

	Please refer to the ins	structions w	hile filling th	e Applica	ation For	m. Tick 🛭	✓ whiche	ever is a	applica	able.														
1	DISTRIBUTOR / AR	N CODE / R	IA Su	b Broker	ARN Cod	de Em	iployee U	nique lı	ndenti	fication	Numb	er (EUII	√)* SI	UB-BR	OKER (	CODE	/ AGEN	IT COL	DE	DAT	E & TII	ME OF F	RECEIP	T
																				F			ONLY	
	*I/We hereby confirm that distributor or notwithstan																							
					, ,,,							•												
	Sole /1st Applicar	t/Guardian/Au	uthorised Sign	atory/POA	Holder		2	2nd Appli	icant/A	uthorised	Signato	ry/POA H	Holder				3rd A	pplican	t/Authori	sed Sigr	natory/Po	OA Holde	:r	
2	TRANSACTION C	HARGES	FOR API	PLICAT	IONS T	HROU	GH DIST	TRIBU	TOR	S/AGE	NTS	ONLY	(Pleas	e tick a	any one	e of th	ne belo	w)						
	I confirm that I a (Rs. 150/-will be de In case the purchase/subs subscription amount and	ducted as trar cription amou	nsaction charg int is Rs.10,00	ges for trar 0/- or more	nsaction of and your	Rs. 10,000 AMFI Regi	istered Dist	ributor ha				(Rs. f	100/- will ng Transa	be dedu		transac	ction cha	rges for	r transac	tion of R		00/- and r		ırchase/
3	EXISTING INVEST	OR INFO	RMATIO	N (If you	have ex	cisting fo	olio pleas	se fill ir	sect	ions 3,6	5,9,11,	12 and	17)											
	Unit Holding Opti	ons		_ D	emat M	lode			Phys	sical M	lode				Folio	Num	nber							
4	DEMAT ACCOUN	T DETAIL			hat the se emat mod		f names as I above.)	mentio	ned in	the appli	cation	form mat	tches wi	th that,	of the ac	ccount	held in	deposi	itory par	ticipant	. Demat	Accoun	t details	s are
	NSDL D	epository Pa	articipant Na	ame						E	nclosu	res												
	CDSL	P ID Numbe	er ccount Num	nber								ent Mas			•	ment			Instruct	tion Slip	р			
5	NEW INVESTOR	NEODMA	TION /To	ho fillad i	n Plack I	ottora n	Jagga Jag	vo. ono	boy b	lank hat	woon	two wor	rda)											
J	NAME OF FIRST/S			be illied i	II BIOCK L	etters, p	nease lea	Mr.		Ms.	.ween	M/s.	us)											
	PAN/PERN #									KYC Pr	oof#		Date of	of Birth	/Date o	of Inco	rporatio	on	D	D	IVI	IVI	Υ	Υ
	CKYC Id																							
	Aadhaar No											aring the												
												neir Regi												
	Father's Name/Na	me of Gu	<b>ıardian</b> (ir	n case o	of Minor	) / Con	tact Per	son (i	n cas	e of no	on ind	ividual	applic	cant)		۷r.	N	ls.						
	PAN/PERN #									KYC Pr	roof#		Relat	ionship	with N	/linor/E	Designa	ation		- 1	VAND	ATOR	Υ	
	CKYC Id																							
	Aadhaar No											aring the												
	Mailing Address	of First/So	ole Applic	ant (Po	Э Вох а	ddress	is not su	ufficier	nt)			ling dem neir Regi												
																				T				T
	City					State						Cou	ntry				Pin (	Code						
	Overseas Address (M "All Non Individual Inv													O Box	addres	s plea	ise pro	vide yo	our Indi	an add	ress)			
	Overseas Addres		7 10 111011001	y	, ,, ,, , , ,			(			o/10ga	· • · · · · · · · · · · ·												
																Cou	ntry							
6	FIRST/SOLE APP	LICANT (	OTHER DI	ETAILS																				
•	Telephone												Mobi	ile										
	Email							Mode	of Ho	oldina		ingle	Join		Anyone	e or S	urvivor	(s)(De	fault onti	ion in ca	se of mu	ore than o	nne Ann	licant)
	Occupation (of first/sole Applicant)	В	usiness	ПР	rofessio	nal	House \		_	gricultu			rvice	,		dent	[		etired	[	_	ners	шол фр.	- iourity
	Status		tesident Inc				prietorshi			ociety/				N	NRI		Repar				Trust		HUF	
	(of first/sole Applicant)	□ P	artnership	Firm	_ c	n Behal	lf of Mino	or	E	ank/Fir	nancia	l Institu	ıtion	_ N	IRI		Non-F	Repart	riable	(NRO)	,		Others	s
	Gross Annual Income	В	elow 1 Lac	5 -	- 10 Lac	s	>25 Lacs	s - 1 Cr	rore	Net-wo			D-							Б	D I	/I IVI	V	_
	Politically Exposed Pe		- 5 Lacs		- 25 La		>1 Crore		Korts (	,		n-Individuals	_	Lam	PEP	as			an 1 year) ed to P		_	ot Appl	icable	
	Non - Individual Inves	· , ,						JIIOLEFS/	rvaria/	_		me Direc kchang				Servi						ot Appi awning		
	Non - individual inves	iors irrorve	a/ providing	ally of t	ne menu	oried ser	vices				•	Gambli		•	-					of the A	•	awiiiig		
	# Please attach proof.	Refer instru	ctions page	point XI	I - PAN/F	PERN an	d KYC																	
Ack	knowledgement Sli	<b>p</b> (To be fil	lled in by th	ne inves	tor)							Aı	pplicat	ion No	).									
Ren	eived from Mr./Ms./M	/s.										-						Colle				mp & R	eceipt	t
	application for Schem					PI	an:					ption:								Date a	ırıa IIN	iie		
	• •	O		Doto	١.			Λ.	movii	t (Pc \		γιισι1												
	eque/DD No. :	-1-		_ pated				A	moun	t (Rs.)														
	wn on Bank and Bran																							
Plea	ase note : All Purchas	es are sub	ject to real	isation o	or Chequ	ies/DD.																		



7	JOINT APPLICANT	DETAILS																		
а	NAME OF SECOND A	PPLICANT	Mr. Ms.																	
	PAN/PERN #						KYC Pr	oof#		Date o	f Birth/Dat	e of Inco	rporatio	ı	D	D	M	M	Υ	Υ
	CKYC Id																			
	Aadhaar No							includi	ng demo	graphic	r number I p information	with the a	isset man	ageme	nt comp	oanies o	of SEBI	registere	ed mutu	al fund
	Gross Annual Income	Delem 41 ee		7.051		D-12					Transfer Ag	ent (RTA)	for the p				same i	n my / oı	ur tolios	
	Gross Armai meome	Below 1 Lac	5 - 10 Lacs 10 - 25 Lacs	>25 Lac	cs - 1 Crore e		cally Exp				lus (arta/ Trustee/ Wr	ole time Direc	tors)		I am P I am R		to PEP	No	t Applic	able
	Father's Name						.,		•											
	Occupation (of first/sole Applicant)	Business	Professiona	П	ouse Wife		Agric	ulture		Service	e _	Stude	nt		Retire	d		Others		
b	NAME OF THIRD APP	LICANT	Mr. Ms.																	
	PAN/PERN #						KYC Pr	oof#		Dat	e of Birth/l	Date of I	ncorpora	tion	D	D	M	M	Υ	Υ
	CKYC Id																			
	Aadhaar No							includi	ng demo	graphic	r number I p information	with the a	isset man	ageme	nt comp	oanies o	of SEBI	registere	ed mutu	al fund
											Transfer Ag	ent (RTA)	for the p	_	•		same i	n my / oı	ır folios	
	Gross Annual Income	Below 1 Lac	5 - 10 Lacs		cs - 1 Crore		cally Exp			,					I am P		اء DED	□ Na	4 Annlie	abla
	Father's Name	1 - 5 Lacs	10 - 25 Lacs	>1 Cror	e	(Also a	pplicable for a	authorised s	ignatories/ I	Promoters/ K	arta/ Trustee/ Wh	ole time Direc	tors)		ı am ĸ	elated t	TO PEP	NC	t Applic	able
	rather's Name																			
	Occupation (of first/sole Applicant)	Business	Professiona	П	louse Wife		Agric	ulture		Service	ce	Stude	nt		Retire	d		Others		
8	Power of Attorney	(BOA)																		
U	NAME OF POA	(I OA)	Mr. Ma	M/s.																
	NAME OF FOA		Mr. Ms.	IVI/S.																
	PAN/																			
	PERN#				KYC P	roof #	<b>#</b>						Date of	Birth	D	D	IVI	IVI	Υ	Υ
9	*FATCA INFORMA	TION/ FOREIGN T	AX LAWS (For Ir	dividual in	cluding Sole	Prop	rietor) (F	or Nor	ı-individ	lual, ma	andatory to	fill up F.	ATCA CI	RS forr	n) (Re	fer ins	truction	n)		
	Place of Birth				Country	of Bi	rth													
	Nationality Ind	lian U.S.			Tax Resid		Addre	ss (for		Addre	ss)	F	Residen	tial			Regis	tered		
	Are you a tax reside	1 27	sessed for Tax) i	n any oth			ide Indi	ia?		Yes		No								
	If 'No' please proce	` '	,	,	,															
	If 'YES', please fill the Resident in the response	•	in which	you are F	Resid	ent for	tax pu	urpose	s i.e.,	where yo	ou are a	a citize	n / Re	esider	nt / Gr	reen (	Card H	older	/ Tax	
	Applicant Details	Country of Ta	ax Residency		Tax Ident Funct		tion Nu Equiva				ntification other, plea							olease define		
	Applicant 1												*	Reas	on A		В	С		
	Applicant 2												*	Reas	on B		В	С		
	Applicant 3												*	Reas	on C		В	_ C [		
	* Reason A The countr * Reason B No TIN rec * Reason C others; ple Declaration:	quired. (Select this rea	ison Only if the auth	norities of t	he country o	f tax ı	esidenc	e do no	ot requi	re the T	IN to be co	·	'							
	I hereby confirm that the submitted above. I also about any changes / many intermediary or by	o confirm that I have nodification to the abo	read and understoo ve information in fu	d the FAT ture within	CA & CRS 1	Terms	and Co	nditions	s belov	and h	ereby acce	pt the s	ame. I a	lso uno	dertak	e to ke	ер уо	ı inform	ed in v	writing
	# Please attach proof.	Refer instructions pag	ge point XII - PAN/P	ERN and I	KYC															



10	*BANK ACCOUNT DETAILS (Please attach copy of	cancelled chequ	ue) For register	ng munipic bai	ik Accounts pieas	e illi up Registration t	r Multiple Bank Ad	count Form	
	Name of the Bank :					Br	nch:		
	Account Type (Please ☑ ) SB Current NRC	NRE	FCNR	Acc	ount Number :				
	Branch Address :	,			City:			Pin:	
	IFSC Code :				Oity.	MICI	Code :		
	AMC reserves the right to use any mode of payment deemed appropriate.	I/Me understand th	nat AMC shall not be	responsible if tran	saction through DC/R			omplete or incorrect	information
							ed out because of mo	Simplete of illicontect	inomiation.
11	*INVESTMENT DETAILS I/We would like to inves	t in the follow	ing scheme o	of Navi Mutua	I Fund Scheme	::			
	Scheme : Navi			Plan	Reg	gular	Direct		
	Option Growth Dividend			Sub-Opti	on Divi	idend Payout	Dividend Re	investment (defa	ault)
	In case of any ambiguity / incomplete information, the defa						emorandum, Sche	eme Information	Document &
	Statement of Additional Information. Please see the Plan, of Dividend Frequency	Option and Divi	dena policy det	alis in the SID/r	and before filling in	the above details.			
	Dividend Frequency								
12	*PAYMENT DETAILS (In case of DD, please provi	ide us specifi	c declaration)						
	Mode of Payment Cheque DD	Fund Transfer	Othe	rs		Please sp	ecify		
	Cheque/DD No.					Date D	M M	Y	Y
	Gross Amount (Rs)		DD Charges	(Rs)		Net Amo	int (Rs)		
	Drawn on Bank & Branch					Account Type	B Current	NRO N	IRE FCNR
13	SYSTEMATIC INVESTMENT PLAN (SIP) PAYME	NT TYPES (	Please select	any one opti	on)				
	SIP through Post Dated Cheques (Please fill & submit wit	th this form)	SIP through Aut	o Debit (ECS) (I	Please fill up enclo	sed SIP Auto Debit (EC	S) Form & submit v	vith this form)	
14	NOMINATION DETAILS (Please refer to Instruction	is page, point	no VII) In case o	of existing investo	r, nomination details	mentioned in the below to	ble will replace the e	xisting details regis	stered in the folio
	Nomination Required YES NO								
	Nominee Name	Relationshi	p Date of I	Birth Gu	ardian Name	Allocation S	n of	Sign of	Sign of
		with Nomine			Nominee is Minor)			lominee	Applicants
									1st App.
									2nd App.
	Disassant that the same and forming the same and the same	4							3rd App.
	Please note that if you do not furnish any nomination details, it is	deemed to be as	sumed that you d	io not wish to no	minate anyone.				
15	HOW DO YOU WISH TO RECEIVE THE DOCUM	ENT(S) (Plea	ase ☑)						
	I/We wish to "Opt In" for receiving the following in Physical					receive the Account			
	Annual Reports/Abridged Summary Accoun	t Statement			English	(Default option)	Bengali	ма	layalam
16	DOCUMENTS ENCLOSED (Please ☑ )								
16		of Authorized Si	gnatories with S	Specimen Signa	atures	Memorand	m & Articles of As	sociation	
16	Resolution/Authorisation to invest List of	of Authorized Si nership Deed	_	Specimen Signa eas Auditor Cer		Memorando Notarised F		sociation by of cancelled o	:heque
16	Resolution/Authorisation to invest List of	nership Deed	Overse	as Auditor Cer		Notarised F		by of cancelled of	•
16	Resolution/Authorisation to invest List of Trust Deed Bye-laws Partr	nership Deed	Overse	as Auditor Cer	tificate	Notarised F	OA Cor	by of cancelled of	•
Ξ	Resolution/Authorisation to invest List of Trust Deed Bye-laws Partr Copy of PAN Card KYC PIO  *DECLARATION AND SIGNATURES  I/We have read and understood the contents of the Statement of Additional Inf	nership Deed Card ormation and Schem	Overse Foreign	eas Auditor Cer n Inward Remit	tificate tance Certificate (s). I/We hereby apply f	Notarised F Special Pro	OA Copduct Form (SIP / S	by of cancelled of STP / SWP / AER	and conditions, rules
Ξ	Resolution/Authorisation to invest List of Trust Deed Bye-laws Partr Copy of PAN Card KYC PIO  *DECLARATION AND SIGNATURES  I/We have read and understood the contents of the Statement of Additional Inf and regulations of the Scheme and to other statutory requirements of SEBI.AMF	nership Deed Card  ormation and Schemer, Prevention of Mon	Overse Foreign  The Information Document Laundering Act, 2	eas Auditor Cer n Inward Remit nent of the Scheme 002 and such other	tificate tance Certificate (s). I/We hereby apply fregulations as may be a	Notarised F Special Pro or units of the scheme as ind pplicable from time to time. IA	OA Copduct Form (SIP / Stated above and agree to confirm to have under	by of cancelled of STP / SWP / AER	and conditions, rules objective, investment
Ξ	Resolution/Authorisation to invest List of Trust Deed Bye-laws Partr Copy of PAN Card KYC PIO  *DECLARATION AND SIGNATURES  I/We have read and understood the contents of the Statement of Additional Inf and regulations of the Scheme and to other statutory requirements of SEBI.AMF pattern and risk factors applicable to Plan/Option under the Scheme (s). I/We to bring my/our investment below 25%. I/We have not received nor been induce	nership Deed Card  commation and Schem Fil, Prevention of Monagree that in case of d by any rebate or gi	Overse Foreign  The Information Document Laundering Act, 2 my/our investment iffs, directly or indirectly or indir	nent of the Scheme oog and such other in the scheme is equity in making this inv	ifficate tance Certificate (s). I/We hereby apply f regulations as may be a al to or more than 25% estments. I/We undertal	Notarised Formula Special Proof or units of the scheme as indipplicable from time to time. In of the corpus of the scheme, ke that these investments are	OA Cop duct Form (SIP / S cated above and agree e confirm to have under then Navi Mutual Fund on my/our own account	by of cancelled of STP / SWP / AER to abide by the terms restood the investment has full right to refund and in event Know You	and conditions, rules objective, investment the excess to me/us our Customer process
Ξ	Resolution/Authorisation to invest  Trust Deed  Bye-laws  Partr  Copy of PAN Card  KYC  PIO  *DECLARATION AND SIGNATURES  I/We have read and understood the contents of the Statement of Additional Inf and regulations of the Scheme and to other statutory requirements of SEBI.AMP pattern and risk factors applicable to Plan/Option under the Scheme (s). I/We to bring my/our investment below 25%. I/We have not received nor been induce is not completed by me/us to the satisfaction of the Mutual Fund, I/We hereby a other action with such funds that may be required by the law. I/We declare that	ormation and Schem FI, Prevention of Mon agree that in case of d by any rebate or gi suthorise the Mutual the amount invester	Overse Foreign  In Information Docur  In Inf	nent of the Scheme 002 and such other in the scheme is equ thy in making this inv funds invested in the rough legitimate sou	itificate tance Certificate  (s). I/We hereby apply fregulations as may be a all to or more than 25% estments. I/We undertal so scheme, in favour of throse only and is not des	Notarised F Special Pro or units of the scheme as ind pplicable from time to time. I/I of the corpus of the scheme, ke that these investments are e applicant at the applicable igned for the purpose of cont	OA Cop duct Form (SIP / S sated above and agree e confirm to have under hen Navi Mutual Fund on my/our own account \(AV) prevailing on the da avention or evasion of a	by of cancelled of STP / SWP / AEI to abide by the terms stood the investment has full right to refund and in event Know Yo tee of such redemption ny Act, Regulations con the stood of the	and conditions, rules objective, investment It the excess to me/us our Customer process and undertake such rany other applicable
Ξ	Resolution/Authorisation to invest  Trust Deed  Bye-laws  Partr  Copy of PAN Card  KYC  PIO  *DECLARATION AND SIGNATURES  I/We have read and understood the contents of the Statement of Additional Inf and regulations of the Scheme and to other statutory requirements of SEBI.AMf pattern and risk factors applicable to Plan/Option under the Scheme (s). I/We to bring my/our investment below 25%. I/We have not received nor been induce is not completed by me/us to the satisfaction of the Mutual Fund, I/We hereby a other action with such funds that may be required by the law. I/We declare that law enacted by the Government of India or any Statutory Authority. I/We hereby	ormation and Schem Fi, Prevention of Mon agree that in case of d by any rebate or gi authorise the Mutual the amount invested by declare that the pa	Overse Foreign  The Information Docur  The In	nears Auditor Cer in Inward Remit nent of the Scheme 002 and such other in the scheme is equ tyl in making this inv funds invested in the funds legitimate sou correct. I/We hereby	ifficate  iance Certificate  (s). I/We hereby apply fregulations as may be a lat to or more than 25% estments. I/We undertal scheme, in favour of the cres only and is not des further agree that the factors and the control of the co	Notarised For Special Profession or units of the scheme as ind pplicable from time to time. In of the corpus of the scheme, ke that these investments are applicant at the applicable igned for the purpose of contrud can directly credit all the	OA Cop duct Form (SIP / S cated above and agree e confirm to have under hen Navi Mutual Fund on mylour own account AV prevailing on the da evention or evasion of a dividend and redemptic	by of cancelled of STP / SWP / AEI  to abide by the terms stood the investment has full right to refund and in event Know Yo tee of such redemption yact, Regulations on amount to my bank	and conditions, rules objective, investment the excess to me/us urr Customer process a and undertake such rany other applicable to details given above.
Ξ	Resolution/Authorisation to invest  Trust Deed  Bye-laws  Partr  Copy of PAN Card  KYC  PIO   *DECLARATION AND SIGNATURES  I/We have read and understood the contents of the Statement of Additional Inf and regulations of the Scheme and to other statutory requirements of SEBI.AMF pattern and risk factors applicable to Plan/Option under the Scheme (s). I/We to bring my/our investment below 25%. I/We have not received nor been induce is not completed by me/us to the satisfaction of the Mutual Fund, I/We hereby to ther action with such funds that may be required by the law. I/We declare that law enacted by the Government of India or any Statutory Authority. I/We here The ARN holder has disclosed to me/us all the commission (in the form of trail NRIs: I/We confirm that I am/We are Non-resident of Indian Nationality/Orig	nership Deed Card  Card  Card  Ormation and Schem 71, Prevention of Mon agree that in case of d by any rebate or g utubrorise the Mutual the amount investee y declare that the p commission or any c in and I/We hereby	Overse Foreign  le Information Docur  ey Laundering Act, mylour investment i fits, directly or indirec  from the Scheme is th  articulars above are  wither mode), payable  confirm that the fur	has Auditor Cer in Inward Remit hent of the Scheme 002 and such other to the scheme is equ thy in making this inv unds invested in the ungh legitimate sou correct. IWe hereby to him for the differ ds for subscription	itificate tance Certificate  (s). I/We hereby apply f regulations as may be a al to or more than 25% estments. I/We undertal scheme, in favour of th rces only and is not des further agree that the 1 ent competing Schemes have been remitted fro	or units of the scheme as ind pplicable from time to time. In of the corpus of the scheme, ke that these investments are eapplicant at the applicable igned for the purpose of control or and directly credit all the of various Mutual Funds from a broad through approved	OA Cop duct Form (SIP / S duct Form (SIP / S duct Form (SIP / S duct Form to have under hen Navi Mutual Fund on my/our own account AV prevailing on the avention or eaten of a dividend and redemptic amongst which the Scl	by of cancelled control of the street of the	and conditions, rules objective, investment It the excess to me/us our Customer process and undertake such rany other applicable details given above, enended to me/us. For ont External/Ordinary
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#### 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 Indentification Number (EUIN)\* SUB-BROKER CODE / AGENT CODE DATE & TIME OF RECEIPT 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 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. 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) | 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)
(Rs. 150/-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 (referinstruction 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.) Depository Participant Name NSDL DP ID Number Delivery Instruction Slip CDSL Client Master List Beneciary Account Number Transaction Cum Holding Statement 4. INVESTOR AND INVESTMENT DETAILS Sole/First Investor Name Mr. Ms PAN/PERN KYC Proof CKYC Id 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 Aadhaar No. 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 Sub Option: Dividend Reinvestment (default) Dividend Payout Direct Regular Option: Growth Dividend Divdend 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 Start Date End Date Frequency Quarterly Fortnightly SIP Every Alternate Wednesday Preferred Debit Date (Any date except 29, 30 and 31) Period 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 furher 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 \$SIDKIMISAI, 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). To be signed by ALL UNIT HOLDERS if mode of holding is Joint 6. LUMPSUM / NACH / ECS / DIRECT DEBIT / MANDATE INSTRUCTIONS FORM (applicable for LUMPSUM additional purchase as well as SIP registeration **Utility Code** Sponsor Bank Code Tick (✓) NAVI MUTUAL FUND I/We hereby authorize to debit (Tick ☑) │ ○ SB ○ CA ○ CC ○ SB-NRE ○ SB-NRO ○ Other CREATE MODIFY Bank a/c number CANCEL **IFSC** or MICR With Bank an amount of Rupees Frequency ⊠ Monthly Half Yearly As & when presented Debit Type □ Fixed Amount ✓ Maximum Amount □ Quarterly Reference 1 Folio No.: Mobile No. 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 D D M M Y Y Y Or Until Cancelled 2. 1. 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. navi MUTUAL FUND SIP through Lumpsum / ECS / Auto Debit Form Acknowledgment Slip (To be filled in by the investor) Received from Mr./Ms./M/s.

Website: navimutualfund.com

Frequency:

Plan:

An application for Scheme:

Toll free: 1800 103 8999 Non Toll Free: +91 81475 44555

mf@navi.com

Collection Centre's Stamp & Receipt

Date and Time

Date of Commencement :

Option



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	AEP date : 1st	Business Day			(Mini	imum Rs.500/-	for AEP	option)	
SIGNATURES									
ons, rules and regulations of the Sot to have understood the investment of the corpus of the scheme, then he totyl in making these investments. In by authorise the Mutual Fund to reat maybe required by the law. In the policable law enacted by the Gover and redemption amount to my bar defrom abroad through approved commission or any other mode), I snsent in accordance with Aadhaar At, 2016 (and regulations made ther	cheme and to other statutory requirem to bjective, investment pattern and risk in Navi Mutual Fund, has full right to refur We undertake that these investments a steem the funds invested in the schem declare that the amount invested in the mment of India or any Statutory Authori k details given above NRIs only: I NW d banking channels or from myour N payable to him for the different compet Act, 2016 and regulations made thereu reunder) and PMLA.	ents of SEBI. AMFI, Previactors applicable to Plan/ dd the excess to me/us to ree on my/our own accounte, in favour of the applica. Scheme is through legitity. I/We hereby declare the confirm that I am/We are on-resident External/Ording Schemes of various Monder, for (i) collecting, sto	vention of Money / Options under the obing my/our in it and in event Kn ant at the applica imate sources on hat the particulars re Non-resident of linary Account/Fo Mutual Funds from pring and usage (i	Laundering ne Scheme(s vestment be ow Your Cus ble NAV pre ly and is not a above are c CNR/NRSR n amongst w i) validating/	Act, 2002 s). I/We a selow 25% stomer prevailing or designed correct .I/ tionality/ Account. which the authentic	2 and such other agree that in cas but have not rocess is not corn the date of su d for the purpose. We hereby, furth Origin and I/W. The ARN hold scating and (iii) up a direct of the purpose of the purpose of the purpose.	er regulation e my/our in received r mpleted by ch redemp e of contrav her agree the hereby coder has dis- ig recommendating my/	ns as may vestment nor been in me/us to to tion and un vention or hat the Fu confirm that aclosed to ended to r our Aadh	be application the Scheinduced by a che satisfact andertake surevasion of a nd can direct the funds me/us all ne/us.
t to	ons, rules and regulations of the S to have understood the investment of the corpus of the scheme, then butly in making these investments. It is authorise the Mutual Fund to reat maybe required by the law. INWe policable law enacted by the Govern and redemption amount to my bated from abroad through approve commission or any other mode), is sent in accordance with Aadhaer t, 2016 (and regulations made the sent of my Aadhaar number(s) in:	ons, rules and regulations of the Scheme and to other statutory requirement to have understood the investment objective, investment pattern and risk fit the corpus of the scheme, then Navi Mutual Fund, has full right to refurbitly in making these investments. I/We undertake that these investments are by authorise the Mutual Fund to redeem the funds invested in the scheme at maybe required by the law. I/We declare that the amount invested in the policiable law enacted by the Government of India or any Statutory Authoriticand redemption amount to my bank details given above NRIs only: I //We and from abroad through approved banking channels or from my/our Nacommission or any other mode), payable to him for the different competitions sent in accordance with Aadhaar Act, 2016 and regulations made thereur at, 2016 (and regulations made thereunder) and PMLA.	ons, rules and regulations of the Scheme and to other statutory requirements of SEBI. AMFI, Prev to have understood the investment objective, investment pattern and risk factors applicable to Plan. If the corpus of the scheme, then Navi Mutual Fund, has full right to refund the excess to me/us to tally in making these investments. I/We undertake that these investments are on my/our own accound by authorise the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicat maybe required by the law. I/We declare that the amount invested in the Scheme is through legition beliable law enacted by the Government of India or any Statutory Authority. I/We hereby declare the and redemption amount to my bank details given above NRIs only: I/We confirm that I am/We are different abroad through approved banking channels or from my/our Non-resident External/Ord commission or any other mode), payable to him for the different competing Schemes of various Nesent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, stot, 2016 (and regulations made thereunder) and PMLA.	ons, rules and regulations of the Scheme and to other statutory requirements of SEBI. AMFI, Prevention of Money to have understood the investment objective, investment pattern and risk factors applicable to Plan/ Options under the fit he corpus of the scheme, then Navi Mutual Fund, has full right to refund the excess to me/us to bring my/our in the typ in making these investments. I/We undertake that these investments are on my/our own account and in event Knopy authorise the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicant maybe required by the law. I/We declare that the amount invested in the Scheme is through legitimate sources on opplicable law enacted by the Government of India or any Statutory Authority. I/We hereby declare that the particulars and redemption amount to my bank details given above NRIs only: I /We confirm that I am/We are Non-resident and redemption amount to my bank details given above NRIs only: I /We confirm that I am/We are Non-resident of from abroad through approved banking channels or from my/our Non-resident External/Ordinary Account/FC commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds fror insent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (if t, 2016 (and regulations made thereunder) and PMLA.	ons, rules and regulations of the Scheme and to other statutory requirements of SEBI. AMFI, Prevention of Money Laundering to have understood the investment objective, investment pattern and risk factors applicable to Plan/ Options under the Scheme(if the corpus of the scheme, then Navi Mutual Fund, has full right to refund the excess to me/us to bring my/our investment be tetly in making these investments. I/We undertake that these investments are on my/our own account and in event Know Your Curby authorise the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV prest maybe required by the law. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not opticable law enacted by the Government of India or any Statutory Authority. I/We hereby declare that the particulars above are cand redemption amount to my bank details given above NRIs only: I/We confirm that I am/We are Non-resident of Indian Nated from abroad through approved banking channels or from my/our Non-resident External/Ordinary Account/FCNR/NRSR commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst versient in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/tt, 2016 (and regulations made thereunder) and PMLA.	ons, rules and regulations of the Scheme and to other statutory requirements of SEBI. AMFI, Prevention of Money Laundering Act, 200 to have understood the investment objective, investment pattern and risk factors applicable to Plan/ Options under the Scheme(s). I/We at 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% of the scheme, then Navi Mutual Fund, has full right to refund the excess to me/us to bring my/our investment below 25% of the scheme is the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV prevailing of the my the required by the law. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designee opticable law enacted by the Government of India or any Statutory Authority. I/We hereby declare that the particulars above are correct. In and redemption amount to my bank details given above NRIs only: I //We confirm that I am/We are Non-resident of Indian Nationality of from abroad through approved banking channels or from my/our Non-resident External/Ordinary Account/FCNR/NRSR Account commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the insent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authentit, 2016 (and regulations made thereunder) and PMLA.	ons, rules and regulations of the Scheme and to other statutory requirements of SEBI. AMFI, Prevention of Money Laundering Act, 2002 and such othe to have understood the investment objective, investment pattern and risk factors applicable to Plan/ Options under the Scheme(s). I/We agree that in cas if 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 other than the senior of the scheme, in favour of the applicant at the applicable NAV prevailing on the date of su 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 su through 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 opplicable 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 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 deform abroad through approved banking channels or from my/our Non-resident External/Ordinary Account/FCNR/NRSR Account. The ARN hole commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is bein seent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) ut, 2016 (and regulations made thereunder) and PMLA.	ons, rules and regulations of the Scheme and to other statutory requirements of SEBI. AMFI, Prevention of Money Laundering Act, 2002 and such other regulation 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 in 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 retity 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 by 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 redemp at 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 contrave policiable 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 the 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 code from abroad through approved banking channels or from my/our Non-resident External/Ordinary Account/FCNR/NRSR Account. The ARN holder has discommission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommensent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my, t, 2016 (and regulations made thereunder) and PMLA.	nsent of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer A





(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 m investor.	oney periodically at the prevailing NAV, subject	to exit load, if applicable, depending on the	e option chosen by the
Date:			
I/We wish to avail the Regular Encashment Plan under C	Growth option of the scheme opted below:		
Folio No. / Application No.			
Name			
☐ Direct Plan ☐ Regular Plan			(Please tick any one)
NAVI			
Regular Encashment Plan Dates: 1st 7th	] 10th		(Please tick any one)
Start Date: M M Y Y Y Y End D  (Atleast 1 month from the date of request)	ate: M M Y Y Y Y	OR Till I/We instruct to discontinue	
Regular Encashment Plan Option: 6.00% p.a. (% of the Regular Encashment Plan investment amount as per ch	7.50% p.a. 9.00% p.a. oice of the investor will be considered as per annum, th	ne default option will be 6.00% and date will be 7th	(Please tick any one)
Regular Encashment Plan Investment Amount:		(Please specify) (Minimu	m amount is ₹ 1 lakh)
Sole /1st Applicant/Guardian/Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/Authorised	d Signatory
.PPLICATION FOR REGULAR E	To be signed as per Mode of (To be signed as per Mode		UAL FUND
Date:		- IVIOI	OAL FUND
I/We wish to avail the Regular Encashment Plan under C	Growth option of the scheme opted below:		
Folio No. / Application No.			
Name			
☐ Direct Plan ☐ Regular Plan			(Please tick any one)
NAVI			
Regular Encashment Plan Dates: 1st 7th	10th		(Please tick any one)
Start Date: M M Y Y Y Y Y End D  (Atleast 1 month from the date of request)	ate: M M Y Y Y Y	OR Till I/We instruct to discontinue	
Regular Encashment Plan Option: 6.00% p.a. (% of the Regular Encashment Plan investment amount as per ch	7.50% p.a. 9.00% p.a. oice of the investor will be considered as per annum, the	ne default option will be 6.00% and date will be 7th	(Please tick any one)
Regular Encashment Plan Investment Amount:		(Please specify) (Minimu	m amount is ₹ 1 lakh)





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

AF	PPLICANT DETAILS																		
NA	ME OF THE ENTITY																		
TY	PE OF ADDRESS GIVEN AT KRA	Residentia	l or Busin	ess	Res	sidential		Busines	SS		Registe	ered (	Office						
CU	STOMER ID / FOLIO NO																		
PA	N						DAT	E OF IN	CORPO	DRATIO	N D	D	/	M	M	/	YY	Y	Y
СІТ	Y OF INCORPORATION																		
СО	UNTRY OF INCORPORATION																		
Ρl	EASE TICK THE APPLI	CABLE TA	X RES	SIDEN.	T DEC	CLARA	TION												
	s "Entity" a tax resident of any co			Yes															
(If y	ves, please provide country/ies in whether the second country is a second country in the second country in the second country is a second country in the second country in the second country is a second country in the second country in the second country is a second country in the second country in the second country is a second country in the second country in the second country is a second country in the second country in the second country is a second country in the second country in the second country is a second country in the second country in the second country is a second country in the second country in the second country is a second country in the second country in the second country is a second country in the second country in the second country is a second country in the second country in the second country is a second country in the second country in the second country is a second country in the sec	nich the entity is	s a reside	nt for tax	ourposes	s and the a	associate	d Tax ID	Numbe	er below	/)								
	COUNTRY	TAX II	DENTI	FICATI	ON N	UMBER	R *				ENT l or o						y)		
* 1	anno Tay Idontification Number	at avail-11- 11	ا مالد د داله	da lta fiii	ntiam - I	abal 4													
	n case Tax Identification Number is r case TIN or its functional equivalent						on numbe	er or Glo	bal Ent	ity Iden	tificatio	n Nur	nber (	or GI	IIN, et	c.			
In	case the Entity's Country of Inc	orporation / T	ax reside	ence is L	J.S. but	Entity is	not a Sp	ecified	U.S. F	Person	, ment	ion E	ntity	's ex	xemp	tion	code	her	е
	-						·						•		•				
Ple	ease refer to para3 (vii) Exemption c	ode for U.S. pe	rsons und	ler Part 3	of FATC	A Instruction	ons & De	finations											
ΕΛ	ATCA & CRS Declaration																		
	ease consult your professional tax a		er guidanc	e on FAT	CA & CF	RS classific	cation)												
PA	ART A (to be filled by Financial I	nstitutions or Di	rect Repo	rting NFE	s)														
1.	We are a,	GIIN																	$\neg \neg$
	Financial Institution <sup>3</sup>				_														
	or	Note: If you d			out you a	ire sponso	red by an	other er	itity, ple	ease pro	ovide yo	our sp	onso	r's G	IIN at	ove	and ir	idica	te
	Direct reporting NFE <sup>4</sup>																		
	(please tick as appropriate)	Name of the	sponsori	ng entity															
	GIIN not available (please tick as ap	plicable)	Applied	d for															
	if the entity is a financial institution,	Not requ	ired to ap	oly for - pl	ease sp	ecify 2 digi	its sub - c	ategory	10										
		Not obtain	ined - Nor	ı - particip	ating FI														
PA	ART B (Please fill any one as ap	propriate "to be	filled by	NFEs othe	er than D	Direct Repo	orting NFI	Es)											
1.	Is the Entity a publicly traded comp	any (that is, a	company	whose sha	ares	Yes (if	f yes, pleas	se specify	any one	stock ex	xchange	on wh	nich the	e stoc	ck is re	gularl	y trade	d)	
	are regularly traded on an establish	ned securities n	narket) No			Name of s	stock excl	hange											
2.	Is the Entity a related entity of a pu	blicly traded co		company		$ abla$	f yes, please		ne of the li	sted comp	any and o	ne stoc	k excha	ange or	n which	the sto	ck is red	gularly	traded)
	whose shares are regularly traded		ed securi		et)	Name of li	-				, , , , ,							, ,	
			No			Nature of	relation:	Subsi	diary of t	he Listed	d Comp	any or	c	Contro	olled by	a Lis	ted Co	mpan	ny
						Name of s	stock excl	nange _											
3.	Is the Entity an active¹ non-financia	l Entity (NFE)	NI.			Yes													
			No			Name of E	Business												
						Please sp	ecify the	sub-cate	gory of	Active	NFE	(N	Mentio	on co	ode - r	efer	2c of	Part I	D)
4.	Is the Entity a passive <sup>2</sup> NFE		No			Yes [ (i	f yes, pleas	se fill UBC	declara	ation in th	ne next s	ection	)						
						Nature of													
		¹Refer 2 o	f Part D	<sup>2</sup> Refer 3(i	i) of Part	D   3Refer	r 1(i)of Pa	art D   ⁴R	efer 3(\	vi) of Pa	art D								





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

Name & PAN  City of Birth  Country of Birth  Satisfacts Name  City of Birth  Country of Birth  Country of Birth  Satisfacts Name  City of Birth  Satisfacts Name  Satisfacts Name  City of Birth  Satisfacts Name  Satisfacts Name  City of Birth  Satisfacts Name  S	# If passive NFE, please provide below additional details for each		se attach additional sheets if necessary)
City of Birth Country of Birth Father's Name    Cocupation Type	PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, C	Others) Nationality	
City of Birth Country of Birth Father's Name    Cocupation Type	City of Birth	Nationality	Gender Male Female
City of Birth	City of Birth	Nationality	Gender Male Female
* To include U.S. where controlling person is a U.S. citizen or green card holder.  % In caseTax 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 infland optimized 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 infland any institutions such as withholding gents for the entry pose of resumpting appropriate withholding from the account or any procedure 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.  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. 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:  Designation:  Designation:	City of Birth	Nationality	Gender Male Female
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 info to any institutions such as withholding agents for the purpose of ensuing 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 Indentification 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  If 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 / usc. Form is true, correct and complete. If We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.  Date:  Designation:  Designation:	* To include U.S. where controlling person is a U.S. citizen or green	en card holder.	any other country other than India
Designation:	Should there be any change in any information provided by you, please ensure you advise If any controlling person of the entity is a U.S. citizen or green card holder, please include Ut is mandatory to supply a TIN or functional equivalent if the country in which you are resident PART C: Certification  I/ We have understood the information requirements of the Form (referred in the country in that I/We have understood the information requirements of the Form (referred in the country in that I/We have the country in the I/We have understood the information requirements of the Form (referred in the country in the I/We have the I/We also confirm that I/We have	us promptly, i.e. within 30 days.  United States in the foreign country information field along with the U.S. Tax Inden tent issues such identifiers. If no TIN is yet available or has not yet been issued, plant and along with the FATCA & CRS Instructions) and hereby con	lease provide an explanation and attach this to the form. Ifirm that the information provided by me / us on this
	Name:		
Signature & Seal	Designation:		
	Signature & Seal		





Third Party Payment Declaration (Should be enclosed with each payment/SIP Enrolment)															
Payments by : Parents Employ		arent	s/Rela	ted F	Person	s othe	er thai	n the	Regi	ster	ed Gu	ardia	n/Cu	stodi	an /
Maximum Value : Not Ex	xceeding	Rs. 5	0,000/	- (ea	ich reg	ular p	urcha	ise oi	per	SIP	instal	lmen	t)		
Application and Paymer	nt Details	(All d	etails l	oelov	w are n	nanda	itory, i	includ	ding r	elat	ionshi	p, PA	N, K	YC)	
Folio No.						Appl	icatio	n Fo	rm						
Beneficiary Name															
Investment Amount (R	s.)														
Payment Cheque No.						D	ated								
Cheque Drawn on Bar	ık														
Cheque Drawn on A/C No.															
Declaration and Signatures															
RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3) [Please • (") as applicable)														icable)	
Status of the Beneficial Investor	Minor			F	FII • Clier	nt				_	Employ	/ee (s	)		
Relationship of Third Party with the Beneficial Investor		Paren			Custodia SEBI Re Registra	gistrati		of Cus	stodiar		Employ	/er			
Declaration by Third Party	I/We de payment i minor is in natural lov as a gift.	n consi	n behalf deration	of s	I/We demade or Source of provided	n behal of this p	f of FIL aymer	/Client	and t	he ds	I/We de made o under Plans Deduct	n beha Syster thr	alf of e	mploy Invest	ee(s)
Income tax PAN															
KYC Acknowledgement		Attad (Mar		for ar	ny amou	ınt)				ttach Mand	ned datory f	or any	amoı	unt)	
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 Demand Draft** 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: \_\_\_\_\_ 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  Demand Draft  Pay Order/Banker's Cheque																		
Instrument Type		Den	nand	Draf	ft		Pay	Orde	r/Bank	ker's C	heq	ue						
Instrument Number									Date	9								
Instrument Amount (Rs.)										•		•			•		•	
In Favour of/ Favouring																		
Payable At																		
Details of Bank Account Debited for issuing the instrument:																		
Bank Name  Bank Account Number  Account Type																		
Account Holder Details Name Income Tax PAN  1.																		
2.																		
3.																		
If the issuing Bank Branc	h is d	outs	ide I	ndia	:													
We further declare that we	e are	regi	ister	ed a	s Ba	nk/b	ranc	h as	menti	oned l	belo	w:						
Under the Regulator	(Na	me d	of the	e Re	gulat	or)												
In the Country	(Cc	untr	y Na	me)														
Registration No.	(Re	gistr	ation	No.	)													
We confirm having carried out the funds received from him, a in our country.			-				_		_				•					
Branch Manager/Declarant	(s):																	
Signature:																		
Name:																		
Address:																		
									Ban	k & Br	anch	se	al					
City:	Sta	ate: .						Pi	n :									
Country:						(	Conta	act N	0									
Note: Bankers' certificate suggested a confirm to the spirit of the requirements										Bank Le	tters/	Certifi	cates	 ;/Decla	 aratior	 IS, W	hich	will

Toll free: 1800 103 8999 Non Toll Free: +91 81475 44555

