



1. ADVISOR DETAILS

ARN / RIA ^ Code	Sub-Broker ARN Code	Sub-Broker / Bank Branch Code	EUIN Code
Internal Code	<p>OR <input type="checkbox"/> Declaration for "execution-only" transaction - 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-inappropriateness, 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. ^ By mentioning RIA code, I / we authorize you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of Tata Mutual Fund.</p>		
Sole / 1st Applicant Signature / Thumb Impression	2nd Applicant Signature / Thumb Impression	3rd Applicant Signature / Thumb Impression	

2. INVESTOR DETAILS

1 st Holder Name															PAN										
C-KYC										Date of Birth					Mobile No.					Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child					
2 nd Holder Name															PAN										
C-KYC										Date of Birth					Mobile No.					Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child					
3 rd Holder Name															PAN										
C-KYC										Date of Birth					Mobile No.					Mobile belongs to <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child					

3. PURPOSE OF FORM (tick any one)

4. SYSTEMATIC TRANSFER DETAILS

Scheme Details	
Source Scheme / Plan / Option	
Target Scheme / Plan / Option	
Target Scheme Sub Option	Div. Payout Option: (select any one) <input type="checkbox"/> Div. Reinvest <input type="checkbox"/> Div. Payout

Transfer Plan Details (Select any one)

Transfer Frequency (Select any one - Not Applicable for Dividend Transfer Plan)

Enrolment Period (Not Applicable for Dividend Transfer Plan)

5. DECLARATION AND SIGNATURES



Acknowledgement Slip

Received from Mr./Ms./M/s. _____ Folio No. _____ STP request
 from Scheme _____ to Schemes _____
 for ☐ FATP ☐ FUTP ☐ CATP ☐ DTP for Amount (₹) / Units _____ Subject to verification