ARN/RIA Code	and N	lam	е	S	Sub-	Brok	er's A	RN	l Code	Э	Emplo	oyee l	Jnic	ue Id	enti	ity Nu	mber	•* I	nternc	l Coc	le for	· Sub-	brol	ker/E	mplc	yee	Tin	ne Si	tamp	(for	office	use o
ARN 11187	'3											E	Ξ	)25	67	1																
t commission shall be paid dire											estors' d	ssessm	ent of	various	facto	ors inclu	ling the	servi	ce rende	red by 1	the dist	tributor.										
ors subscribing under the "DIRE CUTION ONLY (To be sig	· ·				menti	on "DII	RECT" ir	n the	ARN colu	JMN																						
Ve hereby confirm that the EU					/ loft	hlank l	hv me/	us as	this is a	ים" n	vecution	-only"	trans	action v	vitho	ut anv i	nteracti	ion or	r advice	hv the	emple		alatio	nshin r	nanaa	or/sal	es ner	son of	the a	hove	distrih	utor
vithstanding the advice of in-c	ppropriate	ness, if	any,	provid	ed by	the e	mploye	e/re	lationshi	ip ma	nager/	ales pe	rson	of the c	listril	butor a	id the d	listrib	utor ha	s not cl	narged	any a	lvisor	y fees	on thi	s tran	saction					
First / Sole Applicant/	Guardi	an /	POA	A Hol	der	/ Au	th. Si	an		_	S	econo	Ac	polica	nt /	Aut	. Sia	n							Т	hird	Арр	lican	ıt Sia	n		
									<u> </u>																							
										truct	ion no.	/)	_	or				Г										<b>F</b>				
. Unit Holder Infor	am a fi MATION									1en n	roceed	to Se			Annl	icable	details	s and				<u>isting</u> vill be						Fun	ds	_	_	_
lew Investor		N		<u> </u>		io N	_								-11-11-								1							_		_
. PAN AND KYC COM		e sta		DET/	AILS	_		JOI	R <b>Y)</b> (Re	ferIns	struction				- 1																	
		PAN	/PEKE	ERN N	0.		+			<b>—</b>		K	YCN	lumbe	r					+						Nati	ionalit	у				
st / Sole Applicant		+	$\vdash$	$\vdash$	_	-	+	+	_	+		+	+	+	+	_			$\left  \right $	+												
ird Applicant		+	$\vdash$	$\left  \right $		+	+	+	+	+		+	+	+	+	+		-	$\left  \right $	+												
ardian / POA Holder		$\square$	$\square$			+	+	+	+	+		+	+	+	+	+				+												
ease attach Proof. for PAN/PE	KRN for KN	/C (KR/	A). Re	efer ins	tructi	on No	17 for	KYC	Identific	ation	Numbe	r issued	d by (	CKYCR.	-1																	
. Unit Holder / Nev	APPLIC			ORM	ATIC	) N	lefer Ir	nstru	ction P	age)	Fresh	ı / Ne	w inv	estors	to fi	ill in al	the S	ectio	ns 2 to	15												
ME OF FIRST / SOLE A			_							0.		, 																	_	_		_
Ar. Ms. M/s.	$\bot$		Ц,	$\square$				1												1710									Ļ	⊥		
			M	Y nt) /	Y NL				andat	,									RPOR		L	-	D nt	М	М	Y	Y	Y	Y			
AME OF THE GUARDIAN Mr. Ms. M/s.				<u></u>		ime	orme	PC		DIGE	er/ 18		OF	ne C	ont		ersor					uppiicu	111)						Τ	Т	Τ	$\top$
r Investments "On b	ehalf o	f Mir	nor″	": (*[	Refe	er In	struc	tior	n 3 fo	or m	ando	itory	do	cume	ents	s to b	e att	ach	ed)													
oof of DOB & Relati		attac	:hed	ł		E	Birth	Ce	rtifica	ite		Scho	bol	Certi	fico	ate /	Marl	cshe	eet		Pass	sport			Any	oth	er					
ame of Second Appli r. Ms.	CANT		—																										$\top$	$\top$	$\neg$	$\top$
ME OF THIRD APPLICA	 лт																															
r. Ms.																																
MODE OF HOLDING																																
Single Joint (			,			<u> </u>																							_	_	_	_
FIRST/SOLE APPLICAN	r - Mail	ING /		RESS	5&0		TACT	DET	FAILS	1		1	1		1		1	1		1	1	1	-	1	1	T	1	1	_	_	_	_
			$\neg$	<u> </u>		-	-			-		-		-		_	-		-	Ci	tv			-	-	+	+	-	+	+	+	+
State								I			Pin	Code					-		Со	Jntry				+	+	┢	-	+	+	+	+	+
D Code			Telep	phone	e Off									Resi						, 			Mo	b.								
Nail**																																
VERSEAS ADDRESS (Mai	idatory fo	or NRI	<u>/ FII</u>	appli	catio T	n)		-		-		1												-	_	-		_	—	—	—	—
			-			+				+						_	-		-	Ci	tv	-			-	+	-		+	+	+	+
tate											Pin	Code							Со	Jntry									+	+	$\pm$	+
Other KYC details (M	andator	у)				Ir	ndivid	ual			1	lon-lı	ndiv	idual																		
6a. Status of First/Sol			Plea	ıse (v			Listed (	Compo	iny			Unlisted		'			Indivi	dual				or throug		rdian			_ HU					
Partnership	Society		riabla				) Compa 1 Eu /Sui	'	unt of FII			Body Co		e in India			] Trust ] QFI				] Mutu ] Othe	Jal Fund					FP	l ase spe	ncifu)			
6b. Occupation Details				e filler	d on		. ,						runus			L						15					(pie	use she	(IIY)			
First Applicant Private Sector Service				Public S		Service		Government Service				Busin							[	Agriculturist												
Second Applicant	Retired		Service				Housev   Public S		Service			Student Governr		ervice			Forex   Busin		er		] Othe ] Profe	ers essional					(ple Agri	ase spe iculturis				
Jecona Applicani	Retired		JOIVICO	,			Housev		JGI VICG			Student		GIVICG			Forex		er	_	_ Othe					L	_ `	ase spe				
Third Applicant	Private		Service	3			Public S		Service			Governm		ervice			Busin				_	essional				[	Agri					
	Retired						Housev	vite				Student				L	Forex	Deale	91	L	] Othe	ITS					(ple	ase spe	:city)			
				·· <b>%</b> ··				Δ	CKNC	)\//I	FDGF	MENT	E SU	P - C	יייור	non A	oplice	ation	Form	·· <b>&gt;</b> {··												
-								~															Δ.		01 H	0						
URUS											70	.05	1VIC	/10/	٦L	101							A	PPLICAT	un. N	U.						
utual Fund	7 1																		L						I							
eived from Mr. / Ms. / N	/ \ \																		Date	•												

X

×

6c. Gross Annual Income (in ₹) [Please (✓)]																		
First Applicant Below 1 Lac 1-5 Lacs	5-10 Lacs	10-25 Lacs	> 25 Lacs - 1 Cror as on	e > 1 Crore (or)			(Not older than one year)	u)										
Second Applicant Below 1 Lac 1-5 Lacs	5-10 Lacs	10-25 Lacs	us on u	e > 1 Crore (or) Net-worth				1)										
Third Applicant Below 1 Lac 1-5 Lacs	5-10 Lacs	10-25 Lacs	> 25 Lacs - 1 Cror															
6d. First Applicant																		
For Individuals [Please ( $\checkmark$ )] Politically Exposed Person (PEP) Status (		rthorised signatories/P	Promoters/Karta/Trustee/Who	le time Directors) 🔲 I am PEP	🗌 l am re	lated to PEP	Not Applicable											
For Non-Individuals providing any of the below mentioned services [Please ()]																		
					Net Are	B												
Second Applicant: (To be filled only if the applicant is a Third Applicant: (To be filled only if the applicant is an in		I am PEP		I am related to PEP I am related to PEP	Not App													
7. FATCA & CRS INFORMATION (FOR INDIVIDUAL INCLUDING SOLE PROPRIETOR) (SELF CERTIFICATION) (REFER INSTRUCTION 18)																		
The below information is required for all applicant(s)/ guardian																		
Address Type: Residential or Business		Business	s Registered	l Office (for address menti	ioned in form/	existing addre	ss appearing in F	Folio)										
Is the applicant(s)/ guardian's Country of Birth / (		Nationality /			No	-												
If Yes, please provide the following information [m	nandatory]		-															
Please indicate all countries in which you are resid	dent for tax p	urposes and <del>t</del>	he associated Tax R	eference Numbers below.														
	-	ding Minor)		Applicant/ Guardiar	n	Thir	d Applicant											
Place/ City of Birth																		
Country of Birth																		
Country of Tax Residency#																		
Tax Payer Ref. ID No <sup>^</sup>																		
Identification Type																		
[TIN or other, please specify]																		
Country of Tax Residency																		
Tax Payer Ref. ID No.																		
Identification Type																		
[TIN or other, please specify]																		
Country of Tax Residency																		
Tax Payer Ref. ID No.																		
Identification Type																		
[TIN or other, please specify]																		
#To also include USA, where the individual is a c	itizen/areen	card holder a		ax Identification Number i	s not available	kindly provid	e its functional ec	auivalent										
8. POWER OF ATTORNEY (POA) HOLDER	-							quivaleni.										
Name of PoA Mr. Ms. M/s.																		
PAN# / PEKRN#		KYC Number																
KYC # [Please tick (✔)] (Manda	atory) P	Proof Attached																
# Please attach Proof. Refer instruction No 16 for F	PAN/PEKRN a	ind No 18a for	· KYC (KRA). Refer i	nstruction No 18b for KYC I	dentification N	lumber issued b	y CKYCR.											
9. DEMAT ACCOUNT DETAILS							•											
I would like units to be allotted in DEMAT mode as per the details	below:																	
Beneficiary Owner Identification Numbe	r (BO ID)			Depository F	Participant (DP)	Name												
DP ID No.	Client ID No.																	
						CDOL												
Enclosures for Demat option Client Master List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)																		
10. 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 P	ease tick (	 CurrentN		FCNR Others	(please specify										
		Thic ic	, ,,					thorso shored										
MICR Code				cheque number. cancelled or a clear photocopy of a cheq	ue													
								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 10.										
		t is the responsibility o	of the investor to ensure the c	prrectness of the IFSC code of the recipie	ent /destination bran	ch corresponding to the		in Section 10.										
11. INVESTMENT DETAILS - (Refer Instruction 5)		t is the responsibility o			ent /destination bran	1	bank details mentioned in Scheme 3	in Section 10.										
11. INVESTMENT DETAILS - (Refer Instruction 5) Name of the Scheme	Tauru	is the responsibility o Sche	of the investor to ensure the c	prrectness of the IFSC code of the recipie	ent /destination bran	ch corresponding to the		in Section 10.										
11. INVESTMENT DETAILS - (Refer Instruction 5)		is the responsibility o Sche	of the investor to ensure the c	orrectness of the IFSC code of the recipie	ent /destination bran	1		in Section 10.										

X

Х

Cheque No.	Amount	Scheme/Plan/Option	Collection Centre / AMC Stamp / Signature
Investment Type (Please 🖌))	ONE TIME	PURCHASE SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)	

12. PAYMENT DETAILS (Refer Instruction No. 6)												
	Schem	ne 1	Sc	neme 2	Scheme 3							
Cheque / DD / RTGS / UMR No. & Date:												
Bank & Branch Name												
Amount in figures ₹ (i)												
DD Charges if any, in figures ₹ (ii)												
Net Amount (i)+ (ii) In words ₹												
Account Type Please tick ( 🗸 )	Current NRE N	RO FCNR Others		er Instruction 5C (Mandatory for Credit via N not find this on your cheque leaf, please ch		appearing on your cheque leaf.						
13. NOMINATION DETAILS - Mandatory if mode of holding is single (Refer Instruction 14)												
I/We wish to nominate	☐ I/We DO NOT wish	n to nominate										
First / Sole Applicant/ Guardian / POA H	Holder / Auth. Sign	Second	Applicant / Auth. Si		Third Applicant Sign							
Nominee Name & Add	lress	Guardian Name & Address (	In case Nominee is Minor)	Nominee Relationship with 1st Holde	er Allocation (Total = 100%)	Nominee / Guardian Signature						
Nominee 1												
Nominee 2												
Nominee 3												
14. DOCUMENTS ENCLOSED (PLEASE	✓)			·		·						
Memorandum & Articles of Association     Resolution / Authorisation to invest     Power of Attorney     List of Authorised Signatories with Specimen Signature(s)		Trust Deed PAN Copy Certificate Bye-Laws	of Incorporation	KYC acknowledgement LLP Agreement Partnership Deed HUF Deed Beneficiary ownership list	LLP Agreement         SIP Enrolment Form (For Investment through NACH / Auto D           Partnership Deed         SWP/STP/DS0 Enrolment Form           HUF Deed         Third Party Payment Declaration Form							
15. DECLARATION(S) & SIGNATURE(S) (Refe	er Instruction 15)											
Io, The Trustee, Taurus Mutual Fund Having read and understoad the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) 1/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. J/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. J/We have understoad the details of the scheme & J/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. <b>Applicable for RNI's only</b> - J/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 Ordinary /FCNR account. <b>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. J/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 reed, understoad 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 scale. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudicte the on-line transactions effected by me and Ishall be solely liable for all the cos</b>												
Please Sign here First / Sole Applicant/ Guardian / POA H	Holder / Auth. Sian		lease Sign here Applicant / Auth. Si		Please Sig							

0416V1

First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Third Applicant Sign