

ARN Code & Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN - 0186 / BONANZA				

Upfront 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. Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column

EXECUTION ONLY (To be signed when EUIN is left blank)

*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.

Please Sign here _____

Please Sign here _____

Please Sign here _____

First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Second Applicant / Auth. Sign

Third Applicant Sign

TRANSACTION CHARGES (Please tick any one of the below. Refer Instruction no.7)

I am a first time investor in Mutual Funds or I am an existing Investor in Mutual Funds

1. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. & Name and then proceed to Section 8) Applicable details and mode of holding will be as per the existing Folio.

Folio No. _____

2. PAN AND KYC COMPLIANCE STATUS DETAILS (MANDATORY) (Refer Instruction 2, 16 & 17)

	PAN No.	KYC Compliance Status (Mandatory)		PAN No.	KYC Compliance Status (Mandatory)
First / Sole Applicant		<input type="checkbox"/> KYC Acknowledgement Attached	Third Applicant		<input type="checkbox"/> KYC Acknowledgement Attached
Second Applicant		<input type="checkbox"/> KYC Acknowledgement Attached	Guardian / POA Holder		<input type="checkbox"/> KYC Acknowledgement Attached

3. UNIT HOLDER / NEW APPLICANT INFORMATION (Refer Instruction Page) Fresh / New investors to fill in all the Sections 2 to 12

NAME OF FIRST / SOLE APPLICANT

Mr. Ms. M/s. _____

DATE OF BIRTH (DOB) D D M M Y Y Y Y (Mandatory in case of minor) DATE OF INCORPORATION D D M M Y Y Y Y

NAME OF THE GUARDIAN (For minor applicant) / Name of the POA Holder/ Name of the Contact Person (For Non Individual Applicant)

Mr. Ms. M/s. _____

For Investments "On behalf of Minor": (*Refer Instruction 3 for mandatory documents to be attached)

Proof of DOB & Relationship attached Birth Certificate School Certificate / Marksheet Passport Any other.....

NAME OF SECOND APPLICANT

Mr. Ms. _____

NAME OF THIRD APPLICANT

Mr. Ms. _____

4. MODE OF HOLDING [PLEASE TICK (✓)]

Single Joint (Default) Anyone or Survivor

5. FIRST/SOLE APPLICANT - MAILING ADDRESS & CONTACT DETAILS

City	State	Pin Code
STD Code	Telephone Off.	Resi.
E-Mail**		Mob.

OVERSEAS ADDRESS (Mandatory for NRI / FII application)

State	Pin Code	Country
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6. Other KYC details (Mandatory) Individual Non-Individual

6a. Status of First/Sole Applicant [Please (✓)] Listed Company Unlisted Company Individual Minor through guardian HUF
 Partnership Society/Club Company Body Corporate Trust Mutual Fund FPI
 NRI-Repatriable NRI-Non-Repatriable FII/Sub account of FII Fund of Funds in India QFI Others (please specify)

6b. Occupation Details [Please (✓)] (To be filled only if the applicant is an individual)
 First Applicant Private Sector Service Public Sector Service Government Service Business Professional Agriculturist
 Retired Housewife Student Forex Dealer Others (please specify)
 Second Applicant Private Sector Service Public Sector Service Government Service Business Professional Agriculturist
 Retired Housewife Student Forex Dealer Others (please specify)
 Third Applicant Private Sector Service Public Sector Service Government Service Business Professional Agriculturist
 Retired Housewife Student Forex Dealer Others (please specify)

6c. Gross Annual Income (in ₹) [Please (✓)]
 First Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore (or)
 Net-worth (Mandatory for non-individuals) ₹ _____ as on D D M M Y Y Y Y (Not older than one year)
 Second Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore (or) Net-worth _____
 Third Applicant Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore (or) Net-worth _____

6d. First Applicant
 For Individuals [Please (✓)] Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/Promoters/Karta/Trustee/Whole time Directors) I am PEP I am related to PEP Not Applicable
 For Non-Individuals providing any of the below mentioned services [Please (✓)]
 Foreign Exchange/Money Changer Services Gaming/Gambling/Lottery/Casino Services Money Lending/Pawning None of the above
 Second Applicant: (To be filled only if the applicant is an individual) I am PEP I am related to PEP Not Applicable
 Third Applicant: (To be filled only if the applicant is an individual) I am PEP I am related to PEP Not Applicable

ACKNOWLEDGEMENT SLIP - Common Application Form

7. DEMAT ACCOUNT DETAILS

I would like units to be allotted in DEMAT mode as per the details below:

Beneficiary Owner Identification Number (BO ID)										Depository Participant (DP) Name									
DP ID No.					Client ID No.					<input type="checkbox"/> NSDL					<input type="checkbox"/> CDSL				

Enclosures for Demat option Client Master List (CML) Transaction cum Holding Statement Delivery Instruction Slip (DIS)

8. BANK ACCOUNT DETAILS (Please note that as per SEBI regulations, it is mandatory for investors to provide their bank account details) (Refer Instruction 4)

Name of the Bank																			
Branch Address																			
City										Pin Code									
Account No.										Account Type Please tick (✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)									
MICR Code										This is a 9 digit number next to your cheque number. Please attach a blank extra cheque cancelled or a clear photocopy of a cheque									
IFSC Code										It is the responsibility of the investor to ensure the correctness of the IFSC code of the recipient / destination branch corresponding to the bank details mentioned in Section 9.									

9. INVESTMENT DETAILS - (Refer Instruction 5)

	Scheme 1	Scheme 2	Scheme 3
Name of the Scheme	Taurus -	Taurus -	Taurus -
Plan			
Option			

10. PAYMENT DETAILS

	Scheme 1	Scheme 2	Scheme 3
Cheque / DD No. & Date:			
Bank & Branch Name			
Amount of Cheque / DD / RTGS / NEFT in figures ₹ (i)			
DD Charges if any, in figures ₹ (ii)			
Net Amount (i) + (ii)			
	in figures ₹		
	in words ₹		
Account Type Please tick (✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (please specify)			

11. NOMINATION DETAILS - Mandatory if mode of holding is single (Refer Instruction 14)

I/We wish to nominate I/We DO NOT wish to nominate

	Nominee Name & Address	Guardian Name & Address (In case Nominee is Minor)	Nominee Relationship with 1st Holder	Allocation (Total = 100%)	Nominee / Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					

12. DOCUMENTS ENCLOSED (PLEASE ✓)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Memorandum & Articles of Association | <input type="checkbox"/> Trust Deed | <input type="checkbox"/> KYC acknowledgement | <input type="checkbox"/> SIP Enrolment Form (For Investment through PDC) |
| <input type="checkbox"/> Resolution / Authorisation to invest | <input type="checkbox"/> PAN Copy | <input type="checkbox"/> LLP Agreement | <input type="checkbox"/> SIP Enrolment Form (For Investment through ECS / Auto Debit) |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Partnership Deed | <input type="checkbox"/> SWP / STP / DSO Enrolment Form |
| <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s) | <input type="checkbox"/> Bye-Laws | <input type="checkbox"/> HUF Deed | <input type="checkbox"/> Third Party Payment Declaration Form |
| | | <input type="checkbox"/> Beneficiary ownership list | <input type="checkbox"/> Multiple Bank Account Registration Form |

13. DECLARATION(S) & SIGNATURE(S) (Refer Instruction 15)

To,
The Trustee,
Taurus Mutual Fund

Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and 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, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government 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.

Applicable for NRI's only - I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-Resident Ordinary / FCNR account.

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.

I/We confirm that details provided by me/us are true and correct.

****I may voluntarily subscribe to the on-line access for transacting through the internet facility provided by Taurus Mutual Fund and confirm of having read, understood and agree to abide by the terms and conditions for availing of the internet facility more particularly mentioned on the website www.taurusmutualfund.com and hereby undertake to be bound by the same. I further undertake to discharge the obligations cast on me and shall not at any time deny or repudiate the on-line transactions effected by me and I shall be solely liable for all the costs and consequences thereof.**

I/We confirm A resident of US/Canada Not a resident of US/Canada

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Please Sign here

Please Sign here

Please Sign here

First / Sole Applicant/ Guardian / POA Holder / Auth. Sign

Second Applicant / Auth. Sign

Third Applicant Sign

Cheque No.	Amount	Scheme/Plan/Option

Collection Centre / AMC Stamp / Signature

Investment Type (Please ✓) ONE TIME PURCHASE SIP/Opti SIP PURCHASE (Please fill up SIP auto debit or PDC form and attach with this form)

Declaration for Ultimate Beneficial Ownership [UBO]

(Mandatory for Non-Individual Applicants/Investors)

This declaration is not needed for Companies that are listed on any recognized stock exchange or is a Subsidiary of such Listed Company or is Controlled by such Listed Company

A: Applicant details:

Applicant Name: _____

PAN _____

CRF No. _____

B: Category [tick applicable category]:

- Unlisted Company
 Partnership Firm
 Limited Liability Partnership
 Unincorporated association / body of individuals
 Public Charitable Trust
 Religious Trust
 Private Trust/ Trust created by a Will
 Others _____ [please specify]

C: DETAILS OF ULTIMATE BENEFICIAL OWNERS

(If the given space below is not adequate, please attach multiple declaration forms)

If any of the UBO is resident/citizen of other than India or citizen/tax resident/green card holder of United States of America (USA), please provide TaxPayer Identification Number.

Sr. No.	Name of Beneficial Owners PAN (for Residents/NRIs) ID Proof (for Foreign / PAN Exempt Individuals)	Date of Birth (DOB) Country of Birth (COB)	Country of Tax Residency (CTR) Country of Citizenship/Nationality (COCN) Tax Identification Number (TIN)	UBO CODE*
	Name _____ PAN _____ ID Proof: _____	DOB _____ COB _____	CTR _____ COCN _____ TIN _____	
	Name _____ PAN _____ ID Proof: _____	DOB _____ COB _____	CTR _____ COCN _____ TIN _____	
	Name _____ PAN _____ ID Proof: _____	DOB _____ COB _____	CTR _____ COCN _____ TIN _____	
	Name _____ PAN _____ ID Proof: _____	DOB _____ COB _____	CTR _____ COCN _____ TIN _____	

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may liable for it. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Place : _____

Date : _____

Authorized Signatories

[with Company/Trust/Firm/Body Corporate seal]

UBO Codes*

UBO Code	Description	UBO Code	Description
UBO-1	Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company	UBO-2	Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership
UBO-3	Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals	UBO-4	Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under clause 4 (a) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests]
UBO-5	Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above]	UBO-6	The settlor(s) of the trust
UBO-7	Trustee(s) of the Trust	UBO-8	The Protector(s) of the Trust [if applicable].
UBO-9	The beneficiaries with 15% or more interest in the trust if they are natural person(s)	UBO-10	Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership

FATCA/ Foreign Tax Laws Information - Non Individual Form

[Please seek appropriate advice from a tax professional on FATCA/ Foreign Tax laws related information]

Part I: Applicant/Investor details:

Investor Name:	
PAN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part II: Declarations

(A) Particulars

Category			
Applicants	Country of incorporation/ constitution	Country of Tax residency	Taxpayer Identification Number
1.			
2.			
3.			

(B) Other information:

S No	Information	Additional Information to be provided
1	We are a financial institution [including an FFI] [Refer instructions a]	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information: GIIN: _____ (Global Intermediary Identification Number) If GIIN not available [tick any one]: <input type="checkbox"/> Applied for on <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Not required to apply (please describe) _____ <input type="checkbox"/> Not obtained
2	We are a listed company [whose shares are regularly traded on a recognized stock exchange]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other _____ (please specify)
3	We are 'Related Entity' of a listed company [Refer instructions b]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of the listed company _____ Specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other (please specify) _____ Country _____
4	We are an Active NFFE [Refer instructions c & d] Note: Details of Controlling Persons will not be considered for FATCA purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the nature of business _____ Please specify the category of Active NFFE _____ (Mention code – refer instructions (d))
5	We are a Passive NFFE [Refer instructions f and g] Note: Details of Controlling Persons will be considered for FATCA purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide: 1. Nature of business _____ 2. For all Controlling Persons who are tax residents (including US citizens and green card holders) of countries other than India, please provide the necessary details including Taxpayer Identification Number (TIN) in the UBO form.

I/We hereby acknowledge and confirm that the information provided here in above is/are true and correct to the best of my knowledge and belief. I/We further agree and acknowledge that in the event, the above information and/or any part of it is/are found to be false/untrue/misleading, I/We will be liable for the consequences arising therefrom. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, SEBI registered intermediaries for single updation/submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We further agree to promptly intimate you in writing regarding any change/modification to the above information and/or provide additional/further information as and when required by you.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Date:

Place:

Received Form _____ Date _____	
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SWP OR STP / *Opti*STP OR DSO FORM (Please read instructions carefully before filling up the form)

ARN Code & Name	Sub-Broker's ARN Code	Employee Unique Identity Number*	Internal Code for Sub-broker/Employee	Time Stamp (for office use only)
ARN - 0186 / BONANZA				

Upfront 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. Investors subscribing under the "DIRECT" plan of the scheme should mention "DIRECT" in the ARN column.

1. EXECUTION ONLY (To be signed when EUIN is left blank)

*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.

Please sign here First / Sole Applicant/ Guardian / POA Holder / Auth. Sign		Please sign here Second Account Holder's Signature		Please sign here Third Account Holder's Signature	
<input type="checkbox"/> Registration	<input type="checkbox"/> Systematic Withdrawal Plan	<input type="checkbox"/> Systematic Transfer Plan	<input type="checkbox"/> Dividend Sweep Option		
<input type="checkbox"/> Cancellation	<input type="checkbox"/> <i>Opti</i> Systematic Transfer Plan				

2. INVESTOR 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-indl. Applicant)											
Mr. Ms.											

3. SYSTEMATIC WITHDRAWAL PLAN (SWP)

I/We wish to redeem units through Systematic Withdrawal Plan as per the details below -

From → Folio No.		Scheme Name		Plan/Option	
Fixed SWP Amount / No. of Units		Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
SWP date (Please 3)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th				
Enrolment Period	Start From	M M / Y Y Y Y	End on	M M / Y Y Y Y	No. of Installments

4. SYSTEMATIC TRANSFER PLAN (STP)

I/We wish to switch units through STP/ *Opti*STP as per the details below -

<input type="checkbox"/> Systematic Transfer Plan (STP) DETAILS			<input type="checkbox"/> <i>Opti</i> Systematic Transfer Plan (<i>Opti</i>STP) DETAILS		
Fixed STP Installment Amount (₹)			Fixed Min. Installment Amt.		
			Fixed Max. Installment Amt.	(Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof)	
From → Folio No.		Scheme Name		Plan/Option	
To → Folio No.		Scheme Name		Plan/Option	
Transfer Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly				
Transfer date (Please 3)	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 28th	(applicable ONLY for Monthly/Quarterly transfers)			
Enrolment Period	Start From	M M / Y Y Y Y	End on	M M / Y Y Y Y	No. of Installments

5. DIVIDEND SWEEP OPTION (DSO) DETAILS (Refer instructions overleaf)

I/We wish to transfer the Dividends declared through Dividend Sweep Option as per the details below -

From → Folio No.		Scheme Name		Plan/Option	
To → Folio No.		Scheme Name		Plan/Option	

Declaration & Signature (s): Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI) & Key Information Memorandum (KIM) I/We hereby apply for units of the scheme and agree to abide by the terms, conditions, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate sources only and does not involve and 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, Prevention of Money Laundering Act, Prevention of Corruption Act and / or any other applicable laws enacted by the government 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. **Applicable for NRI's only -** I/We confirm that I am/we are Non Residents of Indian Nationality/Origin and that I/we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-Resident Ordinary / FCNR account. **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.**

I/We confirm that details provided by me/us are true and correct. Please Repatriation basis Non-Repatriation basis * Please strike out whichever is not applicable.

Please sign here First / Sole Applicant/ Guardian / POA Holder / Auth. Sign		Please sign here Second Account Holder's Signature		Please sign here Third Account Holder's Signature	
--	--	---	--	--	--

Folio No.

Received from Mr./Ms./M/s. _____

Received for

SWP STP *Opti*STP DSO Frequency

Scheme / Plan / Option _____

Amount or Units _____

Collection Centre / AMC Stamp / Signature