

ARN 83671 Sub-Broker's Name & ARN Employee Unique Identity Number\* E100500 Collection Centre (for office use only)

\*I/We hereby confirm that the EUII 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

Upront 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. Also refer instruction no.2. Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column.

SIP Micro SIP (Refer Instruction 14) OptiSIP Folio No.

REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT / ECS (DEBIT CLEARING) First investment in SIP/OptiSIP via cheque and subsequent investment via Auto Debit, available in select cities only.

New SIP/OptiSIP Registration Change in Bank Account for an existing investor Extension of SIP / OptiSIP Registration

INVESTOR AND INVESTMENT DETAILS Name of Sole/First Applicant Mr. Ms. M/s Name of Second Applicant Mr. Ms. Name of Third Applicant Mr. Ms. Name of Guardian (for Minor applicant) / POA Holder / Contact person (for Non-incl. Applicant) Mr. Ms.

ID & Add Proof Document Name, in case of Micro SIP (Refer Instruction 14) Sole/First Applicant/ Guardian Second Applicant Third Applicant

Name of Scheme Plan/Option SIP / Micro SIP OptiSIP Fixed SIP Amount (₹) Frequency Monthly Quarterly Fixed Min. Installment Amt. Frequency Monthly Fixed Max. Installment Amt. (Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof)

First/Initial Investment Cheque Number Cheque Date DD/MM/YYYY Auto Debit/ECS dates (Please ✓) 1st 5th 10th 15th 28th Enrolment Period Start From MM/YYYY End on MM/YYYY No. of Installments

PARTICULARS OF BANK ACCOUNT

I/We hereby, authorize Taurus Mutual Fund and their authorized service providers, to debit my/our following bank account by ECS (Debit Clearing)/auto debit to account for collection of SIP/OptiSIP payments.

Name of the Account Holder as in Bank Records Bank Name Branch Address City Account Number Account Type Savings Current NRE NRO 9 digit MICR Code 11 digit IFSC Code

Having read and understood the contents of the Scheme Information Document & Statement of Additional Information of the schemes and subsequent amendments thereto including the sections on 'Prevention of Money Laundering and Know Your Customer', I/We hereby apply to the Trustees of Taurus Mutual Fund for units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the PMLA.

Please sign here First Account Holder/Guardian Signature Second Account Holder's Signature Third Account Holder's Signature

AUTHORISATION OF THE BANK ACCOUNT HOLDER (to be signed by account holder as per bank records)

This is to inform that I/We have registered for the RBI's Electronic on Clearing Service (Debit Clearing)/Auto Debit facility and that my payment towards my investment in Taurus Mutual Fund shall be made from my/our below mentioned bank account with your bank.

Please sign here First Account Holder/Guardian Signature Second Account Holder's Signature Third Account Holder's Signature

FOR BANK USE ONLY (not to be filled in by investor)

Recorded on Recorded by Scheme Code Credit Account No.

Bank use mandate Ref. No. Customer Ref. No.

Received from Mr. / Ms. Date: Frequency Monthly Quarterly

Table with 4 columns: Micro SIP or SIP/OptiSIP Date, Cheque No., Amount, Scheme/Plan/Option