

	Please refer to the ins	tructions wh	nile filling the	Applicatio	n Form. T	ick 🗹 wh	nichev	er is app	licable.													
1	DISTRIBUTOR / AR	N CODE / RI	IA Sub	Broker AR	N Code	Employe	ee Uni	que Inde	ntificatio	n Numl	ber (EUII	V)* SI	JB-BRO	KER CO	DE / AG	ENT C	ODE	DAT	E & TII	ME OF R	ECEIP	Т
																		F			ONLY	
	*I/We hereby confirm that distributor or notwithstand																					
	Out that Applican		the dead Oleven				0-				(DOA)	I-ld								04.11.11.		
	Sole /1st Applican	t/Guardian/Au	ithorised Signat	ory/POA Hol	der		2n	d Applican	t/Authorise	Signat	ory/POA F	Holder			31	d Applic	ant/Author	ised Sigr	natory/P	OA Holde	r	
2	TRANSACTION C					OUGH [DIST	RIBUTO	RS/AG	ENTS		•		<u> </u>								
	I confirm that I a (Rs. 150/-will be de In case the purchase/subs subscription amount and p	ducted as tran cription amour	nsaction charge nt is Rs.10,000/	s for transac - or more and	tion of Rs. 1 d your AMFI	Registered	l Distrib	utor has cl		n' option	(Rs. of charging	100/- will ng Transa	be deduction Cha	an Existir cted as trai arges to the	nsaction	charges	for transa	ction of F				rchase/
3	EXISTING INVEST	OR INFO	RMATION	(If you ha	ve existii	ng folio p	lease	fill in se	ctions 3	6,9,11	,12 and	17)										
	Unit Holding Opti	ons		Dem	at Mode	e		Pł	ysical I	/lode				Folio N	umbe	r						
4	DEMAT ACCOUN	T DETAILS		ensure that to				nentioned	in the app	lication	form ma	tches wi	th that, o	of the acco	ount held	in depo	ository pa	ırticipanı	t. Demat	Account	t details	are
	NSDL De	epository Pa	articipant Nar	ne					Е	Enclosi	ıres											
	CDSL	P ID Numbe eneficiary Ac	r count Numb	er							ient Mas			y stateme	ent		Instruc	ction Sli	р			
-	NEW INVESTOR	NEODMA	TION (T. I	CII II D																		
5	NEW INVESTOR I			: i llied in B	ock Lette	rs, piease	eleave	Mr.	Ms.		M/s.	us)										
	TOTAL OF THE TOTAL						$-\top$, ,,,,,,,			1400.											
	PAN/PERN #								KYC F	roof #		Date of	of Birth/I	Date of Ir	ncorpor	ation	D	D	IVI	M	Υ	Υ
	CKYC Id																					
	Aadhaar No													r I provide tion with th								
														r Agent (R								
	Father's Name/Na	me of Gu	ardian (in	case of N	/linor) / C	Contact	Pers	on (in c	ase of n	on in	dividual	applic	ant)	Mr.		Ms.						
	PAN/PERN #								KYC F	roof #		Relat	ionship	with Min	or/Desi	gnation			MAND	ATOR	Υ	
	CKYC Id																					
	Aadhaar No													r I provide tion with th								
	Mailing Address	of First/So	ole Applica	int (PO B	lox addr	ess is no	ot suf	ficient)		and	their Regi	strar and	Transfe	r Agent (R	TA) for the	ne purpo	ose of upo	dating the	e same i	in my / οι	ır folios.	
	211														<u> </u>				-			
	Overseas Address (M "All Non Individual Inv				c address							d with P	О Вох а	address p		n Cod orovide		lian add	dress)			
	Overseas Addres		to manuator	ily IIII FATO	JAVUKS L	Jeciaratio	II IOIII	1 (101 1101	-iriaiviaua	iis/iega	ar entity)											
	O VOI COUC / LOUI CO																		T			
														С	ountry	,						
6	FIRST/SOLE APP	LICANT C	THER DE	TAILS																		
•	Telephone	LIOAITI C	/IIIER DE	IAILO								Mobi	lo l									
	Email							Mode of	Holdina	1	Single	Join		Anyone o	r Survi	or (s)(Default on	ntion in ca	ase of mu	ore than o	ne Annli	icant)
	Occupation (of first/sole Applicant)	В	usiness	Profe	essional	Hou	ıse W		Agricult			rvice		Stude			Retired	1		ners		
	Status (of first/sole Applicant)	Re	esident Indi			Proprieto					Compa	ny	N	RI [Rep	partrial	ble		Trust		HUF	
	(or ilist/sole Applicant)	☐ Pa	artnership F	irm	On B	ehalf of N	Minor		Bank/F	inanci	al Institu	ution	N	RI [Nor	n-Repa	artriable	(NRO))		Others	3
	Gross Annual Income		elow 1 Lac - 5 Lacs	5 - 10 10 - 2	Lacs 5 Lacs	>25 I		- 1 Crore			on-Individual:	s) Rs			as on	(Not older	r than 1 year	D	D I	VI IVI	Υ	Υ
	Politically Exposed Pe	rson (PEP)	Status (Also	applicable fo	r authorised	d signatories	s/ Prom	noters/ Kar	ta/ Trustee/	Whole	time Direc	tors)	I am	PEP	la	m Rela	ated to F	PEP	N	ot Appli	cable	
	Non - Individual Inves	tors involve	d/ providing a	any of the i	mentioned	d services	•			•	•		•	anger Se Casino S			_	y Lend	•	awning		
	# Please attach proof.	Refer instru	ctions page p	ooint XII - F	PAN/PERI	N and KY	С		Gai	y /	Janibil	g , L0	aciy / C	Jasii IO C	, CI VICES		_ INDITE	or are /	DOVE			
Acl	knowledgement Sli	p (To be fill	led in by the	investor)							Δ.	nnlicat	ion No									
Ren	ceived from Mr./Ms./M	/s.									A	ppiical	IOII NO	•		Сс	ollection				eceipt	:
	application for Scheme					Plan:				(Option:				_			⊔ate a	and Tin	ne		
	eque/DD No. :	··		Dated :				Δma	unt (Rs.)		- Puoli				_							
		ob :		Daleu :				AIII0	uni (RS.)						-							
	wn on Bank and Bran														-							
Plea	ase note : All Purchas	es are subj	ject to realis	ation of C	heques/I	DD.																



7	JOINT APPLICANT	DETAILS																					
а	NAME OF SECOND AF	PPLICANT	Mr.	Ms.																			
	PAN/PERN #							[KYC Proof	#		Date of B	irth/Date	of Inco	orporation	n	D	D	IVI	M	Υ	Υ
	CKYC Id																						
	Aadhaar No												Aadhaar nu										
	'												graphic info strar and Tra										
	Gross Annual Income	Below 1 Lac	5 - 1	10 Lacs	:	>25 La	acs - 1 C	rore F	Politic	ally Expose	d Pers	on (P	EP) Status					I am	PEP				
		1 - 5 Lacs	10 -	25 Lacs	:	>1 Cro	ore	((Also ap	plicable for author	rised signa	atories/ F	Promoters/ Karta	Trustee/ Who	le time Dire	ctors)		I am	Relate	d to PE	P	ot Applio	cable
	Father's Name																						
	Occupation (of first/sole Applicant)	Business	P	rofessio	nal	H	House \	Wife		Agricultu	ıre		Service		Stude	ent		Retir	ed		Others		
b	NAME OF THIRD APPL	LICANT	Mr.	Ms.																			
	PAN/PERN #							[KYC Proof	#		Date o	of Birth/D	ate of	ncorpor	ation	D	D	IVI	IVI	Υ	Υ
	CKYC Id																						
	Aadhaar No												Aadhaar nu										
													graphic info strar and Tra										
	Gross Annual Income	Below 1 Lac	5 -	10 Lacs	;	>25 La	acs - 1 C	rore F	Politic	ally Expose	d Pers	on (P	EP) Status					I am	PEP				
		1 - 5 Lacs	10 -	25 Lacs	:	>1 Cro	ore	((Also ap	plicable for author	rised signa	atories/ F	Promoters/ Karta	Trustee/ Who	le time Dire	ctors)		I am	Relate	d to PE	P N	ot Applio	cable
	Father's Name																						
	Occupation	Business	P	rofessio	nal		House \	Wife		Agricultu	ıre		Service		Stude	ent		Retir	ed		Others		
	(of first/sole Applicant)																						
8	Power of Attorney	(POA)																					
		,																					
	NAME OF POA	`	Mr.	Ms.	!	M/s.																	
	NAME OF POA		Mr.	Ms.	1	M/s.																	
	PAN/		Mr.	Ms.	!	M/s.	K	(YC Pro	oof#							Date of	Birth	D	D	IVI	IVI	Y	Y
	PAN/ PERN#																					Y	Y
9	PAN/										Non-in	ndivic	lual, mano	latory to	fill up F							Υ	Y
9	PAN/ PERN#						includinç		⊃ropr	ietor) (For	Non-in	ndivid	lual, mano	latory to	fill up F							Υ	Υ
9	PAN/ PERN# *FATCA INFORMA Place of Birth Nationality Ind	TION/ FOREIGN T					Cour	g Sole F ntry of Reside	Propr f Bir	ietor) (For	(for K	(YC	Address)				RS fo			nstructi		Y	Y
9	PAN/ PERN# *FATCA INFORMA' Place of Birth Nationality Ind Others (Please	ian U.S. specify)	AX LA	.WS (For	· Indivi	idual i	Cour	g Sole F ntry of Resider Others	Propr f Bir ence	ietor) (For th Address	(for K	(YC	Address) ness		F	ATCA C	RS fo			nstructi	on)	Υ	Y
9	PAN/ PERN# *FATCA INFORMA Place of Birth Nationality Ind Others (Please Are you a tax reside	ian U.S. specify) ent (i.e. are you as:	AX LA	WS (For	· Indivi	idual i	Cour	g Sole F ntry of Resider Others	Propr f Bir ence	ietor) (For th Address	(for K	(YC	Address)			ATCA C	RS fo			nstructi	on)	Y	Y
9	PAN/ PERN# *FATCA INFORMA Place of Birth Nationality Ind Others (Please Are you a tax reside If 'No' please proces	ian U.S. specify) ent (i.e. are you as:ed for the signature	AX LA	MWS (For	· Indivi	idual i	Cour Tax F	g Sole F ntry of Reside Others untry o	Propr f Bir ence	ietor) (For th Address de India?	(for K	(YC / Busi	Address) iness Yes		☐ F	ATCA C	RS for	rm) (R	efer in	nstructi	on)		Y / Tax
9	PAN/ PERN# *FATCA INFORMA Place of Birth Nationality Ind Others (Please Are you a tax reside	ian U.S. specify) ent (i.e. are you assed for the signature for ALL countries (AX LA	MWS (For	· Indivi	idual i	Cour Tax F	g Sole F ntry of Reside Others untry o	Propr f Bir ence	ietor) (For th Address de India?	(for K	(YC / Busi	Address) iness Yes		☐ F	ATCA C	RS for	rm) (R	efer in	nstructi	on)		Y / Tax
9	PAN/ PERN# *FATCA INFORMA Place of Birth Nationality Ind Others (Please Are you a tax reside If 'No' please procee If 'YES', please fill f Resident in the resp Applicant	ian U.S. specify) ent (i.e. are you assed for the signature for ALL countries (Sessed of depther t	MS (For	· Indivi	idual i	Cour Tax F	g Sole F ntry of Resider Others untry o are Re	Propr f Bir ence outside	ietor) (For th Address de India? ent for tax	(for K	CYC . Busi	Address) iness Yes es i.e., wh	nere yo	No u are	Resider	RS for	eside	ent / 0	Reg	on) istered Card F	Holder	₫ the
9	PAN/ PERN# *FATCA INFORMA* Place of Birth Nationality Ind Others (Please Are you a tax reside If 'No' please procee If 'YES', please fill f Resident in the resp Applicant Details	ian U.S. specify) ent (i.e. are you as: ed for the signature for ALL countries () sective countries	Sessed of depther t	MS (For	· Indivi	idual i	Cour Tax F	g Sole F ntry of Resider Others untry o are Re	Propr f Bir ence outside	th Address de India?	(for K	CYC . Busi	Address) ness Yes es i.e., wh	nere yo	No u are	Resider	en / R	eside	ent / (Reg Green ilable,	card H	Holder	₫ the
9	PAN/ PERN# *FATCA INFORMA Place of Birth Nationality Ind Others (Please Are you a tax reside If 'No' please procee If 'YES', please fill f Resident in the resp Applicant	ian U.S. specify) ent (i.e. are you as: ed for the signature for ALL countries () sective countries	Sessed of depther t	MS (For	· Indivi	idual i	Cour Tax F	g Sole F ntry of Resider Others untry o are Re	Propr f Bir ence outside	ietor) (For th Address de India? ent for tax	(for K	CYC . Busi	Address) iness Yes es i.e., wh	nere yo	No u are	Resider	RS for	eside	ent / (Reg	Card H	lolder tick ⊠ d belo	₫ the
9	PAN/ PERN# *FATCA INFORMA* Place of Birth Nationality Ind Others (Please Are you a tax reside If 'No' please procee If 'YES', please fill f Resident in the resp Applicant Details	ian U.S. specify) ent (i.e. are you as: ed for the signature for ALL countries () sective countries	Sessed of depther t	MS (For	· Indivi	idual i	Cour Tax F	g Sole F ntry of Resider Others untry o are Re	Propr f Bir ence outside	ietor) (For th Address de India? ent for tax	(for K	CYC . Busi	Address) iness Yes es i.e., wh	nere yo	No u are	Resident a citize	en / R	eside is no son A	ent / (Reg Green ilable,	card H	lolder tick ⊠ d belo	₫ the
9	PAN/ PERN# *FATCA INFORMA* Place of Birth Nationality Ind Others (Please Are you a tax reside If 'No' please procee If 'YES', please fill f Resident in the resp Applicant Details Applicant 1	ian U.S. specify) ent (i.e. are you as: ed for the signature for ALL countries () sective countries	Sessed of depther t	MS (For	· Indivi	idual i	Cour Tax F	g Sole F ntry of Resider Others untry o are Re	Propr f Bir ence outside	ietor) (For th Address de India? ent for tax	(for K	CYC . Busi	Address) iness Yes es i.e., wh	nere yo	No u are	Resider a citize	en / R	eside is no soon A soon B	ent / (Reg Green ilable, r C (as	Card H	lolder tick ⊠ d belo	₫ the
9	PAN/ PERN# *FATCA INFORMA* Place of Birth Nationality Ind Others (Please Are you a tax reside If 'No' please procee If 'YES', please fill f Resident in the resp Applicant Details Applicant 1 Applicant 2 Applicant 3 * Reason A The country	ian U.S. specify) ent (i.e. are you assed for the signature for ALL countries Country of Ta	AX LA seessec	I for Tax claration han Indi) in an	ny otl whice	Tax F	g Sole F ntry of Resider Others untry o are Re Identif Function	Propried to the state of the st	ietor) (For th Address de India? ent for tax ion Numb Equivale	(for K	Busi	Address) ness Yes s i.e., where the second of the second o	nere yo	No u are Type se spe	Resider a citize	RS for Intial If TIN reas Reas	eside is no soon A soon B	ent / (Green ilable, r C (as	Card H pleases define	lolder tick ⊠ d belo	₫ the
9	PAN/ PERN# *FATCA INFORMA* Place of Birth Nationality Ind Others (Please Are you a tax reside If 'No' please proced If 'YES', please fill f Resident in the resp Applicant Details Applicant 1 Applicant 2 Applicant 3 * Reason A The country * Reason B No TIN red	ian U.S. specify) ent (i.e. are you assed for the signature for ALL countries Country of Ta	AX LA seessecte of de tolder it	I for Tax claration han Indi) in an	ny otl whice	Tax F	g Sole F ntry of Resider Others untry o are Re Identif Function	Propried to the state of the st	ietor) (For th Address de India? ent for tax ion Numb Equivale	(for K	Busi	Address) ness Yes s i.e., where the second of the second o	nere yo	No u are Type se spe	Resider a citize	RS for Intial If TIN reas Reas	eside is no soon A soon B	ent / (Green ilable, r C (as	Card H pleases define	lolder tick ⊠ d belo	₫ the
9	PAN/ PERN# *FATCA INFORMA* Place of Birth Nationality Ind Others (Please Are you a tax reside If 'No' please procee If 'YES', please fill f Resident in the resp Applicant Details Applicant 1 Applicant 2 Applicant 3 * Reason A The country	ian U.S. specify) ent (i.e. are you assed for the signature for ALL countries Country of Ta	AX LA seessecte of de tolder it	I for Tax claration han Indi) in an	ny otl whice	Tax F	g Sole F ntry of Resider Others untry o are Re Identif Function	Propried to the state of the st	ietor) (For th Address de India? ent for tax ion Numb Equivale	(for K	Busi	Address) ness Yes s i.e., where the second of the second o	nere yo	No u are Type se spe	Resider a citize	RS for Intial If TIN reas Reas	eside is no soon A soon B	ent / (Green ilable, r C (as	Card H pleases define	lolder tick ⊠ d belo	₫ the
9	PAN/ PERN# *FATCA INFORMA* Place of Birth Nationality Ind Others (Please Are you a tax reside If 'No' please procer If 'YES', please fill f Resident in the resp Applicant Details Applicant 1 Applicant 2 Applicant 3 * Reason A The countr * Reason B No TIN red * Reason C others; ple Declaration: I hereby confirm that the	ian U.S. specify) ent (i.e. are you as: ed for the signature for ALL countries (coective countries) Country of Tally where the Account I uired. (Select this real ase state the reason the information provides)	sessec e of de other t Holder in hereof.	I for Tax claration han Indi) in an pay tauthorit	ny oth whice	Country Countr	g Sole F ntry of ntry of Resident untry o are Re Identif Function	Propr f Bir ence eside eside ficati onal	ietor) (For the late of the la	(for K	Busi (1	Address) iness Yes Identi Fin or other its residere the TIN	nere yo	No No u are	a citize	RS for notial and notial Reas Reas Reas Reas Reas Reas Reas Reas	eside is no son A son B son C	ent / (Reg Green illable, r C (as	Card H pleases define C C	tick & d belo	the ow)
9	PAN/ PERN# *FATCA INFORMA* Place of Birth Nationality Ind Others (Please Are you a tax reside If 'No' please procee If 'YES', please fill f Resident in the resp Applicant Details Applicant 1 Applicant 2 Applicant 3 * Reason A The countr * Reason B No TIN red * Reason C others; ple Declaration: I hereby confirm that th submitted above. I also	ian U.S. specify) ent (i.e. are you assed for the signature for ALL countries Country of Tally where the Account Huired. (Select this real asses state the reason the information provides confirm that I have	ax La sessec of de other t ax Res	I for Tax claration han Indi) in an n n pay tauthorit true, c	ny otl whice	Tax F Cher cou	g Sole F mtry of AResider Dthers untry o are Re Identifi Function	Propries for the property of t	ietor) (For the late of the la	(for K	Busi (1	Address) riess Yes s i.e., wi Identi Tin or other its residere the TIN dge and ber	nere your fication er, please to be contained by acce	No u are Type se speciallected	a citize a citize the state of the state o	RS for htial htial Reas Reas Reas Reas Reas Reas Reas Reas	eside is nooson A son B son C	ent / (t avaa, B o	Reg Green iilable, r C (as	Card F please define C C C C	Holder tick & delo	the ow)
9	PAN/ PERN# *FATCA INFORMA* Place of Birth Nationality Ind Others (Please Are you a tax reside If 'No' please procer If 'YES', please fill f Resident in the resp Applicant Details Applicant 1 Applicant 2 Applicant 3 * Reason A The countr * Reason B No TIN red * Reason C others; ple Declaration: I hereby confirm that the	ian U.S. specify) ent (i.e. are you assed for the signature for ALL countries Country of Ta y where the Account I uired. (Select this rea ase state the reason the information provides to confirm that I have odification to the abo	AX LA seessecte of de tother t total	If for Tax claration han Indicated idency is liable to ly if the anabove is dunders mation in) in an name in a name in	ny otl whice ax doeses of	Tax F Cher cou	g Sole F mtry of AResider Dthers untry o are Re Identifi Function	Propries for the property of t	ietor) (For the late of the la	(for K	Busi (1	Address) riess Yes s i.e., wi Identi Tin or other its residere the TIN dge and ber	nere your fication er, please to be contained by acce	No u are Type se speciallected	a citize a citize the state of the state o	RS for htial htial Reas Reas Reas Reas Reas Reas Reas Reas	eside is nooson A son B son C	ent / (t avaa, B o	Reg Green iilable, r C (as	Card F please define C C C C	Holder tick & delo	the ow)



10	*BANK ACCOUNT DETAILS (Please attach copy or	f cancelled ched	ue) For registering	Multiple Bar	ık Accounts pleas	e fill un "Re	egistration of N	Aultiple Bank Ac	count" Form	
	Name of the Bank :		que / r en regionemi	, manapio Bai	intricocamo preac	5 m ap 110	Brand			
	Name of the Bank.						Diane	,II.		
	Account Type (Please ☑) ☐ SB ☐ Current ☐ NR	O NRE	FCNR	Acc	ount Number :					
	Branch Address :				City:				Pin:	
	IFSC Code :						MICR C	ode:		
	AMC reserves the right to use any mode of payment deemed appropriate	e. I/We understand t	that AMC shall not be re	esponsible if tran	saction through DC/R1	GS/NEFT co	uld not be carried	out because of inco	omplete or incorrect i	nformation.
11	*INVESTMENT DETAILS I/We would like to inve	st in the follov	ving scheme of	Navi Mutua	I Fund Scheme	:				
	Scheme : Navi			Plan	Reg	ular		Direct		
	Option Growth Dividend			Sub-Opti	on Divi	dend Payo	ut	Dividend Re	investment (defa	ult)
	In case of any ambiguity / incomplete information, the def Statement of Additional Information. Please see the Plan,							norandum, Sche	eme Information	Document &
_	Dividend Frequency									
12	*PAYMENT DETAILS (In case of DD, please pro	vide us specif	ic declaration)							
	Mode of Payment Cheque DD	Fund Transfer	r Others				Please spec	ify		
	Cheque/DD No.					Date	D D	M M	YY	YY
	Gross Amount (Rs)		DD Charges (I	Rs)			Net Amoun	t (Rs)		
	Drawn on Bank & Branch			'		Account	Type SB	Current	NRO N	RE FCNR
42	SYSTEMATIC INVESTMENT PLAN (SIP) PAYM	ENT TYPES	/Diagon coloct o	ny ana anti	on)					
13				, ,	·					
	SIP through Post Dated Cheques (Please fill & submit w	rith this form)	SIP through Auto	Debit (ECS) (F	Please fill up enclos	sed SIP Aut	o Debit (ECS)	Form & submit v	vith this form)	
14	HOW DO YOU WISH TO RECEIVE THE DOCUI	MENT(S) (Ple	ase ☑)							
	I/We wish to "Opt In" for receiving the following in Physica	. ,						tement in (any	, —	
	Annual Reports/Abridged Summary Accou	nt Statement			English	(Default op	tion)	Bengali	Mal	ayalam
15	DOCUMENTS ENCLOSED (Please ☑)									
	Resolution/Authorisation to invest List	of Authorized S	ignatories with Sp	ecimen Signa	tures	I	Memorandum	& Articles of As	sociation	
	Trust Deed Bye-laws Par	tnership Deed	Oversea	Auditor Cer	ificate	I	Notarised PO	A Cor	y of cancelled c	heque
	Copy of PAN Card KYC PIC	Card	Foreign I	nward Remit	ance Certificate		Special Produ	ct Form (SIP / S	STP / SWP / AEF	')
16	*DECLARATION AND SIGNATURES									
	I/We have read and understood the contents of the Statement of Additional II and regulations of the Scheme and to other statutory requirements of SEBI.Ah pattern and risk factors applicable to Plant/Option under the Scheme (s). I/We to bring my/our investment below 25%. I/We have not received nor been induit is not completed by me/us to the satisfaction of the Mutual Fund, I/We hereby other action with such funds that may be required by the law. I/We declare the law enacted by the Government of India or any Statutory Authority. I/We her The ARN holder has disclosed to me/us all the commission (in the form of tra NRIs: I/We confirm that I am/We are Non-resident of Indian Nationality/O/Account/FCNFI/ NRSR Account. I/We hereby provide my/our consent in ac accordance with Aadhara Act, 2016 (and regulations made thereunder) and II/We hereby provide my/our consent of my Aadhara numberlo) including de	MFI, Prevention of Mos agree that in case o cad by any rebate or cauthorise the Mutual at the amount investe by declare that the p il commission or any igin and I/We hereby cordance with Aadha PMLA.	ney Laundering Act, 200 fr my/our investment in the gifts, directly or indirectly I Fund to redeem the fund in the Scheme is through the fundation and the scheme is through the fundation and the scheme is through the scheme is the scheme in the scheme in the scheme is the scheme in the scheme in the scheme is the scheme in the scheme in the scheme in the scheme is the scheme in the scheme in the scheme in the scheme is the scheme in t	2 and such other in ne scheme is equ in making this inv ds invested in the gh legitimate sou ghet. I/We hereby him for the differe for subscription tions made there	egulations as may be a al to or more than 25% estments. I/We undertal scheme, in favour of th roes only and is not des further agree that the F int competing Schemes have been remitted frounder, for (i) collecting,	oplicable from to of the corpus of the that these in e applicant at to igned for the po- fund can direct of various Muthan abroad thro- storing and us	ime to time. I/We of f the scheme, the vestments are on he applicable NA\ urpose of contrave thy credit all the dividual Funds from an ugh approved bar aage (ii) validating.	confirm to have under in Navi Mutual Fund I my/our own account. / prevailing on the da intion or evasion of a ridend and redemptic nongst which the Sch laking channels or fro /authenticating and (stood the investment of as full right to refund and in event Know Yo te of such redemption ny Act, Regulations of on amount to my bank neme is being recomm m my/our Non-reside iii) updating my/our A	bejective, investment the excess to me/us ur Customer process and undertake such any other applicable details given above. ended to me/us. For nt External/Ordinary adhaar number(s) in
	my/our folios.									
	Sole/1st applicant/Guardian/Authorised Signatory/POA Hol	der	2nd Applicant/Aut	horised Signat	orv/POA Holder		3rd An	nlicant/Authorice	d Signatory//POA	Holder
	All fields marked with * are mandatory		=no replicational		o.,, ii o. i i iologi		οια Αρ	p501107 1011011361	- orginatory/// OA	
17	CHECKLIST (Please submit the following documents with appli	cation wherever ap	plicable). All docu <u>men</u>	ts should be orig	inal/true copies certif	ed by a Direc	ctor/Trustee/Com	pany Secretary/Au	thorised Signato <u>ry/</u> N	lotary Public.
	Documents	Individual	Companies	Societies	Partnership Firm	Investment	t through POA	Trust	NRI	FIIs
	Resolution/Authorisation to invest List of Authorised Signatories with Specimen Signatures		✓ ✓	✓	✓		✓	√		✓
	Memorandum & Articles of Association		✓							
	Trust Deed							✓		
	Bye-laws			✓	√					
	Partnership Deed Notarised POA				,		✓			
	PAN/PERN Proof	✓	✓	✓	✓		· ✓	✓	✓	✓
	KYC in case of Investment of any Amount	✓	✓	✓	✓		✓	✓	~	✓
	Foreign Inward Remittance Certificate								✓	V
	Copy of Cancelled Cheque	✓	✓	✓	✓		✓	✓	✓	✓
	FATCA & CRS Declaration		✓	✓	✓		✓	/		_

Website: navimutualfund.com
 Toll free: 18002032131 Non Toll Free: +91 81475 44555



e of the Fund			
No(s) having same mode of ng and pattern			
tor Name			
	I/We wish to make a nom	ination. [As per details given below]	
	Nomir	nation Details	
ish to make a nomination and do hereby nomin by us/me if any.	ate the following person(s) in the above specified folio(s) who shall	I receive all the assets held in my / our account in the event of my / o	our death. This nomination shall supersede any prior nomination
ination can be made upto three inees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
	Mandat	ory information	
Name of the nominee(s)	Mr./Ms.	Mr./Ms.	Mr./Ms.
Share of each Nominee#	%	%	%
Date of Birth (for Minor)	dd-mmm-yyyy	dd-mmm-yyyy	dd-mmm-yyyy
Relationship with the Applicant (select one)	Spouse Father Mother Daughter Son Others (please specify)	Spouse Father Mother Daughter Son Others (please specify)	Spouse Father Mother Daughter Son Others (please specify)
Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	PAN Aadhaar (masked last 4 digits) **** Passport (for NRIs/OCIs/PIOs) Driving License	PAN Aadhaar (masked last 4 digits) **** Passport (for NRIs/OCIs/PIOs) Driving License	PAN Aadhaar (masked last 4 digits) **** Passport (for NRIs/OCIs/PIOs) Driving License
Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country	Pincode:	Pincode:	Pincode:
	No(s) having same mode of ng and pattern tor Name ish to make a nomination and do hereby nominatory us/me if any. ination can be made upto three inees in the account. Name of the nominee(s) Share of each Nominee# Date of Birth (for Minor) Relationship with the Applicant (select one) Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required]. Address of Nominee(s)/ Guardian in case of Minor City / Place:	No(s) having same mode of ng and pattern It was to make a nome to read the provided foliotic part of the state and the state an	Notes having same mode of grant pattern IVW wish to make a nomination. [As per details given below] Nomination Details Show make a nomination and do heaty nominate the following person(s) in the above specified folicy) who shall receive all the assests held in my four account in the event of my for yearines in the account. Mandatory information Name of the nominee(s) Mit.Ms. Share of each Nominee# Spouse Pather Mether Mether





7.	Mobile of nominee(s)/ Guardian in case of Minor				
8.	Email ID of nominee(s)/ Guardian in case of Minor				
		Non-m	andatory details		
		Non-in	andatory details		
9.	Nominee Guardian Name (in case Nominee is Minor)				
I / We w	ant the details of my / our nominee to be printed	I in the statement of holding, provided to me/ us by the AMC /	OP as follows; (please tick, as appro	priate)	
	C	Name of nominee(s) with %		Yes / No (Default)	
	This n	omination shall supersede any prio			У
		Signature(s) – As per mode of	holding in demat acc	ounts / MF Folio(s).	
		Name of the Holder		Signature / Thumb Impression	
Sole	/ First Holder (Mr./Ms.)	Name:		Signature /Thumb Impression:	
		Witness 1 Name & Address:		Witness 1 Signature:	
		Witness 1 Name & Address: Witness 2 Name & Address:		Witness 1 Signature: Witness 2 Signature:	
Seco	nd Holder (Mr./Ms.)			-	
Seco	nd Holder (Mr./Ms.)	Witness 2 Name & Address:		Witness 2 Signature:	
Seco	nd Holder (Mr./Ms.)	Witness 2 Name & Address: Name:		Witness 2 Signature: Signature /Thumb Impression:	
	nd Holder (Mr./Ms.)	Witness 2 Name & Address: Name: Witness 1 Name & Address:		Witness 2 Signature: Signature /Thumb Impression: Witness 1 Signature:	
		Witness 2 Name & Address: Name: Witness 1 Name & Address: Witness 2 Name & Address:		Witness 2 Signature: Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:	
		Witness 2 Name & Address: Name: Witness 1 Name & Address: Witness 2 Name & Address:		Witness 2 Signature: Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature: Signature /Thumb Impression:	

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

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

♦ Website: navimutualfund.com

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



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

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

Transmission aspects

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

% share as specified by in	vestor at the time of nomination	% asse	ets to be apportioned to surviving	nominees upon demise of investor and n	ominee 'A'
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
А	60%	А	0	0	0
В	30%	В	30%	45%	75%
С	10%	С	10%	15%	25%
Total	100%	-	40%	60%	100%

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





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

T. DISTRIBU	UTOR / ARN	CODE / RIA	Oub Blokel /	ARN Code Er	nployee Uniqu	e Indentification	Number (EUI	N)* SU	B-BROKER	CODE / AGI	ENT CODE	U D	AIE & III	ME OF R	RECEIPT
	Unfront com	amiasian ahall l	he poid directly by	the Investor to the A	MCI registered	diatributara basad a	n the investorie	annon mont o	of various fasts	ara including t	ha aansiaa re		OR OFF		E ONLY
	onfirm that the	EUIN box has	been intentionally I	the investor to the A left blank by me/us a vided by the employ	as this is an "exe	cution-only" transac	ction without any	interaction or	advice by the	employee/re	ationship ma	nager/sale	s person o	of the abov	ve distributor
Sole /1st	Applicant/Gua	rdian/Authorise	d Signatory/POA He	older	2nd Applic	cant/Authorised Sign	natory/POA Hold	er		3rd App	licant/Authori	sed Signato	ory/POA Ho	older	
2. REGISTR	RATION CL	JM MAND	ATE FORM FO	OR SIP THROU	JGH NACH,	AUTO DEBIT	OR ECS (Debit Clearir	ng/Auto Del	oit)					
(Please ☑) * if you are a n		v Registration kindly fill the	n* Rer common applic	newal SIP ation form	Change in	Bank Details	Cance	ellation of SII	P N	licro SIP					
3. TRANSA	CTION CH	IARGES F	OR APPLICA	TIONS THROL	JGH DISTRI	BUTORS/AGE	ENTS ONLY	' (Please tic	k anv one c	of the below	v)				
I confirm (Rs. 150/-v	n that I am a will be deducte itment of inves d to SIP) from	a First Time ed as transactio stment through the installment	Investor in Mut n charges for transa SIP (i.e. installments	tual Funds action of Rs. 10,000/- s) amounts to Rs. 10 the distributor. Trans	- and more) 0,000/- or more ar saction charges v	OR nd your AMFI registe	I co (Rs ered Distributor h a 3 to 4 installme	onfirm that I a 100/- will be d las chosen 'opt nts. Units will b	am an Existil leducted as tra t in' option of cl be issued agair	ng Investor nsaction chard harging transa nst the balance	in Mutual F ges for transa ction charge, amount inve	ction of Rs. the same a ested.			
NSDL	Deposito	ory Participan	t Name					Enc	losures						
CDSL	DP ID No	umber						Clien	it Master List	t Del	ivery Instru	ction Slip			
	Beneciar	ry Account N	umber					Trans	saction Cum	Holding Sta	atement				
4. INVESTO	R AND IN	VESTMEN	T DETAILS												
Sole/First Inv				M/s.											
PAN/PERN										KYC Proo	f				
CKYC Id															
Aadhaar No.							including den	he Aadhaar n nographic info	rmation with th	ne asset mana	agement con	panies of S	SEBI regis	tered mut	
F-1:-/A1:4:	N-					Evietie e leve	their Registra	r and Transfer	r Agent (RTA)	for the purpo	se of updatin	g the same	in my / ou	ur folios.	
Folio/Application	ion ivo.					Existing inve	estors please	mention Fol	IO NO.						
Plan		irect	Regular	Option:	Growth	Dividend	Ct-	Option:	Dividend Re	investment	(defoult)		vidend Pa	ave ut	
Divdend Frequ		illect	Regulai	Оршоп.	Glowill	Dividend	Sub	Оршоп і	Dividend Re	invesiment	(uerauit)		viueriu F	ayout	
In case of any ar Please see the P	mbiguity / inco	nd Dividend po	olicy details in the S	olan / option / sub-o SID/KIM before filling under Fatca. All I	g in the above de	etails.					ation Docum	ent & State	ement of A	dditional	Information .
			1 SIP frequency		Non marviada	investors have to	o manaatorny	IIII OBO BCC	ilaration i on						
Each SIP Amo	ount (Rs)	e lick off arry	1 SIF ITEQUERICS	y Only.)	Cheque A	Amount (Rs)					Cheque I)ate			
Frequency		nightly	Monthly	Quarterly	Half Y	, ,		Start Date	e M	MY		nd Date	M	M	YY
	Every	Alternate dnesday		it Date (Any date			SIP Period		-						
(Note : Cheque sh	ould be drawn						1 Cilou								Perpetual
I/We hereby, auth	d SIP installment thorise Navi Mare that the part	nt. Please refer Nutual Fund and ticulars given ab	ACH instruction pag their authorised se ove are correct and	ase allow minimum on the for furher clarification ervice providers, to d express my willingnes tition responsible. I/We	n. lebit my/our follov ss to make payme	wing bank account N	start). Each of the	oit Clearing)/Au	uto Debit to acc	count for colle	ction of SIP I	Payment	t executed :	at all for a	pap of 30 days
between 1st & 2nd I/We hereby, auth I/We hereby declar incomplete or incor understood the con	d SIP installmenthorise Navi Mare that the part prect information ntents of SID/KIN	nt. Please refer N utual Fund and ticulars given ab n, I/We would no M/SAI, I/We here	ACH instruction pag their authorised se ove are correct and t hold the user institu by apply for the respe	e for furher clarification ervice providers, to d express my willingnes tion responsible. I/We active units of Navi Mutu	n. lebit my/our follov ss to make payme	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr	NACH/ECS (Det pugh participation changes in my barice and agree to a	oit Clearing)/Au in Lumpsum N. ank account. I/W abide by terms, c	uto Debit to acc	count for colle debit. If the tra d agreed to the and regulation	ction of SIP I insaction is de terms and co of the scheme	Payment layed or no nditions men (s).	t executed attioned over	at all for a leaf. I/We l	pap of 30 days
I/We hereby, auth I/We hereby declar incomplete or incorunderstood the con Signature(s)	d SIP installmenthorise Navi Mi are that the part prrect information ntents of SID/KIN	nt. Please refer N utual Fund and ticulars given ab n, I/We would no M/SAI, I/We here	their authorised se ove are correct and t hold the user institu by apply for the respe	e for furher clarification ervice providers, to d express my willingnes tion responsible. I/We active units of Navi Mutu- sed Signatory	n. lebit my/our follov ss to make payme	wing bank account N	NACH/ECS (Det pugh participation changes in my barice and agree to a	oit Clearing)/Au in Lumpsum N. ank account. I/W abide by terms, c	uto Debit to acc	count for colle debit. If the tra d agreed to the and regulation	ction of SIP I	Payment layed or no nditions men (s).	t executed attioned over	at all for a leaf. I/We l	pap of 30 days
between 1st & 2nd I/We hereby, autt I/We hereby declar incomplete or incorr understood the con Signature(s) To be signed b	d SIP installmenthorise Navi Mi are that the partirect information intents of SID/KIN 1st A	nt. Please refer N utual Fund and ticulars given ab n, I/We would no M/SAI, I/We here applicant / Gu	ACH instruction pag their authorised se ove are correct and t hold the user institute by apply for the respe- tancian / Authoris if mode of holdin	e for furher clarification ervice providers, to di express my willingnes tition responsible. I/We active units of Navi Mutu sed Signatory og is Joint	n. lebit my/our follov es to make payme will inform Navi M ual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr	NACH/ECS (Det bugh participation changes in my brice and agree to a	bit Clearing)/Au in Lumpsum Nank account. I/W abide by terms, co Signatory	uto Debit to acc ACH/ECS/Auto le have read an conditions, rules	count for colle debit. If the tra d agreed to the and regulation	ction of SIP I insaction is do terms and co of the scheme	Payment layed or no nditions men (s).	t executed a tioned over	at all for a leaf. I/We l	pap of 30 days
between 1st & 2nd I/We hereby, auti I/We hereby declar incomplete or incor understood the con Signature(s) To be signed b	d SIP installmenthorise Navi Miare that the parties that the parties of SID/KIII 1st A by ALL UNIT M / NACH	nt. Please refer M utual Fund and ticulars given ab n, I/We would no M/SAI, I/We here Applicant / Gu F HOLDERS	ACH instruction pag their authorised se ove are correct and t hold the user institute by apply for the respe- tancian / Authoris if mode of holdin	e for furher clarification ervice providers, to d express my willingnes tion responsible. I/We active units of Navi Mutu- sed Signatory	n. lebit my/our follov es to make payme will inform Navi M ual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr	NACH/ECS (Det bugh participation changes in my brice and agree to a	bit Clearing)/Au in Lumpsum Nank account. I/W abide by terms, co Signatory	uto Debit to acc ACH/ECS/Auto le have read an conditions, rules	count for colle debit. If the tra d agreed to the and regulation	ction of SIP I insaction is do terms and co of the scheme	Payment layed or no nditions men (s).	t executed a tioned over	at all for a leaf. I/We l	pap of 30 days
between 1st & 2nd I/We hereby, autt I/We hereby declar incomplete or incorr understood the con Signature(s) To be signed b	d SIP installmenthorise Navi Miare that the parties that the parties of SID/KIII 1st A by ALL UNIT M / NACH	nt. Please refer M utual Fund and ticulars given ab n, I/We would no M/SAI, I/We here Applicant / Gu F HOLDERS	ACH instruction pag their authorised se ove are correct and t hold the user institute by apply for the respe- tancian / Authoris if mode of holdin	e for furher clarification ervice providers, to di express my willingnes tition responsible. I/We active units of Navi Mutu sed Signatory og is Joint	n. lebit my/our follov es to make payme will inform Navi M ual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr	NACH/ECS (Det bugh participation changes in my brice and agree to a	bit Clearing)/Au in Lumpsum Nank account. I/W abide by terms, co Signatory	uto Debit to acc ACH/ECS/Auto le have read an conditions, rules	count for colle debit. If the tra d agreed to the and regulation	ction of SIP I insaction is do terms and co of the scheme	Payment layed or no nditions men (s).	t executed a tioned over	at all for a leaf. I/We l	pap of 30 days
between 1st & 2nd I/We hereby, aut I/We hereby declar I/We hereby decl	d SIP installmenthorise Navi Miare that the parties that the parties of SID/KIII 1st A by ALL UNIT M / NACH	nt. Please refer N utual Fund and ticulars given ab n, I/We would no M/SAI, I/We here Applicant / Gu F HOLDERS	ACH instruction pag their authorised se ove are correct and t hold the user institute by apply for the respe- tancian / Authoris if mode of holdin	e for furher clarification ervice providers, to di express my willingnes tition responsible. I/We active units of Navi Mutu sed Signatory og is Joint	n. lebit my/our follov es to make payme will inform Navi M ual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr	NACH/ECS (Det pugh participation changes in my b rice and agree to a Authorised	bit Clearing)/Au in Lumpsum Nank account. I/W abide by terms, co Signatory	uto Debit to acc ACH/ECS/Auto le have read an conditions, rules	count for colle debit. If the tra d agreed to the and regulation	ction of SIP I insaction is do terms and co of the scheme	Payment layed or no nditions men (s).	t executed a tioned over	at all for a leaf. I/We l	pap of 30 days
between 1st & 2nd I/We hereby, aut I/We hereby declar I/We hereby decl	d SIP installmenthorise Navi Minare that the parternet information Intents of SID/KIP 1st A by ALL UNIT M / NACH If und UMRN or Bank Code	nt. Please refer N utual Fund and ticulars given ab n, I/We would no M/SAI, I/We here Applicant / Gu F HOLDERS	ACH instruction pag their authorised se ove are correct and t hold the user institu by apply for the respe ardian / Authoris ff mode of holdin RECT DEBIT	e for further clarification ervice providers, to dexpress my willingnes tition responsible. I/We citive units of Navi Mutt sed Signatory ag is Joint / MANDATE IN	n. lebit my/our follov es to make payme will inform Navi M ual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr	NACH/ECS (Det pugh participation changes in my b rice and agree to a Authorised	bit Clearing)/Au in Lumpsum N. ank account. I/W abide by terms, of Signatory	uto Debit to acc ACH/ECS/Auto le have read an conditions, rules	count for colle debit. If the tra d agreed to the and regulation	ction of SIP I	Payment layed or no notificions men (s).	t executed attioned over	at all for a leaf. I/We h	nap of 30 days
between 1st & 2nd I/We hereby, aut I/We hereby declar I/We hereby decl	d SIP installmenthorise Navi Mirate that the parternet information intents of SID/KII 1st A by ALL UNIT M / NACH If und UMRN or Bank Code I/We here	nt. Please refer N utual Fund and ticulars given ab n, I/We would no M/SAI, I/We here Applicant / Gu F HOLDERS	iACH instruction pag their authorised se ove are correct and t hold the user institu by apply for the respe ardian / Authoris if mode of holdin RECT DEBIT	e for further clarification ervice providers, to dexpress my willingnes tition responsible. I/We citive units of Navi Mutt sed Signatory ag is Joint / MANDATE IN	n. lebit my/our follov es to make payme will inform Navi M ual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr	NACH/ECS (Det pugh participation changes in my b rice and agree to a Authorised	bit Clearing)/Au in Lumpsum Au ity Code	uto Debit to acc ACH/ECS/Auto le have read an conditions, rules	debit. If the trad agreed to the and regulation	ction of SIP I	Payment layed or no notificions men (s).	t executed attioned over	at all for a leaf. I/We h	nap of 30 days
between 1st & 2nd I/We hereby, aut I/We hereby declar I/We hereby I/We hereby declar I/We	d SIP installmenthorise Navi Mirate that the parternet information intents of SID/KII 1st A by ALL UNIT M / NACH If und UMRN or Bank Code I/We here	nt. Please refer Nutual Fund and ticulars given ab n, I/We would no M/SAI, I/We here hoppicant / Gu. / ECS / DI	ACH instruction pag their authorised se ove are correct and t hold the user institu by apply for the respe- ardian / Authoris ff mode of holdin RECT DEBIT NAVI MUTUAL	e for furher clarification envice providers, to dexpress my willingnes titton responsible. I/We citive units of Navi Mutted Signatory gg is Joint / MANDATE IN FUND	n. ebit my/our follows so to make payme will inform Navi Mual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr	NACH/ECS (Det pugh participation changes in my b rice and agree to a Authorised	bit Clearing)/Au in Lumpsum Au ity Code	uto Debit to acc ACH/ECS/Auto le have read an conditions, rules	count for colled debit. If the trad agreed to the dagreed to the and regulation	ction of SIP I	Payment layed or no notificions men (s).	t executed attioned over	at all for a leaf. I/We h	nap of 30 days
between 1st & 2nd I/We hereby, auth I/We hereby declar I/We hereby dec	d SIP installmenthorise Navi Mirate that the parternet information intents of SID/KII 1st A by ALL UNIT M / NACH If und UMRN or Bank Code I/We here	nt. Please refer Nutual Fund and ticulars given ab n, I/We would no M/SAI, I/We here hoppicant / Gu. / ECS / DI	iACH instruction pag their authorised se ove are correct and t hold the user institu by apply for the respe ardian / Authoris if mode of holdin RECT DEBIT	e for furher clarification envice providers, to dexpress my willingnes titton responsible. I/We citive units of Navi Mutted Signatory gg is Joint / MANDATE IN FUND	n. lebit my/our follov es to make payme will inform Navi M ual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr	NACH/ECS (Det pugh participation changes in my b rice and agree to a Authorised	bit Clearing)/Au in Lumpsum Au ity Code	uto Debit to acc ACH/ECS/Auto le have read an conditions, rules	debit. If the trad agreed to the and regulation	ction of SIP I	Payment layed or no notificions men (s).	t executed attioned over	at all for a leaf. I/We h	nap of 30 days
between 1st & 2nd I/We hereby, aut I/We hereby declar I/We hereby I/We hereby declar I/We	d SIP installmenthorise Navi Mirate that the parterned information intents of SID/KII 1st A by ALL UNIT M / NACH If und UMRN or Bank Code I/We hen Bar	nt. Please refer Nutual Fund and ticulars given ab n, I/We would no M/SAI, I/We here hoppicant / Gu. / ECS / DI	iACH instruction pag their authorised se ove are correct and t hold the user institu by apply for the respe tardian / Authoris if mode of holdin RECT DEBIT NAVI MUTUAL	e for furher clarification envice providers, to dexpress my willingnes titton responsible. I/We citive units of Navi Mutted Signatory gg is Joint / MANDATE IN FUND	n. ebit my/our follows so to make payme will inform Navi Mual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr	NACH/ECS (Det pugh participation changes in my b rice and agree to a Authorised	bit Clearing)/Au in Lumpsum Au ity Code	uto Debit to acc ACH/ECS/Auto le have read an conditions, rules	count for colled debit. If the trad agreed to the dagreed to the and regulation	ction of SIP I	Payment layed or no notificions men (s).	t executed attioned over	at all for a leaf. I/We h	nap of 30 days
between 1st & 2nd I/We hereby, aut I/We hereby decla incomplete or incor understood the con Signature(s) To be signed b 6. LUMPSU \$\mathre{G}\$ navi mutual \$\mathre{G}\$ ponso Tick (\(\forall \) CREATE MODIFY CANCEL With Bank an amount of Ru	d SIP installmenthorise Navi Mirate that the parterned information intents of SID/KII 1st A by ALL UNIT M / NACH If und UMRN or Bank Code I/We here Bar	nt. Please refer N utual Fund and ticulars given ab n, I/We would no M/SAI, I/We here applicant / Gu F HOLDERS I / ECS / DI eby authorize nk a/c number	iACH instruction pag their authorised se ove are correct and t hold the user institu by apply for the respe tardian / Authoris if mode of holdin RECT DEBIT NAVI MUTUAL	e for furher clarification envice providers, to dexpress my willingnes titton responsible. I/We citive units of Navi Mutted Signatory gg is Joint / MANDATE IN FUND	n. ebit my/our follows so to make payme will inform Navi Mual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr	NACH/ECS (Det bugh participation changes in my br rice and agree to a Authorised Util	bit Clearing)/Au in Lumpsum Au ity Code	ato Debit to acc ACH/ECS/Auto fe have read an conditions, rules additional pr	count for colled debit. If the trad agreed to the dagreed to the and regulation	ction of SIP Insaction is de terms and co of the scheme 3rd Applica Well as SI D D D CC S	Payment layed or no notificions men (s).	t executed at tioned over prised Signature. M Y	at all for a leaf. I/We h	iny reasons of an ave read and
between 1st & 2nd I/We hereby, aut I/We hereby declar I/We hereby I/	d SIP installment thorise Navi M rare that the part are the part	nt. Please refer N utual Fund and ticulars given ab n, I/We would no M/SAI, I/We here Applicant / Gu F HOLDERS / ECS / DI eby authorize nk a/c number Name commount in wor	iACH instruction pag their authorised se ove are correct and thold the user institu by apply for the respe terrardian / Authoris if mode of holdin RECT DEBIT NAVI MUTUAL of customers bank ds	e for furher clarification ervice providers, to deverges my willingnes tition responsible. I/We citive units of Navi Muttied Signatory ag is Joint / MANDATE IN FUND	n. lebit my/our follows so to make payme will inform Navi Mual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr 2nd Applicant ONS FORM (ap	NACH/ECS (Det bugh participation changes in my br rice and agree to a Authorised Util	bit Clearing)/Au in Lumpsum Au ity Code	ato Debit to acc ACH/ECS/Auto fe have read an conditions, rules additional pu	count for colled debit. If the tree degreed to the and regulation urchase as Date SB CA or MICR	ction of SIP Insaction is de terms and co of the scheme 3rd Applica Well as SI D D D CC S	Payment layed or no noticions men (s). Pregister M. B-NRE	t executed at tioned over prised Signature. M Y	at all for a fleaf. I/We i	iny reasons of an ave read and
between 1st & 2nd I/We hereby, aut I/We hereby decla I/we hereby I	d SIP installmenthorise Navi Mirate that the parterned information intents of SID/KII 1st A by ALL UNIT M / NACH If und UMRN or Bank Code I/We here Bar Ipees A	nt. Please refer Nutual Fund and Liculars given ab 1, I/We would no M/SAI, I/We here Applicant / Gu HOLDERS / ECS / DI Licular Buthorize has a/c number Name Commount in word Monthly	iACH instruction pag their authorised se ove are correct and thold the user institu by apply for the respe territory for the respective for the	e for furher clarification ervice providers, to deverges my willingnes tition responsible. I/We citive units of Navi Muttied Signatory ag is Joint / MANDATE IN FUND	n. lebit my/our follows so to make payme will inform Navi Mual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr 2nd Applicant ONS FORM (ap	NACH/ECS (Det bugh participation changes in my br rice and agree to a Authorised Util	bit Clearing)/Au in Lumpsum Au ity Code	ato Debit to acc ACH/ECS/Auto fe have read an conditions, rules additional pu	count for colled debit. If the trad agreed to the and regulation UITChase as Date BB CA Or MICR or MICR obile No.	ction of SIP Insaction is de terms and co of the scheme 3rd Applica Well as SI D D D CC S	Payment layed or no noticions men (s). Pregister M. B-NRE	t executed at tioned over prised Signature. M Y	at all for a fleaf. I/We i	iny reasons of an ave read and
between 1st & 2nd I/We hereby, aut I/We hereby declar Signature(s) To be signed by Sponso Tick (*) CREATE MODIFY CANCEL With Bank an amount of Rul Frequency Reference 1 Reference 2	d SIP installmenthorise Navi Mirate that the parterned information intents of SID/KII 1st A by ALL UNIT M / NACH If und UMRN or Bank Code I/We here Bar Ipees F	nt. Please refer Nutual Fund and Liculars given ab 1, I/We would no M/SAI, I/We here Applicant / Gu HOLDERS / ECS / DI Licular Button / ECS / DI Lic	iACH instruction pag their authorised se ove are correct and thold the user institu by apply for the respe terrardian / Authoris if mode of holdin RECT DEBIT NAVI MUTUAL Of customers bank ds Quarterly	e for furher clarification ervice providers, to dexpress my willingnes tition responsible. I/We citive units of Navi Muttied Signatory or is Joint / MANDATE IN	n. ebit my/our follows so to make payme will inform Navi Mual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr 2nd Applicant ONS FORM (ap	start). Each of the NACH/ECS (Det suph participation changes in my be rice and agree to a / Authorised Util Util	bit Clearing)/Au in Lumpsum N. ink account. I/W abide by terms, c Signatory LUMPSUM a ity Code to debit (Tid	ato Debit to acc ACH/ECS/Auto fe have read an conditions, rules additional pr	count for colled debit. If the trad agreed to the and regulation UITChase as Date BB CA Or MICR or MICR obile No. Email ID	ction of SIP Insaction is de terms and co of the scheme 3rd Applica Well as SI D D D CC S	Payment layed or no noticions men (s). Pregister M. B-NRE	t executed at tioned over prised Signature. M Y	at all for a fleaf. I/We i	iny reasons of an ave read and
between 1st & 2nd I/We hereby, aut I/We hereby declar Signature(s) To be signed by Sponso Tick (*) CREATE MODIFY CANCEL With Bank an amount of Rul Frequency Reference 1 Reference 2 Agree for the declar I/We hereby declar	d SIP installmenthorise Navi Mirate that the parterned information intents of SID/KII 1st A by ALL UNIT M / NACH If und UMRN or Bank Code I/We here Bar Ipees F	nt. Please refer Nutual Fund and Liculars given ab 1, I/We would no M/SAI, I/We here Applicant / Gu HOLDERS / ECS / DI Licular Button / ECS / DI Lic	iACH instruction pag their authorised se ove are correct and thold the user institu by apply for the respe terrardian / Authoris if mode of holdin RECT DEBIT NAVI MUTUAL Of customers bank ds Quarterly	e for furher clarification ervice providers, to deverges my willingnes tition responsible. I/We citive units of Navi Muttied Signatory ag is Joint / MANDATE IN FUND	n. ebit my/our follows so to make payme will inform Navi Mual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr 2nd Applicant ONS FORM (ap	start). Each of the NACH/ECS (Det suph participation changes in my be rice and agree to a / Authorised Util Util	bit Clearing)/Au in Lumpsum N. ink account. I/W abide by terms, c Signatory LUMPSUM a ity Code to debit (Tid	ato Debit to acc ACH/ECS/Auto fe have read an conditions, rules additional pr	count for colled debit. If the trad agreed to the and regulation UITChase as Date BB CA Or MICR or MICR obile No. Email ID	ction of SIP Insaction is de terms and co of the scheme 3rd Applica Well as SI D D D CC S	Payment layed or no noticions men (s). Pregister M. B-NRE	t executed at tioned over prised Signature. M Y	at all for a fleaf. I/We i	iny reasons of an ave read and
between 1st & 2nd I/We hereby, aut I/We hereby declar Signature(s) To be signed b 6. LUMPSU Sponso I/We hereby	d SIP installment thorise Navi Mirate that the part are the part are that the part are the part are that the part are the part are that the part are t	int. Please refer Nutual Fund and Liculars given ab in, I/We would no M/SAI, I/We would no M/SAI, I/We here applicant / GL HOLDERS / ECS / DI eby authorize hak a/c number Name Commount in wor Monthly Folio No.: Scheme / Plan ate processing	iACH instruction pag their authorised se ove are correct and thold the user institu by apply for the respe tardian / Authoris if mode of holdin RECT DEBIT NAVI MUTUAL Of customers bank ds Quarterly c g charges by the b	e for further clarification invice providers, to deverges my willingnes tition responsible. I/We citive units of Navi Muttied Signatory ag is Joint / MANDATE IN FUND WHAIF Yearly	n. ebit my/our follor ss to make payme will inform Navi M ual Fund Scheme a	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr 2nd Applicant ONS FORM (ap	start). Each of the NACH/ECS (Det suph participation changes in my be rice and agree to a / Authorised Util presented presented	bit Clearing)/Au in Lumpsum N. ink account. I/W abide by terms, c Signatory LUMPSUM a ity Code to debit (Tid	ato Debit to acc ACH/ECS/Auto fe have read an conditions, rules additional pr	count for colled debit. If the trad agreed to the and regulation urchase as Date CA OF MICR Debit Type Oblide No. Email ID Dank.	ction of SIP Insaction is de terms and co of the scheme 3rd Applica Well as SI D D D CC S	Payment layed or no notifications men (s). Pregister B-NRE	t executed at tioned over prised Signature. M Y	at all for a leaf. I/We I	apa of 30 days Iny reasons of have read and Y Amount
between 1st & 2nd I/We hereby, auti I/We hereby decla incomplete or incor understood the con Signature(s) To be signed be 6. LUMPSUI Sponso Tick () CARCEL With Bank an amount of Ru Frequency Reference 1 Reference 2 I Agree for the de Period From To</td <td>d SIP installment thorise Navi Mirate that the part are the</td> <td>int. Please refer Nutual Fund and Liculars given ab in, I/We would no M/SAI, I/We would no M/SAI, I/We here applicant / GL HOLDERS / ECS / DI eby authorize hak a/c number Name Commount in wor Monthly Folio No.: Scheme / Plan ate processing</td> <td>iACH instruction pag their authorised se ove are correct and thold the user institu by apply for the respe terrardian / Authoris if mode of holdin RECT DEBIT NAVI MUTUAL NAVI MUTUAL Quarterly G charges by the b M Y Y M Y Y</td> <td>e for further clarification invice providers, to despress my willingnes tition responsible. I/We citive units of Navi Muttied Signatory ag is Joint / MANDATE IN EFUND What Yearly bank whom I am au Y Y Y 1</td> <td>n. ebit my/our follows so to make payme will inform Navi Mual Fund Scheme a NSTRUCTIO</td> <td>wing bank account N nt referred above thro utual Fund about any at NAV based resale pr 2nd Applicant ONS FORM (ap</td> <td>start). Each of the NACH/ECS (Det sugh participation changes in my be fice and agree to a Authorised Util Util presented s per latest scl</td> <td>bit Clearing)/Au in Lumpsum N. ank account. I/W abide by terms, c Signatory LUMPSUM a ity Code to debit (Tid</td> <td>ato Debit to acc ACH/ECS/Auto fe have read an conditions, rules additional pr Ck V) De M mrges of the ba</td> <td>count for colled debit. If the trated agreed to the and regulation wurchase as Date SB CA or MICR or MICR ebit Type oblie No. Email ID ank.</td> <td>ction of SIP Insaction is determs and co of the scheme 3rd Applica Well as SI D D D CC S S Fixed</td> <td>Payment layed or no not ditions men (s). Pregister B-NRE Amount Sign</td> <td>t executed a titioned over titioned over titioned over titioned Signation) M SB-NRO B-NRO M M M M M M M M M M M M M</td> <td>at all for a leaf. I/We I</td> <td>apa of 30 days apa of 30 days</td>	d SIP installment thorise Navi Mirate that the part are the	int. Please refer Nutual Fund and Liculars given ab in, I/We would no M/SAI, I/We would no M/SAI, I/We here applicant / GL HOLDERS / ECS / DI eby authorize hak a/c number Name Commount in wor Monthly Folio No.: Scheme / Plan ate processing	iACH instruction pag their authorised se ove are correct and thold the user institu by apply for the respe terrardian / Authoris if mode of holdin RECT DEBIT NAVI MUTUAL NAVI MUTUAL Quarterly G charges by the b M Y Y M Y Y	e for further clarification invice providers, to despress my willingnes tition responsible. I/We citive units of Navi Muttied Signatory ag is Joint / MANDATE IN EFUND What Yearly bank whom I am au Y Y Y 1	n. ebit my/our follows so to make payme will inform Navi Mual Fund Scheme a NSTRUCTIO	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr 2nd Applicant ONS FORM (ap	start). Each of the NACH/ECS (Det sugh participation changes in my be fice and agree to a Authorised Util Util presented s per latest scl	bit Clearing)/Au in Lumpsum N. ank account. I/W abide by terms, c Signatory LUMPSUM a ity Code to debit (Tid	ato Debit to acc ACH/ECS/Auto fe have read an conditions, rules additional pr Ck V) De M mrges of the ba	count for colled debit. If the trated agreed to the and regulation wurchase as Date SB CA or MICR or MICR ebit Type oblie No. Email ID ank.	ction of SIP Insaction is determs and co of the scheme 3rd Applica Well as SI D D D CC S S Fixed	Payment layed or no not ditions men (s). Pregister B-NRE Amount Sign	t executed a titioned over titioned over titioned over titioned Signation) M SB-NRO B-NRO M M M M M M M M M M M M M	at all for a leaf. I/We I	apa of 30 days
between 1st & 2nd I/We hereby, aut I/We hereby declar I/We hereby decl	d SIP installmenthorise Navi Mirate that the parterned information intents of SID/KII 1st A by ALL UNIT M / NACH If und UMRN or Bank Code I/We here Bar Ippees F S ebit of manda	int. Please refer Nutual Fund and Liculars given ab in, I/We would no M/SAI, I/We would no M/SAI, I/We here applicant / Gu HOLDERS / ECS / DI eby authorize ha a/c number Name Commount in wor Scheme / Plan atte processing M Until Cancel that the declaration and the declaration in the content of the co	iACH instruction pag their authorised se ove are correct and thold the user institute by apply for the respe- tardian / Authoris if mode of holdin RECT DEBIT NAVI MUTUAL Of customers bank ds Quarterly c g charges by the to the page of the pa	e for further clarification invited providers, to discrete express my willingnes tition responsible. I/We citive units of Navi Muttiple of Signatory and Signatory are in John Mandate II/Mental	n. lebit my/our follows so to make payme will inform Navi Mual Fund Scheme a State of the second sec	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr 2nd Applicant ONS FORM (ap As & when bit my accounts as a Primary Account e as in bank recon me/us. I am authori	start). Each of the NACH/ECS (Det suph participation changes in my be rice and agree to a Authorised Util presented s per latest scl holder 2 ds 2 izing the user e	bit Clearing)/Au in Lumpsum N. ink account. I/W abide by terms, c Signatory LUMPSUM a ity Code to debit (Tid	ato Debit to acc ACH/ECS/Auto fe have read an conditions, rules additional pr ck) De M M rges of the base as in ban as to debit my as in ban as to debit my as to debi	count for colled debit. If the trad agreed to the and regulation UITChase as Date BB CA Or MICR or MICR cobile No. Email ID ank.	ction of SIP Insaction is de terms and co of the scheme 3rd Applica Well as SI D D D CC S S Fixed Fixed 3. 3. d on the inst	Payment layed or no notice of the control of the co	t executed attioned over the state of A management and agreed an agreed agreed an agreed agreed agreed an agreed agreed an agreed an agreed agreed agreed agreed agree	at all for a leaf. I/We had a leaf. I/We	ap of 30 days In yreasons of have read and yreasons of have read and yread yread and yread yr
between 1st & 2nd I/We hereby, auti I/We hereby auti I/We hereby auti I/We hereby end I/We her	d SIP installment thorise Navi Mirate that the part are	nt. Please refer Nutual Fund and Liculars given ab 1, I/We would no M/SAI, I/We would no M/SAI, I/We here Applicant / Gu HOLDERS / ECS / DI eby authorize has a/c number Name of Monthly Folio No.: Scheme / Plan at processing M Until Cancel that the declared to cancel/amount in world to cancel/amount	iACH instruction pag their authorised se ove are correct and thold the user institute by apply for the respe- tardian / Authoris if mode of holdin RECT DEBIT NAVI MUTUAL Control Customers bank ds Quarterly Control Customers bank ds Quarterly Control Customers bank ds	e for further clarification invice providers, to deverges my willingnes tition responsible. I/We citive units of Navi Muttiple of Navi Muttiple of Signatory and Signatory	n. lebit my/our follows so to make payme will inform Navi Mual Fund Scheme a State of the second sec	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr 2nd Applicant ONS FORM (ap As & when bit my accounts as a Primary Account e as in bank recon me/us. I am authori cancellation / amend	start). Each of the NACH/ECS (Det suph participation changes in my be rice and agree to a Authorised Util presented s per latest scl holder 2 ds 2 izing the user e	in Lumpsum N. in Lumpsum N. ink account. I/W abide by terms, c Signatory LUMPSUM a ity Code to debit (Tid	ato Debit to acc ACH/ECS/Auto fe have read an conditions, rules additional pr ck) De M rges of the ba ature of Accor atity / corporate	count for colled debit. If the trad agreed to the and regulation urchase as Date SB CA (or MICR or MICR ank.	ction of SIP Insaction is de terms and co of the scheme 3rd Applica Well as SI D D D CC S S Fixed Fixed 3. 3. d on the inst	Payment layed or no not ditions men (s). Pregiste M Service M Sign Payment M Sig	t executed attioned over the strength of the s	at all for a leaf. I/We had a leaf. I/We	ap of 30 days ap of 30 days appear of 30 days ap
between 1st & 2nd I/We hereby, auti I/We hereby declain Signature(s) To be signed by Sponso Tick (*) CREATE MODIFY CANCEL With Bank an amount of Ruj Frequency Reference 1 Reference 2 I Agree for the de Period From To Or Declaration: This is understood that I a Acknowledgme. Received from I/We hereby aution I/We hereby aution I/We hereby declain I/We hereby decla	d SIP installment thorise Navi Mirare that the part are the	nt. Please refer Nutual Fund and Liculars given ab 1, I/We would no M/SAI, I/We would no M/SAI, I/We here Applicant / Gu HOLDERS / ECS / DI eby authorize has a/c number Name of Monthly Folio No.: Scheme / Plan at processing M Until Cancel that the declared to cancel/amount in world to cancel/amount	iACH instruction pag their authorised se ove are correct and thold the user institute by apply for the respe- tardian / Authoris if mode of holdin RECT DEBIT NAVI MUTUAL Control Customers bank ds Quarterly Control Customers bank ds Quarterly Control Customers bank ds	e for further clarification ervice providers, to devergess my willingnes etitor responsible. I/We citive units of Navi Muttiesed Signatory et is just a support of the supp	n. ebit my/our follon six to make payme will inform Navi Mual Fund Scheme a State of the six to make payme will inform Navi Mual Fund Scheme a State of the six to make payme at the six to make payment of the si	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr 2nd Applicant ONS FORM (ap As & when bit my accounts as a Primary Account e as in bank recon me/us. I am authori cancellation / amend	NACH/ECS (Det pugh participation changes in my brice and agree to a plicable for I Util Util I presented I present	in Lumpsum N. in Lumpsum N. ink account. I/W abide by terms, c Signatory LUMPSUM a ity Code to debit (Tid	ato Debit to acc ACH/ECS/Auto fe have read an conditions, rules additional pr ck) De M rges of the ba ature of Accor atity / corporate	count for colled debit. If the trad agreed to the and regulation urchase as Date SB CA (or MICR or MICR ank.	ction of SIP Insaction is de terms and co of the scheme 3rd Applica Well as SI CC S Fixed 3. 3. 4 d on the instylere I have	Payment layed or no not ditions men (s). Pregiste M Service M Sign Payment M Sig	t executed a titioned over attion) M Y SB-NRO SB-NRO M M Martine as in agreed an the debit.	at all for a leaf. I/We had a leaf. I/We	ap of 30 days ap of 30 days ap of 30 days any reasons of have read and Amount Amount
between 1st & 2nd I/We hereby, auti I/We hereby, auti I/We hereby declar incomplete or incorr understood the con Signature(s) To be signed b 6. LUMPSU Sponso Tick (*) CREATE MODIFY CANCEL With Bank an amount of Rul Frequency Reference 1 Reference 2 I Agree for the de Period From To Or Declaration: This is understood that I at	d SIP installment thorise Navi Mirare that the part are the	nt. Please refer Nutual Fund and Liculars given ab 1, I/We would no M/SAI, I/We would no M/SAI, I/We here Applicant / Gu HOLDERS / ECS / DI eby authorize has a/c number Name of Monthly Folio No.: Scheme / Plan at processing M Until Cancel that the declared to cancel/amount in world to cancel/amount	iACH instruction pag their authorised se ove are correct and thold the user institute by apply for the respe- tardian / Authoris if mode of holdin RECT DEBIT NAVI MUTUAL Of customers bank ds Quarterly c charges by the tell M Y Y Illed aution has been care and this mandate be the investor)	e for further clarification ervice providers, to devergess my willingnes etitor responsible. I/We citive units of Navi Muttiesed Signatory et is just a support of the supp	n. lebit my/our follows so to make payme will inform Navi Mual Fund Scheme a State of the second sec	wing bank account N nt referred above thro utual Fund about any at NAV based resale pr 2nd Applicant ONS FORM (ap As & when bit my accounts as a Primary Account e as in bank recon me/us. I am authori cancellation / amend	start). Each of the NACH/ECS (Det suph participation changes in my be rice and agree to a / Authorised Util Util presented presented s per latest scl holder 2 ds 2 tizing the user edment request to through Lump Option:	in Lumpsum N. in Lumpsum N. ink account. I/W abide by terms, c Signatory LUMPSUM a ity Code to debit (Tid	ato Debit to acc ACH/ECS/Auto fe have read an conditions, rules additional pr ck) De M rges of the ba ature of Accor atity / corporate	count for colled debit. If the trad agreed to the and regulation urchase as Date SB CA (or MICR or MICR ank.	ction of SIP Insaction is de terms and co of the scheme 3rd Applica Well as SI CC S Fixed 3. 3. 4 d on the instylere I have	Payment layed or nonditions men (s). Pregister M B-NRE Amount Sign Ruction as authorized circle.	t executed a titioned over attion) M Y SB-NRO SB-NRO M M Martine as in agreed an the debit.	at all for a leaf. I/We had a leaf. I/We	ap of 30 days ap of 30 days ap of 30 days any reasons of have read and Amount Amount



	DISTRIBU	UTOR / .	ARN COD	E / RIA		Sub E	Broker	r ARN Co	de	=1	iibioaee	e Uniq	ue Inder	itificatio	n Numb	er (EUIN)*		SUB-BRO	KER COL	JE / AGEN I	COL)E	DAT	E & TIN	IE OF	KLULIF I
Г																							FO	R OFFI	CE US	E ONLY
*1/	/We hereby cor	nfirm th	at the EU	N box ha	s been in	tentional	lly left	blank by	me/us a	s this is	an "exe	cution	ı-only" tra	ansactio	n withou	it any intera	action (or advice b	by the em	ployee/rela	tions	hip ma	nager	sales p	erson	of the abov
	stributor or not																									
S	ole /1st Applicar	ant/Guar	dian/Auth	rised Sig	natory/PC	A Holde	er	2n	d Applica	ant/Auth	orised S	Signato	ry/POA F	lolder				3rd	Applicant/	Authorised	Signa	atory/P	OA Ho	lder		
Т	RANSACT	TION (CHARG	ES FC	R APF	PLICA	TION	NS THE	ROUG	H DIS	TRIB	UTO	RS/AC	SENT	S ONL	Y (Plea	se ti	ck any	one of	the belo	ow)					
	I confirm (Rs. 150/-v								10 000/	and mo	re)		OF	٦ د		m an Exis				Funds charges for	r tran	saction	of Re	10.000	1/ ₋ and	more)
CI	the total commi harge, the same issued against	nitment one de	of investme	ent throug s applical	h SIP (i.e ole ((refer	. installn	nent ar	mount mu	Itiplied b	y No. of	installm				0,000/-	or more an	d your	AMFI Reg	istered Di	stributor ha	s cho	sen 'op	t in' o	ption of	charg	ng Transact
						ш.с.																				
	NVESTOR A					IILS					N 4	1	N		D 4/4											
N	AME OF FII	IKS I/S	OLE A	PPLICA	ANI		1				M	II.	M:	S	M/s	5.										
D	'AN/PERN #	#										\vdash	KYC F	Proof t	+											
H	KYC Id	#										╫	KICI	1001 7	-											
Н	adhaar No.													Pv c	haring t	ho Aadhaa	or num	hor I provi	ido my oc	neont for a	harir	a / dia	ologin	a of m	, Aadk	aar numbe
A	auriaar ivo.													inclu and	ding dei their Re	mographic gistrar and	inform Trans	ation with fer Agent (the asset	management	ent co	ompan Ipdatin	ies of	SEBI resame in	egister my/	aar numbe ed mutual f our folios.
F	ather's Nan	me/Na	me of C	uardia	n (in ca	se of I	Minor	r) / Con	tact P	erson	(in ca	se of	non in					Mr.	Ms.							
Г																										
0	ccupation f first/sole Applicant			Busine	ess	Profe	ssion	al 🗆	House	Wife		gricul	lture	Sor	vice	Stude	ent	Retire	ed	Others						
	olio/Applicat		_	Dusine	.33	T TOIC.	3310111	ai	liousc	VVIIC		Ť								mention the	ann	lication	form l	No.		
_	cheme		NAVI									LANC	Jg	otoro pic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			и аррисан	no prodoc	mondon die	Jupp					
	lan		Regu	ar [Direc	+																				
-	ption		Grow		Divide					٠	b Opti	ioni	Divi	dend P	ovout			□ Dii	idond B	Reinvestm	ont /	dofou	I+\			
of	case of any a Additional Inf	format	uity / inco	mplete i se see th	nformatione Plan,	on, the Option a	defau and D	ilt plan / Dividend	option / policy d	sub-op letails ir	tion wi	ill be a	applicab M before	le as pe filling i	er the s n the a	cheme's h bove deta	Key Int	formation	Memora	andum, Sc	hem	e Infor	matic	n Doc	umen	t & Statem
Di	ividend Frequer	ency																								
\vdash																										
\vdash	lease refer ins	structio	ns page	for SIP, S	STP, SW	P, AEP																				
PI	lease refer ins							(for Indiv	vidual ii	ncludin	g Sole	Prop	rietor) (In case	you ha	ave alreac	dy fille	d the Fat	ca decla	aration in A	Appli	cation	Forr	n or ea	arlier t	hen no ne
PI *F		ORM	ATION	FORE	IGN TA	AX LA	.WS							In case	you ha	ave alread	dy fille	d the Fat	ca decla	aration in A	Appli	catior	Forr	n or ea	arlier t	hen no ne
*I to	FATCA INF	FORM) (For N	ATION	FORE	IGN TA	AX LA	.WS	ATCA CF		n) (Refe				In case	you ha	ave alread	dy fille	d the Fat	ca decla	aration in A	Appli	catior	ı Forr	n or ea	arlier 1	hen no ne
*F	FATCA INF ofill this part) Place of Birth ationality	FORM) (For N :h	ATION lon-indiv	FORE	IGN TA	AX LA	.WS	Count	RS form try of E esidence	n) (Refe Birth	er instruer	uction or KY(n) C Addre		you ha	ave alread	dy fille	d the Fat		aration in A	Appli		Forr		arlier 1	hen no ne
*F	FATCA INF o fill this part) Place of Birth ationality Others (Place)	FORM (For N th Inc	ATION Jon-indiv	FORE idual, m U.S.	andator	AX LA y to fill	WS (Count Tax Re	RS form try of E esidence others	n) (Refe Birth ce Addr	ess (fo	or KY(Busin	C Addre		you ha	ave alread	dy fille			aration in A	Appli				arlier t	hen no ne
*F to	FATCA INF of fill this part) Place of Birth ationality Others (Place you a tax re	FORM) (For N	ATION Jon-indiv	FORE idual, m U.S.	andator	AX LA y to fill	ws (up FA	Count Tax Re	RS form try of E esidence others	n) (Refe Birth ce Addr	ess (fo	or KY(Busin	C Addre		you ha	ave alread	dy fille			aration in A	Appli				arlier 1	hen no ne
*F to P N Ai	FATCA INF o fill this part) Place of Birth ationality Others (Place)	FORM) (For N	ATION Jon-indiv	FORE idual, m	andator	AX LA y to fill of	up FA	Count Tax Re	RS form try of E esidence others r count	n) (Refe Birth ce Addr ry outsi	ess (fo	or KY0 Busin	C Addre	ess)				Resider	ntial			R	egist	ered	arlier 1	hen no ne
*F to P N Ai If	FATCA INF of fill this part) Place of Birth ationality Others (Place of a tax recovered a tax	FORM (For N th Inc lease s resider	ATION Jon-indiv dian specify) ht (i.e. ar d for the	FORE idual, m	andator	AX LA y to fill of	up FA	Tax Re	try of E esidence others r count ou are F	n) (Refe Birth ce Addr ry outsi	ess (fo	or KY(Busin lia? Ye	C Addresses No	ess)	ere you	u are a cit	tizen /	Resider	ntial	n Card Ho	older	R	egist	ered		
*F to P N All If If in	FATCA INF of fill this part) Place of Birth ationality Others (Place you a tax of 'No' please poor 'YES', please	FORM (For No.) (For No.) (Inc.) (Inc.	ATION Jon-indiv dian specify) ht (i.e. ar d for the	FORE idual, m U.S. e you as signatur	andator assessed re of decother that	y to fill for Taz claration	up FA	Tax Re	try of E esidence others r country ou are F	n) (Refe Birth ce Addr ry outsi	ess (fo	or KY(Busin lia? Ye ax pur	C Addresses No	ess)	ere you		tizen /	Resider Residen	ntial	n Card Ho	older is n	Tax	egist Resid	ered dent e, plea	nse ti	ck ☑ the
*F to P N All If If in	FATCA INF fill this part) Place of Birth ationality Others (Place you a tax re you a tax re you for please per yes) 'YES', pleased the respective of the res	FORM (For No.) (For No.) (Inc.) (Inc.	ATION Jon-indiv	FORE idual, m U.S. e you as signatur	andator assessed re of decother that	y to fill for Taz claration	up FA	Tax Re	try of E esidence others r country ou are F	n) (Refe Birth ce Addr ry outsi Resider	ess (fo	or KY(Busin lia? Ye ax pur	C Addresses No	ess)	ere you	ı are a cit	tizen /	Resider Residen	t / Greer	n Card Ho	is no	Tax	egist Resid	ered dent e, plea	nse ti	ck ☑ the
*F to P N If If in	PATCA INF p fill this part) Place of Birth ationality Others (Ple re you a tax r 'No' please p 'YES', please the respective. Sr. No.	FORM (For No.) (For No.) (Inc.) (Inc.	ATION Jon-indiv	FORE idual, m U.S. e you as signatur	andator assessed re of decother that	y to fill for Taz claration	up FA	Tax Re	try of E esidence others r country ou are F	n) (Refe Birth ce Addr ry outsi Resider	ess (fo	or KY(Busin lia? Ye ax pur	C Addresses No	ess)	ere you	ı are a cit	tizen /	Resider Residen	t / Greer	n Card Ho If TIN reas * Reason	is no	Tax	Resid Illabl r C (a	ered dent e, plea	ase ti ined	ck ☑ the
*F to P N If If in	PATCA INF p fill this part) Place of Birth ationality Others (Ple re you a tax r 'No' please p 'YES', please the respective Sr. No.	FORM (For No.) (For No.) (Inc.) (Inc.	ATION Jon-indiv	FORE idual, m U.S. e you as signatur	andator assessed re of decother that	y to fill for Taz claration	up FA	Tax Re	try of E esidence others r country ou are F	n) (Refe Birth ce Addr ry outsi Resider	ess (fo	or KY(Busin lia? Ye ax pur	C Addresses No	ess)	ere you	ı are a cit	tizen /	Resider Residen	t / Greer	n Card Ho If TIN reas * Reason * Reason	is no A	Tax	Residuilabl r C (a	ered dent e, plea	ase ti ined C	ck ☑ the
PI to P N AII If In In S	PATCA INF of fill this part) Place of Birth ationality Others (Place you a tax r 'No' please p 'YES', please the respective Sr. No. 1 2 3	FORM Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	ATION Jon-individian specify) Int (i.e. and for the r ALL countries Country	FORE idual, m	ssessed re of decother the	for Taz for Taz claration an India	up FA	Tax Re	esidence others r count ou are F	n) (Reference of the Address of the	ess (for de Indian for ta	or KYO Busin iia? Ye aax pur umber ralent	C Addresses No	ess)	ere you I (Tin d	u are a cit dentifica or other, p	lition 1	Resider Residen Fype specify)	t / Greer	n Card Ho If TIN reas * Reason	is no A	Tax	Resid Illabl r C (a	ered dent e, plea	ase ti ined	ck ☑ the
PI to F N Allf If in S	PATCA INF Pill this part) Place of Birth ationality Others (Place of Place	FORM (For N) (ATION Jon-individual for the pecify) Int (i.e. and for the r ALL countries Country The pecify of the required for the pecification to the pecific	FORE U.S. e you as signature tries (of Tax F	ssessed re of decorate the cocount F this reason the have ree by each of the cocount F	AX LA y to fill for Taz claration an India lolder is son On hereof.	up FA z) in a z) in a n s liabl ly if th	Tax Re Count Tax R	esidence esi	(Reference Address of the Control of	ess (for tall the state of the	uction KY0 Busin iia? Y6 ax pur umbee ralent Tax Id of tax e to the terms	C Addresses No rrposes in ror:	ess) e.e., wh tion Nunce do	ere you (Tin o	u are a cit dentifica or other, p to its residence the 1 dge and 1 and here	idents tidents to belief eby ac	Residen Residen Fype specify) be collect and that	t / Greer tt / Greer tted)	n Card Ho If TIN reas * Reason * Reason * Reason * Reason	is no A B C	/ Tax / Tax ot avaa, B o	Resident Res	ered dent e, pleas def	C C C	ck ☑ the below)
P to P N Aif If in S	PATCA INF p fill this part) Place of Birth ationality Others (Ple re you a tax re 'No' please p 'YES', please the respective Sr. No. 1 2 3 Reason A Th Reason B No Reason C oth eclaration: hereby confirm ubmitted abov	FORM (For N) (ATION Jon-indiv Jone indiv Jone indi Jone indiv Jone indiv Jone indi Jone indi Jone indi Jone indi	e the Ac (Select ate the r mation m that I the about or overse	ssessed re of decother this reas eason the provided have recovering easing the results of the re	for Taz for Taz claration an India dolder is son On hereof. d herein and and drimation	up FA z) in a n s liabl ly if th nafter d under	Tax Re Count Tax Re County other which you the authorities true, erstood in turn with authorities	r count v tax do	(Reference Address of the Control of	ess (for tall the state of the	uction KY0 Busin iia? Y6 ax pur umbee ralent Tax Id of tax e to the terms	C Addresses No rrposes in ror:	ess) e.e., wh tion Nunce do	ere you (Tin o	u are a cit dentifica or other, p to its residence the 1 dge and 1 and here	idents tidents to belief eby ac	Residen Residen Fype specify) be collect and that	t / Greer tt / Greer tted)	n Card Ho If TIN reas * Reason * Reason * Reason * Reason	is no A B C	/ Tax / Tax ot avaa, B o	Resident Res	ered dent e, pleas def	C C C	ck ☑ the below)
Pri to F F N N I I I I I I I I I I I I I I I I	PATCA INF p fill this part) Place of Birth ationality Others (Place of Place of Plac	reside: procee ee fill fo ive cou (ATION Jon-individual in the specify) Int (i.e. and for the r ALL countries Country Intry when equired, lolease state the info loso conficiation to the specific country of th	FORE idual, m U.S. e you as signatur untries (of Tax if e the A (Select tate the r mation the ab or overse	ssessed re of decorate the control of the control o	for Tazz for Tazz claration an India lock dolder is son On hereof.	up FA z) in a n s liabl ly if th nafter d unde	Tax Re Canny other which you the author is true, erstrood it authorities	try of E sesidence there's r count to tax de to tax de to tax de correcte there's r count to tax de correcte there's r count to tax de	n) (Reference Address of the Control	ess (fc	uction KY() Busin iia? Ye ax pur umbee ralent Tax Id of tax e to therms a	c C Addresses No rooses i	ess) e.e., wh tion Nunce do	ere you (Tin o	u are a cit dentifica or other, p to its residence the 1 dge and 1 and here	idents tidents to belief eby ac	Residen Residen Fype specify) be collect and that	t / Greer tt / Greer tted)	n Card Ho If TIN reas * Reason * Reason * Reason * Reason	is no A B C	/ Tax / Tax ot ava A, B o	Resident Res	ered dent e, pleas def	ase tiined C C C	ck ☑ the below)
PP total tot	PATCA INF Pill this part) Place of Birth ationality Others (Ple re you a tax re 'No' please pe 'YES', please the respective Sr. No. 1 2 3 Reason A The Reason B No Reason C otte claration: hereby confirm ubmitted above ny changes / termediary or Please attack	FORM (For No. 1) (ATION Jon-individual Specify) Int (i.e. and for the r ALL conntries Country The required specification to be conficient to the comestic of the formatting of the comestic of	U.S. e you as signaturantries (of Tax F	ssessed re of ded other that the reason the provided have regions page.	for Taz for Taz claration an India an India	up FA z) in a s liabl ly if th nafter d unde	Tax Re Count Tax R	ry tax documents of the FATTH o	n) (Reference Address of the Control	ess (fc	uction KY() Busin iia? Ye ax pur umbee ralent Tax Id of tax e to therms a	c C Addresses No rooses i	ess) e.e., wh tion Nunce do	ere you (Tin o	u are a cit dentifica or other, p to its residence the 1 dge and 1 and here	idents tidents to belief eby ac	Residen Residen Fype specify) be collect and that	t / Greer tt / Greer tted)	If TIN reas * Reason * Reason * Reason * Reason e solely lia also undeer additio	is no A B C	/ Tax ot awa A, B o and re et to k nform	Resident Res	dent dent dent dent dent dent dent dent	C C C	ck the below)
PP to	PATCA INF Dill this part) Place of Birth ationality Others (Place of Place	FORM (For No. 1) (ATION Jon-individual for the property of the p	U.S. e you as signaturantries (of Tax F	ssessed re of ded other that this reas eason the provider have re cover info cas regular to the reason that th	for Taz for Taz claration an India an India	up FA z) in a s liabl ly if th nafter d under in fu / tax a	Tax Re Count Tax R	respectively of Exercises of the FATTA STATE OF THE	n) (Reference Address of the Control	ess (fc	Businiia? Ye Busin	C Addresses No rooses in control of the control of	ess)	(Tin o	u are a cit dentifica or other, p to its resi	idents In to belief eby acake to	Residen Residen Fype specify) be collect and that except the provide	t / Greer cted) I shall be same. I any oth	If TIN reas * Reason * Reason * Reason * Reason e solely lia also undeer additio	is no A B C	/ Tax ot avaa, B o and ree to k nform	Residence Reside	dent dent dent dent dent dent dent dent	ase tined C C C C	ck the below)
PP to N A A I I I I I I I I I I I I I I I I I	Place of Birth ationality Others (Place of Birth ationality) Please of the respective Sr. No. 1 2 3 Reason A Th. Reason B No. Reason B No. Reason C officelaration: The please of the place of t	FORM (For N) (ATION Jon-individual Specify) Int (i.e. and for the r ALL contries Country Attraction to the specification to the specification to the specific sp	e the Ac (Select ate the r mation m that I the abort roversor instruction (To be file)	ssessed re of decother this reaseason the have recover information page.	for Taz for Taz claration an India an India	up FA z) in a s liably if the mafter d under n in fu / tax a	Tax Re Count Tax Re County other which you the authorities PAN/PE	v tax do	n) (Reference Address of the Control	ess (for land land land land land land land land	Tax Id of tax Identified by April 1989	c C Addresses No reposes in residentification of the control of th	ess) e.e., wh tition Nunce do of my H nditions fective	In (Tin of the control of the contro	u are a cit dentifica or other, p to its residence the 1 dge and 1 and here	idents In to belief eby acake to	Residen Residen Fype specify) be collect and that except the provide	t / Greer cted) I shall be same. I any oth	If TIN reas * Reason * Reason * Reason * Reason e solely lia also undeer additio	is no A B C	/ Tax ot avaa, B o and ree to k nform	Residence Reside	ered dent e, pleas def nforme as ma	ase tined C C C C	ck the below)
PI to F N AAI If If If I in	PATCA INF Dill this part) Place of Birth ationality Others (Place of Place	FORM (For N) (ATION Jon-individual Specify) Int (i.e. and for the r ALL contries Country Attraction to the specification to the specification to the specific sp	e the Ac (Select ate the r mation m that I the abort roversor instruction (To be file)	ssessed re of decother this reaseason the have recover information page.	for Taz for Taz claration an India an India	up FA z) in a s liably if the mafter d under n in fu / tax a	Tax Re Count Tax R	v tax do	n) (Reference Address of the Control	ess (for land land land land land land land land	Tax Id of tax Identified by April 1989	c C Addresses No reposes in residentification of the control of th	ess) e.e., wh tition Nunce do of my H nditions fective	In (Tin of the control of the contro	u are a cit dentifica or other, p to its resi	idents In to belief eby acake to	Residen Residen Fype specify) be collect and that except the provide	t / Greer cted) I shall be same. I any oth	If TIN reas * Reason * Reason * Reason * Reason e solely lia also undeer additio	is no A B C	/ Tax ot avaa, B o and ree to k nform	Residence Reside	ered dent e, pleas def nforme as ma	ase tined C C C C	ck the below)



Frequency	Fort	nightly	Monthly Qua	rterly	Half Yearl	v						SIP	Period				
SIP Date	Every Alt	ernate Prof	erred Debit Date (Ar				D	SIP from	IVI	IVI	Υ	Y	SIP from	IVI	IVI	Υ	Τ
Cheque(s) D	Wedne Details	No. of Chequ		Cheque	-	a.i.a o i.y _					SIP Ar	nount	(in figures)				
Cheque(s) d			k & Branch & City	J.10400	(0) 1101						U 7		(ga00)				
. , ,			e Common Applicati	on Form to	accompine	a thic CID	Form										_
ivew investor	is are reque	sted to IIII III tii	le Common Applicati	on Form to	accomping	y tills SIF	FOITI.										
			(STP) (Please not					vorking days fr			eceipt o	f reque	· ·				
F	rom Schem	ie	Plan		Option /Su	ub Option	1		To So	heme			Plan		Op	tion	
Frequency	☐ Daily	Weekly	Fortnightly		_ Mo	onthly						STP	Period				
STP Date	All Business Days	Every Wednesday	Every Alternate Wednesday	1st	7th	10th		SIP from	M	M	Υ	Υ	STP to	IVI	IVI	Y	
	Days		reunesday	15th	20th	25th		Amount Per	Installn	nent (Rs	i)		ا	No of Inst	allment	•	
SYSTEMA	TIC WITH	DRAWAL PL	_AN (SWP)														
Name of the	Scheme/Pl	an/Option/Su	b Option														
Frequency				Mont	thly Ou	arterly	SWP	from M	IVI	Y	1	(5	SWP to	M	IVI	Υ	
Amount per	Withdrawa	I (Rs)		1	, \	u. 1011y				No o	f Instal	Iments	s				_
•		` '	nd policy details in the	Scheme Info	rmation Doc	ument bef	ore filling in	the above details	s.	1							
ALITOMAT	IO ENGAC	NUMENT DI	AN (AED) A II		0 "0												
			AN (AEP) - Availa	ble only for	r Growth Op	ption											
	_	an/Option/Su															
Frequency	Monthly	Quarterly	Half Yearly		AEF	date : 1:	st Business	Day				(Mir	nimum Rs.500)/- for AEF	option)		_
DECLARA	TION AND	SIGNATUR	RES														
abide by the te from time to tim is equal to or n rebate or gifts, of the Mutual F other action wit	erms and conc ne. I/We confir nore than 25% directly or indi Fund, I/ We he th such funds	litions, rules and m to have under 6 of the corpus of rectly in making ereby authorise that maybe requ	s of the Scheme Inform If regulations of the Schrstood the investment of of the scheme, then Na these investments. I/W the Mutual Fund to red- uired by the law. I/We di- proacted by the Covern	eme and to bjective, involved avi Mutual For e undertake eem the fund eclare that the ment of India	other statuto estment patte und, has full that these in ds invested in ne amount in	ory requirer ern and risk right to ref evestments n the sche vested in the utory Authory	ments of SE c factors app und the exc are on my/o me, in favou ne Scheme i ority. I/We he	BI. AMFI, Prever licable to Plan/ C ess to me/us to bur own account a r of the applicant	ntion of M options ur oring my/ and in even at at the ap ate source the parti	oney Lau der the S our invest nt Know ' oplicable es only ar culars abo	indering icheme(s iment be Your Cus NAV pre nd is not ove are c	Act, 20 s). I/We slow 25° stomer paralling designer correct.	02 and such of agree that in ca %. I/We have n process is not con the date of sed for the purpo. I/We hereby, fu	her regulations as emy/our of received ompleted bouch redemoners of contract ther agree	ons as m investment nor been y me/us to ption and avention of that the f	ay be a nt in the induce the sa underta or evasion	pplie School d by tisfa ake on d n di



(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 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 15th 20th 25th	(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	R 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 c	(Please tick any one) efault 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
.PPLICATION FOR REGULAR E	To be signed as per Mode of (To be signed as per Mode of	navi Mutual Fund
Date: I/We wish to avail the Regular Encashment Plan under C	Growth option of the scheme opted below:	MUTUAL FUND
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	R 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 o	(Please tick any one) efault option will be 6.00% and date will be 7th)
Regular Encashment Plan Investment Amount:		(Please specify) (Minimum amount is ₹ 1 lakh)

Website: navimutualfund.com

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

mf@navi.com

10_



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	idential		Busines	SS		Regist	ered	Office	e						
CU	STOMER ID / FOLIO NO																			
PA	N						DATE	OF IN	CORPO	DRATIC	ON D	D	/	M	M	/	Υ	Υ	Y	Υ
СІТ	Y OF INCORPORATION																			
СО	UNTRY OF INCORPORATION																			
Ρl	EASE TICK THE APPLI	CABLE TA	X RES	SIDENT	T DEC	LARAT	ION													
	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 s	nich the entity is	s a reside	nt for tax p	ourposes	and the as	sociated	Tax ID	Numbe	er belov	v)									
	COUNTRY	TAX II	DENTI	FICATI	ON NU	JMBER	*				DENT N or c									
																				\neg
																				-
* 1	anno Tay Idontification Number	at avail-1-1-11	ا المص	da lta f	stion-1-	uduale = t														_
	n case Tax Identification Number is r case TIN or its functional equivalent						n numbe	r or Glo	bal Ent	ity Iden	ntificatio	on Nu	mber	or G	IIN, e	tc.				
In	case the Entity's Country of Inc	orporation / T	ax reside	ence is U	J.S. but	Entity is n	ot a Sp	ecified	U.S. F	Person	n, men	tion I	Entity	y's ex	xemp	otion	cod	e he	ere	
	-						•						-							
Ple	ease refer to para3 (vii) Exemption c	ode for U.S. pe	rsons und	ler Part 3	of FATC	A Instructio	ns & Def	inations												
ΕΛ	ATCA & CRS Declaration																			
	ease consult your professional tax a		er guidand	e on FAT	CA & CR	S classifica	ation)													
PA	RT A (to be filled by Financial I	nstitutions or Di	rect Repo	rting NFE	s)															
1.	We are a,	GIIN																		
	Financial Institution ³				_															
	or	Note: If you d			out you ar	re sponsore	ed by and	other er	itity, ple	ease pro	ovide y	our s	ponso	or's G	iiin ai	bove	and	indic	ate	
	Direct reporting NFE ⁴																			
	(please tick as appropriate)	Name of the	sponsori	ng entity																
	GIIN not available (please tick as ap	plicable)	Applie	d for																
	if the entity is a financial institution,	Not requ	ired to ap	ply for - pl	ease spe	cify 2 digits	s sub - ca	ategory	10											
		Not obtain	ined - Nor	n - particip	ating FI															
PA	ART B (Please fill any one as ap	propriate "to be	filled by	NFEs othe	er than D	irect Repor	ting NFE	s)												
1.	Is the Entity a publicly traded comp	any (that is, a	company	whose sha	ares	Yes (if	yes, pleas	e specify	any one	e stock e	exchange	e on w	hich th	ne stoo	ck is re	egular	ly trac	led)		
	are regularly traded on an establish	ned securities n	narket) No			Name of st	ock exch	ange												
2.	Is the Entity a related entity of a pu	blicly traded co		company			es, please s		ne of the li	isted comp	pany and	one sto	ck exch	ange o	n which	the st	ock is r	egulari	lv trade	ed)
	whose shares are regularly traded		ed securi		et)	Name of lis														,
			No		ı	Nature of re	elation:	Subsi	diary of t	the Liste	d Comp	oany o	r 🗌	Contro	olled b	y a Li	sted C	Compa	any	
					ı	Name of st	ock exch	ange _												_
3.	Is the Entity an active¹ non-financia	l Entity (NFE)	NI-		,	Yes														
			No			Name of B	usiness _													.
					I	Please spe	cify the s	sub-cate	gory of	f Active	NFE	(Menti	on co	ode - I	refer	2c of	f Par	t D)	
4.	Is the Entity a passive ² NFE		No		,	Yes [(if	yes, pleas	e fill UBC	declara	ation in th	he next	section	۱)							
						Nature of b														_
		¹Refer 2 o	f Part D	² Refer 3(ii	i) of Part	D ³ Refer	1(i)of Pa	rt D ⁴R	efer 3(v	vi) of Pa	art D									



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

	se provide below additional details for each of Cont	trolling person. (Please atta	ach additional sheets if necessary)
	ther Identification Number tion ID, Govt. ID, Driving Licence, NREGA Job Card, Others) 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
City of Birth		Occupation Type Nationality Father's Name	DOB DD/MM/YY Gender Male Female Others
City of Birth		Occupation Type Nationality Father's Name	DOB DD/MM/YY Gender Male Female Others
City of Birth		Occupation Type Nationality Father's Name	DOB DD/MM/YY Gender Male Female Others
* To include U.S. where	be filled by controlling persons with tax residency / persons with tax residency / person is a U.S. citizen or green card be tion Number is not available, kindly provide function		other country other than India
Should there be any change in if any controlling person of the cit is mandatory to supply a TIN PART C: Certif I / We have understood Form is true, correct and	or functional equivalent if the country in which you are resident issues s ication the information requirements of the Form (read along		rovide an explanation and attach this to the form. nat the information provided by me / us on this
Name:			
Designation:			
Signature & Seal			

Website: navimutualfund.com
 Toll free: 18002032131 Non Toll Free: +91 81475 44555



mf@navi.com



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	ary Name																	
Investment Amount (R	s.)																	
Payment Cheque No.	que No.						Dated											
Cheque Drawn on Bank																		
Cheque Drawn on A/C																		
Declaration and Signatures																		
RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3) [Please • (") as applicable)														licable)				
Status of the Beneficial Investor	Minor				FII - Client							Employee (s)						
Relationship of Third Party with the Beneficial Investor	Parent Grand Parent Related Persons (Please specify)				Custodian SEBI Registration No. of Custodian Registration Valid Till							Employer						
Declaration by Third Party	I/We de payment r minor is ir natural lov as a gift.	consid	of made	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 Attached (Mandatory for any amount) 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 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)

We hereby co									CON(g inst			sue	d by	/ us:	:			
Instrument Type	Demand Draft					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									е								
Account Holder Details					Na	ame					Income Tax PAN							
1.																		
2.																		
3.																		
If the issuing Bank Branc	h is d	outs	ide I	ndia	:													
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.	(Re	gistr	ation	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:	Sta	ate: .						Pi	n :									
Country:	Contact No.																	
Note: Bankers' certificate suggested a confirm to the spirit of the requirements										Bank Le	tters/	Certifi	cates	 ;/Decla	aratior	ıs, w	hich	will

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

