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	Sub-Broker's Name & ARN	Employee Unique Identity Number*	Collection Centre (for office use only)
ARN-97821		E113814	

*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

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.

☐ SIP ☐ Micro SIP (Refer Instruction 14) ☐ *Opti*SIP Folio No.

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

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

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

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 ✓) ☐ 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

Having read and understood the contents of the Scheme Information Document & Statement of 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. **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 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/s/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.

Please sign here	Please sign here	Please sign here
First Account Holder/Guardian Signature	Second Account Holder's Signature	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	Please sign here	Please sign here
First Account Holder/Guardian Signature	Second Account Holder's Signature	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

ARN-97821

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

Application No.

TAURUS MUTUAL FUND

Received from Mr. / Ms. | Date :

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

Frequency ☐ Monthly ☐ Quarterly