

COMMON APPLICATION FORM

(Please read instructions carefully before filling up the form)

Application No. _____

ARN - 25682

Sub-Broker's Name & ARN No. / DIRECT

Collection Centre
(for office use only)

For Direct Application please write the word "DIRECT" in Distributor & Sub-Broker Box.

1. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 7) Applicable details and mode of holding will be as per the existing Folio No.

Folio No. _____

2. UNIT HOLDER / NEW APPLICANT INFORMATION (Refer Instruction Page) Fresh / New investors fill in all the blocks. (2 to 11)

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s. _____

PAN* (Mandatory for all investors)

DATE OF BIRTH

DDMMYYYY _____

ENCLOSED (Please tick (✓))

PAN Proof

Please attach KYC acknowledgement letter

NAME OF SECOND APPLICANT

Mr. Ms. M/s. _____

PAN* (Mandatory for all investors)

DATE OF BIRTH

DDMMYYYY _____

ENCLOSED (Please tick (✓))

PAN Proof

Please attach KYC acknowledgement letter

NAME OF THIRD APPLICANT

Mr. Ms. M/s. _____

PAN* (Mandatory for all investors)

DATE OF BIRTH

DDMMYYYY _____

ENCLOSED (Please tick (✓))

PAN Proof

Please attach KYC acknowledgement letter

NAME OF THE GUARDIAN (in case of First / Sole Applicant is a minor) / CONTACT PERSON – DESIGNATION (in case of non-individual investors)

Mr. Ms. M/s. _____

PAN* (Mandatory for Guardian / Power of Attorney investing on behalf)

ENCLOSED (Please tick (✓))

PAN Proof

Please attach KYC acknowledgement letter

DOCUMENT SUBMITTED [Please tick (✓)]

Board / Committee Resolution / Authority
 Trust Deed
 Bye-laws
 List of Authorised Signatories with names, designations & Specimen Signature
 Memorandum & Articles of Association
 Partnership Deed
 Overseas Auditor's certificate

MAILING ADDRESS OF FIRST / SOLE APPLICANT (P.O. Box Address is not sufficient)

 City _____ State _____ Pin Code _____

OVERSEAS ADDRESS (For NRI / FI application in addition to mailing address & above)

 State _____ Pin Code _____ Country _____ City _____

CONTACT DETAILS OF FIRST / SOLE APPLICANT

STD Code _____ Telephone Off. _____ Resi. _____ Mob. _____
 E-Mail _____ Online access Yes No Please tick (✓)

3. COMMUNICATION [Please tick (✓)]

I/We wish to receive the following document(s) by Electronic Mode Account Statement Annual Report Other Information (please specify)

4. OCCUPATION (First/Sole Applicant) [Please tick (✓)]

Service Housewife Defence Professional Retired Business Others (please specify)

5. STATUS (First/Sole Applicant) [Please tick (✓)]

Resident Individuals HUF On Behalf of Minor Proprietor Partnership Firm NRI - NRE NRI - NRO
 PIO Society Trust Company/ Body Corporate FI Bank Others (please specify)

6. MODE OF HOLDING [Please tick (✓)]

Single Joint Anyone or Survivor (Default option is anyone or survivor)

ACKNOWLEDGEMENT SLIP (Common Application Form. To be filled in by the investor)

7. BANK ACCOUNT DETAILS (Please note that as per SEBI regulations, it is mandatory for investors to provide their bank account details) (Ref. Instruction 3)

| | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|----------------------------------|----------------------------------|------------------------------|------------------------------|-------------------------------|---------------------------------|------------------|-----------------|--|--|
| Name of the Bank | | | | | | | | | | | | | | | | | | | | |
| Branch Address | | | | | | | | | | | | | City | | | | | Pin Code | | |
| Account No. | | | | | | | | | Account Type Please tick (✓) | | <input type="checkbox"/> Savings | <input type="checkbox"/> Current | <input type="checkbox"/> NRE | <input type="checkbox"/> NRO | <input type="checkbox"/> FCNR | <input type="checkbox"/> Others | (please specify) | | | |
| MICR Code | | | | | | | | | This is a 9 digit number next to your cheque number. Please attach a blank extra cheque cancelled or a clear photocopy of a cheque | | | | | | | | | | | |
| 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 7.

8. INVESTMENT DETAILS

Separate cheque / demand draft must be issued for each investment, drawn in favour of respective scheme name. Please write appropriate scheme name as well as the Plan / Option / Sub Option.

| S. No. | *Cheque / DD Favouring Scheme Name (refer Instruction 5) | Plan / Option | The Amount invested (Rs.) | DD charges | Net Amount paid (Rs.) | Payment Details | | Type of Account # |
|--------|--|---------------|---------------------------|------------|-----------------------|-----------------|-----------------|-------------------|
| | | | | | | Cheque / DD No. | Bank and Branch | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |

*All purchases are subject to realization of cheque/DD # (Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR)

9. NOMINATION DETAILS

I/We do hereby nominate the undermentioned Nominee to receive the units to my / our credit in this folio no. in the event of my / our death. I / We also understand that all payments and settlements made to such nominee (upon such documentation) shall be a valid discharge by the AMC / Mutual Fund / Trustees.

| S. No. | Name & Address of the Nominee (s) | Nominee's relationship with the unit holder | Date of Birth | If the nominee is minor, name & address of the guardian |
|--------|-----------------------------------|---|---------------|---|
| 1. | | | | |

Unitholder(s):

| | Name | Signature |
|----|------|-----------|
| 1. | | |
| 2. | | |
| 3. | | |

Witness (es) - could be the same for all unitholder(s):

| | Name & Address | Signature |
|----|----------------|-----------|
| 1. | | |
| 2. | | |
| 3. | | |

10. DECLARATION(S) & SIGNATURE(S)

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--------------------|--|
| <p>To, The Trustee, Taurus Mutual Fund</p> <p>Date <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>Having read and understood the contents of the Scheme Information Document, 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, Anti Money Laundering Laws, Anti Corruption Laws 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.</p> <p>For NRIs 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.</p> <p>I/We confirm that details provided by me/us are true and correct.</p> <p>**I have voluntarily subscribed to the on-line access for transacting through the internet facility provided by Taurus Mutual Fund and confirm of having read, understood 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 same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.</p> | D | D | M | M | Y | Y | Y | Y | SIGNATURE/S | <p style="text-align: center;">First / Sole Applicant /Guardian</p> <hr/> <p style="text-align: center;">Second Applicant</p> <hr/> <p style="text-align: center;">Third Applicant</p> |
| D | D | M | M | Y | Y | Y | Y | | | |

ACKNOWLEDGEMENT SUP (Common Application Form to be filled in by the investor)

| Sr.No. | Scheme Name | Plan / Option | Net Amount Paid (Rs.) | Payment Details | |
|--------|-------------|---------------|-----------------------|-----------------|-----------------|
| | | | | Cheque / DD No. | Bank and Branch |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

SYSTEMATIC INVESTMENT PLAN (SIP) APPLICATION FORM

(Please read instructions carefully before filling up the form)

Application No. _____

ARN-25682

Sub-Broker's ARN No. _____

Registrar's Serial No. _____

- New Registration
- Change in Bank Account
- Cancellation

Existing investors of Taurus Mutual Fund wanting to make an SIP investment will need to fill up ONLY the SIP Application Form quoting their Folio/Account Number. However, new investors are required to fill up the Common Application Form as well as the SIP Application Form.

APPLICANTS INFORMATION (MANDATORY)

Folio No. (For existing Unitholder) _____ Common Appn. form No. (For new investor) _____

Name of the First Applicant Mr. Ms./M/s _____

PAN** _____ Enclosed (please ✓) PAN proof Please attach KYC acknowledgement letter

Name of the Second Applicant Mr. Ms./M/s _____

PAN** _____ Enclosed (please ✓) PAN proof Please attach KYC acknowledgement letter

Name of the Third Applicant Mr. Ms./M/s _____

PAN** _____ Enclosed (please ✓) PAN proof Please attach KYC acknowledgement letter

**KYC is Mandatory if amount of purchase is Rs. 50,000 or more irrespective of mode of holding

SIP INVESTMENT DETAILS

| S. No. | *Cheque / DD Favouring Scheme Name | Plan / Option | Amount invested (Rs.) | DD charges | Net Amount paid (Rs.) | Type of Account # |
|--------|------------------------------------|---------------|-----------------------|------------|-----------------------|-------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

*All purchases are subject to realization of cheque/DD # (Type of Account : Saving / Current / NRE / NRO / FCNR / NRSR)

Amount (Rs.) In figures _____ Amount (Rs.) In words _____

Payment Mechanism SIP (Please ✓ any one only) Auto Debit Facility (Please complete the SIP Auto Debit Facility Form) Cheques (Please provide the details below)

Total No. of Cheques _____ Cheque Nos. from _____ To _____

Drawn on Bank _____

Branch _____ A/C No. _____

Frequency (Please ✓) Monthly Quarterly SIP Date (Please ✓) 1st 5th 10th 15th 28th of the month

No. of months/quarters _____ Period of enrolment (MM / YY) From MM/YY To MM/YY

DECLARATION AND SIGNATURE(S)

Having read and understood the contents of the Scheme Information Document & Scheme Additional Information of the schemes and subsequent amendments thereto including the sections on 'Prevention of Money Laundering and Know Your Customer', I/We hereby apply to the Trustees of Taurus Mutual Fund for units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the PMLA. I/We have not received and will not receive nor will be induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the above scheme of Taurus Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. It is expressly understood that I/we have the express authority from our constitutional documents to invest in the units of the above scheme and the AMC/Trustee/Fund would not be responsible if the investment is thereto and the investment is contrary to the relevant constitutional documents. I/We authorise this Fund to reject the application, revert the units credited, restrain me/us from making any further investment in any of the schemes of the Fund, and take any appropriate action against me/us in case the cheque(s)/payment instrument is/are returned unpaid by my/our bankers for any reason whatsoever. Applicable to NRIs only : I / We* confirm that I am / we* are Non-Resident of Indian Nationality / Origin and I / we* hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my / our* Non-Resident External / Ordinary Account / FCNR Account.

Please ✓ Repatriation basis Non-Repatriation basis * Please strike out whichever is not applicable.

1st Applicant _____ 2nd Applicant _____ 3rd Applicant _____

Place _____ Date _____

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)



TAURUS MUTUAL FUND
305, Regent Chambers, 208, Jammalal Bajaj Marg, Nariman Point, Mumbai-40021

APPLICATION NO. _____

Name _____ SIP Application for purchase of units of _____

Address _____

Acknowledgement is subject to realization of cheque/draft. All future communication in connection with the application should be addressed to the Registrar Karvy Computershare Private Limited: H No. 8-2-596, Avenue 4, Street No. - 1, Banjara Hills, Hyderabad-500034

Signature & Stamp

