

KEY INFORMATION MEMORANDUM CUM APPLICATION FORM

TATA

SMALL CAP FUND

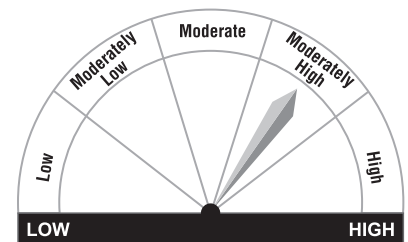
(An open ended equity scheme predominantly investing in small cap stocks)

Issue of units of **Tata Small Cap Fund** at face value of Rs. 10/- each during the New Fund Offer period and at NAV based price upon re-opening

This product is suitable for investors who are seeking*:

- Long Term Capital Appreciation.
- Predominant investment in equity/equity related instruments of small cap companies.

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



Investors understand that their principal will be at Moderately High risk

New Fund Offer Opens On	19 October, 2018
New Fund Offer Closes On	02 November, 2018
Scheme reopens for continuous sale and repurchase on	19 November, 2018

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 & pending litigations etc. investors should, before investment, refer to the Scheme Information Document (SID) & 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.**

The Scheme particulars have been prepared in accordance with Securities & Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date & filed with Securities & 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

Offer for Units at
NAV Based Prices

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

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

E-mail: service@tataamc.com **Website:** www.tatamutualfund.com



TATA MUTUAL FUND

Mulla House, 4th Floor, M.G. Road, Fort, Mumbai - 400 001

Application Form For Tata Small Cap Fund

This product is suitable for investors who are seeking:

- Long Term Capital Appreciation.
- Predominant investment in equity/equity related instruments of small cap companies.

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



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

Sr. No.:

Refer Sec. B

1. Advisor / Distributor Information

ARN / RIA ^ Code ARN - 48012	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code E053085
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 inappropriateness, 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 schemes(s) of Tata Mutual Fund			
Sole / 1 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression	

2. Applicant's Information

Refer Sec. A, C & I

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 1st 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. In case C-KYC No. is not available kindly complete the Know Your Client (KYC) form attached herewith.

1st 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

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	PAN / PEKRN	Folio No.
Name		
Date of Birth (DOB) D D / M M / Y Y Y Y	In case of Minor: Proof of DOB: <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Aadhaar No.	C-KYC	

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

POA / Proprietor / Guardian Details	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN	Mobile No.
Name			
To be filled by >> Guardian	Relationship with the Minor Applicant <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Proof of Relationship <input type="checkbox"/> Birth certificate <input type="checkbox"/> School leaving certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others	
Aadhaar No.		Date of Birth D D / M M / Y Y Y Y	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 1st Applicants address as per the KRA records

City		
PIN	State	Country
Residence Phone (prefix STD Code)	Office Phone (prefix STD Code)	Extn
Mobile	Email	
For investors who do not have email address on record: I/We wish to receive physical copy of the scheme-wise annual report or abridged summary thereof <input type="checkbox"/> Yes <input type="checkbox"/> No		



Acknowledgement Slip

Received from Mr./Ms./M/s. _____

PAN _____

₹ _____

for purchase in Tata Small Cap Fund

Sr. No.:

Subject to verification and realisation of funds.

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. E

The name of the first applicant should be available on the investment Cheque.

Cheque/ DD to be drawn in favour of 'Tata Small Cap Fund'

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

5. Investment Scheme Details

Refer Sec. F & Product Labels

Amount Allocation

Lumpsum Lumpsum + SIP

Scheme Name >> **Tata Small Cap Fund**

Plan (select any one) >> Regular

Option (select any one) >> Growth Dividend

Dividend Option (select any one) >> Dividend Reinvestment Dividend Payout

6. Bank Account Details

Refer Sec. G

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 1st 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.

7. Joint Applicant's Details

Refer Sec. H & I

Mode of Holding Single Joint Any one or Survivor (Default)

IInd Applicant's Details

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN	Status	Mobile No.
		<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	
Name			
Aadhaar No.	Date of Birth	C-KYC	
	D D / M M / Y Y Y Y		

IIIrd Applicant's Details

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	PAN / PEKRN	Status	Mobile No.
		<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI	
Name			
Aadhaar No.	Date of Birth	C-KYC	
	D D / M M / Y Y Y Y		

8. Know Your Customer (KYC) Details

Refer Sec. J

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 Network in (Mandatory for Non-individual) ₹ as on D D / M M / 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 Network in ₹ as on D D / M M / 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 Network in ₹ as on D D / M M / 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: <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, mandatory to attach the UBO declaration) Non Individual investors involved/providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above
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9. Foreign Account Tax Compliance Act (FATCA) & CRS Details

Refer Sec. K

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
If yes, complete section below.			
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)

10. Nomination Details

Refer Sec. L

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.

<input type="checkbox"/> Register nomination as below <input type="checkbox"/> I do not wish to nominate.			
Select any one >>			
1 st 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 nd 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 rd 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 st Applicant Signature / Thumb Impression		2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression

11. Demat Account Details

Refer Sec. M

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

12. Declaration and Signatures

Refer Sec. N

- 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/advise to me/us. I/We hereby authorize you to share the account statement of the folio with the distributor /broker / advisor on record.
 - 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.
 - I / We agree that the unit balance(s) reflecting in the account statement is subject to realisation of Cheque/ DD accompanying the purchase request, PAN validation and KYC compliance.
 - 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 st Applicant Signature / Thumb Impression	2 nd Applicant Signature / Thumb Impression	3 rd Applicant Signature / Thumb Impression
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TATA MUTUAL FUND

Mulla House, 4th Floor, M.G. Road, Fort, Mumbai - 400 001



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.	<input type="text"/>	Folio No.	<input type="text"/>
PAN Number	<input type="text"/>	Date of Incorporation	<input type="text"/> DD / MM / YYYY
City of Incorporation	<input type="text"/>	Country of Incorporation	<input type="text"/>
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

PART A (to be Filled by Financial Institutions or Direct Reporting NFEs)

1	We are a, <input type="checkbox"/> Financial institution ³ or <input type="checkbox"/> Direct reporting NFE ⁴ (please tick as appropriate)	GIIN <input type="text"/> Note: 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 Name of sponsoring entity <input type="text"/>
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 ¹⁰ <input type="text"/>		
		<input type="checkbox"/> Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	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 _____
2	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 _____
3	Is the Entity an active ¹ NFE	<input type="checkbox"/> Yes <input type="checkbox"/> No Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/>
4	Is the Entity a passive ² NFE	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹ Refer 2 of Part D | ² Refer 3(ii) of Part D | ³ Refer 1(i) of Part D | ⁴ Refer 3(vi) of Part D | ¹⁰ 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
---	---	---	---	---	---	---	---	---	---



TATA MUTUAL FUND
Mulla House, 4th Floor, M.G. Road, Fort, Mumbai - 400 001
Declaration for Ultimate Beneficial Ownership (UBO) / Controlling Persons
(Mandatory for Non-individual Investors)



1. Entity Details

Name of the Entity																				
PAN Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> </table>																			

2. Applicable for Listed Company / Subsidiary Company

(i) I We Hereby declare that-

Our Company is a Listed Company listed on recognised stock exchange in India Our Company is a Subsidiary of a Listed Company

Our Company is Controlled by a Listed Company

(ii) Details of the Listed Company ^

Stock Exchange on which it is listed _____ Security ISIN _____

^ The Details of holding/parent company to be provided in case the applicant / investor is a subsidiary company

3. Applicable for Non Individuals other than Listed Company / its Subsidiary Company

Category (Please tick applicable category):

Unlisted Company Partnership Firm Limited Liability Partnership Company

Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust

Others (please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s)^.

Name - Beneficial owner / Controlling person Country - Tax Residency* Tax ID No. - Or functional equivalent for each country*	Address - Include State, Country, PIN / ZIP Code & Contact Details Address Type -	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code - of Controlling person
1. Name _____ Country _____ Tax ID No.* _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office
2. Name _____ Country _____ Tax ID No.* _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office
3. Name _____ Country _____ Tax ID No.* _____	Address _____ State: _____ Country: _____ PIN/ZIP Code _____	Tax ID Type _____ Beneficial Interest _____ Type Code _____ Add. Type <input type="radio"/> Residence <input type="radio"/> Business <input type="radio"/> Registered office

1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%;">D</td><td style="width: 5%;">D</td><td style="width: 5%;">/</td><td style="width: 5%;">M</td><td style="width: 5%;">M</td><td style="width: 5%;">/</td><td style="width: 5%;">Y</td><td style="width: 5%;">Y</td><td style="width: 5%;">Y</td><td style="width: 5%;">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. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%;">D</td><td style="width: 5%;">D</td><td style="width: 5%;">/</td><td style="width: 5%;">M</td><td style="width: 5%;">M</td><td style="width: 5%;">/</td><td style="width: 5%;">Y</td><td style="width: 5%;">Y</td><td style="width: 5%;">Y</td><td style="width: 5%;">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. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%;">D</td><td style="width: 5%;">D</td><td style="width: 5%;">/</td><td style="width: 5%;">M</td><td style="width: 5%;">M</td><td style="width: 5%;">/</td><td style="width: 5%;">Y</td><td style="width: 5%;">Y</td><td style="width: 5%;">Y</td><td style="width: 5%;">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. ^Attach sheets if necessary.

4. Declaration and Signatures

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorised Signatory	Authorised Signatory	Authorised Signatory
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Place: _____ Date:

D	D	/	M	M	/	Y	Y	Y	Y
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INSTRUCTIONS

Pursuant to SEBI master circular vide ref. no. CIR/ISD/AML/3/2010 dated December 31, 2010 on anti money laundering standards and guidelines on identification of Beneficial Ownership issued by SEBI vide its circular ref. no. CIR/MIRSD/2/2013 dated January 24, 2013, investors (other than Individuals) are required to provide details of Ultimate Beneficial Owner(s) ("UBO(s)") and submit proof of identity (viz. PAN with photograph or any other acceptable proof of identity prescribed in common KYC form) of UBO(s)). Attached Documents should be self-certified by the UBO and certified by the Applicant/Investor Authorised Signatory/ies.

(1) The Ultimate Beneficial Owner means:

• For Investor other than Trust:

A 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest.

Controlling ownership interest means ownership of / entitlements to:

- i. more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- iv. In cases where there exists doubt as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity details should be provided of the natural person who is exercising control over the juridical person through other means (i.e. control exercised through voting rights, agreement, arrangements or in any other manner).
- v. However, where no natural person is identified, the identity of the relevant natural person who holds the position of senior managing official should be provided.

• For Trust :

The settler of the trust, the trustees, the protector, the beneficiaries with 15% or more of interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

(2) Documents to be provided:

Provide copy of PAN with photograph or valid KYC Compliance proof or any other acceptable identity proof of UBO as below

- i. UID (Adhar)
- ii. Passport
- iii. Voter ID
- iv. Driving Licence

If UBO is not KYC compliant, request to complete KYC formalities and send the intimation to CAMS /Fund. Attach valid address proof.

Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary.

Note: Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies

(3) If the BO is minor proof of date of birth (i.e. birth certificate) and proof of relationship with the guardian and the copy of PAN with photograph of the guardian is mandatory.

(4) Exemption in case of listed companies:

The provisions w.r.t. Identification of UBO are not applicable to the investor or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company.

(5) Applicability for foreign investors:

The identification of beneficial ownership in case of Foreign Institutional Investors (FIIs), their sub-accounts and Multilateral Funding Agencies / Bodies Corporate incorporated outside India with the permission of Government of India / Reserve Bank of India may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012.

(6) In case the information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership.

(7) UBO - Type Codes

UBO - 01	Ownership of / entitlement to more than 25% of shares of capital or profits of the juridical person, where the juridical person is a company
UBO - 02	Ownership of / entitlement to more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership
UBO - 03	Ownership of / entitlement to more than 15% of the property or capital or profits or the juridical person, where the juridical person is an unincorporated association or body of individuals
UBO - 04	Natural person who is exercising control over the juridical person through other means i.e. control exercised through voting rights, agreement, arrangements or in any other manner. (In case where there exist doubt as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests)
UBO - 05	Person who holds the position of senior managing official like CEO, MD, Managing Partner etc. (In case any Ultimate Beneficial Owner/s does not own over 25% or 15%).
UBO - 06	The settlor(s) of the Trust
UBO - 07	Trustee(s) of the Trust.
UBO - 08	The Protector(s) of the Trust (if applicable).
UBO - 09	The beneficiaries with 15% or more interest in the trust if they are natural person(s)
UBO - 10	Natural person(s) exercising ultimate effective control over the trust through a chain of control or ownership.

Transaction Acceptance Points - Computer Age Management Services (P) Ltd.

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Email id: camsth@camsonline.com, Tel. No: 022-62791000. **Tiruppur**: 1 (1), Binny Compound 2nd Street, Kumaran Road, Tiruppur - 641 601, Tel: (0421) 4242134 **Tinsukia**: Bhowal Complex, Ground Floor, Near Dena Bank, Rongagora Road, PO / Dist., Tinsukia – 786125, Assam, Email: camstin@camsonline.com Tel: (374) 2336742, 21205876, Fax: 2120583 Tirunelveli: No. 51/72, 1st Floor, K.A.P Complex, (Nachiyar Super Market-Upstairs), Trivandrum Road, Palayamkottai, Tirunelveli - 627 002, Tel: (0462) 4950788, Email: camstrv@camsonline.com Tel: (0462) 6455081, Fax: 2333688 **Tirupati**: Shop No. 6, Door No. 19-10-8, (Opposite Passport Office), AIR Bypass Road, Tirupati – 517501, Andhra Pradesh, Email: camstpt@camsonline.com Tel: (0877) 6561003, Fax: 2225056 **Thiruvalla**: 24/590-14, C.V.P Parliament Square Building Cross Junction, Thiruvalla, Kerala - 689 101, Tel: (0469) 2707999 **Tirupur**: 1 (1), Binny Compound, II Street, Kumaran Road, Tirupur – 641601, Tamilnadu, Email: camstrp@camsonline.com Tel: (0421) 6455232, Fax: 4242134 **Tiruvalla**: 24/590-14, C.V.P Parliament Square Building, Cross Junction, Tiruvalla – 689101, Kerala, Email: camstvl@camsonline.com Tel: (469) 6061004 **Trichur**: Room No. 26 & 27, Dee Pee Plaza, Kokkalai, Trichur – 680001, Kerala, Email: camstur@camsonline.com Tel: (0487) 6060019, Fax: 245002 **Trichy**: No. 8, 01st Floor, 8th Cross West Extn, Thillainagar, Trichy – 620018, Tamilnadu, Email: camstri@camsonline.com Tel: (0431) 4220862, Fax: 2741717 **Trivandrum**: R. S. Complex, Opp. of LIC Building, Pattom PO, Trivandrum – 695004, Kerala, Email: camstvm@camsonline.com Tel: 9188184178 **Tuticorin**: 4B/A16, Mangal Mall Complex, Ground Floor, Mani Nagar, Tuticorin – 628003, Tamilnadu, Email: camstcn@camsonline.com Tel: (461) 6455770 **Udaipur**: 32, Ahinsapuri, Fatehpura Circle, Udaipur – 313004, Rajasthan, Email: camsudp@camsonline.com Tel: 0294-2461066, Fax: 2454567 **Ujjain**: 123, 01st Floor, Siddhi Vinayaka Trade Centre, Saheed Park, Ujjain – 456010, Madhya Pradesh, Email: camsujn@camsonline.com Tel: 9203900515 **Unjha (Parent: Mehsana)**: 10/11, Maruti Complex, Opp. B. R. Marbles, Highway Road, Unjha – 384170, Gujarat, Email: camsunj@camsonline.com **Vadodara**: 103 Aries Complex, Bpc Road, Off R. C. Dutt Road, Alkapuri, Vadodara – 390007, Gujarat, Email: camsvad@camsonline.com Tel: (0265) 3018032, 8031, Fax: 3018030 **Valsad**: 03rd Floor, Gita Nivas, Opp. Head Post Office, Halar Cross Lane, Valsad – 396001, Gujarat, Email: camsval@camsonline.com Tel: 9228000239 **Vapi**: 208, 02nd Floor, Heena Arcade, Opp. Tirupati Tower, Near G.I.D.C. Char Rasta, Vapi – 396195, Gujarat, Email: camsvap@camsonline.com Tel: 0260-2421422 **Varanasi**: Office No. 1, 02nd Floor, Bhawani Market, Building No. D-58/2-A1, Rathyatra, Beside Kuber Complex, Varanasi – 221010, Uttar Pradesh, Email: camsvar@camsonline.com Tel: 9235405922, Fax: 2202126. **Vashi**: BSEL Tech Park, B-505, Plot no 39/5 & 39/5A, Sector 30A, Opp. Vashi Railway Station, Vashi, Navi Mumbai – 400705. Email id: camsvsh@camsonline.com. **Vasco (Parent Goa)**: No. DU 8, Upper Ground Floor, Behind Techoclean Clinic, Suvidha Complex, Near ICICI Bank, Vasco – 403802, Goa, Tel: (0832) 3251755 **Vellore**: No.1, Officer's Line, 02nd Floor, MNR Arcade, Opp. ICICI Bank, Krishna Nagar, Vellore – 632001, Tamilnadu, Email: camsvel@camsonline.com Tel: (0416) 4201414 **Vijayawada**: 40-1-68, Rao & Ratnam Complex, Near Chennupati Petrol Pump, M. G. Road, Labbipet, Vijayawada – 520010, Andhra Pradesh, Email: camsvij@camsonline.com Tel: (0866) 6500103, Fax: 6695657 **Visakhapatnam**: Door No 48-3-2, Flat No 2, 01st Floor, Sidhi Plaza, Near Visakha Library, Srinagar, Visakhapatnam - 530 016, Andhra Pradesh, Email: camsviz@camsonline.com Tel: (0891) 2791940, Fax: 2540175 **Warangal**: Hno. 2-4-641, F-7, 01st Floor, A.B.K Mall, Old Bus Depot Road, Ramnagar, Hanamkonda, Warangal – 506001, Telengana, Email: camswgl@camsonline.com Tel: (0870) 6560141, Fax: 2554888 **Yamuna Nagar**: 124-B/R, Model Town Yamunanagar – 135001, Haryana, Email: camsynr@camsonline.com Tel: 9254303803, Fax: 225339 **Yavatmal**: Pushpam, Tilakwadi, Opp. Dr. Shrotri Hospital, Yavatmal – 445001, Maharashtra, Email: camsyav@camsonline.com Tel: (7232) 645654, Fax: 237045.

West Zone:

Ahmedabad: 402, 'Megha House', Mithakhali - Law Garden Road, Netaji Marg, Ahmedabad - 380 006. Tel.: 079 - 26466080 / 40076949. **Bhopal:** MF-12, Block-A, Mansarovar Complex, Near Habibganj Railway Station, Bhopal - 462 016. Tel.: 0755 - 2574198 / 4209752. **Borivali:** Shop No.6, Kapoor Apartment, Punjabi Lane, Chandavarkar Road Junction, Borivali (West), Mumbai - 400 092. Tel.: 022- 28945923 / 8655421234. **Goa:** F- 4, 1st Floor, Edcon Tower, Next to Hotel Salida Del Sol, Near Apple Corner, Menezes Braganza Road, Panaji - Goa - 403 001. Tel.: 7888051135, Fax: 0832-2422135. **Indore:** 204, D.M. Tower, Race Course Road, Near Zanjeerwala Chourha, Indore - 452 003. Tel.: 0731-4201806, Fax 0731-4201807. **Jamnagar:** 202 Manek Centre, 2nd Floor, Opp Income Tax Office, P. N. Marg, Jamnagar - 361 001. Tel: 0288 - 2673111. **Jabalpur:** Office No. 4, 1178, Napier Town, Home Science College Road, Jabalpur - 482 001(M.P.). Tel.: 0761-4074263. **Mumbai:** Mulla House, Ground Floor, 51, M. G. Road, Near Flora Fountain, Mumbai - 400 001. Tel.: 022-66315191/92/93, Fax: 022- 66315194. **Nagpur:** 102, Shivaji Complex, Near Times of India, Dharampeth, WHC Road, Nagpur - 440 010, Tel.: 0712 - 6630425 / 6502885. **Nashik:** 5, Samridhi Residency, Opp Hotel City Pride, Tilakwadi, Nashik - 422 002. Tel.: 0253-6605138, Fax: 0253-2579098. **Navsari:** Shop No.1, Swiss Cottage, Ashanagar Main Road, Navsari - 396 445. Tel: 02637 - 281991. **Pune:** Office No 33, 3rd Floor, Yeshwant Building, Opp Lane No. 9, Prabhat Road, Pune - 411 004. Tel.: 020-41204949 / 950. **Rajkot:** Arihant Plaza, 201, 2nd Floor, Subhash Road, Near Moti Tanki Chowk, Rajkot - 360 001. Tel.: 0281- 6624848. **Surat:** G-18, Ground Floor, ITC Building, Near Majuragate, Ring Road, Surat - 395 002. Tel.: 0261 - 4012140, Fax: 0261-2470326. **Thane:** Shop No. 9, Konark Tower, Ghantali Devi Road, Thane (West) - 400 602. Tel.: 022 - 25300912. **Vadodara:** 304, 3rd Floor, "TITHI" Complex, Opposite Baroda Productivity Council, Productivity Road, Alkapuri. Vadodara - 390 007. Tel.: 0265-6641888/2356114, Fax: 0265-6641999.

East Zone:

Bhilai: Shop No.145, Ground Floor, Chauhan Estate, Near HDFC Bank, Bhilai - 490 001. Tel.: 0788-2295625. **Bhubaneswar:** Room-309, 3rd Floor, Janpath Tower, Ashok Nagar, Bhubaneswar - 751009. Tel.: 0674 -2533818/ 7064678888. **Dhanbad:** Shriram Plaza, 2nd Floor, Room No.211, Bank More, Jharkhand, Dhanbad - 826 001. Tel.: 9234302478 / 0326-2300304. **Durgapur:** Landmark Building (Phase II), 2nd Floor, Above Punjab National Bank, Opp. Central Library, Shahid Khudiram Sarani, City Centre, Durgapur 713216. Tel.: 0343-2544463 / 8436902531. **Guwahati:** 109, 1st Floor, Orion Tower, Christian Basti, G S Road, Guwahati - 781 005 (Assam). Tel.: 0361-2343084. **Jamshedpur:** Voltas House, Mezzanine Floor, Main Road Bistupur, Jamshedpur - 831001. Tel.: 0657-2321302 / 363 / 6576911. **Kolkata:** Apeejay House, Ground Floor, 15 Park Street, Kolkata - 700 016. Tel.: 033-4406 3300/01/33/19. Fax: 033-4406 3315. **Patna:** 401, 4th Floor, Ashiana Hariniwas, New Dak Bungalow Chowk, Patna - 800 001. Tel.: 0612-2206497. **Raipur:** Shop No. S-10, 2nd Floor, Raheja Tower, Near Fafadhi Chowk, Jail Road, Raipur (Chhattisgarh) 492001. Tel.: 0771-4040069 / 6537340. **Ranchi:** 406 - A, 4th Floor, Satya Ganga Arcade, Sarjana Chowk, Lalji Hirji Road, Ranchi - 834001. Tel.: 0651-2210226 / 8235050200. **Siliguri:** Lower Ground Floor, Nanak Complex, Sevoke Road, Siliguri - 734001. Tel.: 0353 - 2522275.

North Zone:

Ajmer: 2nd Floor, 42, K. C. Complex, Daulat Bagh Road, Sunder Vilas, Ajmer - 305 001. Tel.: 0145 - 2625316. **Agra:** Unit No. 2, 1st Floor, Block No. 54, Prateek Tower Commercial Complex, Sanjay Place, Agra - 282002. Tel.: 0562-2525195. **Allahabad:** Shop No. 10, Upper Ground Floor, Vashistha Vinayak Tower, Tashkand Marg, Civil Lines, Allahabad -211 001. Tel.: 0532-2260974. **Amritsar:** Mezzanine Floor, S.C.O - 25, B Block, District Shopping Complex, Ranjit Avenue, Amritsar - 143 001. Tel.: 0183-5011181/5011190. **Chandigarh:** SCO - 2473-74, 1st Floor, Sector- 22C, Chandigarh - 160 022. Tel.: 0172-5037205/5087322, Fax: 0172 - 2603770. **Dehradun:** Shop No. 19, Ground Floor, Shree Radha Palace, 78, Rajpur Road, Dehradun - 248 001, Uttarakhand. Tel.: 0135-2740877 / 2741877. **Jalandhar:** Shop No.32, 5th Floor, City Square Building, Near Kesar Petrol Pump, Jalandhar - 144 001, Tel.: 0181 - 5001024/25. **Jaipur:** 233, 2nd Floor, Ganpati Plaza, M I Road, Jaipur - 302 001. Tel.: 0141 - 5105177 / 78 / 2389387, Fax: 5105178. **Delhi:** Vandana Building, 9th Floor, Unit Nos.9-G & 9-H, 11, Tolstoy Marg, Connaught Place, New Delhi - 110 001. Tel.: 011-66324101/102/103/104/105, Fax: 011-66303202. **Jodhpur:** Ground Floor, Jaya Enclave, 79/4, Opp. IDBI Bank, 1st A Road, Sardarpura, Jodhpur - 342 001. Tel.: 0291-2631257, Fax: 0291 - 2631257. **Kanpur:** 4th Floor, Office No. 412 - 413, KAN Chambers, 14 / 113, Civil Lines, Kanpur - 208 001. Tel.: 0512-2306065 / 6066, Fax: 0512 - 2306065. **Kota:** Unit No. 26, 1st Floor, Mehta Compound, Jhalawar Road, Kota - 324 007. Tel.: 0744 - 2362548. **Lucknow:** Office No.2, Saran Chambers-I, 1st Floor, 5, Park Road, Lucknow - 226 001. Tel.: 0522-4001731, Fax: 0522-2235386. **Ludhiana:** Cabin No. 201, 2nd. Floor, SCO 18, Opp Ludhiana Stock Exchange, Feroze Gandhi Market, Ludhiana - 141 001. Tel.: 0161-5089667 / 668, Fax: 0161-2413498. **Meerut:** G-13, Rama Plaza, Near Bachha Park, Western Kutchery Road, Meerut (U.P.) - 250 001. Tel.: 0121-4035585. **Moradabad:** Ground Floor, Near Hotel Rajmahal, Civil Lines, Moradabad - 244 001, Tel.: 0591-2410667. **Udaipur:** Office No - 4, 2nd Floor, Madhav Appartment, Opp GPO, Chetak Circle, Udaipur - 313 001. Tel.: 0294-2429371, Fax: 0294-2429371. **Varanasi:** D-64/127, 2nd Floor, C-H Arihant Complex, Sagra, Varanasi - 221010 Tel.: 0542-2222179 / 2221822.

South Zone:

Bangalore: Unit 3A, 4th Floor, Sobha Alexander Plaza, 16/2-6, Commissariat Road, Bangalore - 560025. Tel.: 080-66561313, Fax: 080-22370512. **Calicut:** C-8 & 9, Friends Commercial Complex, Near Federal Towers, Arayadathu Palam, Mavoor Road, Calicut - 673016. Tel.: 0495-4850508. **Chennai:** 3rd Floor, Sri Bala Vinayagar Square, No.2, North Boag Road, Near AGS Complex, T Nagar, Chennai - 600 017. Tel.: 044 - 48641878 / 48631868 / 48676454. Fax: 044-43546313. **Cochin:** 2nd Floor, Ajay Vihar, Near Hotel Avenue Regent, M. G. Road, Cochin - 682 016. Tel.: 0484-4865813 / 814. Fax: 0484 - 2377581. **Coimbatore:** Tulsi Chambers, 195-F, Ground Floor, West T V Swamy Road, R S Puram, Coimbatore - 641002. Tel.: 0422-4365635, Fax: 2546585. **Hyderabad:** 2nd Floor, Room No. 211, Babukhan Mall, Opp. Kalaniketan, Somajiguda, Hyderabad - 500 082. Tel.: 040-67308989 / 67308901. Fax: 040-67308990. **Hubli:** No 19 & 20, 1st Floor, Eureka Junction, T B Road, Hubli - 580029. Tel.: 0836 - 4251510 Fax: 4251510. **Kottayam:** CSI Ascention Square, Logos Junction, Collectorate P. O., Kottayam - 686 002. Tel.: 0481 2568450. **Mangalore:** Essel Towers, 1st Floor, Bunts Hostel Circle, Above UTI Bank, Mangalore - 575 003. Tel.: 0824 - 4260308. **Madurai:** 1st Floor, Old No. 11B, Opp. Sethupathy Higher Secondary School, North Veli Street, Madurai - 625 001. Tel.: 0452-4246315 Fax: 0452-4246315. **Mysore:** CH-16, 1st Floor, Prashanth Plaza, 4th Main, 5th Cross, Saraswathipuram, Mysore - 570009. Tel.: 0821 - 4246676 Fax: 4246676. **Puducherry:** 114, Jayalakshmi Complex, 1st Floor, Thiruvalluvar Salai Pillaithottam, Puducherry - 605 013. Tel.: 9952113339. **Salem:** Raj Towers, Ground Floor, No: 4, Brindavan Road, Fairlands, Salem - 636 016. Tel.: 0427 - 4042028 Fax: 4042028. **Thrissur:** 4th Floor, Pathayappura Buildings, Round South, Thrissur - 680 001. Tel.: 0487 - 2423330. **Trivandrum:** Ground Floor, Sai Kripa Building, TC-1956/3, Ganapathi Temple Road, Vazhuthacaud, Trivandrum - 695 014. Tel.: 0471 - 4851431. **Trichy:** No.60/3, 'Krishna', 2nd Floor, Sastri Main Road, Tennur, Trichy - 620 017. Tel.: 0431 - 4024060. **Vijaywada:** Ground Floor, D. No. 40 - 13 - 5, Sri Rama Chandra Complex, Chandra Mouli Puram, M. G. Road, Benz Circle, Vijayawada - 520 010. Tel.: 0866-6632010. **Vishakapatnam:** Door No. 47-15-14 & 15, Shop No. 102 B, Ground floor, VRC Complex, Opp. TSR Complex, Next to Andhra Bank, Visakhapatnam - 530 016. Tel.: 0891 - 6451883 Fax: 0891-2503292.