COMMON APPLICATION FORM

Please read the instructions carefully before filling up the form. (All points marked * are mandatory)

TRUST MUTUAL FUND
CLEAR * CREDIBLE * CONSISTENT

All sections should be filled in BLACK/BLUE coloured ink and in BLOCK LETTERS .

Application No.

1. DISTRIBUTOR INFORMATION

ARN/ RIA Code/ Portfolio Manager's Registration (PMRN)#	Sub Broker's ARN	Internal Code for Sub-Broker/ Employee	Employee Unique Identification Number (EUIN)	FOR OFFICE USE ONLY Registrar/ Bank Serial No./ Date and Time of Receipt
ARN- 95070	ARN-		E- E-101834 (Only if the ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

#By mentioning RIA / PMRN code, I/We authorize you to share with the Investment Adviser the details of my/our transactions in the scheme(s) of TRUST Mutual Fund.

Declaration for "execution-only" transaction (only where EUIN box is left blank) (Refer Instruction No.II(10)). – 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/ sub broker of the distributor and the distributor has not charged any advisory fees on this transaction.

Signature of First/Sole Unit Holder/Guardian	Signature of Second Unit Holder	Signature of Third Unit Holder

2. APPLICANT'S DETAILS

MODE OF OPERATION ☐ Single ☐ Anyone or Survivor ☐ Joint (Default Option is Joint)

Folio No. (For existing Unitholders)

*Require Physical Copy of Annual Report ☐ Yes ☐ No

*On providing E-mail ID investors shall receive the Annual Report or an abridged summary thereof, account statements / statutory and other documents by email. However, if the investors wish to receive physical copy of the Annual Report or an abridged summary thereof please tick the appropriate option.

1st APPLICANT NAME* (As per PAN) Mr. Ms. M/S

PAN/PEKRN* CKYC No. Date of Birth/ Incorporation D D M M Y Y Y Y

E-Mail ID MANDATORY Mobile No. MANDATORY

This Mobile Number belongs to (*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

This Email-ID belongs to (*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

LEGAL ENTITY IDENTIFICATION (LEI) CODE$

($LEI is applicable for Non-Individual investor including HUF, not applicable to Individuals, Minor & NRI investor. LEI no. is mandatory for transaction amount Rs. 50 crs and above for Non-Individuals) In case the First Applicant is Non-Individual please attach FATCA, CRS and UBO Declaration form.

GUARDIAN DETAILS (IN CASE FIRST APPLICANT IS MINOR) / CONTACT PERSON DESIGNATION / POA HOLDER (FOR NON-INDIVIDUALS INVESTORS)

Name Date of Birth D D M M Y Y Y Y

Guardian's Relationship with minor - ☐ Father ☐ Mother ☐ Court Appointed Guardian

Proof of Date of Birth of Minor - ☐ Birth Certificate ☐ Passport ☐ Others (Please specify)

PAN/PEKRN* X X X X X X X

CKYC No. X X X

2nd APPLICANT* Mr. Ms. M/S

PAN/PEKRN* CKYC No. Date of Birth D D M M Y Y Y Y

E-Mail ID MANDATORY Mobile No. MANDATORY

This Mobile Number belongs to (*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

This Email-ID belongs to (*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

3rd APPLICANT* Mr. Ms. M/S

PAN/PEKRN* CKYC No. Date of Birth D D M M Y Y Y Y

E-Mail ID MANDATORY Mobile No. MANDATORY

This Mobile Number belongs to (*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

This Email-ID belongs to (*Please ✓): ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ POA ☐ Custodian (for FPIs only)

☐ All communications will be sent by default to the registered E-mail ID / Mobile No. In case you wish to receive physical communication (Please ✓ here) Trees are green gold – Save Trees

ACKNOWLEDGMENT SLIP (To be filled in by the investor) **Application No.**

TRUST MUTUAL FUND

Received From

Scheme Name **Plan** **Option**

Amount **Cheque/ DD No.** **Date** D D M M Y Y Y Y

Bank & Branch Details

Stamp & Signature

3. CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT (AS PER KYC RECORDS)

Correspondence Address	Overseas Address (Mandatory for NRI / FII Applicants)
HOUSE / FLAT NO.	HOUSE / FLAT NO.
STREET ADDRESS	STREET ADDRESS
CITY / TOWN / STATE	CITY / TOWN / STATE
COUNTRY / PINCODE	COUNTRY / PINCODE
	TIN No. (Mandatory)

4. TAX STATUS (Please ✓)

☐ Resident Individual ☐ Foreign National ☐ Body Corporate ☐ Person of Indian Origin ☐ Trust / Society / NGO/ Charities
☐ On behalf of Minor ☐ Sole Proprietorship ☐ Foreign Portfolio Investor/ FII ☐ Bank ☐ NPO* (FCRA A/c. No)._____
☐ HUF ☐ Partnership Firm ☐ NRI ☐ AOP/BOI ☐ Other_____ (Please specify)

* "Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income Tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	☐ Yes ☐ No

If yes, please quote Registration No. of Darpan portal of Niti Aayog
If not, please register immediately and confirm with the above information.

5. DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that of the Demat Account held with your Depository Participant).

Do you want units in Demat Form (Please tick ✓) ☐ Yes ☐ No (if yes, please provide the below details)[$$]

Depository Participant's Name:

NSDL: Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)	CDSL: Depository Participant (DP) ID (CDSL only)

Enclosure (Please tick any box) ☐ Client Master List (CML) ☐ Transaction cum holding Statement ☐ Cancelled Delivery Transaction Slip (DIS)

Investor opting to hold units in Demat Form, may provide a copy of the DP statement which will enable us to match Demat details as stated in the Application Form.
[$$] In case of any ambiguity, AMC is at its discretion to either allot units as per Demat information or in physical mode. Kindly refer Statement of Additional Information and Scheme Information document for details.

6. BANK DETAILS (MANDATORY)

Mandatory information - If left blank the application is liable to be rejected. (Mandatory to attach proof i.e. Cancelled cheque with name pre-printed/Bank Statement with the latest Transactions of two months in case the pay-out bank account is different from the source bank account.)

Account Number Account Type ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ FCNR ☐ Others (please specify)
Bank Name & Branch
Branch City IFSC Code MICR Code

7. FATCA AND CRS DETAILS - For Individuals [Including Sole Proprietor] (MANDATORY)

Non-Individual investors should mandatorily fill separate FATCA Form (Annexure 1B). The below information is required for all applicants / guardian

Are you a tax resident (i.e. are you assessed for tax) in any other country outside India? ☐ **Yes** ☐ **No** **(Please tick ✓)**

If "YES" please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen/ Resident/ Green Card holder/ Tax Resident in the respective countries.

	Place/City of Birth	Country of Birth	Country of Citizenship / Nationality
First Applicant / Guardian			☐ Indian ☐ U.S. ☐ Others
Second Applicant			☐ Indian ☐ U.S. ☐ Others
Third Applicant			☐ Indian ☐ U.S. ☐ Others

	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type TIN or other please specify)
First Applicant / Guardian			Reasons ☐ A ☐ B ☐ C
Second Applicant			Reasons ☐ A ☐ B ☐ C
Third Applicant			Reasons ☐ A ☐ B ☐ C

☐ **Reason A →** The country where the Account Holder is liable pay to tax does not issue Tax Identification Number to its residents ☐ **Reason B →** No TIN required
(Select this reasons Only if the authorities of the country of tax residence do not require the TIN to be collected) ☐ **Reason C →** Others please state the reasons thereof :

Address Type of Sole/ 1st Holder	Address Type of 2nd Holder	Address Type of 3rd Holder
☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business	☐ Residential ☐ Registered Office ☐ Business

Annexure 1A (Form for Additional KYC, FATCA & CRS Annexure for Individual Accounts) and 1B (Form for Ultimate Beneficial Owner including additional FATCA & CRS information - for Non-Individuals/ Legal Entity) are available on the website of AMC i.e. www.trustmf.com or at the Official Point of Acceptance of TRUST MF.

Toll Free Number	Email ID	Website
1800 267 7878	investor.service@trustmf.com	www.trustmf.com

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

8. KYC DETAILS (MANDATORY)

OCCUPATION [Please tick (✓)]

	Service	Government Official	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Unlisted Company	Listed Company	Private Ltd.	Public Ltd.	Others
First Applicant/ Guardian	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	(Please specify)
Second Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	(Please specify)
Third Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	(Please specify)

GROSS ANNUAL INCOME [Please tick (✓)]

First Applicant/ Guardian	For Individual ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore	
	OR Net worth (Mandatory for Non-Individuals) ₹	as on D D M M Y Y Y Y (Not older than 1 year)

9. PEP DETAILS** (MANDATORY)

	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you Politically Exposed Person? (PEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are you related to a Politically Exposed Person? (PEP)**	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)

☐ Foreign Exchange / Money Changer Service ☐ Gambling / Lottery / Casino Services ☐ Money Lending / Pawning ☐ Not Applicable

**Politically Exposed Persons (PEP) are defined as Individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior government/ judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

10. INVESTMENT & PAYMENT DETAILS (Please refer SID of respective scheme for Plans, Sub-options and Dividend frequency)

For Multiple Investments Cheque/DD should be drawn for Total Amount of Investment in all three schemes in favour of 'TRUST MF Pool Collection Account' & For Single Investment Cheque/DD should be drawn in favour of "Scheme name of TRUSTMF".

Sr. No.	Cheque/ DD Favouring	Plan [Regular / Direct]	Option [Growth/ IDCW Reinvestment/ IDCW Payout]	IDCW Frequency	Amount
1	TRUSTMF				
2	TRUSTMF				
3	TRUSTMF				
TOTAL	(In Words)				(In figures)

PAYMENT DETAILS

☐ Payment by Self ☐ Third Party Payment (Please attach 'Third Party Payment Declaration Form') **Mode of Payment** ☐ Cheque ☐ DD ☐ Funds Transfer ☐ NEFT ☐ RTGS

Cheque/ DD/ UTR No. A/c. No.

Drawn on Bank & Branch Cheque Date D D M M Y Y A/c. Type (✓) ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Others_____

11. NOMINATION DETAILS (Mandatory)

☐ I/We wish to Nominate **(Please fill the Nomination Details overleaf)**

☐ I/We DO NOT wish to Nominate.

Declaration for opting out of Nomination (to be signed by all unitholders including joint holders, irrespective of mode of holdings): I/We hereby confirm that I / We do not wish to appoint my nominee(s) for my Mutual Fund units held in my/our Mutual Fund folio and understand the issues involved in non-appointment of nominee(s)and further are aware that in case of death of all the account holder(s), my/ our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund folio.

12. DECLARATION & SIGNATURE(S)

I / We have read, understood the terms and conditions of the scheme related documents and agree to comply with the same as an Unitholder. I /We hereby apply for allotment of Units of the Scheme(s) and confirm and declare as under: (a) I/We am/are eligible Investor(s) as per the scheme related documents and not prohibited by any order/ruling /judgement passed by any Statutory Authority. The amount invested in the Scheme(s)is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I/We hereby consent for providing transactions data feed, portfolio holdings, NAV etc. in respect of my/our transactions under Direct Plan to the RIA/Portfolio Managers registered in the concerned folio, if applicable. (b) I/We hereby provide my/our consent to TRUST Asset Management Private Limited for (i) collecting, / sharing (ii) validating/authenticating with Unique Identification Authority of India ("UIDAI") by itself or through its Registrar and Transfer Agent ("RTA"); and (ii) downloading and updating my/our Aadhaar number(s) and associated demographic information (including updated information) in my/our accounts/folios under the scheme, based on my/our Income Tax Permanent Account Number ("PAN") in accordance with the Aadhaar Act, 2016, PMLA and rules & regulations made thereunder and applicable SEBI guidelines. I/We hereby further authorise TRUST MF /AMC for sharing/disclosing of the Aadhaar number(s) and associated demographic information (including any updated information) by itself or through its RTA, depository participants, and asset management companies of other SEBI registered mutual funds, and their RTAs, for the purpose of updating the same in my/our accounts/folios based on my/our PAN. (c) I/ We confirm that I am / we are Non Resident Indians / Person(s) of Indian Origin / Foreign Portfolio Investors but not (i) United States persons as per applicable Regulations or (ii) residents of Canada, and 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 maintained in accordance with applicable RBI guidelines. (d) The information given by me /us in or along with this application form is true and correct and I/ We agree to furnish such other further/additional information as may be required by the TRUST MF/AMC. I/We undertake to promptly inform the TRUST MF/ AMC/ Registrars and Transfer Agent (RTA) in writing about any change in the information furnished by me/us from time to time. (e) I/We shall be liable and responsible for any loss, claims suffered, directly or indirectly by TRUST MF/ AMC/ RTA/ SEBI Intermediaries, arising out of any false, misleading, inaccurate and incomplete information furnished by me/us at the time or investing/redeeming the units. I/We hereby unconditionally and irrevocably indemnify and at all time keep indemnified, save and harmless TRUST MF/ AMC/ Trustee and their officers, directors and employees against all actions, proceedings, claims, losses, damages, charges and expenses incurred or suffered /paid by TRUST MF/ AMC in this regard and in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (f) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. (g) I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the TRUST MF/ AMC/ its distributor for this investment and have not received nor been induced by any rebate or gifts, directly or indirectly, to make this investment. (h) I / We will be bound and shall abide by the terms and conditions as prescribed by the TRUST MF /AMC as amended from time to time.

× First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant

NOMINATION DETAILS

	Mandatory Details	Nominee 1	Nominee 2	Nominee 3
1)	**Name of the Nominee(s)**	**Mr./Ms.**	**Mr./Ms.**	**Mr./Ms.**
2)	**Share of each Nominee (%)**			
3)	**Date of Birth (in case of Minor)**	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
4)	**Relationship with the Applicant**			
5)	**Nominee/ Guardian (in case of Minor) Identification details** [Please tick any one of the following and provide ID Number and no copies required].	☐ PAN ☐ Aadhaar (last 4 digits) **** **** ☐ Passport (for NRIs/OCIs/PIOs) ☐ Driving License	☐ PAN ☐ Aadhaar (last 4 digits) **** **** ☐ Passport (for NRIs/OCIs/PIOs) ☐ Driving License	☐ PAN ☐ Aadhaar (last 4 digits) **** **** ☐ Passport (for NRIs/OCIs/PIOs) ☐ Driving License
6)	**Address of Nominee(s)/ Guardian in case of Minor** City / Place: State & Country	Pin Code:	Pin Code:	Pin Code:
7)	**Mobile of Nominee(s)/ Guardian in case of Minor**			
8)	**Email ID of Nominee(s)/ Guardian in case of Minor**			
9)	**Nominee Guardian Name (in case Nominee is Minor)**	**Mr./Ms.**	**Mr./Ms.**	**Mr./Ms.**

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me / us by the AMC as follows: (please tick, as appropriate)

☐ Name of nominee(s) with Details and Percentage ☐ Nomination without Details and Percentage (Default Option)

SIGNATURE(S) – As per mode of holding in Folio(s).

	Name of the Holder	Signature/ Thumb Impression* of Holder (As per mode of Holding in the Folios)
Sole / First Holder (Mr./Ms.)		×
Second Holder (Mr./Ms.)		
Third Holder (Mr./Ms.)		

	Name and Address of Witness	Signature of Witness
Witness 1	**Name:** **Address:**	
Witness 2	**Name:** **Address:**	

*** Signature of 2 witness, along with name and address are required, if the unit holder affixes thumb impression, instead of signature.**