	PLEASE REFER	R TO THE PRO	DUCT LABEL SEC	TION ON PAGE	27 BEFORE FIL	LING THIS FORM	ΤΛΤΛ												
Common Application Form (except for Tata Retirement Savings Fund & Tata Young Citizens' Fund) Sr. No.: I. DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Tata Mutual Fund) refer instruction																			
I. DISTRI	BUTOR INFORMATI	ON (Only empanelle	ed Distributors / Brokers wi	ill be permitted to dist	ribute Units of Tata Mu	tual Fund) refer instructio	n Al6 & J												
BROKE	R / AGENT CODE	SUB-BROKER/E	ANK BRANCH CODE	SUB-BROKE	ER ARN CODE	EUIN	CODE												
I/We hereb	v confirm that the EUIN box	has been intentionally	left blank by me/us as this is an	"execution-only" transa	ction without any interaction	on or advice by the employe	e/relationship manager/sal												
erson of the at			-appropriateness, if any, provid																
Sole / Ist	t Unitholder Signature / Th	numb Impression	2nd Unitholder Sig	gnature / Thumb Impres	ssion 3rd	d Unitholder Signature / Th	umb Impression												
I confirm t	ON CHARGES FOR APP hat I am a First time investor a leductible as Transaction (across Mutual Funds.	JGH DISTRIBUTORS ONI	I confirm that	am an existing investor in N	-	vistributor)												
ubscription an	nount and payable to the [Distributor. Units will	nore and your Distributor has be issued against the balance ors including the service rend	e amount invested. Upi	front commission shall be														
2. Existing	Unitholder informatio	on, please fill in yo	our Folio Number, Nam	ne & proceed to Sc	heme Investment D	etails.													
Existing Folio	Number:		Name of Sole/1st	Applicant:															
			sequence of names as mentio ls, Units will be allotted in ph			f the account held with the	Depository Participant)												
National				,	Depository participan	t Name													
Securities Depository	Depository participant N			Central Depository															
Limited	DP ID No. Beneficiary Account No.	I N		Securities Limited	Target ID No.														
4. MODE OF	HOLDING	occu	PATION			STATUS													
Single	Busines			tired Ist Holder															
Joint (Defa	ault) Student		Civil Servant Pol	litician Minor RI	an Minor RI Minor NRI Trust Proprietorship LLP Partnership														
Anyone or	Survivor(s) Curren	t/Former MP/MLA/M		Public Ltd	. Co. Pvt. Ltd. Co.	Societies Body C	Corporate												
	Senior	Executive of State ow	ned corporation	FOF	Others														
5. APPLICA	NT'S PERSONAL DET	AILS (Fill in Block Le	tters, use one box for one a	alphabet leaving one bo	x blank between two wo	ords, as it appears in your	Bank A/c & KYC letter)												
Name of First	/ Sole applicant	Mr. Ms	M/s.																
lst holder PA	N M a n d a	t o r y	KYC Copy attach	ned			Date of Birth												
Proof of DOB	(Mandatory for minor)	Birth Certificate	e School Leaving Ce	ertificate Passpor	t Other														
Name of Gua	rdian (In case of Minor)	Contact Person/De	signation (In case of non-i	ndividual Investors)	Mr.	Ms.													
Guardian's PA						Relation w	ith Minor/Designation												
					KYC Copy attached														
	onship with minor (Mand ond applicant	atory) Mother / Fat	her / Legal Guardian Bi	rth Certificate Sc	hool Leaving Certificate	Passport Oth	er												
2nd holder PA		d a t o r	у	Γ	KYC Copy attache	d													
Name of Thir	d applicant		Mr. Ms.																
Brd holder PA	N M a n	d a t o r			KYC Copy attache	d													
Mailing Addu	acc of Solo / First Applic	ant (PO Boy Adds	ess may not be sufficient.	Place provide your	17	-													
Add I	ess of Sole / First Applic	ant (F.O. Box Addr	ess may not be sumclent.	riease provide your	complete Address)														
Add 1 Add 2																			
Add 3					City														
Pin	St	ate			Country														
	ils (REQUIRED)																		
Phone O R (ST	D Code)		e-mail → (IN CA	APITAL)	Mobile														
			Other Statutory Informatic		Email 🗌 (Refer Inst. –	C9)].													
ACI SEAS ACC			addition to mailing address	'' 															
					City														
Zip code		State				untry													
ACKNOWL	EDGEMENT SLIP (TO	O BE FILLED BY	THE INVESTOR)																
eceived from M																			
n application fo	r Units of			[
lan		Option		Sub-option															
longwith Chequ	ie / DD No.	Dat	ed	Drawn on (Bank)			_												
		Amount (₹)				Signatur	re, Stamp & Date												
ubject to real	isation of cheque / Dema	and Draft and verific	ation of mandatory inform	ation / document.															

6. FIRST HOLDERS BANK ACCOUNT DETAILS (Mandatory) Refer Instruction H and I All communication/payments will be made to first applicant or to Karta in case of HUF. Bank account details of First Unitholder required without which the application would be rejected																																										
All communication/payments will be made to first applicant or to Karta in case of HUF. Bank account details of First Unitholder required without which the application would be rejected Name of the Bank																																										
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Branch	(in E	-)	<u> </u>							_			<u> </u>	<u> </u>		+			_	_	_		<u> </u>		_	Acc	oun	tΤy	pe		Sa	avin	gs	Cu	irren	t		0		RNR		NRE
Account No. Bank Addres		g.)	1		-			-							-	-														-												
City			1								1				Sta	ate				1						1	1								P	NIN		1		 		
^ MICR Code											*IFSC	Cod	le						1	1						*	FSC (Code	e													
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^ (To be filled in7. SCHEME							-	-						-			KINGI	iy ot	Juain	it ire	om y	our	Dan		ranc	.n. (v	Cano	ene	a c	nequ	ie is	1*iar	iuat	ory)								
Scheme / Pla		AILS	THE		page			~ "	13110	Tette		/ 10	i uc	aur	c van	ues																										
Options																								9	Sub-	Op	tion															
Payout Optio	Payout Option																																									
Scheme Nan	Scheme Name : TATA INFRASTRUCTURE FUND GROWTH OPTION Would you like to avail of the Trigger Facility? Yes No																																									
Trigger choice: (\foregager key) 5% 10% (Default: 10%) Trigger option: Switch to Tata Floater Fund - Growth Option Redeem																																										
Default Trigger at 10%. (Default: Switch to Tata Floater Fund)																																										
INVESTMENT DETAILS (Strike off whichever is not applicable)																																										
Gross Amou	int (A)	1	1	1	DD (Cha	rges	(if	any)) (B))		1		Net	t Ar	noui	1		que	/ D	D,	Amo	oun	t)	_		I	1			I			•				ı î			
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8. NOMINA						e fi	illed	in t	əy In	ıdivi	idual	l(s)	appl	ying	g sing	gly o	or jo	ointl	y) R	efer	· Inst	ruc	ctior	۱L	(M/	ANE	DAT	OR	RY)													
Please select any one of the follows: Please register nomination as requested below (please fill the nomination form below) I wish to nominate multiple nominees (please strike out the form below & fill seperate nomination form) I do not wish to nominate. We hereby nominate the person more particularly described hereunder to receive the Units allotted to me/us/credit in my/our folio in the event of my/our death. I/We understand that all payments and settlements made to such Nominee and Signature of the Nominee acknowledging receipt thereof, shall be a valid discharge of the AMC / Mutual Fund / Trustees.																																										
Name																							Add																			
	If Nominee is Minor: Date of Birth Proof of DOB Birth Certificate School Leaving Certificate Passport Others																																									
Name & Add	lress o	f Guai	dian																																							
Relationship of Proof of relat			nee v	Bi	n the irth C Others	Cert	tificat	te	S	Scho		eav	ing C	Cert	ificat	te		assp	dian oort								Si	gn	of l	Non	nine	ee/	Gua	urdia	n (in	ı cas	se of	mir	nor r	ıomi	inee))
Others Others Others Others Others Others I wish to apply for PIN to transact online on www.tatamutualfund.com I have read and understood the terms and conditions mentioned on the website: www.tatamutualfund.com																																										
10. DECLARATION AND SIGNATURES. Refer Instruction - C																																										
The Trustee, Tata Mutual Fund a) Having read & understood the contents of the Scheme Information Document of the Scheme, I/ We hereby apply for units of the scheme & agree to abide by the terms, conditions, rules & regulations governing the scheme. // We hereby declare that the amount invested in the scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt of India from time to time. I/ We have understood the details of the scheme & I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/ We confirm that the funds invested in the Scheme, legally belong to me / us. In the event "Know Your Client" process is not completed by me/us to the satisfaction of the AMC, I/ We hereby authorise the AMC, to refund/redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertaking such other action with such funds that may be required by the Law. b) For NRIs : I/ We confirm that I am / we are Non Residents of Indian Nationality / Origin & that I / we have remitted funds from abroad through approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. c) The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. d) I/ We confirm that details provided by me / us in this application are true & correct. e) I/We have read & understood the AMFI Circular No. 35/MEM-COR/62/10-11 dt.																																										
07/10/2010 reg investments ex							ment.	. f) I	For N	ficr	ro SI	P: /	Weł	nerel	by de	eclar	e tha	t I/V	Ve do	o not	: have	e an	ıy ex	istir	ng M	icro	SIP's	s wł	hich	toge	ethe	r wit	th th		rent : Date		catior	ı wil	l resu	ılt in :	aggre	gate
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All documents in 3 to 8 above should be originals / true copies certified by the Director's / Trustee / Company Secretary / Authorised Signatory / Notary Public.