MUTUAL FUND			U			ate Forr				s well a	as SIP				OTM	l)			Date	D	D N	1 M	Υ	Υ	YY	
Choose (✓)	Sponsor	Bank Code		Office use only						Utility Code								Office u	ise only	/						
■ MODIFY ■ CANCEL	I/We hereby authorize			TATA MUTUAL FUND				debi	it (✓)	□ SB □ CA					CC		S	B-NRE		{	SB-NI	₹0		0	Other	
Bank A/c No.:																										
With Bank:			Bank Nai	me & Branc	h		IF	sc									MIC	R								
an amount of F	Rupees					Amou	ınt in Wo	rds										₹								
FREQUENCY (preselected)	′	■ Monthly	⊠ Q	uarterly	⊠ Ha	If Yearly	⊠ A	s whe	en prese	nted (defa	ult)		D	EBIT	TYP	E×	Fixed	Amou	ınt	$ \overline{\mathbf{A}} $	Maxi	mum	Amo	ount	
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I agree for the deb	oit of manda	ate processing ch	arges by the	e bank whom I	l am author	ising to debit	my accour	nt as p	er latest s	chedule	of ch	narges	of the	e bank												
From	D M M	1 Y Y Y	Y	gn Sig	nature of	First Accour	nt Holder		Sign _	Signa	ture c	of Se	cond	Acco	unt Ho	lder	_ Sigi	1S	ignatur	re c	of Thin	d Acc	ount	Hold	er	
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or L-U i	ntil Cance	elled			as in Bar	k Records	i	- Z		Name	as in	n Bar	ık Re	cord	S	3		Nam	ne as i	n B	ank F	Recor	rds			
This is to confirm I have understoop																									hit	
Please tick (🗸) as applicable: 🔲 Registration				Registration / Renewal Form (For SIP Registration of MICRO SIP Renewal Dications routed through distributor/agents only Sub-Broker ARN Code Sub-For Sub-For Sub-For Renewal Su						of SIP.																
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Sole / 1st Applicant Signature / Thumb Impression					2nd Applicant Signature / Thumb Impression								3rd Applicant Signature / Thumb Impression													
Investor De			Applica	tion No.									Fo	lio N								\perp				
1st Holder N	Name													P/	AN											
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Day of the we	eek for we	eekly frequenc	y : 🗌 Moi	nday 🗆	Tuesday	/	ednesday	(Def	fault)	т	hurs			Fri												
SIP Top-up (Optional)	, .	p Amount (Reultiples of Rs.	-)					p Freque	•	(defa	ıult)		U	pper :	SIP A	moun	t (Rs.)								
Auto Switch	Option	: Applicable	for Tata	a Retireme	ent Savir	ngs Fund	(TRSF)	only,	, for de	fault	valu	ies r	efer	SID.												
Plan Name				se tick the			•																			
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conditions ov scheme/s. I/W in ECS/Direct	and Signa rerleaf, I/V Ve hereby Debit/Sta	atures : To - We hereby app declare that the anding Instruct emes of variou	The Truste ly for the ne particula tion. The A	ee, Tata Mu respective l ars given are	tual Fund Jnits of T e correct & where ar	, Mumbai. ata Mutual & complete	Having r Fund Sch & expres as disclo	ead & neme, s my	& under: /s at NA willingn o me/us	tood tood tood tood	the c ed res make	onte sale payi	nts o price ment	f SAI, & ag s tow	/SID/I ree to ards S	(IM c abic	of Tata de by t	Mutu erms,	condit ferred	tion abo	is, rul ove th	es & roug	regu h par	latio ticip	ns of ation	
SIGNATUR	E/S	Sole / 1st Unith		ature / Thum		ion		holder Signature / Thumb Impressio						3rd Unitholder Signature / Thumb Impression												

Received for Folio No. / Application No. __

 \square OTM Debit Mandate Form \square SIP Form