TAURUS MUTUAL FUND

TAURUS Mutual Fund

THIRD PARTY PAYMENT DECLARATION FORM
(Please read instructions carefully before filling up the form)

ARN-4464   E032737 VIKRAM S. BAGADTHEY

FOR OFFICE USE ONLY

Date and Time of Receipt

1. BENEFICIAL INVESTOR INFORMATION

FOLIO NO. [　　　　　　　　]   APPLICATION NUMBER [　　　　　]

Name of First/Sole Applicant | Mr. | Ms. | M/s. [　　　　　　　　　　]

DATE OF BIRTH [D D M M Y Y Y Y] (Mandatory in case of Minor)

NAME OF THE GUARDIAN (For minor applicant) / Name of the Contact Person (For Non Individual Applicant)

Mr. | Ms. | M/s. [　　　　　　　　　　]

Guardian named above is: ☐ Father ☐ Mother ☐ Court Appointed   Designation of Contact Person [　　　　]

2. THIRD PARTY INFORMATION (Entity making the payment)

Name | Mr. | Ms. | M/s. [　　　　　　　　　　]

PAN [　　　　　　　　]   Enclosed (please ✓) [　] KYC Acknowledgement   Designation of Contact Person [　　　]

MAILING ADDRESS & CONTACT DETAILS OF THE THIRD PARTY

City [　　]   State [　　　]   Pin Code [　　　]

STD Code [　　]   Telephone Off. [　]   Resi. [　]   Mob. [　　]

E-Mail [　　]

Status of the Beneficial Investor	☐ **Minor**	☐ **FII** ☐ **Client**	☐ **Employee (s)**
Relationship of Third Party with the Benificial Investor	☐ Parent ☐ Grand - Parent ☐ Related Person_____ _____ (Please Specify the relation)	Custodian - SEBI Registration No of Custodian _____ Registration Validity : [D D / M M / Y Y Y Y]	Employer Name: _____ _____ _____
Declaration by Third Party (Please ✓)	☐ I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift	☐ I/We declare that the payment is made on behalf of FII/ Client and the source of this payment is from funds provided to us by FII/Client	☐ I/We declare that the payment is made on behalf of employee(s) under Systematic Investment Plans or lump sum/one-time subscription, through Payroll Deductions

3. THIRD PARTY PAYMENT DETAILS

Mode of Payment (Refer Instruction 3, for Mandatory Enclosures)

☐ Cheque   ☐ Pay Order   ☐ RTGS
   ☐ Demand Draft   ☐ NEFT
   ☐ Bankers Cheque   ☐ Fund Transfer

Amount | in figures ₹ [　　] | Cheque / DD / PO / UTR No. [　　　　]
      | in words ₹ [　　] | Cheque / DD / PO / RTGS Date [D D / M M / Y Y Y Y]

Bank A/C No. [　　　　　]   Account Type Please tick (✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others (please specify)

Name of the Bank & Branch [　　　]

Address of the Bank [　　　]

4. DECLARATIONS & SIGNATURE/S (Refer Instruction 4)

THIRD PARTY DECLARATION

I/We confirm having read and understood the Third Party Payment rules, as given below and hereby agree to be bound by the same.

I/We declare that the information declared herein is true and correct, which Taurus Mutual Fund is entitled to verify directly or indirectly. I agree to furnish such further information as Taurus Mutual Fund may require from me/us. I/We agree that, if any such declarations made by me/us are found to be incorrect or incomplete, Taurus Mutual Fund/Taurus AMC is not bound to pay any interest or compensation of whatsoever nature on the said payment received from me/us and shall have absolute discretion to reject / not process the Application Form received from the Beneficial Investor(s) and refund the subscription monies.

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 any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We will assume personal liability for any claim, loss and/or damage of whatsoever nature that Taurus Mutual Fund/Taurus AMC may suffer as a result of accepting the aforesaid payment from me/us towards processing of the transaction in favour of the beneficial investor(s) as detailed in the Application Form.

Applicable to NRIs only :

I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account /FCNR Account.

Please (✓) ☐ Yes ☐ No

If yes, ☐ Repatriation basis ☐ Non-repatriation basis

_____
Signature of the Third Party

Please sign here

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