

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 (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
	ARN-257030		E-479794		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) <input type="checkbox"/> 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/subsorption 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/subsorption 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 <input type="checkbox"/> 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"/> Depository Participant Name <input type="checkbox"/> Enclosures <input type="checkbox"/> CDSL <input type="checkbox"/> DP ID Number <input type="checkbox"/> Client Master List Delivery <input type="checkbox"/> Instruction Slip <input type="checkbox"/> Beneficiary Account Number <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 Mr. Ms. M/s.	
PAN/PERN # KYC Proof # Date of Birth/Date of Incorporation D D M M Y Y 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) Mr. Ms.	
PAN/PERN # KYC Proof # Relationship with Minor/Designation MANDATORY 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>	
Mailing Address of First/Sole Applicant (PO Box address is not sufficient)	
City State Country Pin Code	
<small>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)*</small>	
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 Net-worth (Mandatory for Non-Individuals) RS. <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >1 Crore <small>AS ON (Not older than 1 year)</small> 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 Mr. Ms.

PAN/PERN # KYC Proof # Date of Birth/Date of Incorporation 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 Below 1 Lac 5 - 10 Lacs >25 Lacs - 1 Crore Politically Exposed Person (PEP) Status I am PEP
 1 - 5 Lacs 10 - 25 Lacs >1 Crore (Also applicable for authorized signatories: Promoters/ Karta/ Trustee/ Whole time Director) I am Related to PEP Not Applicable

Father's Name

Occupation (of first/sole Applicant) Business Professional House Wife Agriculture Service Student Retired Others

b NAME OF THIRD APPLICANT Mr. Ms.

PAN/PERN # KYC Proof # Date of Birth/Date of Incorporation 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 Below 1 Lac 5 - 10 Lacs >25 Lacs - 1 Crore Politically Exposed Person (PEP) Status I am PEP
 1 - 5 Lacs 10 - 25 Lacs >1 Crore (Also applicable for authorized signatories: Promoters/ Karta/ Trustee/ Whole time Director) I am Related to PEP Not Applicable

Father's Name

Occupation (of first/sole Applicant) Business Professional House Wife Agriculture Service Student Retired Others

8 Power of Attorney (POA)

NAME OF POA Mr. Ms. M/s.

PAN/PERN# KYC Proof # Date of Birth 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 Indian U.S. Others (Please specify) Tax Residence Address (for KYC Address) Residential Registered
 Others Business

Are you a tax resident (i.e. are you assessed for Tax) 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

Applicant Details	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)
Applicant 1				* 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"/> 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	M
Gross Amount (Rs)	DD Charges (Rs)	Y	Y
Drawn on Bank & Branch		Net Amount (Rs)	
		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 NOMINATION DETAILS (Please refer to Instructions page, point no VII) in case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nomination Required <input type="checkbox"/> YES <input type="checkbox"/> NO								
Nominee Name	Relationship with Nominee	Date of Birth of Minor	Guardian Name (In case Nominee is Minor)	Allocation (%)	Sign of Guardian	Sign of Nominee	Sign of Applicants	
							1st App.	
							2nd App.	
							3rd App.	

Please note that if you do not furnish any nomination details, it is deemed to be assumed that you do not wish to nominate anyone.

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

I/We wish to "Opt In" for receiving the following in Physical Copy		I/We wish to receive the Account Statement in (any one)		
<input type="checkbox"/> Annual Reports/Abridged Summary	<input type="checkbox"/> Account Statement	<input type="checkbox"/> English (Default option)	<input type="checkbox"/> Bengali	<input type="checkbox"/> Malayalam

16 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"/> Bye-laws	<input type="checkbox"/> Partnership Deed
<input type="checkbox"/> Copy of PAN Card	<input type="checkbox"/> KYC	<input type="checkbox"/> PIO Card
	<input type="checkbox"/> Overseas Auditor Certificate	<input type="checkbox"/> Foreign Inward Remittance Certificate
		<input type="checkbox"/> Notarised POA
		<input type="checkbox"/> Copy of cancelled cheque
		<input type="checkbox"/> Special Product Form (SIP / STP / SWP / AEP)

17 *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 investment. 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/FCNR/ NRE 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 folio.

Sole/1st applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder
---	---	---

All fields marked with * are mandatory.

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

Documents	Individual	Companies	Societes	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"/>
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								
PAN/PERN Proof	<input checked="" type="checkbox"/>							
KYC in case of Investment of any Amount	<input checked="" type="checkbox"/>							
Foreign Inward Remittance Certificate								
Copy of Cancelled Cheque	<input checked="" type="checkbox"/>							
FATCA & CRB Declaration		<input checked="" type="checkbox"/>						

SYSTEMATIC INVESTMENT PLAN (SIP)

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

LUMP SUM / 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 ARN-257030	Sub Broker ARN Code	Employee Unique Identification Number (EUIIN)* E-479794	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT 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 tick) 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 DISTRIBUTOR/AGENT'S 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. instalments) amounts to Rs. 10,000/- or more and your AMFI registered Distributor has chosen 'not in' option of charging transaction charge, the same are deductible as applicable (refer instruction related to SIP) from the instalment amount and paid to the distributor. Transaction charges will be recoverable in 3 to 4 instalments. Units will be issued against the balance amount invested.

UNITHOLDING OPTION - Demat Mode Physical Mode (Ref. Inclusion 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 filing 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	<input type="checkbox"/> Fortnightly Every Alternate Wednesday	<input type="checkbox"/> Monthly Preferred Debit Date (Any date except 29, 30 and 31)	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	SIP Period	Start Date	M	M	Y	Y	End Date	M	M	Y	Y	<input type="checkbox"/> 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 instalment excluding initial cheque should be of the same amount & there should be a gap of 30 days between 1st & 2nd SIP instalment. Please refer NACH instruction page for further clarification.

I/We hereby authorize 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/SA. 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)

navi mutual fund UMRN _____

Date

D D M M Y Y Y Y

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 customer's 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 : _____

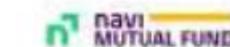
Plan : _____

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 (EJIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
					FOR OFFICE USE ONLY
*We hereby confirm that the EJIN 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 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 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. 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.

3 INVESTOR AND INVESTMENT DETAILS

NAME OF FIRST/SOLE APPLICANT 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.

Father's Name/Name of Guardian (in case of Minor) / Contact Person (in case of non individual applicant) Mr. Ms.

Occupation (of Investor/Applicant) Business Professional House Wife Agriculture Service Student Retired Others

Folio/Application No. Existing Investors please mention Folio No. New applicants please mention the application form No.

Scheme NAVI

Plan Regular Direct

Option Growth Dividend **Sub Option:** Dividend Payout 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

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 Indian U.S. Others (Please specify) **Tax Residence Address (for KYC Address)** Residential Registered Others Business

Are you a tax resident (i.e. are you assessed for Tax) 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 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"/>

* 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 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

5 SYSTEMATIC INVESTMENT PLAN (SIP THROUGH POST DATED CHEQUES) (Investor subscribing to SIP through ECS/Direct Debit 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	<input type="text"/>				
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	<input type="checkbox"/> All Business Days	<input type="checkbox"/> Every Wednesday	<input type="checkbox"/> Every Alternate Wednesday	<input type="checkbox"/> 1st	<input type="checkbox"/> 7th	<input type="checkbox"/> 10th	SIP from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th	STP to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
							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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SWP to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 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 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/NR5R 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

(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 checked="" 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

(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					
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 **GIIN**

or
Direct reporting NFE ⁴ (please tick as appropriate)

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

GIIN not available (please tick as applicable) **Applied for**

If the entity is a financial institution, Not required to apply for - please specify 2 digits sub - category ¹²
 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) Yes <input type="checkbox"/> (if yes, please specify any one stock exchange on which the stock is regularly traded) No <input type="checkbox"/>	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) Yes <input type="checkbox"/> (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) No <input type="checkbox"/>	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) Yes <input type="checkbox"/> No <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 Yes <input type="checkbox"/> (if yes, please fill UBO declaration in the next section) No <input type="checkbox"/>	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 PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male / Female / Other
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 <small>(Refer Instruction No. 3) (Please mark (*) as applicable)</small>													
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 _____ <small>(Please specify)</small>		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	Date	
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 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.