

Please refer to the instructions while filling the Application Form. Tick ☒ whichever is applicable.

1	DISTRIBUTOR / ARN CODE / RIA	Sub Broker ARN Code	Employee Unique Identification Number (EUI)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
	ARN-183038				FOR OFFICE USE ONLY
<p>*I/We hereby confirm that the EUI 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".</p>					
Sole /1st Applicant/Guardian/Authorised Signatory/POA Holder		2nd Applicant/Authorised Signatory/POA Holder		3rd Applicant/Authorised Signatory/POA Holder	

2	TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)
<input type="checkbox"/> I confirm that I am a First Time Investor in Mutual Funds (Rs. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more) OR <input type="checkbox"/> I confirm that I am an Existing Investor in Mutual Funds (Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)	
<p>In case the purchase/subscription amount is Rs. 10,000/- or more and your AMFI Registered Distributor has chosen 'opt in' option of charging Transaction Charges to their investor, the same are deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will be issued against the balance amount invested (refer General Information Point No. 11)</p>	

3	EXISTING INVESTOR INFORMATION (If you have existing folio please fill in sections 3,6,9,11,12 and 17)
Unit Holding Options <input type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode Folio Number	

4	DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that, of the account held in depository participant. Demat Account details are compulsory, if demat mode is opted above.)
<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL Depository Participant Name DP ID Number Beneficiary Account Number Enclosures <input type="checkbox"/> Client Master List Delivery <input type="checkbox"/> Instruction Slip <input type="checkbox"/> Transaction Cum Holding Statement	

5	NEW INVESTOR INFORMATION (To be filled in Block Letters, please leave one box blank between two words)
NAME OF FIRST/SOLE APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	
PAN/PERN # CKYC Id Aadhaar No KYC Proof # Date of Birth/Date of Incorporation D D M M Y Y	
<p>By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.</p>	
Father's Name/Name of Guardian (in case of Minor) / Contact Person (in case of non individual applicant) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
PAN/PERN # CKYC Id Aadhaar No KYC Proof # Relationship with Minor/Designation MANDATORY	
<p>By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.</p>	
Mailing Address of First/Sole Applicant (PO Box address is not sufficient)	
City State Country Pin Code	
<p>Overseas Address (Mandatory in case of NRI/FII. PO Box address is not sufficient. Investors residing overseas and with PO Box address please provide your Indian address) "All Non Individual Investors have to mandatorily fill FATCA/CRS Declaration form (for non-individuals/legal entity)"</p>	
Overseas Address	
Country	

6	FIRST/SOLE APPLICANT OTHER DETAILS
Telephone Mobile	
Email Mode of Holding <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (s)(Default option in case of more than one Applicant)	
Occupation (of first/sole Applicant) <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Agriculture <input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others	
Status (of first/sole Applicant) <input type="checkbox"/> Resident Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Society/Club Company <input type="checkbox"/> NRI <input type="checkbox"/> Repatriable <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Partnership Firm <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> Bank/Financial Institution <input type="checkbox"/> NRI <input type="checkbox"/> Non-Repatriable (NRO) <input type="checkbox"/> Others	
Gross Annual Income <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >1 Crore Net-worth (Mandatory for Non-Individuals) Rs. as on (Not older than 1 year) D D M M Y Y	
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable	
Non - Individual Investors involved/ providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> None of the Above	

Please attach proof. Refer instructions page point XII - PAN/PERN and KYC

Acknowledgement Slip (To be filled in by the investor)		Application No.
Received from Mr./Ms./M/s. _____ An application for Scheme: _____ Plan: _____ Option: _____ Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____ Drawn on Bank and Branch : _____ Please note : All Purchases are subject to realisation of Cheques/DD.		Collection Centre's Stamp & Receipt Date and Time

7 JOINT APPLICANT DETAILS

a NAME OF SECOND APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.							
PAN/PERN #	<input type="checkbox"/> KYC Proof # Date of Birth/Date of Incorporation <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		
CKYC Id							
Aadhaar No	By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.						
Gross Annual Income <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore	Politically Exposed Person (PEP) Status <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable <small>(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)</small>						
Father's Name							
Occupation (of first/sole Applicant) <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Agriculture <input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others							

b NAME OF THIRD APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.							
PAN/PERN #	<input type="checkbox"/> KYC Proof # Date of Birth/Date of Incorporation <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		
CKYC Id							
Aadhaar No	By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.						
Gross Annual Income <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> >1 Crore	Politically Exposed Person (PEP) Status <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable <small>(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)</small>						
Father's Name							
Occupation (of first/sole Applicant) <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Agriculture <input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others							

8 Power of Attorney (POA)

NAME OF POA <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.							
PAN/PERN#	<input type="checkbox"/> KYC Proof # Date of Birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		

9 *FATCA INFORMATION/ FOREIGN TAX LAWS (For Individual including Sole Proprietor) (For Non-individual, mandatory to fill up FATCA CRS form) (Refer instruction)

Place of Birth		Country of Birth	
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify)		Tax Residence Address (for KYC Address) <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Others <input type="checkbox"/> Business	
Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'No' please proceed for the signature of declaration			
If 'YES', please fill for ALL countries (other than India) in which you are Resident for tax purposes i.e., where you are a citizen / Resident / Green Card Holder / Tax Resident in the respective countries			
Applicant Details	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (Tin or other, please specify)
Applicant 1			If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below) * Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Applicant 2			* Reason B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Applicant 3			* Reason C <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

* Reason A The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.
 * Reason B No TIN required. (Select this reason Only if the authorities of the country of tax residence do not require the TIN to be collected)
 * Reason C others; please state the reason thereof.

Declaration:
 I hereby confirm that the information provided hereinabove is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.

Please attach proof. Refer instructions page point XII - PAN/PERN and KYC

10 *BANK ACCOUNT DETAILS (Please attach copy of cancelled cheque) For registering Multiple Bank Accounts please fill up "Registration of Multiple Bank Account" Form

Name of the Bank :										Branch:																			
Account Type (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR										Account Number :																			
Branch Address :										City:										Pin:									
IFSC Code :										MICR Code :																			

AMC reserves the right to use any mode of payment deemed appropriate. I/We understand that AMC shall not be responsible if transaction through DC/RTGS/NEFT could not be carried out because of incomplete or incorrect information.

11 *INVESTMENT DETAILS I/We would like to invest in the following scheme of Navi Mutual Fund Scheme :

Scheme : Navi										Plan										<input type="checkbox"/> Regular <input type="checkbox"/> Direct									
Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend										Sub-Option										<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment (default)									

In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information. Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.

Dividend Frequency

12 *PAYMENT DETAILS (In case of DD, please provide us specific declaration)

Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Others										Please specify																			
Cheque/DD No.										Date										D D M M Y Y Y Y									
Gross Amount (Rs)										DD Charges (Rs)										Net Amount (Rs)									
Drawn on Bank & Branch										Account Type <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR																			

13 SYSTEMATIC INVESTMENT PLAN (SIP) PAYMENT TYPES (Please select any one option)

☐ SIP through Post Dated Cheques (Please fill & submit with this form) ☐ SIP through Auto Debit (ECS) (Please fill up enclosed SIP Auto Debit (ECS) Form & submit with this form)

14 HOW DO YOU WISH TO RECEIVE THE DOCUMENT(S) (Please ☒)

I/We wish to "Opt In" for receiving the following in Physical Copy ☐ Annual Reports/Abridged Summary ☐ Account Statement

I/We wish to receive the Account Statement in (any one) ☐ English (Default option) ☐ Bengali ☐ Malayalam

15 DOCUMENTS ENCLOSED (Please ☒)

<input type="checkbox"/> Resolution/Authorisation to invest	<input type="checkbox"/> List of Authorized Signatories with Specimen Signatures	<input type="checkbox"/> Memorandum & Articles of Association
<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Notarised POA
<input type="checkbox"/> Copy of PAN Card	<input type="checkbox"/> KYC	<input type="checkbox"/> Copy of cancelled cheque
<input type="checkbox"/> PIO Card	<input type="checkbox"/> Foreign Inward Remittance Certificate	<input type="checkbox"/> Special Product Form (SIP / STP / SWP / AEP)

16 *DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Statement of Additional Information and Scheme Information Document of the Scheme (s). I/We hereby apply for units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme and to other statutory requirements of SEBI/AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objective, investment pattern and risk factors applicable to Plan/Option under the Scheme (s). I/We agree that in case of my/our investment in the scheme is equal to or more than 25% of the corpus of the scheme, then Navi Mutual Fund has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I/We undertake that these investments are on my/our own account and in event Know Your Customer process is not completed by me/us to the satisfaction of the Mutual Fund, I/We hereby authorise the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable law enacted by the Government of India or any Statutory Authority. I/We hereby declare that the particulars above are correct. I/We hereby, further agree that the Fund can directly credit all the dividend and redemption amount to my bank details given above. The ARN holder has disclosed to me/us all the commission (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. For NRIs : 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 approved banking channels or from my/our Non-resident External/Ordinary Account/FCNFI/ NRSR Account. I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

Sole/1st applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder
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All fields marked with * are mandatory

17 CHECKLIST (Please submit the following documents with application wherever applicable). All documents should be original/true copies certified by a Director/Trustee/Company Secretary/Authorised Signatory/Notary Public.

Documents	Individual	Companies	Societies	Partnership Firm	Investment through POA	Trust	NRI	FIs
Resolution/Authorisation to invest		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
List of Authorised Signatories with Specimen Signatures		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Memorandum & Articles of Association		<input checked="" type="checkbox"/>						
Trust Deed						<input checked="" type="checkbox"/>		
Bye-laws			<input checked="" type="checkbox"/>					
Partnership Deed				<input checked="" type="checkbox"/>				
Notarised POA					<input checked="" type="checkbox"/>			
PAN/PERN Proof	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
KYC in case of Investment of any Amount	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign Inward Remittance Certificate							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Cancelled Cheque	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FATCA & CRS Declaration		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Name of the Fund				
Folio No(s) having same mode of holding and pattern				
Investor Name				
I/We wish to make a nomination. [As per details given below]				
Nomination Details				
I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our account in the event of my / our death. This nomination shall supersede any prior nomination made by us/me if any.				
Nomination can be made upto three nominees in the account.		Details of 1st Nominee		Details of 2nd Nominee
Mandatory information				
1.	Name of the nominee(s)	Mr./Ms.	Mr./Ms.	Mr./Ms.
2.	Share of each Nominee#	%	%	%
3.	Date of Birth (for Minor)	dd-mmm-yyyy	dd-mmm-yyyy	dd-mmm-yyyy
4.	Relationship with the Applicant (select one)	<input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) <input type="text"/>	<input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) <input type="text"/>	<input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) <input type="text"/>
5.	Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License
6.	Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country	<input type="text"/> <input type="text"/> <input type="text"/> Pincode:	<input type="text"/> <input type="text"/> <input type="text"/> Pincode:	<input type="text"/> <input type="text"/> <input type="text"/> Pincode:

7.	Mobile of nominee(s)/ Guardian in case of Minor			
8.	Email ID of nominee(s)/ Guardian in case of Minor			

Non-mandatory details

9.	Nominee Guardian Name (in case Nominee is Minor)			
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I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)

☐ Name of nominee(s) with %

☐ Nomination: Yes / No (Default)

This nomination shall supersede any prior nomination made by the account holder(s), if any

Signature(s) – As per mode of holding in demat accounts / MF Folio(s).

	Name of the Holder	Signature / Thumb Impression
Sole / First Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:
Second Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:
Third Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:

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

Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

Note:

The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)



Website: navimutualfund.com



Toll free : 18002032131 Non Toll Free: +91 81475 44555



mf@navi.com

Rights, Entitlement and Obligation of the investor and nominee / Instructions

1. If you are opening a new demat account / MF folio, you have to provide nomination. Otherwise, you have to follow the specified procedure for Opt-out
2. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
3. You can make nomination or change nominee any number of times without any restriction.
4. You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
5. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder cannot nominate.
6. Nomination is not allowed in a folio where Minor is the unitholder.
7. The signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF folio / demat account. i.e.
 - a. 'Either or Survivor' Folios / Accounts - any one of the holders can sign.
 - b. 'First holder Folios / Accounts – only First Holder can sign.
 - c. 'Jointly' Folios / Accounts - both holders have to sign
8. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee is to be provided optionally.
9. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
10. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family, or a Power of Attorney holder.
11. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
12. Multiple Nominees: Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the percentage of allocation/share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees. Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.
13. In case of demise of the investor and any one of the nominees, the regulated entities shall distribute the assets pro-rata to the remaining nominees
14. Every new nomination for a folio/account shall overwrite the existing nomination, if any.
15. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
16. Nomination shall stand rescinded upon the transfer of units.
17. Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).
18. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
19. In respect of folios/accounts where the Nomination has been registered, AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.

Transmission aspects

- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed on pro-rata basis (as illustrated below) amongst the surviving nominees. Nominee's legal heir cannot claim the assets on behalf of deceased Nominee(s).

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%



SYSTEMATIC INVESTMENT PLAN (SIP)

(Applicable for Lumpsum Additional Purchase as well as SIP Registration)

LUMPSUM / SIP AUTO DEBIT / NACH / ECS FORM (for Lumpsum Investment please fill 6)

New Investor are requested to fill in the Common Application form. First SIP Cheque and subsequent via Auto Debit in selected cities only.

1. DISTRIBUTOR / ARN CODE / RIA	Sub Broker ARN Code	Employee Unique Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
ARN-183038				FOR OFFICE USE ONLY

Upfront commission shall be paid directly by the Investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor

* I/We hereby confirm that the EUIIN 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.

Sole /1st Applicant/Guardian/Authorised Signatory/POA Holder

2nd Applicant/Authorised Signatory/POA Holder

3rd Applicant/Authorised Signatory/POA Holder

2. REGISTRATION CUM MANDATE FORM FOR SIP THROUGH NACH, AUTO DEBIT OR ECS (Debit Clearing/Auto Debit)

(Please ☒) ☐ New Registration* ☐ Renewal SIP ☐ Change in Bank Details ☐ Cancellation of SIP ☐ Micro SIP

* if you are a new investor kindly fill the common application form

3. TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)

☐ I confirm that I am a First Time Investor in Mutual Funds (Rs. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more) OR ☐ I confirm that I am an Existing Investor in Mutual Funds (Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)

If the total commitment of investment through SIP (i.e. installments) amounts to Rs. 10,000/- or more and your AMFI registered Distributor has chosen 'opt in' option of charging transaction charge, the same are deductible as applicable (refer instruction related to SIP) from the installment amount and paid to the distributor. Transaction charges will be recoverable in 3 to 4 installments. Units will be issued against the balance amount invested.

UNITHOLDING OPTION - ☐ Demat Mode ☐ Physical Mode (Ref. Instruction No.18) Demat Account details are compulsory if demat mode is opted.)

☐ NSDL Depository Participant Name _____ Enclosures

☐ CDSL DP ID Number _____ ☐ Client Master List ☐ Delivery Instruction Slip

Beneficiary Account Number _____ ☐ Transaction Cum Holding Statement

4. INVESTOR AND INVESTMENT DETAILS

Sole/First Investor Name ☐ Mr. ☐ Ms. ☐ M/s.PAN/PERN _____ ☐ KYC Proof

CKYC Id _____

Aadhaar No. _____ By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.

Folio/Application No. _____ Existing Investors please mention Folio No.

Scheme

Plan ☐ Direct ☐ Regular Option: ☐ Growth ☐ Dividend Sub Option: ☐ Dividend Reinvestment (default) ☐ Dividend Payout

Dividend Frequency

In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information. Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.

Individual Applicant must fill individual self certification under Fatca. All Non Individual Investors have to mandatorily fill UBO Declaration Form.

5. SIP DETAILS (Please tick on any 1 SIP frequency only)

Each SIP Amount (Rs)

First SIP Cheque No.

Cheque Amount (Rs)

Cheque Date

Frequency ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ SIP Period

Every Alternate Wednesday ☐ Preferred Debit Date (Any date except 29, 30 and 31) ☐ Perpetual

(Note : Cheque should be drawn on bank details provided below. Please allow minimum one month for Auto Debit to register and start). Each of the SIP installment excluding initial cheque should be of the same amount & there should be a gap of 30 days between 1st & 2nd SIP installment. Please refer NACH instruction page for further clarification.

I/We hereby, authorise Navi Mutual Fund and their authorised service providers, to debit my/our following bank account NACH/ECS (Debit Clearing)/Auto Debit to account for collection of SIP Payment

I/We hereby declare that the particulars given above are correct and express my willingness to make payment referred above through participation in Lumpsum NACH/ECS/Auto debit. If the transaction is delayed or not executed at all for any reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will inform Navi Mutual Fund about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We have read and understood the contents of SID/KIM/SAL. I/We hereby apply for the respective units of Navi Mutual Fund Scheme at NAV based resale price and agree to abide by terms, conditions, rules and regulation of the scheme (s).

Signature(s) 1st Applicant / Guardian / Authorised Signatory

2nd Applicant / Authorised Signatory

3rd Applicant / Authorised Signatory

To be signed by ALL UNIT HOLDERS if mode of holding is Joint

6. LUMP SUM / NACH / ECS / DIRECT DEBIT / MANDATE INSTRUCTIONS FORM (applicable for LUMP SUM additional purchase as well as SIP registration)

 UMRN _____ Date _____

Sponsor Bank Code

Utility Code

Tick (✓)

☐ CREATE
☐ MODIFY
☐ CANCEL

I/We hereby authorize NAVI MUTUAL FUND

to debit (Tick ☒) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank a/c number

With Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

Amount in words

₹

Frequency

☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented

Debit Type

☒ Fixed Amount ☒ Maximum Amount

Reference 1

Folio No.:

Mobile No.

Reference 2

Scheme / Plan:

Email ID

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

Period From

☐ D ☐ D ☐ M ☐ M ☐ Y ☐ Y ☐ Y ☐ Y

To

☐ D ☐ D ☐ M ☐ M ☐ Y ☐ Y ☐ Y ☐ Y

1. Signature Primary Account holder

2. Signature of Account holder

3. Signature of Account holder

Or

☐ Until Cancelled

1. Name as in bank records

2. Name as in bank records

3. Name as in bank records

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

Acknowledgment Slip (To be filled in by the investor)

SIP through Lumpsum / ECS / Auto Debit Form



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

An application for Scheme :

Plan :

Option :

Amount :

Frequency :

Date of Commencement :

Collection Centre's Stamp & Receipt
Date and Time

1	DISTRIBUTOR / ARN CODE / RIA	Sub Broker ARN Code	Employee Unique Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
					FOR OFFICE USE ONLY
<p>*I/We hereby confirm that the EUIIN 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".</p>					
Sole /1st Applicant/Guardian/Authorised Signatory/POA Holder		2nd Applicant/Authorised Signatory/POA Holder		3rd Applicant/Authorised Signatory/POA Holder	

2	TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)
<input type="checkbox"/> I confirm that I am a First Time Investor in Mutual Funds (Rs. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more) OR <input type="checkbox"/> I am an Existing Investor in Mutual Funds (Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)	
<p>If the total commitment of investment through SIP (i.e. installment amount multiplied by No. of installments) amounts to Rs. 10,000/- or more and your AMFI Registered Distributor has chosen 'opt in' option of charging Transaction Charge, the same are deductible as applicable (refer instruction point no 11 under general information) from the installment amount and paid to the distributor. Transaction Charges will be recovered in 3 to 4 installments. Units will be issued against the balance amount invested.</p>	

3	INVESTOR AND INVESTMENT DETAILS
NAME OF FIRST/SOLE APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.	
PAN/PERN # <input type="checkbox"/> KYC Proof #	
CKYC Id	
Aadhaar No. <small>By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.</small>	
Father's Name/Name of Guardian (in case of Minor) / Contact Person (in case of non individual applicant) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Occupation (of first/sole Applicant) <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Agriculture <input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others	
Folio/Application No. Existing Investors please mention Folio No. New applicants please mention the application form No.	
Scheme NAVI	
Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	
Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Sub Option: <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment (default)	
<p>In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information. Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.</p>	
Dividend Frequency	
Please refer instructions page for SIP, STP, SWP, AEP	

4	*FATCA INFORMATION/ FOREIGN TAX LAWS (for Individual including Sole Proprietor) (In case you have already filled the Fatca declaration in Application Form or earlier then no need to fill this part) (For Non-individual, mandatory to fill up FATCA CRS form) (Refer instruction)			
Place of Birth Country of Birth				
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify) Tax Residence Address (for KYC Address) <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Others <input type="checkbox"/> Business				
Are you a tax resident (i.e. are you assessed for Taz) in any other country outside India? Yes No If 'No' please proceed for the signature of declaration If 'YES', please fill for ALL countries (other than India) in which you are Resident for tax purposes i.e., where you are a citizen / Resident / Green Card Holder / Tax Resident in the respective countries				
Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (Tin or other, please specify)	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below)
1				* Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				* Reason B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
3				* Reason C <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
<p>* Reason A The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents. * Reason B No TIN required. (Select this reason Only if the authorities of the country of tax residence do not require the TIN to be collected) * Reason C others; please state the reason thereof.</p>				
Declaration: I hereby confirm that the information provided hereinafter is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.				

Please attach proof. Refer instructions page point XII - PAN/PERN and KYC

Acknowledgement Slip (To be filled in by the investor) SIP / SWP / STP / AEP



Received from Mr./Ms./M/s. _____ An application for Scheme: _____ Plan: _____ Option: _____ Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____ Amount: _____ Frequency : _____ Date of Commencement : _____	Collection Centre's Stamp & Receipt Date and Time
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5 SYSTEMATIC INVESTMENT PLAN (SIP THROUGH POST DATED CHEQUES) (Investor subscribing to SIP through ECS/Direct Debt must fill up the SIP Auto Debit)

Name of the Scheme/Plan/Option/Sub Option														
Frequency	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	SIP Period									
SIP Date	<input type="checkbox"/> Every Alternate Wednesday	Preferred Debit Date (Any date except 29, 30 and 31) <input type="text"/>			SIP from	M	M	Y	Y	SIP from	M	M	Y	Y
Cheque(s) Details	No. of Cheque(s)		Cheque(s) No.				SIP Amount (in figures)							
Cheque(s) drawn on	Name of Bank & Branch & City													

New Investors are requested to fill in the Common Application Form to accoming this SIP Form.

6 SYSTEMATIC TRANSFER PLAN (STP) (Please note that the STP will be registered within 7 working days from the date of receipt of request)

From Scheme		Plan		Option /Sub Option		To Scheme		Plan		Option						
Frequency	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly		STP Period										
STP Date	All Business Days	Every Wednesday	Every Alternate Wednesday	<input type="checkbox"/> 1st	<input type="checkbox"/> 7th	<input type="checkbox"/> 10th	SIP from	M	M	Y	Y	STP to	M	M	Y	Y
				<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th	Amount Per Installment (Rs)				No of Installments					

7 SYSTEMATIC WITHDRAWAL PLAN (SWP)

Name of the Scheme/Plan/Option/Sub Option														
Frequency		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	SWP from		M	M	Y	Y	SWP to	M	M	Y	Y
Amount per Withdrawal (Rs)										No of Installments				

Please see the Plans & Options and Dividend policy details in the Scheme Information Document before filling in the above details.

8 AUTOMATIC ENCASHMENT PLAN (AEP) - Available only for Growth Option

Name of the Scheme/Plan/Option/Sub Option												
Frequency		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	AEP date : 1st Business Day			(Minimum Rs.500/- for AEP option)				

9 DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information of the Scheme(s). I/We hereby apply for units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme and to other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objective, investment pattern and risk factors applicable to Plan/ Options under the Scheme(s). I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the scheme, then Navi Mutual Fund, has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making these investments. I/We undertake that these investments are on my/our own account and in event Know Your Customer process is not completed by me/us to the satisfaction of the Mutual Fund, I/ We hereby authorise the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that maybe required by the law. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable law enacted by the Government of India or any Statutory Authority. I/We hereby declare that the particulars above are correct. I/We hereby, further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above 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 approved banking channels or from my/our Non-resident External/Ordinary Account/FCNR/NRSR Account. The ARN holder has disclosed to me/us all the commission (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 hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/ our Aadhaar number(s) in accordance with Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

Sole/1st applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder
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(Regular Encashment Plan is only a feature for regular withdrawal from the Scheme and shall not be construed as an assurance or guarantee of returns)

This facility allows investors to redeem a fixed sum of money periodically at the prevailing NAV, subject to exit load, if applicable, depending on the option chosen by the investor.

Date: _____

I/We wish to avail the Regular Encashment Plan under Growth option of the scheme opted below:

Folio No. / Application No.	
Name	
<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Regular Plan
(Please tick any one)	
NAVI	

Regular Encashment Plan Dates: ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th (Please tick any one)

Start Date: End Date: OR ☐ Till I/We instruct to discontinue
(Atleast 1 month from the date of request)

Regular Encashment Plan Option: ☐ 6.00% p.a. ☐ 7.50% p.a. ☐ 9.00% p.a. (Please tick any one)
(% of the Regular Encashment Plan investment amount as per choice of the investor will be considered as per annum, the default option will be 6.00% and date will be 7th)

Regular Encashment Plan Investment Amount: _____ (Please specify) (Minimum amount is ₹ 1 lakh)

Sole /1st Applicant/Guardian/Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/Authorised Signatory
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(To be signed as per Mode of (To be signed as per Mode of Holding))

APPLICATION FOR REGULAR ENCASHMENT PLAN

Date: _____

I/We wish to avail the Regular Encashment Plan under Growth option of the scheme opted below:

Folio No. / Application No.	
Name	
<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Regular Plan
(Please tick any one)	
NAVI	

Regular Encashment Plan Dates: ☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th (Please tick any one)

Start Date: End Date: OR ☐ Till I/We instruct to discontinue
(Atleast 1 month from the date of request)

Regular Encashment Plan Option: ☐ 6.00% p.a. ☐ 7.50% p.a. ☐ 9.00% p.a. (Please tick any one)
(% of the Regular Encashment Plan investment amount as per choice of the investor will be considered as per annum, the default option will be 6.00% and date will be 7th)

Regular Encashment Plan Investment Amount: _____ (Please specify) (Minimum amount is ₹ 1 lakh)

Details of FATCA and CRS information (For Non-Individuals / Legal Entity)

APPLICANT DETAILS

NAME OF THE ENTITY																	
TYPE OF ADDRESS GIVEN AT KRA		<input type="checkbox"/> Residential or Business				<input type="checkbox"/> Residential				<input type="checkbox"/> Business				<input type="checkbox"/> Registered Office			
CUSTOMER ID / FOLIO NO																	
PAN						DATE OF INCORPORATION				D D / M M / Y Y Y Y							
CITY OF INCORPORATION																	
COUNTRY OF INCORPORATION																	

PLEASE TICK THE APPLICABLE TAX RESIDENT DECLARATION

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No
 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below)

COUNTRY	TAX IDENTIFICATION NUMBER *	IDENTIFICATION TYPE (TIN or other, please specify)

* In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

Please refer to para3 (vii) Exemption code for U.S. persons under Part 3 of FATCA Instructions & Definitions

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial Institution ³ <input type="checkbox"/> or Direct reporting NFE ⁴ <input type="checkbox"/> (please tick as appropriate)	GIIN <input type="text"/>
	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of the sponsoring entity <input type="text"/>
	GIIN not available (please tick as applicable) <input type="checkbox"/> Applied for if the entity is a financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub - category ¹⁰ <input type="checkbox"/> Not obtained - Non - participating FI

PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs)

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3. Is the Entity an active ¹ non-financial Entity (NFE) No <input type="checkbox"/>	Yes <input type="checkbox"/> Name of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="checkbox"/> (Mention code - refer 2c of Part D)
4. Is the Entity a passive ² NFE No <input type="checkbox"/>	Yes <input type="checkbox"/> (if yes, please fill UBO declaration in the next section) Nature of business <input type="text"/>

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³Refer 1(i) of Part D | ⁴Refer 3(vi) of Part D

Details of FATCA and CRS information (For Non-Individuals / Legal Entity)

# If passive NFE, please provide below additional details for each of Controlling person. (Please attach additional sheets if necessary)	
Name & PAN / Any other Identification Number <small>PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)</small> City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____
DOB _____ DD/MM/YY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____
DOB _____ DD/MM/YY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____
DOB _____ DD/MM/YY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any other country other than India

* To include U.S. where controlling person is a U.S. citizen or green card holder.

% In case Tax Identification Number is not available, kindly provide functional equivalent.

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days.

If any controlling person of the entity is a U.S. citizen or green card holder, please include United States in the foreign country information field along with the U.S. Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

PART C: Certification

I / We have understood the information requirements of the Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct and complete. I / We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Date: _____ D D M M Y Y Y Y

Name: _____

Designation: _____

Signature & Seal



Third Party Payment Declaration (Should be enclosed with each payment/SIP Enrolment)															
Payments by : Parents/Grand Parents/Related Persons other than the Registered Guardian/Custodian / Employer															
Maximum Value : Not Exceeding Rs. 50,000/- (each regular purchase or per SIP installment)															
Application and Payment Details (All details below are mandatory, including relationship, PAN, KYC)															
Folio No.						Application Form									
Beneficiary Name															
Investment Amount (Rs.)															
Payment Cheque No.						Dated									
Cheque Drawn on Bank															
Cheque Drawn on A/C No.															
Declaration and Signatures															
RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3) [Please • (•) as applicable]															
Status of the Beneficial Investor	Minor					FII					Employee (s)				
						• Client									
Relationship of Third Party with the Beneficial Investor	<ul style="list-style-type: none"> • Parent • Grand Parent • Related Persons _____ (Please specify)					Custodian SEBI Registration No. of Custodian Registration Valid Till _____					Employer				
Declaration by Third Party	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 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 made on behalf of employee(s) under Systematic Investment Plans through Payroll Deductions.				
Income tax PAN															
KYC Acknowledgement	<input type="checkbox"/> Attached (Mandatory for any amount) <input type="checkbox"/> Attached (Mandatory for any amount)														
Signature															
Contact No.															

Banker's Certificate in case of Demand Draft/Pay Order/Any Other Pre-Funded Instrument issued against cash less than Rs. 50000/- only

To whomsoever it may concern

We hereby confirm the following details regarding instrument issued by us:

Instrument Details																												
Instrument Type	<input type="checkbox"/> Demand Draft <input type="checkbox"/> Pay Order/Banker's Cheque																											
Instrument Number																Date												
Instrument Amount (Rs.)																												
In Favour of/ Favouring																												
Payable At																												
Request received from:																												
Name of the Requestor																												
Address of the Requestor																												
PAN (if available)																												
Branch Manager/Declarant (s): Signature: Name: Address: Bank & Branch Seal City: State: Pin : Country: Contact No.																												



Banker's Certificate in case of Demand Draft/Pay Order/Any Other Pre-Funded Instrument (when investor has bank account in issuing bank)

To whomsoever it may concern

We hereby confirm the following details regarding instrument issued by us:

Instrument Type	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Pay Order/Banker's Cheque	
Instrument Number	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>	Date	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>
Instrument Amount (Rs.)	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>		
In Favour of/ Favouring	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>		
Payable At	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>		

Details of Bank Account Debited for issuing the instrument:

Bank Name	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>		
Bank Account Number	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>	Account Type	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>
Account Holder Details	Name	Income Tax PAN	
1.	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>	
2.	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>	
3.	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>	<div style="display: flex; justify-content: space-between;"><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div><div><div style="width: 100px; height: 20px; border: 1px solid black;"></div></div></div>	

If the issuing Bank Branch is outside India:

We further declare that we are registered as Bank/branch as mentioned below:

Under the Regulator	(Name of the Regulator)
In the Country	(Country Name)
Registration No.	(Registration No.)

We confirm having carried out necessary Customer Due Diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti Money Laundering laws and other applicable relevant laws in our country.

Branch Manager/Declarant (s):

Signature:

Name:

Address:

.....

..... Bank & Branch Seal

City: State: Pin :

Country: Contact No.

Note: Bankers' certificate suggested above is recommendatory in nature, as there may be existing Bank Letters/ Certificates/Declarations, which will confirm to the spirit of the requirements, if all the required details are mentioned in the certificate.