			2	
Date of Birth	M M Y Y Y Y Status: (✓) □	RI 🔲	NRI			
Address [P. O. Box Addr	ress is not sufficient] (Indian address in case	of NRI's / FII's))			
					Pin code	
City					Mandatory	
State			Country			
Contact Details						
Phone O		Extn.		Fax		
R				Mobile		
e-mail						
	lowing via e-mail in lieu of physical document(s			nent Annual Repo	ort Other Commun	ication
Overseas Address (Ma	ndatory in case of NRI / FII applicant in ad	altion to mailing	audi ess)			
				City	 	+++++
State		Country			Zip code	
I/We confirm that I am/w my/our NRE/FCNR Accou	e are non-residents of indian nationality/or	igin & that I/We	e have remitted fun	ds from abroad throug	h approved banking chai	nnels or from funds in
Occupation (please ✓)		Service	Professional	☐ Housewife ☐	Retired Stude	ent Other
3. JOINT APPLICANT	'S DETAILS					
Second Applicant						March sold on
Name Mr Ms M/s						
Date of Birth	M M Y Y Y Y Status: (✓)	RI 🗆	NRI			
Third Applicant						
Name Mr Ms M/s						
Date of Birth	M M Y Y Y Status: (*)	RI 🗆	NRI		*	
Name of Power of Att	orney holder for investment on behalf of	Applicant.				
Name Mr. Ms. M/s.						
Mode of Holding (please	Single OR Joint OR	Anyone or Survi	ivor Defaul	It Option: Joint		
ACKNOWLEDGEME	NT SLIP (TO BE FILLED BY THE IN	VESTOR)	S	Sr. No.: A	3092849	3
Received from Mr. / Ms. / M	/s.					
an application for Units of						
Plan	Option		Sub-option			
alongwith Cheque / DD No.	Dated		Drawn on (Bank))	A	
	1				Signat	ture, Stamp & Date

Subject to realisation of cheque / Demand Draft and verification of mandatory information / document.

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