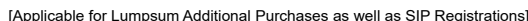


Mulla House, Ground Floor, M. G. Road, Fort, Mumbai - 400 001

[illegible]Date

DD	DD	MM	MM	YY	YY	YY	YY
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Choose (✓)

☐ CREATE
☒ MODIFY
☒ CANCEL

Sponsor Bank Code	Office use only	Utility Code	Office use only
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I/We hereby authorize **TATA MUTUAL FUND** to debit (✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

[illegible]

With Bank:	Bank Name & Branch	IFSC										MICR								
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an amount of Rupees	Amount in Words	₹

FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ As when presented (default) DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Reference / Folio No.		Email Id	
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[illegible]

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

PERIOD From <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> to <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																									
Max Validity: 40 years only.																																									

Sign _____ Signature of First Account Holder	Sign _____ Signature of Second Account Holder	Sign _____ Signature of Third Account Holder
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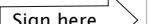
1. _____	2. _____	3. _____
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• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate to debit my account, based on the instructions as agreed and signed by me.

• I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorised the debit.

Please tick (✓) as applicable: ☐ Registration of SIP ☐ Registration of MICRO SIP ☐ Renewal of SIP

Advisor Details (Transaction Charges for Applications routed through distributor/agents only (Kindly refer Instruction 8 overleaf))

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	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. ^ 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 scheme(s) of Tata Mutual Fund.		
	Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression

Investor Details	Application No.	[][][][][][][][][][][][][][][][]	Folio No.	[][][][][][][][][][][][][][][][]
1 st Holder Name			PAN	[][][][][][][][][][][][][][][][]
2 nd Holder Name			PAN	[][][][][][][][][][][][][][][][]
3 rd Holder Name			PAN	[][][][][][][][][][][][][][][][]

First SIP Cheque Details

Cheque No.		Cheque Amount in Rs.	Cheque Date
Bank Name		Branch	City

SIP Scheme/Option/ Sub Option	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	SIP Instalment Amount (₹)	Frequency (*Default)	SIP Start Date	SIP End Date (Default : 31 December 2099)
			<input type="checkbox"/> Daily ^ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly * <input type="checkbox"/> Quarterly	<div> <div>D</div><div>D</div><div>/</div> <div>M</div><div>M</div><div>/</div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<div> <div>D</div><div>D</div><div>/</div> <div>M</div><div>M</div><div>/</div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>
^ Daily SIP - Monday to Friday - On Business Days only					

Day of the week for weekly frequency : ☐ Monday ☐ Tuesday ☒ Wednesday (Default) ☐ Thursday ☐ Friday

<input type="checkbox"/> SIP Top-up (Optional)	Top-up Amount (Rs.) (In multiples of Rs. 500/- only)	OR	Percentage (%)	SIP Top Up Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (default)	Upper SIP Amount (Rs.)
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Auto Switch Option : Applicable for Tata Retirement Savings Fund (TRSF) only, for default values refer SID.

Plan Name	Please tick the appropriate Autoswitch option (any one as per the plan)	
Progressive Plan	<input type="checkbox"/> Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60), <input type="checkbox"/> Auto Switch Option 2 (Progressive to Conservative @ age 60) <input type="checkbox"/> No Auto Switch	
Moderate Plan	<input type="checkbox"/> Auto Switch Option 3 (Moderate to Conservative @ age 60)	<input type="checkbox"/> No Auto Switch

Systematic Withdrawal Plan : (Please ✓ any one) Applicable after the age of 60 of the 1st unit holder, for TRSF only.

[illegible]

Declaration and Signatures : To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s and terms and conditions overleaf, I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s. I/We hereby declare that the particulars given are correct & complete & express my willingness to make payments towards SIP installments referred above through participation in ECS/Direct Debit/Standing Instruction. The ARN Holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different coming Schemes of various Mutual Funds from amounts which the Scheme is being recommended to me /us.

	Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression

Received for Folio No. / Application No. ☐ OTM Debit Mandate Form ☐ SIP Form

THIS SPACE IS INTENTIONALLY LEFT BLANK