

## KEY INFORMATION MEMORANDUM CUM APPLICATION FORM

# TATA

---

## VALUE FUND - SERIES 1

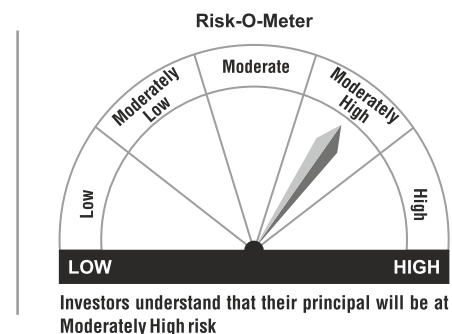
(A close-ended equity scheme following a value investment strategy)

Issue of units of **Tata Value Fund Series 1** (1103 days maturity)  
at Face Value of ₹ 10/- Per Unit during the New Fund Offer Period

**This product is suitable for investors who are seeking\*:**

- Long Term Wealth Creation
- A close ended equity fund that aims to provide capital appreciation over the tenure of the fund through a diversified equity portfolio following value investment strategy.

**\*Investors should consult their financial advisors if in doubt about whether the product is suitable for them.**



New Fund Offer opens on **22 June, 2018**  
New Fund Offer closes on **06 July, 2018**

**BSE Disclaimer Clause:** "It is to be distinctly understood that the permission given by Bombay Stock Exchange Ltd. Should not in any way be deemed or construed that the scheme information document has been cleared or approved by Bombay Stock Exchange Ltd. Nor does it certify the correctness or completeness of any of the contents of the scheme information document. The investors are advised to refer to the scheme information document for the full text of the Disclaimer clause of the Bombay Stock Exchange Ltd."

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. **For further details of the scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties and pending litigations, etc. investors should, before investment, refer to the Scheme Information Document (SID) and Statement of Additional Information (SAI) available free of cost at any of the Investor Service Centres or distributors or from the website [www.tatamutualfund.com](http://www.tatamutualfund.com)**

The Scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM.

**Name of the Mutual Fund**  
Tata Mutual Fund

**Name of the AMC**  
Tata Asset Management Ltd.  
CIN: U65990-MH-1994-PLC-077090

9th Floor, Mafatlal Centre, Nariman Point, Mumbai - 400 021

**Toll Free:** 1800-209-0101 (Lines open on Sundays also)

**E-mail:** [service@tataamc.com](mailto:service@tataamc.com) **Website:** [www.tatamutualfund.com](http://www.tatamutualfund.com)



# TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021

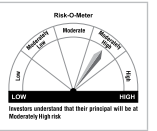
## Application Form For Tata Value Fund - Series 1

(1103 Days Maturity)

This product is suitable for investors who are seeking\*:

- Long Term Wealth Creation
- A close ended equity fund that aims to provide capital appreciation over the tenure of the fund through a diversified equity portfolio following value investment strategy.

\*Investors should consult their financial advisors if in doubt about whether the product is suitable for them



ALL DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS

Sr. No.:

Refer Sec. B

### 1. Advisor / Distributor Information

ARN / RIA ^ Code <b>ARN - 48012</b>	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code <b>E053085</b>
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 scheme(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 , Aadhaar 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. Incase C-KYC No. is not available kindly complete the Know Your Client (KYC) form attached herewith.

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

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

Mr.  Ms.  M/s. PAN / PEKRN \_\_\_\_\_ Folio No. \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth (DOB) \_\_\_\_\_ In case of Minor: Proof of DOB:  Birth certificate  School leaving certificate  
 Passport  Others .....

Aadhaar No. \_\_\_\_\_ C-KYC \_\_\_\_\_

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

POA / Proprietor / Guardian Details  Mr.  Ms. PAN / PEKRN \_\_\_\_\_ Mobile No. \_\_\_\_\_

Name \_\_\_\_\_

To be filled by Guardian

Relationship with the Minor Applicant  Mother  Father  Legal Guardian Proof of Relationship  Birth certificate  School leaving certificate  Passport  Others .....

Aadhaar No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ C-KYC \_\_\_\_\_

#### 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 \_\_\_\_\_

Sr. No.:



Acknowledgement Slip

Received from Mr./Ms./M/s. \_\_\_\_\_

PAN \_\_\_\_\_

₹ \_\_\_\_\_

for purchase in **Tata Value Fund - Series 1**

Subject to verification and realisation.

**Overseas address**

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

		City
State	ZIP Code	Country

**4. 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 Value Fund - Series 1'

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

**5. Investment Scheme Details**

Refer Sec. J & Product Labels

Scheme Name » **Tata Value Fund - Series 1**

Plan (select any one) »  Regular

Option (select any one) »  Growth  Dividend Payout

**6. Auto Switch Facility**

Refer Sec. K

Select any one only Will be applicable on scheme maturity

No Auto Switch (Default)

OR

I hereby consent to Auto Switch the maturity proceeds into **Tata Equity P/E Fund**

Options  Growth  Dividend Trigger Option A (5%)  Dividend Trigger Option B (10%) (Default)

Sign Here →

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

**7. Bank Account Details**

Refer Sec. L

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

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

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 RTGS	IFSC for NEFT
Address		
City	PIN	State

**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.

**8. 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**

Mr.  Ms. PAN / PEKRN \_\_\_\_\_ Status \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 Resident Individual  NRI  
 Name \_\_\_\_\_  
 Aadhaar No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ C-KYC \_\_\_\_\_  
 D D / M M / Y Y Y Y Y

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

Mr.  Ms. PAN / PEKRN \_\_\_\_\_ Status \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 Resident Individual  NRI  
 Name \_\_\_\_\_  
 Aadhaar No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ C-KYC \_\_\_\_\_  
 D D / M M / Y Y Y Y Y

**9. Know Your Customer (KYC) Details**

Refer Sec. G

CATEGORIES	FIRST APPLICANT (Including Minor)	SECOND APPLICANT / GUARDIAN	THIRD APPLICANT
Occupation >>	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Retired <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Government Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Professional <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (please specify) _____
Gross Annual Income >>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Networth in (Mandatory for Non-individual) ₹ _____ as on _____ D D / M M / Y Y Y Y Y (not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Networth in ₹ _____ as on _____ D D / M M / Y Y Y Y Y (not older than 1 year)	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Networth in ₹ _____ as on _____ D D / M M / Y 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:  Yes  No  
 (if No, mandatory to attach the UBO declaration)  
 Non Individual investors involved/providing any of the mentioned services  
 Foreign Exchange / Money Changer Services  Gaming / Gambling / Lottery / Casino Services  
 Money Lending / Pawning  None of the above

**10. Foreign Account Tax Compliance Act (FATCA) & CRS Details**

Refer Sec. H

For Individuals	FIRST APPLICANT (including Minor)	SECOND APPLICANT / GUARDIAN	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 <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> 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
<b>If yes, complete section below.</b>			
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)**

## 11. Nomination Details

Refer Sec. M

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.

Register nomination as below

I do not wish to nominate.

Select any one >>

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

## 12. Demat Account Details

Refer Sec. N

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

## 13. Declaration and Signatures

Refer Sec. O

- 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-
- 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.
  - 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.
  - 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.
  - 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.
  - 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.
  - 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.
  - 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.
  - 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.
  - For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian and Foreign laws.
  - I/We, the holder of the above stated Aadhaar number, hereby give my consent to Tata Mutual Fund(TMF), to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI, use my mobile number mentioned in my account for sending SMS alerts to me. I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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  
**COMMON TRANSACTION FORM**



*Refer Instruction 2.*

**1. ADVISOR DETAILS**

ARN / RIA <sup>^</sup> Code <b>48012</b>	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIIN Code <b>E053085</b>
Internal Code		OR <input type="checkbox"/> Declaration for "execution-only" transaction - I/We hereby confirm that the EUIIN 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. <sup>^</sup> 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 / 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 _____	
Aadhaar No.	Date of Birth D D / M M / Y Y Y Y	C-KYC	Mobile No.
2 <sup>nd</sup> Holder Name		PAN _____	
Aadhaar No.	Date of Birth D D / M M / Y Y Y Y	C-KYC	Mobile No.
3 <sup>rd</sup> Holder Name		PAN _____	
Aadhaar No.	Date of Birth D D / M M / Y Y Y Y	C-KYC	Mobile No.

**3. ADDITIONAL PURCHASE DETAILS**

*Refer Instruction 3.*

Payment Mode :	<input type="checkbox"/> Cheque / DD	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> NEFT / RTGS
Scheme Name	<b>Tata Value Fund - Series 1</b>		
Plan (select any one)	<input checked="" type="checkbox"/> Regular		
Option (select any one)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout	
Gross Amount (A) ₹ _____	DD Charges (if any) (B) ₹ _____	Net Amount (A - B) ₹ _____	
Account Number	Account Type	Dated D D / M M / Y Y Y Y	
Drawn on Bank	Cheque / DD / UTR No.		

**4. SWITCH OUT DETAILS**

*Refer Instruction 4.*

From Scheme / Plan / Option				
To Scheme Name	<b>Tata Value Fund - Series 1</b>			
Plan (select any one)	<input checked="" type="checkbox"/> Regular			
Option (select any one)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend Payout		
<input type="checkbox"/> Amount (in figure) ₹ _____	OR	<input type="checkbox"/> Units (in figure) _____	OR	<input type="checkbox"/> All Units

**5. AUTO SWITCH FACILITY** will be applicable on scheme maturity (*Select any one only*)

*Refer Sec. K*

<input type="checkbox"/> No Auto Switch (Default)	OR	<input checked="" type="checkbox"/> I hereby consent to Auto Switch the maturity proceeds into <b>Tata Equity P/E Fund</b>
		Options <input checked="" type="checkbox"/> Growth <input type="checkbox"/> Dividend Trigger Option A (5%) <input type="checkbox"/> Dividend Trigger Option B (10%) (Default)
Sign Here	1 <sup>st</sup> Applicant Signature / Thumb Impression	2 <sup>nd</sup> Applicant Signature / Thumb Impression
		3 <sup>rd</sup> Applicant Signature / Thumb Impression

**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. I/We, the holder of the above stated Aadhaar number, hereby give my consent to Tata Mutual Fund(TMf), to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI, use my mobile number mentioned in my account for sending SMS alerts to me. I/We hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN. Date \_\_\_\_\_

Sign Here	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**

Folio No. _____	<input type="checkbox"/> Purchase <input type="checkbox"/> Switch in <b>Tata Value Fund - Series 1</b>	
For Amount of ₹ _____	or Units _____	(details overleaf)





# TATA MUTUAL FUND

Mafatlal Centre 9th Floor Nariman Point Mumbai - 400 021

## FATCA / FOREIGN TAX LAWS INFORMATION NON INDIVIDUAL FORM

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)



### 1. Entity Details

Name of the Entity	
Type of address given at KRA	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes	
Application No.	Folio No.
PAN Number	Date of Incorporation
City of Incorporation	Country of Incorporation
Entity Constitution Type	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> HUF <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Trust <input type="checkbox"/> Liquidator <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Artificial Juridical Person <input type="checkbox"/> Others specify
Please tick the applicable tax resident declaration	Is "Entity" a tax resident of any country other than India: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number*	Identification Type (TIN or Other, please specify)

\*In case Tax Identification Number is not available, kindly provide its functional equivalent.  
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.  
 In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here \_\_\_\_\_  
 Please refer to para 3(vii) exemption code for U.S. persons in FATCA Instructions & Definitions

### 2. FATCA & CRS Declaration

<b>PART A (to be Filled by Financial Institutions or Direct Reporting NFEs)</b>	
1	<p>We are a,  <input type="checkbox"/> Financial institution<sup>3</sup>          or  <input type="checkbox"/> Direct reporting NFE<sup>4</sup>          (please tick as appropriate)</p> <p>GIIN <input type="text"/></p> <p><b>Note:</b> If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</p> <p>Name of sponsoring entity <input type="text"/></p> <p>GIIN not available (please tick as applicable)    <input type="checkbox"/> Applied for          If the entity is a Financial institution,    <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category<sup>10</sup> <input type="text"/>  <input type="checkbox"/> Not obtained - Non-participating FI</p>
<b>PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")</b>	
1	<p>Is the Entity a listed company (that is, a company whose shares are regularly traded on an established stock exchanges)    <input type="checkbox"/> Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)          Name of stock exchange _____</p>
2	<p>Is the Entity a related entity of a listed company (a company whose shares are regularly traded on an established stock exchanges)    <input type="checkbox"/> Yes (If yes, please specify name of the listed company name of and one stock exchange(s) on where this stock is regularly traded)    <input type="checkbox"/> No          Name of listed company _____          Nature of relation:    <input type="checkbox"/> Subsidiary of the Listed Company    <input type="checkbox"/> Controlled by a Listed Company          Name of stock exchange _____</p>
3	<p>Is the Entity an active<sup>1</sup> NFE    <input type="checkbox"/> Yes    <input type="checkbox"/> No          Nature of Business _____          Please specify the sub-category of Active NFE <input type="text"/></p>
4	<p>Is the Entity a passive<sup>2</sup> NFE    <input type="checkbox"/> Yes    <input type="checkbox"/> No (If yes, please fill UBO declaration in the next section.)          Nature of Business _____</p>

<sup>1</sup> Refer 2 of Part D | <sup>2</sup> Refer 3(ii) of Part D | <sup>3</sup> Refer 1(i) of Part D | <sup>4</sup> Refer 3(vi) of Part D | <sup>10</sup> Refer 1A of Part D

### 3. Ultimate Beneficial Ownership (UBO) Details for Passive NFE

# If passive NFE, please provide below additional details for each of controlling persons. (Please attach additional sheets if necessary)

Name PAN / Any other Identification Number <i>(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)</i> City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male, Female, Other										
1. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
2. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			
3. Name _____ PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y			

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India: \* To include US, where controlling person is a US citizen or green card holder.

% In case Tax Identification Number is not available, kindly provide functional equivalent.

### 4. FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F & 114H, as part of the Income Tax Rules- 1962, which rules required Indian financial Institution such as the bank to seek additional personal, tax and beneficial owner information and certain certifications & documentation from all our accounts holders. In relevant cases, information will have to be reported to Tax authorities/appointed agencies. Towards compliance, we may also be requested to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change any information provided by you, please insure your advice us promptly, i.e. within 30 days.

If any controlling person of any utility is US citizen or Green card holder, please include United States in the foreign country information field along with the US Tax Identification number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issued such identification. If no, TIN is yet available or has not been issued, please provide an explanation and attach this to the form.

### 5. Declaration and Signatures

I/We have understood the information requirements of this Form (Read along with FATCA & CRS Instructions) and hereby confirm that information provided by me / us on this Form is true, correct & complete. I/We also confirm that I/We have understood the FATCA & CRS Terms & Conditions below and thereby accept the same.

Name \_\_\_\_\_  
Designation \_\_\_\_\_

Authorized Signatory	Authorized Signatory	Authorized Signatory
----------------------	----------------------	----------------------

Place: \_\_\_\_\_

Date: 

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---