

(Please read instructions carefully before filling up the form)

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

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

[illegible]

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

<input type="checkbox"/> Systematic Transfer Plan (STP) DETAILS										<input type="checkbox"/> Opti Systematic Transfer Plan (OptiSTP) DETAILS											
Fixed STP Installment Amount (₹) <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>										Fixed Min. Installment Amt. <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>											
										Fixed Max. Installment Amt. <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>											
										(Amount greater than Fixed Min. Installment amount by ₹500/- & multiple of ₹1/- thereof)											
From → Folio No.		<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>								Scheme Name								Plan/Option			
To → Folio No.		<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>								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 ✓)		<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 <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/>								End on <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/>								No. of Installments <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/>			

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

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

First Account Holder/Guardian Signature

Second Account Holder's Signature

Third Account Holder's Signature

EXECUTION ONLY

*1/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.

First Account Holder/Guardian Signature _____

Second Account Holder's Signature

Third Account Holder's Signature



ACKNOWLEDGEMENT - SWP/STP or *Opti*STP / DSO Form

TAURUS MUTUAL FUND

[illegible]

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

Received for

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Frequency

Scheme / Plan / Option

Amount or Units

Collection Centre / AMC Stamp / Signature
