

**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
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UMRN 

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 Office use onlyChoose (✓) Sponsor Bank Code 

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 Office use only Utility Code 

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 Office use onlyNEW  CANCEL  AMEND  I/We hereby authorize **TATA MUTUAL FUND** to debit (✓)  SB  CA  CC  SB-NRE  SB-NRO  OtherBank A/c No.: 

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With Bank: 

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 Bank Name & Branch IFSC 

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 MICR 

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an amount of Rupees 

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 Amount in Words ₹ 

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FREQUENCY  Monthly  Quarterly  Half Yearly  As when presented (default) DEBIT TYPE  Fixed Amount  Maximum AmountReference / Folio No. 

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 Email Id 

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Scheme / Plan reference No. **All Schemes of Tata Mutual Fund** Mobile 

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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
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 to 

3	1	1	2	2	0	9	9
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 or  Until Cancelled

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

Name (Mandatory) Name (Mandatory) Name (Mandatory)

• 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 FORM** (Attention: Investors registered for One Time Mandate (OTM) need not attach the OTM again)**DISTRIBUTION INFORMATION** (Only empanelled Distribution / Broker will be permitted to distribute Units of Tata Mutual Fund) refer instruction 9

Broker / Agent Code	Sub-Broker / Bank Branch Code	Sub-Broker ARN Code	EUIN Code

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

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

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY** (Refer Inst. 8 and please tick (✓) any one)

I confirm that I am a First time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an existing investor in Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

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.

Existing Investor Folio No. / New Investor Application No.: 

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**APPLICATION DETAILS**

Name of Sole / 1st holder	PAN No. / PEKRN. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/> KYC##																					
Name of 2nd holder	PAN No. / PEKRN. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/> KYC##																					
Name of 3rd holder	PAN No. / PEKRN. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/> KYC##																					

email (Refer Inst.7): \_\_\_\_\_ Mobile : \_\_\_\_\_

Sr. No.	Scheme / Plan / Option / Sub-option	SIP Instalment Amount (₹)	SIP Date# (Please mention any date)	Frequency	Start Month / Year	End Month / Year (Default Dec 2099)*												
1.			_____ in words: _____	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	<table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y
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2.			_____ in words: _____	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	<table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y
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3.			_____ in words: _____	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	<table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y													
M	M	Y	Y	Y	Y													

# Default SIP date 10; ##attach copy of Acknowledgement \* Default Option

Please tick (✓) as applicable:

One Time Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in FIVE Days. i.e. for debit days 7th, form can be submitted till 2nd of the month.

One Time Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which taken Ten to Thirty days depending on NACH or ECS modalities.

The amount of the instalment per scheme should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

**Declaration:** Having read, understood and agreed to the contents of OTM facility, the Scheme information Document, Statement of Additional Information, Key Information Memorandum, instructions and Addenda issued from time to time of the respective Scheme(s) of Tata Mutual Fund mentioned within, I hereby declare that the particulars given above are correct my willingness to make payments towards SIP instalments referred above Scheme of various Mutual Funds from amongst which the Scheme being recommended to me/us.

Signatures [as per Mutual Fund Records / Application]	First Unit Holder's Signature	Second Unit Holder's Signature	Third Unit Holder's Signature

SIP Acknowledgement through OTM facility.	Tata Mutual Fund	ISC Stamp
Investor Name: _____	Folio No./ Application No. _____	