

<b>1</b>	<b>DISTRIBUTOR / ARN CODE / RIA</b> ARN-181211 67723	<b>Sub Broker ARN Code</b>	<b>Employee Unique Identification Number (EUIIN)*</b> E 028492	<b>SUB-BROKER CODE / AGENT CODE</b>	<b>DATE &amp; TIME OF RECEIPT</b> FOR OFFICE USE ONLY
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"I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

Sole /1st Applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder
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**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 funds 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 Tax) in any other country outside India? Yes No  
If 'No' please proceed for the signature of declaration  
If 'YES', please fill for ALL countries (other than India) in which you are Resident for tax purposes i.e., where you are a citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr. No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (Tin or other, please specify)	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below)
1				* Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				* Reason B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
3				* Reason C <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

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

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

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

**SIP / SWP / STP / AEP**

<b>Acknowledgement Slip</b> (To be filled in by the investor)	
Received from Mr./Ms./M/s. _____	<b>Collection Centre's Stamp &amp; Receipt Date and Time</b>
An application for Scheme: _____ Plan: _____ Option: _____	
Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____	
Amount: _____ Frequency : _____ Date of Commencement : _____	

**5 SYSTEMATIC INVESTMENT PLAN (SIP THROUGH POST DATED CHEQUES)**

Name of the Scheme/Plan/Option/Sub Option										
Frequency <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly					SIP Period					
SIP Date <input type="checkbox"/> Every Alternate Wednesday		Preferred Debit Date (Any date except 29, 30 and 31)			SIP from		M		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 accoming this SIP Form.

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

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

**7 SYSTEMATIC WITHDRAWAL PLAN (SWP)**

Name of the Scheme/Plan/Option/Sub Option											
Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly					SWP from		M		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 <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly					AEP date : 1st Business Day			(Minimum Rs.500/- for AEP option)			

**9 DECLARATION AND SIGNATURES**

I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information of the Scheme(s). I/We hereby apply for units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme and to other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objective, investment pattern and risk factors applicable to Plan/ Options under the Scheme(s). I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the scheme, then Navi Mutual Fund, has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making these investments. I/We undertake that these investments are on my/our own account and in event Know Your Customer process is not completed by me/us to the satisfaction of the Mutual Fund, I/ We hereby authorise the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that 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