

# COMMON APPLICATION FORM

Please read the instructions carefully before filling up the form. (All points marked \* are mandatory)



TRUST  
MUTUAL  
FUND

CLEAR • CREDIBLE • CONSISTENT

All sections should be filled in BLACK/BLUE coloured ink and in BLOCK LETTERS.

Application No. \_\_\_\_\_

## 1. DISTRIBUTOR INFORMATION

ARN/RIA Code/Portfolio Manager's Registration (PMRN)*	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIIN)	FOR OFFICE USE ONLY Registrar/ Bank Serial No./ Date and Time of Receipt
ARN-153155			E-271894	

\*By mentioning RIA/ PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund

Declaration for "execution-only" transaction (only where EUIIN box is left blank) (Refer Instruction No.II(10)). – I/We hereby confirm that the EUIIN 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/sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
----------------------------------------------	---------------------------------	--------------------------------

### TRANSACTION CHARGES

(Please ✓ any one of the below)  
(Refer Instruction No. XIII)

☐ I am a first time investor in mutual funds (₹150 will be deducted) OR ☐ I am an existing investor in mutual funds (₹ 100 will be deducted)  
Applicable for transactions routed through a distributor who has 'opted in' for transaction charges. Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investors' assessment of various factors including service rendered by the distributor.

## 2. APPLICANT'S DETAILS

### MODE OF OPERATION

☐ Single ☐ Anyone or Survivor  
☐ Joint (Default Option is Joint)

Folio No. \_\_\_\_\_ (For existing Unitholders)

\*Require Physical Copy of Annual Report ☐ Yes ☐ No

\*On providing email id investors shall receive the Annual Report or an abridged summary thereof, account statements / statutory and other documents by email. However, if the investors wish to receive physical copy of the Annual Report or an abridged summary thereof please tick the appropriate option.

1<sup>st</sup> APPLICANT NAME\* (As per PAN) Mr. Ms. M/S \_\_\_\_\_

PAN/PEKRN\* \_\_\_\_\_ CKYC No. \_\_\_\_\_ Date of Birth/ Incorporation D D M M Y Y Y Y

E-Mail ID \_\_\_\_\_ Please Specify in BLOCK LETTERS Mobile No. \_\_\_\_\_

This Mobile Number belongs to (\*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)  
This Email-ID belongs to (\*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

### LEGAL ENTITY IDENTIFICATION (LEI) CODE<sup>5</sup>

<sup>5</sup>LEI is applicable for Non-Individual investor including HUF, not applicable to Individuals, Minor & NRI investor. LEI no. is mandatory for transaction amount Rs. 50 crs and above for Non-Individuals  
In case the First Applicant is Non-Individual please attach FATCA, CRS and UBO Declaration form.

### GUARDIAN DETAILS (IN CASE FIRST APPLICANT IS MINOR) / CONTACT PERSON DESIGNATION / POA HOLDER (FOR NON-INDIVIDUALS INVESTORS)

Name \_\_\_\_\_ Date of Birth D D M M Y Y Y Y

Guardian's Relationship with minor -  
☐ Father ☐ Mother ☐ Court Appointed Guardian  
Proof of Date of Birth of Minor -  
☐ Birth Certificate ☐ Passport ☐ Others \_\_\_\_\_ (Please specify)

PAN/PEKRN\* \_\_\_\_\_ XXXXXXXX

CKYC No. \_\_\_\_\_ XXXX

2<sup>nd</sup> APPLICANT\* Mr. Ms. M/S \_\_\_\_\_

PAN/PEKRN\* \_\_\_\_\_ CKYC No. \_\_\_\_\_ Date of Birth D D M M Y Y Y Y

E-Mail ID \_\_\_\_\_ Please Specify in BLOCK LETTERS Mobile No. \_\_\_\_\_

This Mobile Number belongs to (\*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)  
This Email-ID belongs to (\*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

3<sup>rd</sup> APPLICANT\* Mr. Ms. M/S \_\_\_\_\_

PAN/PEKRN\* \_\_\_\_\_ CKYC No. \_\_\_\_\_ Date of Birth D D M M Y Y Y Y

E-Mail ID \_\_\_\_\_ Please Specify in BLOCK LETTERS Mobile No. \_\_\_\_\_

This Mobile Number belongs to (\*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)  
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☐ All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (Please ✓ here) Trees are green gold – Save Trees

## ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Application No. \_\_\_\_\_



TRUST  
MUTUAL  
FUND

CLEAR • CREDIBLE • CONSISTENT

Received From \_\_\_\_\_

Scheme Name \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Amount \_\_\_\_\_ Cheque/ DD No. \_\_\_\_\_ Date D D M M Y Y Y Y

Bank & Branch Details \_\_\_\_\_

Stamp & Signature

Correspondence Address										Overseas Address (Mandatory for NRI / FII Applicants)													
HOUSE / FLAT NO.										HOUSE / FLAT NO.													
STREET ADDRESS										STREET ADDRESS													
CITY / TOWN					STATE					CITY / TOWN					STATE								
COUNTRY						PIN	CODE			COUNTRY						ZIP	CODE						
										TIN No. (Mandatory)													

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Government Body	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Defence Establishment
<input type="checkbox"/> Guardian	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Trust / Society / NGO/ Charities	<input type="checkbox"/> Person of Indian Origin
<input type="checkbox"/> HUF	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> FII	<input type="checkbox"/> NPO*(FCRA A/c. No.) _____	<input type="checkbox"/> NRI-NRE
<input type="checkbox"/> PSU	<input type="checkbox"/> Bank	<input type="checkbox"/> Foreign Portfolio Investor/ FII	<input type="checkbox"/> NRI-NRO	<input type="checkbox"/> Other _____ (Please specify)	

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

☐ Yes  
☐ No

[illegible]

## Depository Participant's Name:

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)

Enclosure (Please tick any box) ☐ Client Master List (CML) ☐ Transaction cum holding Statement ☐ Cancelled Delivery Transaction Slip (DIS)

Investor opting to hold units in Demat Form, may provide a copy of the DP statement which will enable us to match Demat details as stated in the Application Form.

<sup>ss</sup> In case of any ambiguity, AMC is at its discretion to either allot units as per Demat information or in physical mode. Kindly refer Statement of Additional Information and Scheme Information document for details.

Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof i.e. Cancelled cheque with name pre-printed/Bank Statement with the latest Transactions of two months in case the pay-out bank account is different from the source bank account.)

[illegible]

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure 1B). The below information is required for all applicants / guardian

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? ☐ Yes ☒ No (please tick ✓)

If "YES" please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Second Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____
Third Applicant			<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others _____

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type TIN or other please specify)
First Applicant / Guardian			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Second Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Third Applicant			Reasons <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

☐ **Reason A** → The country where the Account Holder is liable pay to tax does not issue Tax Identification Number to its residents ☐ **Reason B** → No TIN required (Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) ☐ **Reason C** → Others please state the reasons thereof :

Address Type of Sole /1st Holder			Address Type of 2nd Holder			Address Type of 3rd Holder		
<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Business

Annexure 1A (Form for Additional KYC, FATCA & CRS Annexure for Individual Accounts) and 1B (Form for Ultimate Beneficial Owner including additional FATCA & CRS information - for Non-Individuals/ Legal Entity) are available on the website of AMC i.e. [www.trustmf.com](http://www.trustmf.com) or at the Official Point of Acceptance of TRUSTMF.

Toll Free Number	Email ID	Website
1800 267 7878	<a href="mailto:investor.service@trustmf.com">investor.service@trustmf.com</a>	<a href="http://www.trustmf.com">www.trustmf.com</a>

TRUST MUTUAL FUND

**8. KYC DETAILS (MANDATORY)**

OCCUPATION [Please tick (✓)]

	Service	Government Official	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Unlisted Company	Listed Company	Private Ltd.	Public Ltd.	Others
First Applicant / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Please specify)
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Please specify)
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Please specify)

GROSS ANNUAL INCOME [Please tick (✓)]

First Applicant / Guardian	For Individual	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> >25 Lacs - 1 crore	<input type="checkbox"/> >1 crore
	OR Net worth (Mandatory for Non-Individuals) ₹					as on	D D M M Y Y Y Y (Not older than 1 year)

**9. PEP DETAILS\*\* (MANDATORY)**

	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you Politically Exposed Person? (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a Politically Exposed Person? (PEP)**	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)

<input type="checkbox"/> Foreign Exchange / Money Changer Service	<input type="checkbox"/> Gambling / Lottery / Casino Services	<input type="checkbox"/> Money Lending / Pawning	<input type="checkbox"/> Not Applicable
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\*\*Politically Exposed Persons (PEP) are defined as Individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

**10. INVESTMENT & PAYMENT DETAILS (Please refer SID of respective scheme for Plans, Sub-options and Dividend frequency)**

For Multiple Investments Cheque/DD should be drawn for Total Amount of Investment in all three schemes in favour of 'TRUST MF Pool Collection Account' & For Single Investment Cheque/DD should be drawn in favour of "Scheme name of TRUSTMF".

Sr. No.	Cheque/ DD Favouring	Plan [Regular / Direct]	Option [Growth/ IDCW Reinvestment/ IDCW Payout]	IDCW Frequency	Amount
1	TRUSTMF				
2	TRUSTMF				
3	TRUSTMF				
TOTAL		(In Words)			(In figures)

**PAYMENT DETAILS**

<input type="checkbox"/> Payment by Self	<input type="checkbox"/> Third Party Payment (Please attach 'Third Party Payment Declaration Form')	Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> Funds Transfer	<input type="checkbox"/> NEFT	<input type="checkbox"/> RTGS
------------------------------------------	-----------------------------------------------------------------------------------------------------	-----------------	---------------------------------	-----------------------------	-----------------------------------------	-------------------------------	-------------------------------

Cheque/ DD/ UTR No.		A/c No.	
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Drawn on Bank & Branch	Cheque Date	D D M M Y Y	A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others_____
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**11. NOMINATION DETAILS\* (Mandatory)**☐ I/We wish to nominate as under:

Sr. No.	Name of Nominee	Share of each Nominee (%)	Relationship with Investor	Nominee Date of Birth* (Mandatory for Minor Nominee)	Guardian Name* (In case of Minor)	Guardian's Signature
1						
2						
3						

☐ I/We DO NOT wish to nominate.

**Declaration for opting out of Nomination** (to be signed by all unitholders including joint holders, irrespective of mode of holdings): I/We hereby confirm that I / We do not wish to appoint my nominee(s) for my Mutual Fund units held in my/our Mutual Fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/ our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund folio.

**12. DECLARATION & SIGNATURE(S)**

I / We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as an Unitholder. I / We hereby apply for allotment of Units of the Scheme(s) and confirm and declare as under: (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited by any order/ruling /judgement passed by any Statutory Authority. The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers registered in the concerned folio, if applicable. (b) I/We hereby provide my/our consent to TRUST Asset Management Private Limited for (i) collecting, / sharing (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"); and (ii) downloading and updating my/our Aadhaar number(s) and associated demographic information (including updated information) in my/our accounts/folios under the scheme, based on my/our Income Tax Permanent Account Number ("PAN") in accordance with the Aadhaar Act, 2016, PMLA and rules & regulations made thereunder and applicable SEBI guidelines. I/We hereby further authorise TRUST MF /AMC for sharing/disclosing of the Aadhaar number(s) and associated demographic information (including any updated information) by itself or through its RTA, depository participants, and asset management companies of other SEBI registered mutual funds, and their RTAs, for the purpose of updating the same in my/our accounts/folios based on my/our PAN. (c) I / We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 maintained in accordance with applicable RBI guidelines. (d) The information given by me /us in or along with this application form is true and correct and I / We agree to furnish such other further/additional information as may be required by the TRUST MF/AMC. I/We undertake to promptly inform the TRUST MF /AMC/ Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time. (e) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by TRUST MF/AMC/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time of investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless TRUST MF/AMC/ Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by TRUST MF /AMC in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (f) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (g) I/We hereby confirm that i/we have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the TRUST MF /AMC /its distributor for this investment and have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. (h) I / We will be bound and shall abide by the terms and conditions as prescribed by the TRUST MF /AMC as amended from time to time.

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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# Multiple SIP Registration Form

(For first time investors, Kindly submit this form along with Common Application form)



## 1. DISTRIBUTOR INFORMATION

ARN/ RIA Code/ Portfolio Manager's Registration (PMRN)#	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY Registrar/ Bank Serial No./ Date and Time of Receipt
<b>ARN-153155</b>			<b>E-271894</b>	

\*By mentioning RIA/ PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box 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/sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
----------------------------------------------	---------------------------------	--------------------------------

## 1. UNITHOLDER INFORMATION

Folio No.  For Existing Investor PAN No.  Date of Birth

1st Unit Holder Name (As per PAN) Mr. Ms. M/S

Name of the Guardian / POA Holder Mr. Ms. M/S

## 2. SIP DETAILS

SIP Registration Mode ☐ A-OTM ☐ K-OTM ☐ Mandate along with SIP form

OTM Reference No.  (If Multiple One Time Mandate are registered)

Scheme / Plan / Option	Frequency	SIP Date	Enrollment Period (MMYY)	SIP Amount
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22 Default SIP Date 10th	From <input type="text"/> To <input type="text"/>	₹ <input type="text"/> (in figures) <input type="text"/> (in words)
Scheme / Plan / Option	Frequency	SIP Date	Enrollment Period (MMYY)	SIP Amount
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22 Default SIP Date 10th	From <input type="text"/> To <input type="text"/>	₹ <input type="text"/> (in figures) <input type="text"/> (in words)
Scheme / Plan / Option	Frequency	SIP Date	Enrollment Period (MMYY)	SIP Amount
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22 Default SIP Date 10th	From <input type="text"/> To <input type="text"/>	₹ <input type="text"/> (in figures) <input type="text"/> (in words)

Drawn on Bank and Branch

Amount: ₹  A/c. No.  Date

In case of multiple SIP, mention "TRUST Mutual Fund - Collection Account" on the payment instrument.

## 3. DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply for the units of the scheme for enrolment under the SIP of the following Scheme(s)/ Plan(s)/ Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit.

I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Trust Asset Management Private Limited / Trust Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. 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 undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

**I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/COMMUNICATED ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.**

Date <input type="text"/>	Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.
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This form should be accompanied with One Time Mandate Form (OTM)

THIS PAGE IS INTENTIONALLY LEFT BLANK



This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

# Multiple SIP Registration Form

(For first time investors, Kindly submit this form along with Common Application form)



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## 1. DISTRIBUTOR INFORMATION

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Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder
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## 1. UNITHOLDER INFORMATION

Folio No.                 For Existing Investor PAN No.                 Date of Birth

1st Unit Holder Name (As per PAN) Mr. Ms. M/S

Name of the Guardian / POA Holder Mr. Ms. M/S

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SIP Registration Mode ☐ A-OTM ☐ K-OTM ☐ Mandate along with SIP form

OTM Reference No.                 (If Multiple One Time Mandate are registered)

Scheme / Plan / Option	Frequency	SIP Date	Enrollment Period (MMYY)	SIP Amount
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22  Default SIP Date 10th	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures)  (in words)
Scheme / Plan / Option	Frequency	SIP Date	Enrollment Period (MMYY)	SIP Amount
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22  Default SIP Date 10th	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures)  (in words)
Scheme / Plan / Option	Frequency	SIP Date	Enrollment Period (MMYY)	SIP Amount
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22  Default SIP Date 10th	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> (in figures)  (in words)

Drawn on Bank and Branch

Amount: ₹                 A/c. No.                 Date

In case of multiple SIP, mention "TRUST Mutual Fund - Collection Account" on the payment instrument.

## 3. DECLARATION & SIGNATURE(S)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply for the units of the scheme for enrolment under the SIP of the following Scheme(s)/ Plan(s)/ Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit.

I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Trust Asset Management Private Limited / Trust Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. 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 undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

**I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/COMMUNICATED ANY INDICATIVE PORTFOLIO AND/OR ANY INDICATIVE YIELD BY THE FUND/AMC/ITS DISTRIBUTOR FOR THIS INVESTMENT.**

Date <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"/> <input type="text"/> <input type="text"/>	Signature of First Applicant.	Signature of Second Applicant.	Signature of Third Applicant.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	--------------------------------	-------------------------------

This form should be accompanied with One Time Mandate Form (OTM)

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**(NACH / OTM / DIRECT DEBIT FORM)**

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

DEBIT TYPE ☐ Fixed amount ☒ Maximum Amount

PERIOD

Maximum period of validity of this mandate is 40 years only.

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.

# KNOW YOUR CLIENT (KYC) APPLICATION FORM (FOR INDIVIDUALS ONLY)



(Please fill the form in English and in BLOCK Letters) Fields marked with "\*" are mandatory fields.

Application ☐ New  
Type\* ☐ Update KYC Number\*   
KYC Type\* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

## 1. Identity Details (Please refer instruction A at the end)

PAN\*  Please enclose a duly attested copy of your PAN Card

	Prefix	First Name	Middle Name	Last Name	
Name * (same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender *	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	<div>PHOTO</div> <div>Signature/ Thumb Impression</div>	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others		
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others - Country	Country Code <input type="text"/>		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian			
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin			
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector		
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student		
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised			

## 2. Proof of Identity (PoI)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction B & J at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

☐ A- Passport Number  Passport Expiry Date

☐ B- Voter ID Card

☐ C- Driving Licence  Driving Licence Expiry Date

☐ D- Aadhaar Card

☐ E- NREGA Job Card

☐ Z - Others (any document notified by the central government)  Identification Number

## 3. Proof of Address (PoA)\*

☐ 3.1 Current / Permanent/ Overseas Address Details (Please see instruction C at the end)

Address

Line 1\*

Line 2

Line 3

District\*  Zip/Post Code\*  State/UT Code  City / Town / Village\*

State/UT\*  Country\*  Country Code

Address Type\* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address\*

☐ A-Passport Number  Passport Expiry Date

☐ B-Voter ID Card

☐ C-Driving Licence  Driving Licence Expiry Date

☐ D-Aadhaar Card

☐ E-NREGA Job Card

☐ Z-Others (any document notified by the central government)  Identification Number

## ☐ 3.2 Correspondence / Local Address Details\* (Please see instruction D at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1'. Submit relevant documentary proof)

Line 1\*

Line 2

Line 3

District\*  Zip/Post Code\*  State/UT Code  City / Town / Village\*

State/UT\*  Country\*  Country Code

## 4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction E at the end)

Email ID

[illegible]

5. Remarks (If any)

[illegible]

## 6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/ email address.

Signature / Thumb Impression of Applicant

[illegible]

## 7. Attestation / For Office Use Only

Documents Received ☐ Certified Copies

**KYC Verification Carried Out by (Refer Instruction I)**

Date   -   -

[illegible][illegible][illegible]

**In-Person Verification (IPV) Carried Out by (Refer Instruction J)**

Date 

D	D
---	---

 - 

M	M
---	---

 - 

Y	Y	Y	Y
---	---	---	---

[illegible][illegible][illegible]

### Institution Details

Name \_\_\_\_\_

[illegible][illegible]

### Institution Details

[illegible][illegible][illegible]

# FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance



**TRUST  
MUTUAL  
FUND**  
CLEAR • CREDIBLE • CONSISTENT

PAN / PEKRN*											Date of incorporation	D	D	M	M	Y	Y	Y	Y
Name:																			
Address Type: [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business																		
Nationality:	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others (Please specify)																		
Place of Birth											Country of Birth								
Gross Annual Income Details in INR	<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore										Net Worth in INR in Lacs								
											Net Worth as of	D	D	M	M	Y	Y	Y	Y
Occupation Details [Please tick any one (✓)]	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify)																		
Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable																		
Any Other Information (If applicable)	(Please specify)																		

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? ☐ Yes ☐ No

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card Holder/ Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type (TIN or Other, please specify)	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C [as defined below]
1.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- ☐ Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
- ☐ Reason B → No TIN required [Select this reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]
- ☐ Reason C → Others – Please specify the reasons

## DECLARATION

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [TRUSTMF/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same.

Signature

Date:

Place

## TRUST MUTUAL FUND - ACKNOWLEDGMENT SLIP

We [TRUSTMF, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from M/s. \_\_\_\_\_



PAN

on Date

Date

Signature with Name, Emp. ID & Seal