SIP / *Opti*SIP ENROLMENT - CUM - AUTO DEBIT / SIP CANCELLATION / CHANGE OF BANK DETAILS (Please read instructions carefully before filling up the form)

Application No.

ARN/RIA Code and Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (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. **Also refer instruction no.2.** 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-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.

Please sign here — First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Please sign here — Second Account Holder's Signature

Please sign here — Third Account Holder's Signature

☐ Registration of SIP/*Opti*SIP/Micro SIP ☐ Cancellation of SIP/*Opti*SIP/Micro SIP

☐ Renewal of SIP/*Opti*SIP/Micro SIP ☐ Change in Bank Account for an existing investor

New Investor ☐ Y ☐ N Folio No.

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
SIP Amount (₹)	Min. Installment Amt. / Max. Installment Amt.
Frequency ☐ Monthly ☐ Quarterly	Frequency ☐ Monthly (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/NACH dates (Please 3) ☐ 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 per Bank Records

Bank Name

Branch Address | City

Account Number | Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO

9 digit MICR Code | 11 digit IFSC Code

Declaration & Signature (s): 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. Please ✓ ☐ Repatriation basis ☐ Non-Repatriation basis * Please strike out whichever is not applicable.

Please sign here — First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Please sign here — Second Account Holder's Signature

Please sign here — Third Account Holder's Signature

Auto debit form-NACH/OTM Registration

TAURUS Mutual Fund

UMRN FOR OFFICE USE Date D D M M Y Y Y Y

Tick (✓)

CREATE	
MODIFY	
CANCEL	

Sponsor Bank Code FOR OFFICE USE Utility Code FOR OFFICE USE

I/We, hereby authorize Taurus Mutual Fund To debit (tick ✓) SB / CA /CC SB-NRE /SB-NRO /Other

Bank a/c Number:

With Bank IFSC or MICR

An amount of Rupees ₹

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☐ As & when presented DEBIT TYPE ☐ Fixed Amount ☐ Maximum Amount

Unique ID/Folio No. Phone No.

Reference 2 Email ID

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

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ☐ Until cancelled

Signature Primary Account Holder | Signature of Account Holder | Signature of Account Holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

- This is to confirm that the declaration 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.