TAURUS Mutual Fund				T	AL	JRUS	5 N	۸ut	UAL	Fu	ND											ſ
SIP / OptiSIP Enrolment - cum	- Auto De	BIT / SI	P CANCE	ELLATION	/ (1	HANGE	of B/	ANK D	etails (	Please rea	ıd instruc	ctions	carefully t	before fil	ing up the f	orm) J	pplicat	ion N	0.			
ARN/RIA Code and Na	me	Sub-Br	oker's A	RN Coc	le I	Employ	ee Ui	nique	dentity	Numb	er* In	terno	al Code	for Su	b-broker					p (for of	ice use o	only)
ARN 111873							E	02	5671													
Upfront commission shall be paid directly by the investor to mention "DIRECT" in the ARN column.	the AMFI regist	ered Distribut	tors based on	the investors	assessi (	ment of vari	ous fact	ors includi	ng the servic	e rendered	by the dis	tributo	r. Also refer	r instructi	on no.2. Inve	stors subscr	ibing und	er the "	"DIRECT	" plan of	he schem	e should
EXECUTION ONLY (To be signed when EUI	N is left blank)	)																				
*I/We hereby confirm that the EUIN box has be notwithstanding the advice of in-appropriatene																			of the	above di	tributor	or
First / Sole Applicant/ Guard				•					ount H		Signo	atur	е		Third A	Account	Hold	er's S	Signo	ature	_	
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Renewal of SIP/OptiSIP/M				Change	e in E	Bank A		unt fo	r an e	kisting	inve	stor										
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Name of Guardian (for Minor			OA Ho	older /	Cont	act pe	rson	ı (for	Non-ir	ıdl. A	oplice	ant)					<u> </u>					
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in case of Micro SIP(Refer Instruction 14)																						
Name of Scheme										P	lan					Op	otion					
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Signature Primary Account Holder

Agree for the debit of mandate processing chargesby the bank whom 1 am authorizing to debit my accounts as per latest schedule of charges of the bank. PERIOD

Name as in bank records Name as in bank records 2. Name as in bank records 3. \_1. • This is to confirm that the deduration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me. • I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

As & when presented

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Fixed Amount

Maximum Amount

Signature of Account Holder

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DEBIT TYPE

Signature of Account Holder

Phone No. Email ID