

COMMON 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
Bonanza - 0186				

Upfront commission shall be paid dire

vice 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-on 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) DDMMYYYY (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 / FII application)

\_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_ Country \_\_\_\_\_

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

	PAN No.	KYC Compliance Status (Mandatory)	5. STATUS (OF FIRST/SOLE APPLICANT) [PLEASE TICK (✓)]	MODE OF HOLDING [PLEASE TICK (✓)]
First / Sole Applicant		<input type="checkbox"/> KYC Acknowledgement Attached	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI Non-Repatriation <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> BOI <input type="checkbox"/> Body Corporate <input type="checkbox"/> Trust <input type="checkbox"/> Society / Club <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor
Second Applicant		<input type="checkbox"/> KYC Acknowledgement Attached		
Third Applicant		<input type="checkbox"/> KYC Acknowledgement Attached		
Guardian / POA Holder		<input type="checkbox"/> KYC Acknowledgement Attached		

6. OTHER DETAILS

1. Gross Annual Income Details (Please tick (✓)):  Below 1 lakh  1-10 lakhs  10-25 lakhs  > 25 lakhs OR

Net-worth in ₹. (\*Net worth should not be older than 1 year) ..... as on (date) DD/MM/YYYY

2. Occupation (Please tick (✓) any one and give brief details):

Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Others (Please Specify) \_\_\_\_\_

3. Please tick, if applicable:  Politically Exposed Person  Related to a Politically Exposed Person (For definition of PEP, Please refer instruction no.17)

ACKNOWLEDGEMENT SLIP - Common Application Form



TAURUS MUTUAL FUND

APPLICATION NO. \_\_\_\_\_

Received from Mr. / Ms. / M/s. \_\_\_\_\_

Collection Centre / AMC Stamp / Signature \_\_\_\_\_

Cheque No.	Amount	Scheme/Plan/Option

Investment Type (Please 3))

ONE TIME PURCHASE

SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)

**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.**

Please Sign here

Please Sign here

Please Sign here

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Second Applicant / Auth. Sign

Third Applicant Sign