



**TATA MUTUAL FUND**  
 Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021  
**Application Form For Tata Mutual Fund**



ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS Sr. No.: C

**1. Advisor / Distributor Information**

Refer Sec. B

ARN / RIA ^ Code <b>ARN - 3280</b>	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code <b>SWSA</b>	EUIN Code
Internal Code	OR <input type="checkbox"/> Declaration for "execution-only" transaction - 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.		
In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive transaction charges, ₹ 150/- (for First time mutual fund investor) or ₹ 100/- (for investor other than First time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested. 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. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund			
Sole / 1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression	

**2. Applicant's Information**

Refer Sec. A, C & F

The Name of the Applicants should be as mentioned in the PAN and the KYC acknowledgement. There can be upto 3 holders. No joint holders allowed with 1<sup>st</sup> applicant as a minor. Any applicants should not be a resident of Canada or a person who falls within the definition of the term "U.S. Person" under the US Securities Act of 1933 and corporations or other entities organised under the laws of the U.S. For Investors New to Tata Mutual Fund, mention the C-KYC No. In case C-KYC No. is not available kindly complete the Know Your Client (KYC) form attached herewith. Existing investors whose KYC status reflects as "MF - VERIFIED BY CVLMF", additionally "KYC Change Details Form" is required.

**1<sup>st</sup> Applicant's Details**

C-KYC

The first applicant will be the primary holder and all correspondence will be sent to him/her. Only the first holder can be a minor. Existing Investors may mention the Folio no. and proceed to Sec. 4

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	PAN / PEKRN	Folio No.
Name		
Date of Birth (DOB) D D / M M / Y Y Y Y	In case of Minor: Proof of DOB: <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others .....	

**Power Of Attorney (POA) / Proprietor / Guardian details (minor applicant)**

C-KYC

POA / Proprietor / Guardian Details	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN
Name		
To be filled by Guardian	Relationship with the Minor Applicant	Proof of Relationship
	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others .....

**Tax Status**

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Overseas Citizen of India
<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> Hindu Undivided Family	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Foreign National Resident in India
<input type="checkbox"/> NRI-Non-Repatriation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Qualified Foreign Investor
<input type="checkbox"/> Minor - Resident Individual	<input type="checkbox"/> Company	<input type="checkbox"/> Society / Club	<input type="checkbox"/> Foreign Portfolio Investor
<input type="checkbox"/> Minor - NRI	<input type="checkbox"/> Trust	<input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Foreign Institutional Investor
<input type="checkbox"/> Person of Indian Origin	<input type="checkbox"/> Others (please specify) .....		

**3. Contact Details**

Refer Sec. D

Mailing address is required for initial communication. We will overwrite this address with the 1<sup>st</sup> Applicants address as per the KRA records

City	
PIN	State
Country	
Residence Phone (prefix STD Code)	Office Phone (prefix STD Code)
Extn	
Mobile	Email

**Overseas address**

Mandatory for Non-Resident Individuals and Overseas Investors in addition to the mailing address.

City	
State	ZIP Code
Country	



#### 4. Joint Applicant's Details

Refer Sec. E & F

Mode of Holding  Single  Joint  Any one or Survivor (Default)

#### II<sup>nd</sup> Applicant's Details

C-KYC

Joint holder should be major i.e. above 18 years

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI
Name		

#### III<sup>rd</sup> Applicant's Details

C-KYC

Joint holder should be major i.e. above 18 years

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN	Status <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI
Name		

#### 5. Know Your Customer (KYC) Details

Refer Sec. G

CATEGORIES	FIRST APPLICANT / GUARDIAN	SECOND APPLICANT	THIRD APPLICANT
Occupation >>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Others (please specify)
Gross Annual Income >>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore Networth in (Mandatory for Non-individual) ₹ ..... as on D D / M M / Y Y Y Y (not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore Networth in ₹ ..... as on D D / M M / Y Y Y Y (not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> >25 Lacs-1 crore Networth in ₹ ..... as on D D / M M / Y Y Y Y (not older than 1 year)
Others >>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person

#### Additional KYC Details for Non - Individuals

For Non Individuals only (Companies, Trust, Partnership etc.) >>	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, mandatory to attach the UBO declaration) Non Individual investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Money Lending / Pawning	<input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> None of the above
--	--	--

#### 6. Foreign Account Tax Compliance Act (FATCA) & CRS Details

Refer Sec. H

For Individuals	FIRST APPLICANT / GUARDIAN	SECOND APPLICANT	THIRD APPLICANT
Country of Birth >>			
Place of Birth >>			
Nationality >>	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> U. S. <input type="checkbox"/> Others (Please specify)
Type of address given at KRA >>	<input type="checkbox"/> Residential or Business Registered Office <input type="checkbox"/> Residential Business	<input type="checkbox"/> Residential or Business Registered Office <input type="checkbox"/> Residential Business	<input type="checkbox"/> Residential or Business Registered Office <input type="checkbox"/> Residential Business
Are you also a resident in any other country(ies) for tax purposes? >>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, complete section below.			
Country of Tax Residency 1 >>			
Tax Identification Number 1 >>			
Identification Type 1 >>			
If TIN is not available please tick the reason A, B or C * >>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Country of Tax Residency 2 >>			
Tax Identification Number 2 >>			
Identification Type 2 >>			
If TIN is not available please tick the reason A, B or C * >>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

\* Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents; Reason B: No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected); Reason C: Others- Please state the reasons thereof

#### FATCA & CRS Related Details for Non Individuals: Please submit Form W8 BEN-E / Specified declaration (Enclosed)

#### Cheque Details

Cheque/DD No. \_\_\_\_\_ dated \_\_\_\_\_ A/c. No. \_\_\_\_\_ Bank \_\_\_\_\_

Call 1800 209 0101 (On all days between 9 am and 9.30 pm)

#### Acknowledgement Slip

Subject to realisation.

## 7. Investment Instrument Details

Refer Sec. I

The name of the first applicant should be available on the investment Cheque.

Cheque/ DD to be drawn in favour of "TATA MUTUAL FUND"

Gross Amount (A) ₹	DD Charges (if any) (B) ₹	Net Amount (Cheque/DD Amount) (A - B) ₹
A/c No.	A/c Type	Dated D D / M M / Y Y Y Y
Drawn on Bank	Cheque / DD No.	
Branch	Branch City	

## 8. Investment Details

Refer Sec. J & Product Labels

Acquaint yourself with the scheme and the options available by referring to the Product Labels on page No. 1 of the Key Information Memorandum (KIM).

Investors having read and understood the terms of Statement of Additional Information (SAI), Scheme Information Document (SID) and KIM of the respective schemes can invest in more than one scheme with one cheque/ payment instrument.

This facility is for administrative convenience only. Such investors must clearly indicate the amount to be invested in the respective scheme(s).

Scheme / Plan / Option	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan	Amount (₹)
1		
2		
3		
4		
5		
6		
7		
8		
<b>Total</b>		

## Systematic Transfer Plan (STP)

STP to start after one month from the date of allotment. For units allotted on 06<sup>th</sup> December 2016, the STP will start from 06<sup>th</sup> January 2017.

STP from Scheme / Plan / Option	Monthly STP Amount (₹)	No. of Installments
1		
2		
3		
4		
5		
6		
<b>Total</b>		

## Systematic Withdrawal Plan (SWP)

SWP from Scheme / Plan / Option			
SWP amount ₹	SWP Date D D	SWP Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	SWP End Date <input type="checkbox"/> Perpetual OR <input type="checkbox"/> D D / M M / Y Y Y Y

## 9. Bank Account Details

Refer Sec. K

This must be an Indian account. The 1<sup>st</sup> applicant should be a holder in this account.

The bank account details provided here will be held on record and considered as default bank mandate to pay redemption proceeds and dividend payouts (if applicable).

Bank Name	Branch	
Account number	A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> NRE	
MICR	IFSC for NEFT	IFSC for RTGS
Address		
City	PIN	State

## 10. Nomination Details

Refer Sec. L

Mandatory for Individual(s) applying singly or jointly.

You can nominate up to 3 persons to receive the Units allotted to you in your folio in the unfortunate event of death of all unit holders. All payments and settlements made to such Nominee(s) and Signature of the Nominee(s) acknowledging receipt thereof, shall be a valid discharge by the AMC/ Mutual Fund/ Trustees.

Select any one >>

<input type="checkbox"/> Register nomination as below <input type="checkbox"/> I do not wish to nominate.			
1 <sup>st</sup> Nominee	Nominee Name		Date of Birth D D / M M / Y Y Y Y
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
2 <sup>nd</sup> Nominee	Nominee Name		Date of Birth D D / M M / Y Y Y Y
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
3 <sup>rd</sup> Nominee	Nominee Name		Date of Birth D D / M M / Y Y Y Y
	Address		
			City
	State	PIN	Country
	Guardian Name in case of Minor Nominee	Allocation (%)	Signature of Nominee / Guardian
1 <sup>st</sup> Applicant Signature / Thumb Impression		2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression

## 11. Demat Account Details

Refer Sec. M

Ensure that the sequence of names as mentioned in the application form matches with that of the account held with the Depository Participant. In case the details are found to be incorrect, Units will be allotted in physical mode.

Fill these details only if you wish to have your units in Demat mode.

Depository participant Name		
Central Depository Securities Limited		National Securities Depository Limited
Target ID No.		DP ID No.
		I N
		Beneficiary Account No.

## 12. Declaration and Signatures

Refer Sec. N

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under:-

- (1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form.
- (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India.
- (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Tata Asset Management Limited (TAML)/ Fund and undertake to inform the AMC / Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- (4) That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom.
- (5) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, agents and third party service providers, SEBI registered intermediaries for single updation/ submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (6) I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (7) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- (8) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment.
- (9) For Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I/We change my/our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.
- (10) For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.

Date: \_\_\_\_\_

1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression
--	--	--



**TATA MUTUAL FUND**  
Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021  
**SYSTEMATIC TRANSFER PLAN FORM**



**1. ADVISOR DETAILS**

ARN / RIA Code <b>ARN - 3280</b>	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code <b>SWSA</b>	EUIN Code
-------------------------------------	---------------------	--	-----------

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 distributor or personnel. 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.

Sole / 1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression
--	---	---

**2. INVESTOR DETAILS**

Folio No.	
1 <sup>st</sup> Holder Name	PAN <input type="text"/>
2 <sup>nd</sup> Holder Name	PAN <input type="text"/>
3 <sup>rd</sup> Holder Name	PAN <input type="text"/>
Mobile	Email

**3. PURPOSE OF FORM** (tick any one)

<input type="checkbox"/> Fresh Registration	<input type="checkbox"/> Cancellation
---	---------------------------------------

**4. SYSTEMATIC TRANSFER DETAILS**

**Scheme Details**

Transferor Scheme / Plan / Option	
Transferee Scheme / Plan / Option	
Transferee Sub Option	Div. Payout Option: (select any one) <input type="checkbox"/> Div. Reinvest <input type="checkbox"/> Div. Payout

**Transfer Plan Details** (Select any one)

<input type="checkbox"/> Fixed Amount Transfer Plan (FATP)	Amount in Rs. ₹ <input type="text"/>	Amount in Words <input type="text"/>
<input type="checkbox"/> Fixed Units Transfer Plan (FUTP)	Number of Units <input type="text"/>	
<input type="checkbox"/> Capital Appreciation Transfer Plan (CATP)		
<input type="checkbox"/> Dividend Transfer Plan (DTP)		

**Transfer Frequency** (Select any one - Not Applicable for Dividend Transfer Plan)

<input type="checkbox"/> Daily	Only from Monday to Friday [In case any day is a non-business day for any one of the schemes (either STP from or STP to scheme) the STP will be processed as per the matrix provided on our website www.tatamutualfund.com.]	
<input type="checkbox"/> Weekly	Only on Fridays	
<input type="checkbox"/> Monthly	Days of the Month (Select any one) <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 28 <sup>th</sup>	<b>In case the day of STP is a non business day the request will be considered for the next business day.</b>
<input type="checkbox"/> Quarterly		

**Enrolment Period** (Not Applicable for Dividend Transfer Plan)

Start Date D D / M M / Y Y Y Y	End Date D D / M M / Y Y Y Y	Number of Installments / Transfers
-----------------------------------	---------------------------------	------------------------------------

**6. DECLARATION AND SIGNATURES**

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes regarding the eligibility, validity and authorization of my/our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby confirm that I/We have not been offered / communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment Date \_\_\_\_\_

1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression
---	---	---

**Acknowledgement Slip**

Sr. No.:

Received from Mr./Ms./M/s. \_\_\_\_\_ Folio No. \_\_\_\_\_ STP request  
from Scheme \_\_\_\_\_ to Schemes \_\_\_\_\_  
for FATP FUTP CATP DTP for Amount (₹) / Units \_\_\_\_\_ Subject to verification.



**TATA MUTUAL FUND**  
Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021  
**SYSTEMATIC WITHDRAWAL PLAN FORM**



**1. INVESTOR DETAILS**

Folio No.	
1 <sup>st</sup> Holder Name	PAN <input type="text"/>
2 <sup>nd</sup> Holder Name	PAN <input type="text"/>
3 <sup>rd</sup> Holder Name	PAN <input type="text"/>
Mobile	Email

**2. PURPOSE OF FORM** (tick any one)

Fresh Registration       Change in the Withdrawal Amount       Cancellation

**3. SYSTEMATIC WITHDRAWAL DETAILS**

**Scheme Details**

Scheme / Plan / Option

**Withdrawal Plan Details** (Select any one)

Fixed Amount Withdrawal Plan      Amount in Rs.       Amount in Words

Capital Appreciation Withdrawal Plan

**Withdrawal Frequency** (Select any one)

Monthly       Quarterly       Half Yearly       Annually (Default)

**Enrolment Period**

Start Date       End Date       Withdrawal Date (Any date between 1st and 31st - default 25th)

**4. PAYMENT BANK DETAILS FOR SWP** (Registered in the folio)

For Investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off the section if not used). The SWP payout should be prescribed into the following bank account as per the payout mechanism indicated me/us.

Bank Name		
Branch	City	PIN
Account number	A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> NRE	
MICR	IFSC for NEFT	IFSC for RTGS

Note: If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the SWP payout will be processed into the "Default" bank account registered for the aforesaid folio.

**5. DECLARATION AND SIGNATURES**

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes regarding the eligibility, validity and authorization of my/our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him /them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby confirm that I/We have not been offered /communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment      Date .....

1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression
---	---	---



**Acknowledgement Slip**

Sr. No.:

Received from Mr./Ms./M/s. \_\_\_\_\_ Folio No. \_\_\_\_\_ SWP request  
from Scheme \_\_\_\_\_ for ₹ \_\_\_\_\_

Subject to verification.





**TATA MUTUAL FUND**  
Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021  
**SYSTEMATIC WITHDRAWAL PLAN FORM**



**1. INVESTOR DETAILS**

Folio No.	
1 <sup>st</sup> Holder Name	PAN <input type="text"/>
2 <sup>nd</sup> Holder Name	PAN <input type="text"/>
3 <sup>rd</sup> Holder Name	PAN <input type="text"/>
Mobile	Email

**2. PURPOSE OF FORM** (tick any one)

Fresh Registration
  Change in the Withdrawal Amount
  Cancellation

**3. SYSTEMATIC WITHDRAWAL DETAILS**

**Scheme Details**

Scheme / Plan / Option

**Withdrawal Plan Details** (Select any one)

Fixed Amount Withdrawal Plan
 

Amount in Rs.	Amount in Words
₹ <input type="text"/>	<input type="text"/>

  
 Capital Appreciation Withdrawal Plan

**Withdrawal Frequency** (Select any one)

Monthly
  Quarterly
  Half Yearly
  Annually (Default)

**Enrolment Period**

Start Date	End Date	Withdrawal Date (Any date between 1st and 31st - default 25th)
D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D in words <input type="text"/>

**4. PAYMENT BANK DETAILS FOR SWP** (Registered in the folio)

For Investors who have registered for Multiple Bank Accounts facility in the above folio (Please strike off the section if not used). The SWP payout should be prescribed into the following bank account as per the payout mechanism indicated me/us.

Bank Name		
Branch	City	PIN
Account number	A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRNR <input type="checkbox"/> NRE	
MICR	IFSC for NEFT	IFSC for RTGS

Note: If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the SWP payout will be processed into the "Default" bank account registered for the aforesaid folio.

**5. DECLARATION AND SIGNATURES**

I/We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the key information Memorandum and apply for allotment of Units of the Scheme(s) of Tata Mutual Fund ("Fund") indicated in this application form. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any disputes regarding the eligibility, validity and authorization of my/our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him /them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby confirm that I/We have not been offered /communicated any indicative portfolio and/ or any indicative yield by the Fund/AMC/its distributor for this investment Date .....

1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression	3 <sup>rd</sup> Applicant Signature / Thumb Impression
---	---	---



**Acknowledgement Slip**

Sr. No.:

Received from Mr./Ms./M/s. .... Folio No. .... SWP request  
 from Scheme ..... for ₹ .....

Subject to verification.

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No. :**

**PAN (1st Holder) :**

<b>Switch Request:</b>			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*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".*  
*If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

*I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.*

*Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.*

*Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.*



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No:**

**PAN (1st Holder):**

<b>Switch Request:</b>			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

*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".*  
*If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

*I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.*

*Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.*

*Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.*



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)



**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No. :**

**PAN (1st Holder) :**

<b>Switch Request:</b>			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

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".  
 If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No:**

**PAN (1st Holder):**

<b>Switch Request:</b>			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

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".  
 If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No. :**

**PAN (1st Holder) :**

<b>Switch Request:</b>	
I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

*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".*  
*If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

*I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.*

*Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.*

*Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.*



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No:**

**PAN (1st Holder):**

<b>Switch Request:</b>	
I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

*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".*  
*If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

*I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.*

*Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.*

*Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.*



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No. :**

**PAN (1st Holder) :**

<b>Switch Request:</b>	
I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

*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".*  
*If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

*I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.*

*Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.*

*Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.*



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No:**

**PAN (1st Holder):**

<b>Switch Request:</b>	
I /We wish to Switch Rs. _____	Or _____ Units
From Scheme:	
To Scheme:	

*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".*  
*If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of he Switch-In scheme.*

*I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.*

*Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.*

*Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.*



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No. :**

**PAN (1st Holder) :**

<b>Switch Request:</b>			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

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".  
 If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Switch Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No:**

**PAN (1st Holder):**

<b>Switch Request:</b>			
I /We wish to Switch Rs. _____		Or _____ Units	
From	Scheme:		
To	Scheme:		

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".  
 If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.

I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.

Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.



Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Redemption Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No. :

PAN (1st Holder) :

<b>Redemption Request:</b> I /We wish to redeem Rs. _____ Or _____ Units From Scheme:
---

**Caution:**Please ensure that your bank details already registered in the Folio are correct and updated. If not, kindly comply with the formalities for Change of Bank details before proceeding with the Redemption of units.

*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".  
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

*I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.*

*Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.*

*Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.*

✓

Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Redemption Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

Investor Name:

Mutual Fund / AMC Name:

Folio No:

PAN (1st Holder):

<b>Redemption Request:</b> I /We wish to redeem Rs. _____ Or _____ Units From Scheme:
---

**Caution:**Please ensure that your bank details already registered in the Folio are correct and updated. If not, kindly comply with the formalities for Change of Bank details before proceeding with the Redemption of units.

*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".  
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

*I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.*

*Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.*

*Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.*

✓

Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Redemption Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No. :**

**PAN (1st Holder) :**

<b>Redemption Request:</b> I /We wish to redeem Rs. _____ Or _____ Units From Scheme:
---

**Caution:**Please ensure that your bank details already registered in the Folio are correct and updated. If not, kindly comply with the formalities for Change of Bank details before proceeding with the Redemption of units.

*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".  
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

*I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.*

*Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.*

*Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.*

✓

Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)

**Redemption Transaction Form**

Date: \_\_\_\_\_

<b>ARN: 3280</b> Sundaram Finance Limited	<b>Sub Broker ARN:</b> -----	<b>Sub Agent Code:</b> SWSA	<b>EUIN:</b>
--	---------------------------------	--------------------------------	--------------

**Investor Name:**

**Mutual Fund / AMC Name:**

**Folio No:**

**PAN (1st Holder):**

<b>Redemption Request:</b> I /We wish to redeem Rs. _____ Or _____ Units From Scheme:
---

**Caution:**Please ensure that your bank details already registered in the Folio are correct and updated. If not, kindly comply with the formalities for Change of Bank details before proceeding with the Redemption of units.

*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".  
If my/our unit/amount balance is inadequate to meet the request, I/We authorize you to switch out available units subject to minimum amount requirements of the Switch-In scheme.*

*I/We have read and understood the contents of the Scheme Information Document(s), Key Information Memorandum and Addenda issued for the respective scheme(s). I/We hereby apply to the Trustee of the Mutual Fund and agree to abide by the terms and conditions, rules and regulations of the relevant scheme(s)/Mutual Fund(s). I/We have neither received nor 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 for the different competing Schemes of various Mutual Funds from amongst which this Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by the respective Mutual Fund / its distributor for this investment. I/We am/are authorized to undertake this transaction.*

*Any other advisory charges shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.*

*Note: Redemption/Switching of units is subject to realization of funds in the scheme by way of payment instrument / transfer or switch-in funding process.*

✓

Signature (1st Holder)

Signature (2nd Holder)

Signature (3rd Holder)