

## COMMON TRANSACTION FORM

Details of Transaction: Additional Purchase  Switch  Redemption  Application No. \_\_\_\_\_

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

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

\*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 Account Holder/Guardian Signature
 \_\_\_\_\_ Please sign here  
 Second Account Holder's Signature
 \_\_\_\_\_ Please sign here  
 Third Account Holder's Signature

### UNIT HOLDER DETAILS (MANDATORY)

FOLIO No. \_\_\_\_\_ PAN No. \_\_\_\_\_ ENCLOSED (Please )  
 UNITHOLDERS INFORMATION (Please fill in BLOCK Letters)  
 Name of 1st Applicant \_\_\_\_\_ Please attach KYC acknowledgment letter  
 (Mr/Ms/M/s) \_\_\_\_\_

### ADDITIONAL PURCHASE REQUEST

Scheme Name	Plan	Option (Please <input checked="" type="checkbox"/> )		Investment Amount (In Figures)	Investment Amount (In Words)
		Dividend <input type="checkbox"/>	Growth <input type="checkbox"/>		
		Dividend mode (Please <input checked="" type="checkbox"/> )		Rs. _____	Rupees _____
		Payout <input type="checkbox"/>	Reinvest <input type="checkbox"/>		
Cheque / DD No.	Cheque / D.D. Date	Drawn on Bank and Branch			

### SWITCH REQUEST

From Scheme \_\_\_\_\_ To Scheme \_\_\_\_\_  
 Plan \_\_\_\_\_ Plan \_\_\_\_\_  
 Option (Please ) Growth  Dividend  Dividend mode() Payout  Reinvest  Option (Please ) Growth  Dividend  Dividend mode() Payout  Reinvest

Number of Units \_\_\_\_\_ OR  All units (Please )  
 OR Amount in (In Figure) Rs. \_\_\_\_\_ (In Words) Rupees \_\_\_\_\_

### REDEMPTION REQUEST

Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option (Please ) Growth  Dividend   
 Dividend Mode() Payout  Reinvest  Number of Units \_\_\_\_\_ OR  All units (Please )  
 OR Amount in (In Figure) Rs. \_\_\_\_\_ (In Words) Rupees \_\_\_\_\_

### DECLARATION AND SIGNATURE(S)

I/We have 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 Account Holder/Guardian Signature
 \_\_\_\_\_ Please sign here  
 Second Account Holder's Signature
 \_\_\_\_\_ Please sign here  
 Third Account Holder's Signature

TEAR HERE



### COMMON TRANSACTION FORM - ACKNOWLEDGMENT

To be filled in by the Investor  
 Email: [customercare@taurusmutualfund.com](mailto:customercare@taurusmutualfund.com)  
 Website: [www.taurusmutualfund.com](http://www.taurusmutualfund.com)

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

Folio No. _____	Stamp, Signature and Date
Name _____	

### TRANSACTION DETAILS

Scheme/Plan/Option	Additional Purchase	Redemption	Switch		Amount (Rs.) / Unit
			From	To	