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
Max Validity: 40 years only.

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 (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
ARN-169080			E334451

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.

Sign here	Sole / 1st Unitholder Signature / Thumb Impression	2nd Unitholder Signature / Thumb Impression	3rd Unitholder Signature / Thumb Impression

Investor Details Application No. Folio No.

1st Holder Name	PAN
2nd Holder Name	PAN
3rd Holder Name	PAN

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 (₹)	Frequency (*Default)	SIP Start Date	SIP End Date (Default: OTM Mandate End Date)
			☐ Daily ^ ☐ Weekly ☐ Monthly * ☐ Quarterly	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
				^ **Daily SIP - Monday to Friday - On Business Days only**	

Day of the week for weekly frequency : ☐ Monday ☐ Tuesday ☐ Wednesday *(Default)* ☐ Thursday ☐ Friday

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

Sign here	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