



TO BE USED FOR ALL SCHEMES OTHER THAN TATA SERVICE INDUSTRIES FUND AND TATA CONTRA FUND

SIP AUTO DEBIT FACILITY

Sr. No.:

New Investors are also requested to fill-in the scheme application form

REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing / Auto Debit)

First SIP cheque and subsequent via Auto Debit in select cities only.

New Registration with TMF Change in Bank Account for existing Registration with TMF
 Broker Code [**ARN-0163**] Sub Broker Code [] Please attach copy of cheque / cancelled cheque

PAN AND KYC COMPLIANT STATUS DETAILS (MANDATORY)

	PAN # (Refer Instruction - E)	KYC Compliant Status** (If yes attach proof) KYC Mandatory for investment of Rs. 50,000 and above. (Refer Instruction - F)	
First Applicant / Guardian*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Second Applicant		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Third Applicant		<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If the First Applicant is a Minor, then please state the details of Parent / Guardian. # Please attach PAN proof. **Refer Instruction - E

INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name	
Folio/Application No.	Existing Investors please mention Folio Number. New applicants please mention the application form number.
Scheme	
Plan	
Option and Sub Option	

SIP AND BANK DETAILS

Each SIP Amount (Rs.) [] Frequency Monthly (Default) Quarterly
 Amount in words _____
 Status: RI NRI

First SIP Cheque Details :

Cheque No.: [] Cheque Amount in Rs. [] Cheque Date : ___/___/___
 SIP Auto Debit Dates : 1st 7th 10th 20th of the month / quarter.
 SIP Period : Start From MM YY End On MM YY

SIP date should be either 1st / 7th / 10th / 20th (Note : Cheque should be drawn on bank details provided below)

(Note : Please allow minimum one month for auto debit to register and start.)

I hereby, authorise Tata Mutual Fund (TMF) and their authorised service providers, to debit my following bank account by ECS (Debit Clearing) / auto debit to account for collection of SIP payments.

PARTICULARS OF BANK ACCOUNT

Account holder Name as in Bank Account
 Bank Name
 Branch Name City
 Account Type Savings Current Cash Credit NRO NRNR NRE
 Account Number (in figures)
 In Words
 9 Digit MICR Code (Mandatory)
 In Words

I/We hereby declare that the particulars given above are correct & express my willingness to make payments referred above through participation in ECS / Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Tata Asset management Ltd., about any changes in my bank account. I/We have read & agreed to the terms & conditions mentioned overleaf. To - The Trustee, Tata Mutual Fund, Mumbai. Having read & understood the contents of Offering Circular of Tata Mutual Fund Scheme/s, 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.

First A/c Holder's Signature (As in Bank Records)	Second A/c Holder's Signature (As in Bank Records)	Third A/c Holder's Signature (As in Bank Records)
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FOR OFFICE USE ONLY (NOT TO BE FILLED IN BY INVESTOR)

Recorded on [] Scheme Code []
 Recorded by [] Credit A/c Number []
 Bank use Mandate Ref. No. _____ Customer Ref. No. _____

AUTHORISATION OF THE BANK ACCOUNT HOLDER (TO BE SIGNED BY THE ACCOUNT HOLDER)

This is to inform I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Auto Debit Facility and that my payment towards my investment in Tata Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS/Auto Debit to account mandate Form to get it verified & executed.

Bank Account Number []

First Account Holder's Signature (As in Bank Records)	
Second Account Holder's Signature (As in Bank Records)	
Third Account Holder's Signature (As in Bank Records)	

(To be signed by all holders if mode of operation is Joint)