

Taurus MIP Advantage*

(An Open Ended Income Scheme)



(*Monthly Income is not assured and is subject to availability of distributable surplus. The term 'Advantage' has been used in terms of asset allocation and not in terms of returns/yield)

Key Information Memorandum and Application Form

Investors must read the Key Information Memorandum and Instructions before completing this Form.

New Fund Offer Opens : 29 June, 2010

New Fund Offer Closes : 23 July, 2010

Application No. _____

The Application Form should be completed in English and in BLOCK LETTERS only.

KEY PARTNER / AGENT INFORMATION		FOR OFFICE USE ONLY	
Name and AMFI Reg. No. (ARN)	Sub Agent's Name and Code	Date of Receipt	Collection Centre/Stamp
ARN - 25682			

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

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.

1. EXISTING UNIT HOLDER INFORMATION (Refer instruction 2)

Folio No. _____

2. UNIT HOLDER INFORMATION (refer instruction 3)

NAME OF FIRST / SOLE APPLICANT _____ DATE OF BIRTH _____
DD MM YYYY

Mr. Ms. M/s. _____
 Name of Guardian if minor / Contact Person for non-individuals / POA Holder details.

Mr. Ms. M/s. _____ Designation _____

NAME OF THE SECOND APPLICANT Resident Individual NRI [Mandatory Please tick (✓)]

Mr. Ms. M/s. _____

NAME OF THE THIRD APPLICANT Resident Individual NRI [Mandatory Please tick (✓)]

Mr. Ms. M/s. _____

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

CITY _____ STATE _____ PIN CODE _____

OVERSEAS ADDRESS (Mandatory in case of NRIs/FIIs) (P.O. Box Address is not sufficient)

CONTACT DETAILS OF FIRST / SOLE APPLICANT

STD Code _____ Telephone : Off. _____ Res. _____ Mobile _____

Fax _____ E-mail _____

3. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY) (refer instruction 2 & 11)

	PAN #	KYC Compliance Status (Mandatory for Rs.50,000 & above)** (if yes, attach proof)	
First / Sole Applicant / Guardian	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Second Applicant	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Third Applicant	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Guardian / POA Holder	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#Please attach copy of PAN card as proof.

** Refer instruction 13

4. STATUS (of First/Sole Applicant) [Please tick (✓)]	MODE OF HOLDING [Please tick (✓)]	OCCUPATION (of First/Sole Applicant) [Please tick (✓)]
<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> AOP <input type="checkbox"/> Company <input type="checkbox"/> FIs <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> BOI <input type="checkbox"/> Body Corporate <input type="checkbox"/> Society / Club <input type="checkbox"/> Others _____ (please specify)	<input type="checkbox"/> Single <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (please specify)

5. BANK ACCOUNT DETAILS OF FIRST / SOLE APPLICANT (refer instruction 4a) Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details

Account No. _____ Name of the Bank _____

Branch _____ Bank City _____ MICR Code _____

Account Type [Please tick (✓)] SAVINGS CURRENT NRE NRO FCNR OTHERS _____ (please specify) IFSC Code*** _____

6. PIN Facility (Please ✓) ***Refer Instruction 4b ... continued overleaf

I would like to receive PIN agreement for transacting online.

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) [For any queries please contact our nearest Investor Service Centre.]

 Date: _____ Received from Mr./Ms./M/s. _____ an application for allotment of Units of Taurus MIP Advantage with Cheque / Demand Draft as detailed overleaf. Please Note : All Purchases are subject to realisation of Cheques / Demand Drafts.	TAURUS MUTUAL FUND Regd. Office: 305 Regent Chambers, 208 Jamnalal Bajaj Marg, Nariman Point, Mumbai - 400 021.	Application No. _____ Collection Centre / ISC Stamp & Signature _____
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TEAR HERE

7. INVESTMENT DETAILS - Please tick (✓) choice of Plans / Options (refer instruction 5)

Taurus MIP Advantage	
Option	Sub Option
<input type="checkbox"/> Dividend <input type="checkbox"/> Growth*	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment*
<small>*This indicates in case of no information, ambiguity or discrepancy, the default option shall be Growth and sub option Dividend Reinvestment will be applicable.</small>	

8. PAYMENT DETAILS –Cheque / DD should be drawn in favour of Taurus MIP Advantage – Please write Application Form No./Account No. on the reverse of the Cheque / Demand Draft. Refer instruction 6.

Cheque / DD No.		Cheque/DD Date	
Amount of Cheque/DD in figures (Rs.) (i)		Drawnon (Bank/ Branch Name)	
DD charges, if any, in figures (Rs.) (ii)		Account No. (ForChequeonly)	
Total Amount (i) + (ii)	in figures (Rs.)		
	in words		
Account Type [Please (3)]	<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)		

9. E-MAIL COMMUNICATION (refer instruction 7)

I/We wish to receive the following document(s) via e-mail in lieu of physical document(s) [Please tick (✓)]	<input type="checkbox"/> Account Statement <input type="checkbox"/> Annual Report <input type="checkbox"/> Other Statutory Information
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10. NOMINATION (refer instruction 9)

Sr. No.	Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian	Signature of Guardian	Proportion (%) by which the units will be shared by each Nominee (should aggregate to 100%)
		(to be furnished in case the Nominee is a minor)			
	Nominee 1				
	Nominee 2				
	Nominee 3				
	Total				

11. DECLARATIONS & SIGNATURE/S (refer instruction 10)

I/We have read and understood the contents of the Scheme Information Document of the Taurus MIP Advantage. I/We hereby apply to the Trustee of Taurus Mutual Fund for allotment of Units of the Taurus MIP Advantage and agree to abide by the terms, conditions, rules and regulations of the Scheme and I / we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby declare that I/We am/are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We declare that the information given in this application form is correct, complete and truly stated.
 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.

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 normal banking channels or from funds in my / our Non-Resident External / Ordinary Account /FCNR Account.

Please (✓) Yes No

If yes, (✓)

- Repatriation basis
 Non-repatriation basis

DD	MM	YY	YY				

 First / Sole Applicant/
 Guardian - POA Holder

 Second Applicant

 Third Applicant

Date: _____

Taurus MIP Advantage	
Option	Sub Option
<input type="checkbox"/> Dividend <input type="checkbox"/> Growth*	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment*
<small>*This indicates in case of no information, ambiguity or discrepancy, the default option shall be Growth and sub option Dividend Reinvestment will be applicable.</small>	
Cheque / DD No.	Cheque / DD Date
Drawn on (Name of Bank and Branch)	
Amount in Figures (Rs.)	

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) [For any queries please contact our nearest Investor Service Centre.]