Debit Mandate Form NACH (One Time Mandate - OTM)

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date D D M M Y Y Y Y

UMRN _____ Office use only

Choose (✓)
☑ CREATE
☒ MODIFY
☒ CANCEL

Sponsor Bank Code: Office use only | Utility Code: Office use only

I/We hereby authorize **TATA MUTUAL FUND** to debit (✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c No.:

With Bank: Bank Name & Branch | IFSC | MICR

an amount of Rupees: Amount in Words | ₹

FREQUENCY (preselected): ☒ Monthly ☒ Quarterly ☒ Half Yearly ☑ As when presented (default)

DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

Reference / Folio No. | Email Id

Scheme / Plan reference No. **All Schemes of Tata Mutual Fund** | Mobile

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

PERIOD
From D D M M Y Y Y Y
to D D M M Y Y Y Y
or ☐ ~~Until Cancelled~~

Sign Signature of First Account Holder | Sign Signature of Second Account Holder | Sign Signature of Third Account Holder

1. _____ Name as in Bank Records
2. _____ Name as in Bank Records
3. _____ Name as in Bank Records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorised the debit.

SIP Registration / Renewal Form (For OTM Registered Investors only)

Please tick (✓) as applicable: ☐ Registration of SIP ☐ Registration of MICRO SIP ☐ Renewal of SIP.

Advisor Details (Transaction Charges for Applications routed through distributor/agents only (Kindly refer Instruction 8 overleaf)

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
Internal Code	OR ☐ 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. ^ 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.		
ARN-3280	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression	

Investor Details Application No. _____ Folio No. _____

1st Holder Name			PAN
Aadhaar No.	Date of Birth D D / M M / Y Y Y Y	C-KYC	Mobile No.
2nd Holder Name			PAN
Aadhaar No.	Date of Birth D D / M M / Y Y Y Y	C-KYC	Mobile No.
3rd Holder Name			PAN
Aadhaar No.	Date of Birth D D / M M / Y Y Y Y	C-KYC	Mobile No.

First SIP Cheque Details

Cheque No.	Cheque Amount in Rs.	Cheque Date D D / M M / Y Y Y Y
Bank Name	Branch	City

SIP Scheme/Option/ Sub Option	Plan: ☐ Regular ☐ Direct	SIP Instalment Amount (₹)	SIP Date (Default 10th)	Frequency (*Default)	Start Month / Year	End Month / Year (Default : December 2099)
				☐ Monthly * ☐ Quarterly	M M Y Y Y Y	M M Y Y Y Y

☐ SIP Top-up (Optional)	Top-up Amount (Rs.) (In multiples of Rs. 500/- only)	SIP Top Up Frequency	Upper SIP Amount (Rs.)
		☐ Half Yearly ☐ Yearly (default)	

Auto Switch Option : Applicable for Tata Retirement Savings Fund (TRSF) only, for default values refer SID.

Plan Name	Please tick the appropriate Autoswitch option (any one as per the plan)	
Progressive Plan	☐ Auto Switch Option 1 (Progressive to Moderate @ age 45; Moderate to Conservative @age 60), ☐ Auto Switch Option 2 (Progressive to Conservative @ age 60) ☐ No Auto Switch	
Moderate Plan	☐ Auto Switch Option 3 (Moderate to Conservative @ age 60)	☐ No Auto Switch

Systematic Withdrawal Plan : (Please ✓ any one) Applicable after the age of 60 of the 1st unit holder, for TRSF only.

☐ No Auto SWP ☐ Fixed SWP (Select Frequency) ☐ Monthly or ☐ Quarterly (Default) ☐ Fixed Amount (Frequency Monthly only) Rs.

Declaration and Signatures : To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of SAI/SID/KIM of Tata Mutual Fund Scheme/s and terms and conditions overleaf, I/We hereby apply for the respective Units of Tata Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s. I/We hereby declare that the particulars given are correct & complete & express my willingness to make payments towards SIP installments referred above through participation in ECS/Direct Debit/Standing Instruction. The ARN Holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different cometing Schemes of various Mutual Funds from amoungs which the Scheme is being recommended to me /us. 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.

SIGNATURE/S	Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression

Received for Folio No. / Application No. _____ ☐ OTM Debit Mandate Form ☐ SIP Form