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
	ARN-118251				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   Depository Participant Name _____

☐ CDSL   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   Net-worth

☐ 1 - 5 Lacs   ☐ 10 - 25 Lacs   ☐ >1 Crore   (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

🌐 Website: navimutualfund.com | ☎ Toll free : 1800 103 8999 Non Toll Free: +91 81475 44555 | ✉ mf@navi.com

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Communication in connection with this application should be addressed to the Registrar, & KFIN Technologies Pvt. Ltd. KFIN SELENIUM, Plot Number 31 32, Tower B, Survey No. 115/22, 115/24 & 115/25, Financial District, Gachibowli, Nanakramguda, Serlingampally Mandal Hyderabad - 500032 Telangana

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

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Gross Annual Income	☐ Below 1 Lac ☐ 5 - 10 Lacs ☐ >25 Lacs - 1 Crore	Politically Exposed Person (PEP) Status	☐ I am PEP
	☐ 1 - 5 Lacs ☐ 10 - 25 Lacs ☐ >1 Crore	(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)	☐ 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 ☐ 5 - 10 Lacs ☐ >25 Lacs - 1 Crore	Politically Exposed Person (PEP) Status	☐ I am PEP
	☐ 1 - 5 Lacs ☐ 10 - 25 Lacs ☐ >1 Crore	(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)	☐ 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.   Tax Residence Address (for KYC Address) ☐ Residential ☐ Registered
☐ Others (Please specify)   ☐ 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 | NOMINATION DETAILS (Please refer to Instructions page, point no VII) In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nomination Required ☐ YES ☐ NO

Nominee Name	Relationship with Nominee	Date of Birth of Minor	Guardian Name (in case Nominee is Minor)	Allocation (%)	Sign of Guardian	Sign of Nominee	Sign of Applicants
							1st App.
							2nd App.
							3rd App.

Please note that if you do not furnish any nomination details, it is deemed to be assumed that you do not wish to nominate anyone.

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

I/We wish to "Opt In" for receiving the following in Physical Copy   I/We wish to receive the Account Statement in (any one)

☐ Annual Reports/Abridged Summary   ☐ Account Statement   ☐ English (Default option)   ☐ Bengali   ☐ Malayalam

16 | 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)

17 | *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

18 | 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		✓	✓	✓	✓	✓		✓

Communication in connection with this application should be addressed to the Registrar, & KFIN Technologies Pvt. Ltd. KFIN SELENIUM, Plot Number 31 32, Tower B, Survey No. 115/22, 115/24 & 115/25, Financial District, Gachibowli, Nanakramguda, Serlingampally Mandal Hyderabad - 500032 Telangana