

COMMON APPLICATION FORM

(Please read instructions carefully before filling up the form)

Application No. _____

ARN-34120

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

Collection Centre (for office use only)

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. 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 (✓))

D D M M Y Y Y Y

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 (✓))

D D M M Y Y Y Y

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 (✓))

D D M M Y Y Y Y

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 (✓)]

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Board / Committee Resolution / Authority | <input type="checkbox"/> Trust Deed | <input type="checkbox"/> Bye-laws | <input type="checkbox"/> List of Authorised Signatories with names, designations & Specimen Signature |
| <input type="checkbox"/> Memorandum & Articles of Association | <input type="checkbox"/> Partnership Deed | <input type="checkbox"/> 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 _____ Country _____ City _____

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 instead of physical 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)

Received from Mr. / Ms. _____ Date : _____

(Please tick (✓)) ENCLOSED PAN Proof Yes No COMPLIED KYC (mandatory for investments equal to or greater than Rs. 50,000/-) ECS facility Yes No

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 (✓) Savings Current NRE NRO FCNR 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)

To, The Trustee, Taurus Mutual Fund

Date

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.

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.

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.

SIGNATURE/S

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.					