COMMON APPLICATION FORM

navi MUTUAL FUND

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

1

DISTRIBUTOR / ARN CODE / RIA	Sub Broker ARN Code	Employee Unique Indentification Number (EUIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
				FOR OFFICE USE ONLY

*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

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

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

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

OR

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

In case the purchase/subscription amount is Rs.10,000/- or more and your AMFI Registered Distributor has chosen 'opt in' option of charging Transaction Charges to their investor, the same are deductible as applicable from the purchase/ subscription amount and payable to the distributor, Units will be issued against the balance amount invested.(refer General Information Point No. 11)

3 EXISTING INVESTOR INFORMATION (If you have existing folio please fill in sections 3,6,9,11,12 and 17)

Unit Holding Options ☐ **Demat Mode** ☐ **Physical Mode** **Folio Number**

4 DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that, of the account held in depository participant. Demat Account details are compulsory, if demat mode is opted above.)

☐ NSDL
☐ CDSL

Depository Participant Name
DP ID Number
Beneficiary Account Number

Enclosures
☐ Client Master List Delivery ☐ Instruction Slip
☐ Transaction Cum Holding Statement

5 NEW INVESTOR INFORMATION (To be filled in Block Letters, please leave one box blank between two words)

NAME OF FIRST/SOLE APPLICANT Mr. Ms. M/s.

PAN/PERN # ☐ KYC Proof # Date of Birth/Date of Incorporation D D M M Y Y

CKYC Id

Aadhaar No

By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.

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

PAN/PERN # ☐ KYC Proof # Relationship with Minor/Designation MANDATORY

CKYC Id

Aadhaar No

By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.

Mailing Address of First/Sole Applicant (PO Box address is not sufficient)

City **State** **Country** **Pin Code**

Overseas Address (Mandatory in case of NRI/FII.PO Box address is not sufficient. Investors residing overseas and with PO Box address please provide your Indian address)
"All Non Individual Investors have to mandatorily fill FATCA/CRS Declaration form (for non-individuals/legal entity)"

Overseas Address

Country

6 FIRST/SOLE APPLICANT OTHER DETAILS

Telephone **Mobile**

Email Mode of Holding ☐ Single ☐ Joint ☐ Anyone or Survivor (s)(Default option in case of more than one Applicant)

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

Status (of first/sole Applicant): ☐ Resident Individual ☐ Sole Proprietorship ☐ Society/Club Company ☐ NRI ☐ Repartriable ☐ Trust ☐ HUF
☐ Partnership Firm ☐ On Behalf of Minor ☐ Bank/Financial Institution ☐ NRI ☐ Non-Repartriable (NRO) ☐ Others

Gross Annual Income: ☐ Below 1 Lac ☐ 5 - 10 Lacs ☐ >25 Lacs - 1 Crore ☐ 1 - 5 Lacs ☐ 10 - 25 Lacs ☐ >1 Crore

Net-worth (Mandatory for Non-Individuals) Rs. _____ as on (Not older than 1 year) D D M M Y Y

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

Non - Individual Investors involved/ providing any of the mentioned services ☐ Foreign Exchange / Money Changer Services ☐ Money Lending / Pawning ☐ Gaming / Gambling / Lottery / Casino Services ☐ None of the Above

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

Acknowledgement Slip (To be filled in by the investor)

Application No.

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

An application for Scheme: _____ Plan: _____ Option: _____

Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____

Drawn on Bank and Branch : _____

Please note : All Purchases are subject to realisation of Cheques/DD.

Collection Centre's Stamp & Receipt
Date and Time

7 JOINT APPLICANT DETAILS

a NAME OF SECOND APPLICANT ☐ Mr. ☐ Ms.

PAN/PERN # | ☐ KYC Proof # | Date of Birth/Date of Incorporation D D M M Y Y

CKYC Id

Aadhaar No

By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.

Gross Annual Income: ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors): ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

Father's Name

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

b NAME OF THIRD APPLICANT ☐ Mr. ☐ Ms.

PAN/PERN # | ☐ KYC Proof # | Date of Birth/Date of Incorporation D D M M Y Y

CKYC Id

Aadhaar No

By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.

Gross Annual Income: ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors): ☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable

Father's Name

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

8 Power of Attorney (POA)

NAME OF POA ☐ Mr. ☐ Ms. ☐ M/s.

PAN/ PERN# | ☐ **KYC Proof #** | **Date of Birth** D D M M Y Y

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

Place of Birth | **Country of Birth**

Nationality ☐ Indian ☐ U.S. ☐ Others (Please specify)

Tax Residence Address (for KYC Address) ☐ Residential ☐ Registered ☐ Others ☐ Business

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? ☐ Yes ☐ No

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are Resident for tax purposes i.e., where you are a citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Applicant Details	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (Tin or other, please specify)	If TIN is not available, please tick ☑ the reason A, B or C (as defined below)
Applicant 1				* Reason A ☐ B ☐ C ☐
Applicant 2				* Reason B ☐ B ☐ C ☐
Applicant 3				* Reason C ☐ B ☐ C ☐

* Reason A The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

* Reason B No TIN required. (Select this reason Only if the authorities of the country of tax residence do not require the TIN to be collected)

* Reason C others; please state the reason thereof.

Declaration:

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

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

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

Name of the Bank :		**Branch:**	
Account Type (Please ☑) ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR		**Account Number :**	
Branch Address :		**City:**	**Pin:**
IFSC Code :		**MICR Code :**	

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

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

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

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

Dividend Frequency

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

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

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

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

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

I/We wish to "Opt In" for receiving the following in Physical Copy

☐ Annual Reports/Abridged Summary ☐ Account Statement

I/We wish to receive the Account Statement in (any one)

☐ English (Default option) ☐ Bengali ☐ Malayalam

15 DOCUMENTS ENCLOSED (Please ☑)

☐ Resolution/Authorisation to invest ☐ List of Authorized Signatories with Specimen Signatures ☐ Memorandum & Articles of Association

☐ Trust Deed ☐ Bye-laws ☐ Partnership Deed ☐ Overseas Auditor Certificate ☐ Notarised POA ☐ Copy of cancelled cheque

☐ Copy of PAN Card ☐ KYC ☐ PIO Card ☐ Foreign Inward Remittance Certificate ☐ Special Product Form (SIP / STP / SWP / AEP)

16 *DECLARATION AND SIGNATURES

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

I/We hereby provide my/our consent of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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

All fields marked with * are mandatory

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

Documents	Individual	Companies	Societies	Partnership Firm	Investment through POA	Trust	NRI	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							✓	✓
Copy of Cancelled Cheque	✓	✓	✓	✓	✓	✓	✓	✓
FATCA & CRS Declaration		✓	✓	✓	✓	✓		✓

COMMON APPLICATION FORM

navi MUTUAL FUND

Name of the Mutual Fund	
Folio No(s)	
Investor Name	

I/We wish to make a nomination. [As per details given below]

Nomination Details

I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my / our folio / account in the event of my / our death. This nomination shall supersede any prior nomination made by us/me if any.

1. Mandatory Details

S. No.	Details	1st Nominee	2nd Nominee	3rd Nominee
1	Name of the nominee			
2	Relationship with the Applicant			
3	Date of Birth (to be provided in case of nominee is minor)			

2. I want the following nomination details to be printed in the account / holding statements (tick one of the boxes below):

☐ Name of the Nominee(s)

☐ Whether nomination given: Yes / No (not name of the nominee)

3. A. Optional details of nomination:

S. No.	Information	1st Nominee	2nd Nominee	3rd Nominee
a)	% Share of nominee** (equal share if % is not specified)			
b)	Mobile of nominee*** *(Please note that the DP / MFRTA will be able to reach out to your nominee if you provide the contact details).*			
c)	Email ID of nominee*** *(Please note that the DP / MFRTA will be able to reach out to your nominee if you provide the contact details).*			
d)	Specify Personal identifier document • Aadhaar (last four digit), PAN, Driving Licence, Passport ***			
e)	Guardian Name (applicable if the Nominee is minor)			

***Any odd lot after division shall be transferred to the first nominee mentioned in the form.*
**** The aforesaid details shall be optionally provided for the Guardian, in case of nominee is a minor.*

navi MUTUAL FUND

Format for providing Nomination for Demat Account and MF Folios

Mandatory for MF Folios with Single Holding only (effective from September 01, 2026)

Please read the instructions carefully before filling up this form

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

Signature:

Name(s) of holder(s)	Signature(s) of holder****
Sole / First Holder (Mr./Ms.)	
Second Holder (Mr./Ms.)	
Third Holder (Mr./Ms.)	

****If nomination is submitted:

- **Online**: *validate through Digital Signature Certificate or Aadhaar-based e-sign or by using any other e-sign facility recognized under Information Technology Act, 2000 or two factor authentication (2FA) in which one of the factors shall be a One-Time Password sent to the registered mobile number and email address.*
- **Physical / offline:** *wet signature (signature of witness shall not be required). However, if thumb impression (instead of wet signature) is affixed, then the same shall be witnessed by two persons and details of such witnesses shall be duly provided in this form.*

Name(s) of holder(s)	Thumb Impression	Witness Name & Address	Witness Signature
Sole / First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

Note:

- Investors can provide changes or cancel nominations any number of times.
- The signature of all the joint holders shall be obtained for providing / changing nomination.
- This nomination shall supersede any prior nomination made by the investor(s), if any.
- Investors can change nomination any number of times.
- Investors have the right to receive acknowledgement of the nomination form for each instance of
- nomination / subsequent change.

Format for providing Nomination for Demat Account and MF Folios

Mandatory for MF Folios with Single Holding only (effective from September 01, 2026)

Please read the instructions carefully before filling up this form

Additional points to be noted.

- Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder cannot nominate.
- Nomination is not allowed in a folio where Minor is the unitholder.
- 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.
- 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.
- A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
- Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
- Nomination shall stand rescinded upon the transfer of units.
- 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).
- The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
- 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.
- 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.
- 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.

DECLARATION FORM FOR OPTING-OUT OF NOMINATION

navi MUTUAL FUND

Name of the Mutual Fund	
Mutual Fund Folio Number / Application Number	
Investor Name	

I hereby confirm that I do not wish to appoint any nominee(s) to my mutual fund folio at this point of time.

I understand that –

i. the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.

ii. in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).

iii. if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets, and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

iv. I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

Signature

Name of Sole / First Holder	Signature of Sole / First Holder
(Mr./Ms.)	

If wet signature is made, signature of witness shall not be required. However, if thumb impression (instead of wet signature) is affixed, then the same shall be witnessed by two persons and details of such witnesses shall be duly provided in this form.

Name of Sole / First Holder	Thumb Impression	Witness Name & Address	Witness Signature
(Mr./Ms.)			

navi MUTUAL FUND

SYSTEMATIC INVESTMENT PLAN (SIP)

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

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

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

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

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

* I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

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

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

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

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

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

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

OR

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

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

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

☐ NSDL
☐ CDSL

Depository Participant Name _____ Enclosures

DP ID Number

Beneciary Account Number

☐ Client Master List ☐ Delivery Instruction Slip
☐ Transaction Cum Holding Statement

4. INVESTOR AND INVESTMENT DETAILS

Sole/First Investor Name ☐ Mr. ☐ Ms. ☐ M/s.

PAN/PERN ☐ KYC Proof

CKYC Id

Aadhaar No.

By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.

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

Scheme

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

Divdend Frequency

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

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

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

Each SIP Amount (Rs)

First SIP Cheque No. | Cheque Amount (Rs) | Cheque Date

Frequency ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly
Every Alternate Wednesday
Preferred Debit Date (Any date except 29, 30 and 31) D D

SIP Period: Start Date M M Y Y End Date M M Y Y ☐ Perpetual

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

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

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

Signature(s)	1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

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

6. LUMPSUM / NACH / ECS / DIRECT DEBIT / MANDATE INSTRUCTIONS FORM (applicable for LUMPSUM additional purchase as well as SIP registeration)

navi mutual fund **UMRN** Date D D M M Y Y Y Y

Sponsor Bank Code **Utility Code**

Tick (✓)
☐ CREATE
☐ MODIFY
☐ CANCEL

I/We hereby authorize NAVI MUTUAL FUND **to debit (Tick ☑)** ◉ SB ◉ CA ◉ CC ◉ SB-NRE ◉ SB-NRO ◉ Other

Bank a/c number

With Bank Name of customers bank **IFSC** **or MICR**

an amount of Rupees Amount in words ₹

Frequency ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☑ As & when presented **Debit Type** ☐ Fixed Amount ☑ Maximum Amount

Reference 1 Folio No.: **Mobile No.**

Reference 2 Scheme / Plan: **Email ID**

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

Period From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ☐ Until Cancelled

1. Signature Primary Account holder 2. Signature of Account holder 3. Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

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

Acknowledgment Slip (To be filled in by the investor) SIP through Lumpsum / ECS / Auto Debit Form

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

An application for Scheme : _____ Plan : _____ Option : _____

Amount: _____ Frequency : _____ Date of Commencement : _____

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Collection Centre's Stamp & Receipt
Date and Time

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1

DISTRIBUTOR / ARN CODE / RIA	Sub Broker ARN Code	Employee Unique Indentification Number (EUIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
				FOR OFFICE USE ONLY

*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

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

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

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

OR

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

If the total commitment of investment through SIP (i.e. installment amount multiplied by No. of installments) amounts to Rs. 10,000/- or more and your AMFI Registered Distributor has chosen 'opt in' option of charging Transaction Charge, the same are deductible as applicable ((refer instruction point no 11 under general information) from the installment amount and paid to the distributor. Transaction Charges will be recovered in 3 to 4 installments. Units will be issued against the balance amount invested.

3 INVESTOR AND INVESTMENT DETAILS

NAME OF FIRST/SOLE APPLICANT ☐ Mr. ☐ Ms. ☐ M/s.

PAN/PERN # ☐ KYC Proof #

CKYC Id

Aadhaar No.

By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.

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

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

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

Scheme NAVI

Plan ☐ Regular ☐ Direct

Option ☐ Growth ☐ Dividend **Sub Option:** ☐ Dividend Payout ☐ Dividend Reinvestment (default)

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

Dividend Frequency

Please refer instructions page for SIP, STP, SWP, AEP

4 *FATCA INFORMATION/ FOREIGN TAX LAWS (for Individual including Sole Proprietor) (In case you have already filled the Fatca declaration in Application Form or earlier then no need to fill this part) (For Non-individual, mandatory to fill up FATCA CRS form) (Refer instruction)

Place of Birth **Country of Birth**

Nationality ☐ Indian ☐ U.S. ☐ Others (Please specify)

Tax Residence Address (for KYC Address) ☐ Residential ☐ Registered ☐ Others ☐ Business

Are you a tax resident (i.e. are you assessed for Taz) in any other country outside India? Yes No

If 'No' please proceed for the signature of declaration

If 'YES', please fill for ALL countries (other than India) in which you are Resident for tax purposes i.e., where you are a citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (Tin or other, please specify)	If TIN is not available, please tick ☑ the reason A, B or C (as defined below)
1				* Reason A ☐ B ☐ C ☐
2				* Reason B ☐ B ☐ C ☐
3				* Reason C ☐ B ☐ C ☐

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

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

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

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

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

An application for Scheme: _____ Plan: _____ Option: _____

Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____

Amount: _____ Frequency : _____ Date of Commencement : _____

Collection Centre's Stamp & Receipt Date and Time

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5 SYSTEMATIC INVESTMENT PLAN (SIP THROUGH POST DATED CHEQUES) (Investor subscribing to SIP through ECS/Direct Debit must fill up the SIP Auto Debit)

Name of the Scheme/Plan/Option/Sub Option															
Frequency	☐ Fortnightly	☐ Monthly	☐ Quarterly	☐ Half Yearly						**SIP Period**					
SIP Date	Every Alternate Wednesday	Preferred Debit Date (Any date except 29, 30 and 31) D D			SIP from	M	M	Y	Y	SIP from	M	M	Y	Y
Cheque(s) Details	**No. of Cheque(s)**	**Cheque(s) No.**								**SIP Amount (in figures)**					
Cheque(s) drawn on	Name of Bank & Branch & City														
New Investors are requested to fill in the Common Application Form to accomping this SIP Form.															

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

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

7 SYSTEMATIC WITHDRAWAL PLAN (SWP)

Name of the Scheme/Plan/Option/Sub Option												
Frequency	☐ Monthly ☐ Quarterly	**SWP from**	M	M	Y	Y	**SWP to**	M	M	Y	Y	
Amount per Withdrawal (Rs)							**No of Installments**					
Please see the Plans & Options and Dividend policy details in the Scheme Information Document before filling in the above details.												

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

Name of the Scheme/Plan/Option/Sub Option		
Frequency ☐ Monthly ☐ Quarterly ☐ Half Yearly	AEP date : 1st Business Day	(Minimum Rs.500/- for AEP option)

9 DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information of the Scheme(s). I/We hereby apply for units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme and to other statutory requirements of SEBI. AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objective, investment pattern and risk factors applicable to Plan/ Options under the Scheme(s). I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the scheme, then Navi Mutual Fund, has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making these investments. I/We undertake that these investments are on my/our own account and in event Know Your Customer process is not completed by me/us to the satisfaction of the Mutual Fund, I/ We hereby authorise the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that maybe required by the law. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable law enacted by the Government of India or any Statutory Authority. I/We hereby declare that the particulars above are correct .I/We hereby, further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above NRIs only: I /We confirm that I am/We are Non-resident of Indian Nationality/ Origin and I/ We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from my/our Non-resident External/Ordinary Account/FCNR/NRSR Account. The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/ our Aadhaar number(s) in accordance with Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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

APPLICATION FOR REGULAR ENCASHMENT PLAN

(Regular Encashment Plan is only a feature for regular withdrawal from the Scheme and shall not be construed as an assurance or guarantee of returns)

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

Date: _____

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

Folio No. / Application No.
Name
☐ **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 Date: M M Y Y Y Y OR ☐ Till I/We instruct to discontinue

(Atleast 1 month from the date of request)

Regular Encashment Plan Option: ☐ 6.00% p.a. ☐ 7.50% p.a. ☐ 9.00% p.a. *(Please tick any one)*

(% of the Regular Encashment Plan investment amount as per choice of the investor will be considered as per annum, the default option will be 6.00% and date will be 7th)

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

Sole /1st Applicant/Guardian/Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/Authorised Signatory

(To be signed as per Mode of (To be signed as per Mode of Holding))

APPLICATION FOR REGULAR ENCASHMENT PLAN

Date:

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

Folio No. / Application No.
Name
☐ **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 Date: M M Y Y Y Y OR ☐ Till I/We instruct to discontinue

(Atleast 1 month from the date of request)

Regular Encashment Plan Option: ☐ 6.00% p.a. ☐ 7.50% p.a. ☐ 9.00% p.a. *(Please tick any one)*

(% of the Regular Encashment Plan investment amount as per choice of the investor will be considered as per annum, the default option will be 6.00% and date will be 7th)

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

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

APPLICANT DETAILS

NAME OF THE ENTITY	
TYPE OF ADDRESS GIVEN AT KRA	☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office
CUSTOMER ID / FOLIO NO	
PAN	DATE OF INCORPORATION (D D / M M / Y Y Y Y)
CITY OF INCORPORATION	
COUNTRY OF INCORPORATION	

PLEASE TICK THE APPLICABLE TAX RESIDENT DECLARATION

1. Is "Entity" a tax resident of any country other than India ☐ Yes ☐ No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below)

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

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

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

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

FATCA & CRS Declaration

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

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

1. We are a,
   Financial Institution [3] ☐
   or
   Direct reporting NFE [4] ☐
   (please tick as appropriate)

   GIIN

   Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sonsor's name below

   Name of the sponsoring entity

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

   if the entity is a financial institution, ☐ Not required to apply for - please specify 2 digits sub - category [10]

   ☐ Not obtained - Non - participating FI

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

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

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

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

If passive NFE, please provide below additional details for each of Controlling person. (Please attach additional sheets if necessary)

Name & PAN / Any other Identification Number PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) **City of Birth -** Country of Birth	**Occupation Type -** Service, Business, Others **Nationality** **Father's Name -** Mandatory if PAN is not available	**DOB -** Date of Birth **Gender -** Male / Female / Other
1. Name & PAN ______ City of Birth ______ Country of Birth ______	Occupation Type ______ Nationality ______ Father's Name ______	DOB DD/MM/YY Gender ☐ Male ☐ Female ☐ Others
1. Name & PAN ______ City of Birth ______ Country of Birth ______	Occupation Type ______ Nationality ______ Father's Name ______	DOB DD/MM/YY Gender ☐ Male ☐ Female ☐ Others
1. Name & PAN ______ City of Birth ______ Country of Birth ______	Occupation Type ______ Nationality ______ Father's Name ______	DOB DD/MM/YY Gender ☐ Male ☐ Female ☐ Others

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

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

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

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

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

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

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

PART C: Certification

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

Date: D D M M Y Y Y Y

Name: ______

Designation: ______

Signature & Seal

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Third Party Payment Declaration (Should be enclosed with each payment/SIP Enrolment)

Payments by : Parents/Grand Parents/Related Persons other than the Registered Guardian/Custodian / Employer

Maximum Value : Not Exceeding Rs. 50,000/- (each regular purchase or per SIP installment)

Application and Payment Details (All details below are mandatory, including relationship, PAN, KYC)

Folio No.		Application Form	
Beneficiary Name			
Investment Amount (Rs.)			
Payment Cheque No.		Dated	
Cheque Drawn on Bank			
Cheque Drawn on A/C No.			
Declaration and Signatures			

RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3) [Please • (') as applicable)

Status of the Beneficial Investor	Minor	FII • 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 declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.	I/We declare that the payment made on behalf of FII/Client and the Source of this payment is from funds provided to us by FII/Client	I/We declare that the payment made on behalf of employee(s) under Systematic Investment Plans through Payroll Deductions.
Income tax PAN			
KYC Acknowledgement	☐ Attached (Mandatory for any amount)		☐ Attached (Mandatory for any amount)
Signature			
Contact No.			

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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: ..... State: ..... Pin : .....

Country: ..... Contact No. .....

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

To whomsoever it may concern

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

Instrument Type	☐ **Demand Draft** ☐ **Pay Order/Banker's Cheque**
Instrument Number	Date
Instrument Amount (Rs.)	
In Favour of/ Favouring	
Payable At	

Details of Bank Account Debited for issuing the instrument:

Bank Name			
Bank Account Number		**Account Type**	
Account Holder Details	**Name**	**Income Tax PAN**	
1.			
2.			
3.			

If the issuing Bank Branch is outside India:

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

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

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

Branch Manager/Declarant (s):

Signature: .....

Name: .....

Address:

.....

..... Bank & Branch Seal

City: ..... State: ..... Pin : .....

Country: ..... Contact No. .....

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