

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	R / ARN CODE / RIA	Sub Broker ARN Coo	de Employee U	Inique Indentification	on Number (EUIN)*	SUB-BRO	KER CODE / AGE	NT CODE	DATE & TIME OF RECEIPT
Upfi	front commission shall be	e paid directly by the Inves	tor to the AMFI registe	ered distributors based	I on the investor's asset	ssment of variou	s factors including th	e service rende	ed by the distributor
		een intentionally left blank eness, if any, provided by t							er/sales person of the above distributor on this transaction.
Sole /1st Applic	cant/Guardian/Authorised	Signatory/POA Holder	2nd /	Applicant/Authorised Si	gnatory/POA Holder		3rd Appli	cant/Authorised	Signatory/POA Holder
2. REGISTRATI	ON CUM MANDA	TE FORM FOR SIP	THROUGH NA	CH, AUTO DEB	IT OR ECS (Debit	Clearing/Aut	o Debit)		
(Please ☑) * if you are a new in	New Registration* investor kindly fill the o	Renewal SI common application for		ge in Bank Details	Cancellation	on of SIP	Micro SIP		
3. TRANSACTIO	ON CHARGES FO	R APPLICATIONS	THROUGH DIS	TRIBUTORS/AC	GENTS ONLY (PI	ease tick any	one of the below)	
(Rs. 150/-will be	e deducted as transaction it of investment through SII	nvestor in Mutual Fun charges for transaction of F IP (i.e. installments) amount	Rs. 10,000/- and more) is to Rs. 10,000/- or mo	i ore and your AMFI regis	(Rs. 100/- stered Distributor has ch	will be deducted osen 'opt in' optic	n of charging transac	es for transaction tion charge, the	of Rs. 10,000/- and more) same are deductible as applicable (refer
UNITHOLDING		mount and paid to the distrib		_	o.18) Demat Account		_		
	Depository Participant		. ,			Enclosures			,
CDSL D	P ID Number					Client Maste	er List Deli	very Instructio	n Slip
В	Beneciary Account Nur	mber				Transaction	Cum Holding Sta	tement	
	ND INVESTMENT								
Sole/First Investo PAN/PERN	or Name Mr.	Ms N	1/s.				KYC Proof		
CKYC Id							KTOTTOOI		
Aadhaar No.					including demogra	phic information	with the asset mana	gement compan	disclosing of my Aadhaar number(s) es of SEBI registered mutual fund and
Folio/Application N	lo.			Existing Ir	their Registrar and nvestors please men		(RTA) for the purpos	e of updating the	same in my / our folios.
Scheme					•				
Plan		Regular Op	ption: Growth	Dividend	Sub Option	on: Divider	d Reinvestment (default)	Dividend Payout
In case of any ambigu	•	tion, the default plan / opti	on / sub-option will be	e applicable as per the	scheme's Key Informa	ation Memorandu	ım, Scheme Informa	tion Document &	Statement of Additional Information .
Please see the Plan, 0	Option and Dividend police	icy details in the SID/KIM beelf certification under F	efore filling in the abo	ove details.					
	(Please tick on any 1	1 SIP frequency only.)							
Each SIP Amount (First SIP Cheque N	` '		Chec	que Amount (Rs)				Cheque Date	
Frequency	Fortnightly	Monthly Q		Half Yearly	SIP S	Start Date	M Y	Y End I	Date M M Y Y
	Every Alternate Wednesday	Preferred Debit Date (A	Any date except 29	9, 30 and 31)	Period				Perpetual
		rovided below. Please allow n		Auto Debit to register an	d start). Each of the SIP in	nstallment excludir	ng initial cheque should	be of the same a	mount & there should be a gap of 30 days
I/We hereby, authorise	e Navi Mutual Fund and th	heir authorised service prov	viders, to debit my/our						
incomplete or incorrect in understood the contents	at the particulars given abov information, I/We would not h of SID/KIM/SAI, I/We hereby	ve are correct and express methold the user institution resport apply for the respective units	nsible. I/We will inform N of Navi Mutual Fund Sch	payment referred above to lavi Mutual Fund about all neme at NAV based resale	nrough participation in Lui ny changes in my bank ac price and agree to abide b	count. I/We have re by terms, conditions	ead and agreed to the rules and regulation o	terms and condition f the scheme (s).	or not executed at all for any reasons of as mentioned overleaf. I/We have read and
Signature(s)	1st Applicant / Gua	ırdian / Authorised Sign	atory	2nd Applica	nt / Authorised Signa	atory	3	Brd Applicant /	
		mode of holding is Joir							
_		RECT DEBIT / MAN	DATE INSTRUC	CTIONS FORM (applicable for LUM	PSUM addition	nal purchase as v	well as SIP re	gisteration)
anavi mutual fund					144114		Date		W W
Sponsor Ban Tick (✓)	nk Code				Utility Co	ode			
CREATE	I/We hereby authorize	NAVI MUTUAL FUND			to c	debit (Tick ☑)	O SB O CA	CC OSB-NI	RE O SB-NRO O Other
MODIFY	Bank a/c number								
With Bank	Name of	customers bank	IFSC				or MICR		
an amount of Rupees	Amount in words	S						₹	
Frequency	⊠ Monthly	□ Quarterly □ Halt	f Yearly ⊠ Year	rly 🗹 As & wh	en presented		Debit Type	⊠ Fixed Am	ount
Reference 1	Folio No.:						Mobile No.		
Reference 2	Scheme / Plan:						Email ID		
I Agree for the debit o	of mandate processing of	charges by the bank who	om I am authorizing t	to debit my accounts	as per latest schedul	e of charges of	the bank.		
Period From	D D M I	M Y Y Y							
То	D D M M	M Y Y Y	1. Sign	nature Primary Accou	nt holder 2.	Signature o	f Account holder	3	Signature of Account holder
Or	Until Cancelle	ed	1.	Name as in bank rec	ords 2.	Name as i	n bank records	3.	Name as in bank records
		ion has been carefully reand this mandate by approp	d, understood & mad	e by me/us. I am auth	orizing the user entity/o	corporate to debi	t my account, based	on the instructi	on as agreed and signed by me. I have
Acknowledgment Sli Received from Mr./M:	lip (To be filled in by the	investor)		S	SIP through Lumpsum	/ ECS / Auto De	ebit Form	n	NAVI MUTUAL FUND
. COOCIVOU ITOITI IVII./IVI	IS /IM/S								
An application for Sch			Plan :		Option :			Collectio	n Centre's Stamp & Receipt
An application for Sch Amount:		Frequency:		Date of Com	Option :			Collectio	n Centre's Stamp & Receipt Date and Time



DISTRIBUT	FOR / ARN CO	DE / RIA		Sub B	roker Af	RN Code		Em	ipioyee	Uniqu	ue Inder	ntification	Numb	er (EUIN)		SUB-E	ROKER	R COD	E / AGE	NT CO	DE	DAT	E & TII	ME OF	RECEIPT
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TRANSACTION	ON CHAR	GES FO	R APP	LICAT	TIONS	THRO	DUGH	DIST	TRIBU	JTOI	RS/AC	GENTS	ONL	Y (Plea	se ti	ck ar	ıv one	e of	the b	elow)					
I confirm the	that I am a F	irst Time	Investor	in Mutu	ıal Fund	ds					OF		l an	n an Exis	sting I	nvesto	or in Mu	utual	Funds						
(Rs. 150/-will If the total commitm Charge, the same a be issued against the	are deductible	nent throug	h SIP (i.e. ble ((refer	installm	ent amou	unt multip	olied by N	No. of i	installme		amounts	to Rs. 10	,000/- c		nd your	AMFI	Register	red Dis	stributor	has ch	osen 'o	opt in' c	ption o	f charg	ing Transact
INVESTOR A				11 8																					
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PAN/PERN #	<u> </u>										KYC F	Proof #													
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Father's Name	e/Name of	Guardia	n (in ca	se of M	/linor)/	Conta	ct Per	son ((in cas	se of	non in				ITans	Mr.		Ms.	irie purp	ose oi	upuau	ing the	Same	II IIIy /	our ionos.
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(of first/sole Applicant)	L	Busine	ess	Profes	sional	H	ouse W	Vife	Ag	gricult		Serv	,	Stud			etired		Others						
Folio/Application										Exis	sting Inve	estors plea	ase men	ntion Folio	No. Ne	ew appl	icants pl	lease i	mention	the app	olicatio	on form	No.		
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Website: navimutualfund.com
 Toll free : 18002032131 Non Toll Free: +91 81475 44555





requency	Fort	nightly \	Monthly Qua	rterly	Half Yearl	lv		SIP Period											
SIP Date Every Alternate Wednesday Preferred Debit Date (A							D D	SIP from	IVI	M	Υ	Υ	SIP from	IVI	IVI	Y			
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requency	☐ Daily	Weekly	Fortnightly		☐ Mo	onthly						STP	Period						
TP Date	All Business Days	Every Wednesday	Every Alternate Wednesday	1st	7th	10t	h	SIP from	IVI	IVI	Y	Υ	STP to	IVI	IVI	Y			
	Days		Wednesday	15th	20th	25t	h	Amount Per	Installr	nent (Rs	s)		•	No of Inst	allment	s			
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requency		Quarterly	Half Yearly		ΔFF	P date · 1						(Mir	nimum Rs.500	/- for AFF	ontion)				
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