

COMMON APPLICATION FORM

(Please read instructions carefully before filling up the form)

Application No. _____

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.

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.

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 / FII 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
 FII
 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) (Ref. Instruction 3)

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 7.

8. 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)

9. 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.		

10. DECLARATION(S) & SIGNATURE(S)

<p>To, The Trustee, Taurus Mutual Fund</p> <p>Date <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>Having read and understood the contents of the Scheme Information Document, 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.</p> <p>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.</p> <p>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.</p> <p>I/We confirm that details provided by me/us are true and correct.</p> <p>**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.</p>	D	D	M	M	Y	Y	Y	Y	SIGNATURE/S	<table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td style="text-align: center; height: 40px;">First / Sole Applicant / Guardian</td></tr> <tr><td style="text-align: center; height: 40px;">Second Applicant</td></tr> <tr><td style="text-align: center; height: 40px;">Third Applicant</td></tr> </table>	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
D	D	M	M	Y	Y	Y	Y						
First / Sole Applicant / Guardian													
Second Applicant													
Third Applicant													

ACKNOWLEDGEMENT SLIP (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.					

COMMON TRANSACTION FORM

Application No. _____

Details of Transaction: Additional Purchase Switch Redemption

ARN & Name of Distributor	Sub-Broker / Sub-agent Code	DTSM No.

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

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.

UNIT HOLDER DETAILS (MANDATORY)

FOLIO No. _____ PAN No. _____ ENCLOSED (Please)
 UNITHOLDERS INFORMATION (Please fill in BLOCK Letters) Please attach KYC acknowledgment letter
 Name of 1st Applicant (Mr/Ms/M/s) _____

ADDITIONAL PURCHASE REQUEST

Scheme Name	Plan	Option (Please <input checked="" type="checkbox"/>)		Investment Amount (In Figures)	Investment Amount (In Words)
		Dividend <input type="checkbox"/> Growth <input type="checkbox"/>	Rs.		
		Dividend mode (Please <input checked="" type="checkbox"/>)			
		Payout <input type="checkbox"/> Reinvest <input type="checkbox"/>			
Cheque / DD No.	Cheque / D.D. Date	Drawn on Bank and Branch			

SWITCH REQUEST

From Scheme _____ To Scheme _____
 Plan _____ Plan _____
 Option (Please) Growth Dividend Dividend mode() Payout Reinvest Option (Please) Growth Dividend Dividend mode() Payout Reinvest
 Number of Units _____ OR All units (Please)
 OR Amount in (In Figure) Rs. _____ (In Words) Rupees _____

REDEMPTION REQUEST

Scheme _____ Plan _____ Option (Please) Growth Dividend
 Dividend Mode() Payout Reinvest Number of Units _____ OR All units (Please)
 OR Amount in (In Figure) Rs. _____ (In Words) Rupees _____

BANK PARTICULARS* (Please note that as per SEBI Regulations it is mandatory for Investors to provide their bank account details)

Name of Bank _____
 Branch Name and Address _____
 City _____ Pin _____
 Account No. _____ Account Type (Please) Savings NRO Current NRE OD/CC
 9 digit MICR Code _____ (This is 9 digit number next to the cheque number. Provide a copy of cancelled cheque leaf from an ECS/Direct Credit eligible bank) IFS Code _____
 Pay my dividend/redemption electronically through ECS/Direct Credit as and when available. (Please)
 Note: Taurus Mutual Fund, reserves the right to use any other mode of payment as deemed appropriate. I/We understand that Taurus Mutual Fund shall not be responsible if transaction through ECS/Direct Credit could not be carried out because of incomplete or incorrect information. *Please fill the bank particulars for Additional Purchase/Switch/ECS/Change of Bank 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

Signature 1st Applicant _____ 2nd Applicant _____ 3rd Applicant _____

TEAR HERE



COMMON TRANSACTION FORM - ACKNOWLEDGMENT

To be filled in by the Investor
 Email: customer@taurusmutualfund.com
 Website: www.taurusmutualfund.com

No. _____

Folio No. _____	Stamp, Signature and Date
Name _____	

TRANSACTION DETAILS

	Additional Purchase	Redemption	Switch		Amount (Rs.) / Unit
			From	To	
Scheme					
Plan					
Option					