

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	Sub Broker ARN Code	Employee Unique Identification Number (EUN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
ARN-257030		E 479794		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 EUN 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/Authorized Signatory/POA Holder	2nd Applicant/Authorized Signatory/POA Holder	3rd Applicant/Authorized Signatory/POA Holder
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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 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 'opt 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. Instruction No.18) Demat Account details are compulsory if demat mode is opted.)

☐ NSDL Depository Participant Name	Enclosures
☐ CDSL DP ID Number	☐ Client Master List ☐ Delivery Instruction Slip
Beneficiary Account Number	☐ Transaction Cum Holding Statement

4. INVESTOR AND INVESTMENT DETAILS

Sole/First Investor Name ☐ Mr. ☐ Ms. ☐ M/s.
PAN/PERN ☐ KYC Proof
KYC Id
Aadhaar No. ☐ KYC Proof
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 ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ SIP Period Start Date M M Y Y End Date M M Y Y
Every Alternate Wednesday Preferred Debit Date (Any date except 29, 30 and 31) ☐ Perpetual

(Note : Cheque should be drawn on bank details provided below. Please allow minimum one month for Auto Debit to register and start). Each of the SIP 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 / Authorized Signatory 2nd Applicant / Authorized Signatory 3rd Applicant / Authorized 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 M M 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 M M Y Y Y Y To M M Y Y Y Y
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 (EUN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
					FOR OFFICE USE ONLY
*We hereby confirm that the EUN 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. instalment amount multiplied by No. of instalments) 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 instalment amount and paid to the distributor. Transaction Charges will be recovered in 3 to 4 instalments. 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 folio.	
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 NAV	
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 filing 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 filed 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 ☒ the reason A, B or C (as defined below)
1				* Reason A ☐ B ☐ C ☐
2				* Reason B ☐ B ☐ C ☐
3				* Reason C ☐ B ☐ C ☐
* 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.	Collection Centre's Stamp & Receipt Date and Time
An application for Scheme: _____ Plan: _____ Option: _____	
Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____	
Amount: _____ Frequency : _____ Date of Commencement : _____	

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	☐ Fortnightly	☐ Monthly	☐ Quarterly	☐ Half Yearly	SIP Period									
SIP Date	Every Alternate Wednesday	Preferred Debit Date (Any date except 29, 30 and 31)			SIP from					SIP to				
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 accompany 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	☐ Daily	☐ Weekly	☐ Fortnightly	☐ Monthly		STP Period										
STP Date	All Business Days	Every Wednesday	Every Alternate Wednesday	☐ 1st	☐ 7th	☐ 10th	SIP from					STP to				
				☐ 15th	☐ 20th	☐ 25th	Amount Per Instalment (Rs)			No of Installments						

7. SYSTEMATIC WITHDRAWAL PLAN (SWP)

Name of the Scheme/Plan/Option/Sub Option																
Frequency	☐ Monthly			☐ Quarterly			SWP from					SWP to				
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	☐ Monthly	☐ Quarterly	☐ 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
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