

Taurus Mutual Fund

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

Application No.

Broker Code	& Name)	Sul	b-Broker's	ARN	Code	Em	ploye	e Uni	ique l	dentity	, Ni	ımber*	* Inte	ernal	Code	for Su	b-bro	oker,	/Emp	oloye	ee	Time	Stam	p (for	r office	use only
ARN -	- 1678							Е	08	877	722																
Upfront commission shall be paid direct mention "DIRECT" in the ARN column		the AMFI reg	istered D)istributors based	on the inv	vestors' as	sessment	t of variou	us factors	s includin	ig the servi	ice rer	ndered by t	the distri	butor. A	Aso refe	rinstructi	on no.2	. Inves	tors su	Jbscrib	ing un	der the	"DIRECT	[" plan	of the s	cheme sh
EXECUTION ONLY (To be	signed when EUII	N is left blan	ık)																								
*I/We hereby confirm that the notwithstanding the advice of i																								of the	above	distrib	utor or
First / Sole Applica		ign here		Holder / A	uth S	Sian		Se	econc		ease s		here der's S	iana	ture	_	_	Thi	rd A				here	Signo	ature		
Registration of S						-	tion c				/Micr			.9										0.9			
Renewal of SIP/	•								-				ting i	nvest	or												
New Investor Y	_			io No.		go .				T.					0.												
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Name of Third App		Mr.		\dashv								\vdash					\top	†	\dagger	\forall				\Box	寸	\dashv	
Name of Guardian		r applic	ant)	/ POA H	lolde	r/C	ontac	t per	son	(for 1	Von-i	ndl	. App	licar	nt)												
Mr. Ms.			\perp																				\perp		\perp	\perp	
ID & Add Proof Documen		Sole	/Firs	st Applica	ant/ (Guar	dian	_			Seco	ond	Appl	ican	t			_				Tŀ	nird	Арр	licar	nt	
in case of Micro SIP(Refer l	Instruction 14)																										
Name of Scheme													Pla	n							Opt	ion			_		
		SIP / N	Λicro	o SIP													Op	tiSI	Р								
SIP Amount (₹)				\coprod	\perp				Min	. Inst	allme	nt /	Amt.								Fre	que	ency			Mo	onthly
Frequency	/	Monthly	,		Qu	arter	ly		Max	k. Ins	tallme	ent	Amt.							(Ai	mount ₹500	greate /- & n	r than f nultiple	Fixed Mir of ₹1 /-	n. Insta · therec	illment of)	amount
First/Initial Investme	nt Cheque	Numb	er	$\overline{\Box}$						Cheq	ue Do	ate	Γ	D [/ /	A M	1/	Υ	ΙΥ	Y	′ \					
Auto Debit/NACH o	dates (Plea	ise 3)		1 st	51	th [0th		15t	h [28th		- 1.			1′	_				_				
Enrolment Period		Start Fi	rom	M M ,	/ Y	′ Y	Υ	Υ	Е	Ind c	on M	Λ	1 /	Υ	Υ	Υ	Υ			١	No.	of Ir	nstal	lmen	ts		
PARTICULARS OF BA	NK ACCO	UNT					•																				
/We hereby, authorize Taurus	Mutual Fund	and their (authori	ized service p	provide	rs, to de	ebit my	/our fo	ollowin	ng ban	k accou	nt by	y ECS (I	Debit (Leari	ng)/a	uto debi	t to a	ccour	nt for	colle	ction	of SIF)/Op	<i>ti</i> SIP	paym	ents.
Name of the Accour	nt Holder o	as per E	Bank	Records								\perp			\perp				\perp				<u></u>			Ш	
Bank Name			\perp																				\perp			Ш	
Branch Address			\perp													ity							L				
Account Number												Α	ccour	nt Typ	эе		Savir	ngs			Curr	ent		N	RE		NRC
9 digit MICR Code													11	digit	FSC (Code										\perp	
Dedaration & Signature (s): Having rea egyulations governing the scheme. I/Web "revention of Money Laundering Act, Preve his investment. Applicable for NRI's anly nolder has disclosed to me/us all the cor /We confirm that details provided by me	nereby declare that the ention of Corruption A y - 1/We confirm the mmissions (in the fo e/us are true and co	he amount inv Act and / or ar at I am/we ar orm of trail co rrect.	vested in t ny other a re Non Re: ommissio Pla	the scheme is thro applicable laws en esidents of Indian I on or any other m lease 🗸	ough legiti acted by t Nationalit n ode), pa Repatri	imate soui he govern y/Origin c yable to h iation bas	ces only a ment of In nd that I/ im for the is	nd does n dia from ti we have r differen	ot involv ime to tir remitted i t compe Non-	ve and is r me. I/Wo I funds fra e ting Sch •Repatric	not designe e have und om abroad emes of v otton basis	ed for t lerstoo throug ariou s s * Pla	the purpos od the deta gh approve s Mutual F ease strik	e of the c ils of the d bankin unds fro e out wh	contrave scheme g chanr m amo nicheve	ention of e & I/we nels or fro ngst whi er is not o	any Act, Ru have not ro m funds in ch the Sch pplicable	les, Reg eceived r my/our eme is b	ulation nor hav r Non-R oeing r e	s, Notil e been esident ecomm	fication induce t Extern nended	s or Dire d by an al /No l to me ,	ections c y rebate on-Reside /us.	of the prov e or gifts, c ent Ordino	visions c directly c ary /FCI	of the Ind or indirec INR accor	ome Tax A tly in maki unt. The Al
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Bank a/c Number:			<u>—</u>				\dashv		_	 	$\frac{\perp}{\perp}$	Т		\dashv	_	<u> </u>	$\overline{+}$	l			$\frac{\perp}{}$	\dashv	井	井	ᆛ	누	<u> </u>
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Reference 2										j	Email	ID													_		
I Agree for the debit of mandate	e processing char	gesby the b	ank who	om I am authori	izing to o	debit my	accounts	as per la	atest scl	hedule	of charge	es of t	the bank.														
From	M M Y	/ Y /	Y \	<u>Y</u>	Signatu	ure Prim	ary Acc	ount Ho	older		_		Sigr	ature (of Acc	count H	lolder		_	_		Się	gnatur	e of Ac	count	Holde	er
Or Ur	ntil cancelled			_ 1	١	Vame a	s in ban	k recor	ds		2		1	Vame (as in l	oank re	cords			3			Na	me as i	n ban	k reco	rds

• This is to confirm that the deduration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me.
• I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.