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Non - Individual Investors involved/ providing any of the mentioned services Gaming / 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 # Please attach proof. Refer instructions page point XII - PAN/PERN and KYC # Application No. # Collection Centre's Stamp & Receipt Date and Time # Plan: Option: # Que/DD No.: Dated: Amount (Rs.)	Non - Individual Investors involved/ providing any of the mentioned services Gaming / Gambling / Lottery / Casino Services None of the Above # Please attach proof. Refer instructions page point XII - PAN/PERN and KYC Knowledgement Slip (To be filled in by the investor) Application No.	Politically Exposed Per							Karta/					I am	PEP					EP	No	t Appli	cable	
Application No. Collection Centre's Stamp & Receipt Date and Time	Application No. Ceived from Mr./Ms./M/s. application for Scheme: Plan: Option: eque/DD No.: Dated: Amount (Rs.)	Non - Individual Invest	ors involved	d/ providing a	any of the r	mentioned	l services			_	•	•		,	Ü				•		•	wning		
Application No. eived from Mr./Ms./M/s Collection Centre's Stamp & Receipt Date and Time application for Scheme: Plan: Option: Option:	Application No. Ceived from Mr./Ms./M/s. application for Scheme: Plan: Option: eque/DD No.: Dated: Amount (Rs.) awn on Bank and Branch:						N and KYC																	
papelication for Scheme: Plan: Option: Option: Que/DD No. : Amount (Rs.)	pate and Time application for Scheme: Plan: Option: eque/DD No. : Dated : Amount (Rs.) awn on Bank and Branch :	knowleagement Slip	(10 be fille	ea in by the	e investor))						Ap	plicat	ion No	•									
que/DD No. : Dated : Amount (Rs.)	eque/DD No. : Dated : Amount (Rs.)																	Colle					eceipt	
	awn on Bank and Branch :	application for Scheme	:				_Plan:					ption: _												
on Deals and Dreads		eque/DD No. :			Dated :			Aı	mour	it (Rs.)														
which sank and Branch:	All Doubles are an elicitate and leading of Observation	wn on Bank and Brand	:h:																					



7	JOINT APPLICANT	DETAILS																		
а	NAME OF SECOND A	PPLICANT	Mr. Ms.																	
	PAN/PERN #						KYC Pr	oof#		Date o	f Birth/Dat	e of Inco	rporation	ı	D	D	M	M	Υ	Υ
	CKYC Id																			
	Aadhaar No							includi	ng demo	graphic	number I p	with the a	asset man	ageme	nt comp	oanies c	of SEBI	registere	ed mutu	al fund
	Gross Annual Income	Delem 41 ee		7 . 05 1		D-19					Transfer Ag	ent (RIA	for the p				same	n my / ou	ur tolios	
	Gross Armai meome	Below 1 Lac	5 - 10 Lacs 10 - 25 Lacs	>25 Lac	s - 1 Crore e		cally Exp			,	lus (arta/ Trustee/ Wr	ole time Dire	ctors)	Н	I am P I am R	⊏P elated t	o PEP	No	t Applic	able
	Father's Name					,														
	Occupation (of first/sole Applicant)	Business	Professional	H	ouse Wife		Agric	ulture		Service	e _	Stude	ent		Retire	d		Others		
b	NAME OF THIRD APP	LICANT	Mr. Ms.																	
	PAN/PERN#						KYC Pr	oof#		Dat	e of Birth/I	Date of I	ncorpora	ition	D	D	M	M	Υ	Υ
	CKYC Id																			
	Aadhaar No							includi	ng demo	graphic	number I p	with the a	asset man	ageme	nt comp	oanies c	of SEBI	registere	ed mutu	al fund
	0 4										Transfer Ag	ent (RIA	for the p		•		same	n my / ou	ır folios	
	Gross Annual Income	Below 1 Lac 1 - 5 Lacs	5 - 10 Lacs 10 - 25 Lacs	>25 Lac >1 Crore	s - 1 Crore		cally Exp			,	tus (arta/ Trustee/ Wr	ole time Dire	tore)	Н	I am P	EP elated t	n PFP	No	t Applic	ahle
	Father's Name	1 0 2000	10 20 2000	- 1 01010	•	(Also a	pplicable for a	iulionaeu a	ignatoricari	Tomoterari	artar riusteer vvi	iole time bire	2013)		Tunit	ciated t	01 [ттррпс	Jubic
	Occupation (of first/sole Applicant)	Business	Professional	He	ouse Wife		Agric	ulture		Service	ce	Stude	ent		Retire	d		Others		
8	Power of Attorney	(POA)																		
_	NAME OF POA	(. 57.)	Mr. Ms.	M/s.																
	PAN/ PERN#				KYC P	roof #	‡						Date of	Birth	D	D	IVI	IVI	Υ	Υ
9	*FATCA INFORMA	TION/ FOREIGN T	TAY LAWS (For In	dividual in	cluding Sole	Prop	rietor) (F	or Nor	-individ	lual ma	andatory to	fill up E	۸۲۵۸ ۵۱	2S for	m) (Pa	for inc	truction	2)		
	Place of Birth	HON/ FOREIGN F	AX EAVIS (FOI III	aividdai iii	Country of			OI INOI	I-III GIVIC	iuai, mi	andatory to	illi up i	AI CA CI	10 1011	11) (110	ici ilisi	liuctioi	')		
								(5	10/0	A .1.1	\			e . i			D			
	Nationality Ind	lian U.S.			Tax Resid		Adare	ss (tor		Adare: ness	SS)	F	Residen	tiai			Regis	sterea		
	Are you a tax reside	1 27	sessed for Tax) ir	anv oth			ide Indi	a?		Yes		No								
	If 'No' please proce	` '	,	, ,	,															
	If 'YES', please fill the Resident in the response	•	other than India)	in which	you are F	Resid	ent for	tax pu	urpose	s i.e.,	where yo	ou are	a citize	n / Re	esider	nt / Gr	een (Card H	older	/ Tax
	Applicant Details	Country of Ta	ax Residency		Tax Ident Funct		tion Nu Equiva				ntification other, plea							olease defined		
	Applicant 1												*	Reas	on A		В	С		
	Applicant 2												*	Reas	on B		В	С		
	Applicant 3												*	Reas	on C		В	С		
	* Reason A The countr * Reason B No TIN rec * Reason C others; ple Declaration:	quired. (Select this rea	ason Only if the auth thereof.	orities of the	he country o	f tax ı	esidenc	e do no	ot requi	re the T	IN to be co	·								
	I hereby confirm that the submitted above. I also about any changes / many intermediary or by	o confirm that I have nodification to the abo	read and understoo	d the FATe ure within	CA & CRS 1	erms	and Co	nditions	s belov	and h	ereby acce	pt the s	ame. I a	lso un	dertak	e to ke	ер уо	ı inform	ed in v	writing
	# Please attach proof.	Refer instructions pag	ge point XII - PAN/PI	ERN and k	KYC															



10	*BANK ACCOUNT DETAILS (Please attach copy of	cancelled chequ	ue) For registeri	ng Multiple Bar	nk Accounts pleas	e fill up "Registration o	f Multiple Bank Ad	count" Form	
	Name of the Bank :					Bra	nch:		
	Account Type (Please ☑) SB Current NR0) NRE	FCNR	Acc	ount Number :				
	Branch Address :	,			City:			Pin:	
	IFSC Code :				Oity.	MICE	Code:	· ····	
	AMC reserves the right to use any mode of payment deemed appropriate	I/Me understand th	nat AMC shall not be	responsible if tran	saction through DC/R			omplete or incorrect i	nformation
							ed out because of mot	implete of incorrect i	mormation.
11	*INVESTMENT DETAILS I/We would like to inves	t in the follow	ing scheme c	of Navi Mutua	I Fund Scheme	:			
	Scheme : Navi			Plan	Reg	gular	Direct		
	Option Growth Dividend			Sub-Opti	on Divi	dend Payout	Dividend Re	investment (defa	ıult)
	In case of any ambiguity / incomplete information, the defa						emorandum, Sche	eme Information	Document &
	Statement of Additional Information. Please see the Plan,	Option and Divi	dend policy deta	ails in the SID/F	IM before filling in	the above details.			
	Dividend Frequency								
12	*PAYMENT DETAILS (In case of DD, please prov	ide us specifi	c declaration)						
	Mode of Payment Cheque DD	Fund Transfer	Othe	rs		Please sp	ecify		
	Cheque/DD No.					Date D	D M M	YY	YY
	Gross Amount (Rs)		DD Charges	(Rs)		Net Amo	ınt (Rs)		
	Drawn on Bank & Branch					Account Type 3	B Current	NRO N	RE FCNR
						7.000amt Type	S Guitoni		
13	SYSTEMATIC INVESTMENT PLAN (SIP) PAYME	ENT TYPES (Please select	any one opti	on)				
	SIP through Post Dated Cheques (Please fill & submit wi	th this form)	SIP through Aut	o Debit (ECS) (I	Please fill up enclo	sed SIP Auto Debit (EC	S) Form & submit v	vith this form)	
14	NOMINATION DETAILS (Please refer to Instruction	ne nage inclint	no VII) in casa (of evicting investo	r nomination dataila	mentioned in the below to	ble will replace the e	vietina deteile regie	tored in the folio
		13 page, point	110 VII) III case (or existing investo	i, nomination details	mentioned in the below to	bie will replace the e.	kisting details regis	tered in the folio
	Nomination Required YES NO	Deletienski	n Data of F	Cuth Cu	ardian Nama	Allogation	an of	Diam of	Cian of
	Nominee Name	Relationshi with Nomine			ardian Name Nominee is Minor)			Sign of lominee	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 as	sumed that you o	lo not wish to no	minate anyone.				
15	HOW DO YOU WISH TO RECEIVE THE DOCUM	IENT(S) (Plea	ase ☑)						
	I/We wish to "Opt In" for receiving the following in Physical	Сору			I/We wish to	receive the Account	tatement in (any	one)	
	Annual Reports/Abridged Summary Accoun	t Statement			English	(Default option)	Bengali	Mal	ayalam
16	DOCUMENTS ENCLOSED (Please ☑)								
		of Authorized Si	anatories with S	Snecimen Signs	itures	Memorandi	m & Articles of As	sociation	
		nership Deed	_	eas Auditor Cer		Notarised F		by of cancelled c	heaue
	Copy of PAN Card KYC PIO	•			ance Certificate		duct Form (SIP / S	•	
47	*DECLARATION AND SIGNATURES								
17	*DECLARATION AND SIGNATURES		- Information Decom	and of the Cabana	(a) 100/a hazahi azahi 6		atad share and same	to abide builte tones	
	I/We have read and understood the contents of the Statement of Additional Inf and regulations of the Scheme and to other statutory requirements of SEBI.AMI	I, Prevention of Mon	ey Laundering Act, 2	002 and such other	egulations as may be a	pplicable from time to time. I/V	e confirm to have under	stood the investment	objective, investment
	pattern and risk factors applicable to Plan/Option under the Scheme (s). I/We to bring my/our investment below 25%. I/We have not received nor been induced to bring my/our investment below 25%.								
	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 th	e applicant at the applicable	IAV prevailing on the da	te of such redemption	and undertake such
	other action with such funds that may be required by the law. I/We declare that law enacted by the Government of India or any Statutory Authority. I/We hereb	y declare that the pa	articulars above are	correct .I/We hereby	further agree that the F	und can directly credit all the	dividend and redemption	on amount to my bank	details given above.
	The ARN holder has disclosed to me/us all the commission (in the form of trail NRIs: I/We confirm that I am/We are Non-resident of Indian Nationality/Orig								
	Account/FCNFI/ NRSR Account. I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 (and regulations made thereunder) and PI	ordance with Aadhaa							
	I/We hereby provide my/our consent of my Aadhaar number(s) including dem		with the asset mana	agement companies	of SEBI registered mut	ual fund and their Registrar	nd Transfer Agent (RTA	A) for the purpose of u	updating the same in
	my/our folios.								
	Sole/1st applicant/Guardian/Authorised Signatory/POA Hold	er	2nd Applicant/A	uthorised Signa	ory/POA Holder	3rd	Applicant/Authorise	d Signatory//POA	Holder
	All fields marked with * are mandatory								
18	CHECKLIST (Please submit the following documents with applic	ation wherever app	licable). <u>All docum</u>	ents sho <u>uld be ori</u>	inal/true copies certif	ied by a Director/Trustee/0	ompany Secretary/Au	thorised Signatory/N	Notary Public.
	Documents	Individual	Companies	Societies	Partnership Firm	Investment through PO	Trust	NRI	FIIs
	Resolution/Authorisation to invest		✓ ✓	✓ ✓	✓ ✓	V	✓ ✓		/
	List of Authorised Signatories with Specimen Signatures Memorandum & Articles of Association		√	•	•	, , , , , , , , , , , , , , , , , , ,	•		
	Trust Deed			,			√		
	Bye-laws Partnership Deed			√	✓				
	Notarised POA					✓			
	PAN/PERN Proof	✓	✓ ✓	✓	✓ ✓	√	/	✓	V
	KYC in case of Investment of any Amount Foreign Inward Remittance Certificate	V	· ·	· ·	· ·	· · ·	'	✓	· ·
	Foreign niward Remittance Certificate								
	Copy of Cancelled Cheque FATCA & CRS Declaration	✓	✓ ✓	✓ ✓	√	✓ ✓	✓ ✓	✓	V



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 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) | 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)
(Rs. 150/-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 (referinstruction 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.) Depository Participant Name NSDL DP ID Number Delivery Instruction Slip CDSL Client Master List Beneciary Account Number Transaction Cum Holding Statement 4. INVESTOR AND INVESTMENT DETAILS Sole/First Investor Name Mr. Ms PAN/PERN KYC Proof CKYC Id 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 Aadhaar No. 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 Sub Option: Dividend Reinvestment (default) Dividend Payout Direct Regular Option: Growth Dividend 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 Start Date End Date Frequency Quarterly Fortnightly SIP Every Alternate Wednesday Preferred Debit Date (Any date except 29, 30 and 31) Period 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 \$SIDKIMISAI, 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). 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 **Utility Code** Sponsor Bank Code Tick (✓) NAVI MUTUAL FUND I/We hereby authorize to debit (Tick ☑) │ ○ SB ○ CA ○ CC ○ SB-NRE ○ SB-NRO ○ Other CREATE MODIFY Bank a/c number CANCEL **IFSC** or MICR With Bank an amount of Rupees Frequency ⊠ Monthly Half Yearly As & when presented Debit Type □ Fixed Amount ✓ Maximum Amount □ Quarterly Reference 1 Folio No.: Mobile No. 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 D D M M Y Y Y Or Until Cancelled 2. 1. 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. navi MUTUAL FUND SIP through Lumpsum / ECS / Auto Debit Form Acknowledgment Slip (To be filled in by the investor) Received from Mr./Ms./M/s.

Website: navimutualfund.com

Frequency:

Plan:

An application for Scheme:

Toll free: 1800 103 8999 Non Toll Free: +91 81475 44555

mf@navi.com

Collection Centre's Stamp & Receipt

Date and Time

Date of Commencement :

Option



DISTRIBUTO	TOR / ARR CODE / RIA	Sub Broker							DE DA		
									FC	OR OFFIC	
	firm that the EUIN box has bee vithstanding the advice of in-ap										
Sole /1st Applicant/	t/Guardian/Authorised Signator	ry/POA Holder	2nd Applicant/A	Authorised Signatory/P	OA Holder		3rd Applica	ant/Authorised Sign	atory/POA H	older	
TRANSACTIO	ON CHARGES FOR A	APPLICATION	NS THROUGH D	DISTRIBUTORS	/AGENTS C	NLY (Please	tick any one	of the below)			
I confirm th	that I am a First Time Inve	estor in Mutual Fi	unds		OR	I am an Existing	g Investor in Mut	ual Funds			
f the total commitments	rill be deducted as transaction of ment of investment through SIF are deductible as applicable ((the balance amount invested.	P (i.e. installment ar	amount multiplied by No	o. of installments) amo	unts to Rs. 10,00	00/- or more and yo		d Distributor has che	osen 'opt in'	option of o	charging Tran
		ETAIL C									
	AND INVESTMENT DE RST/SOLE APPLICANT			Mr.	Ms.	M/s.					
NAME OF FIRE	RS1/SOLE APPLICANT			IVII	IVIS.	IVI/S.					
PAN/PERN #	£			KY	C Proof #						
CKYC Id											
Aadhaar No.					By shari including and thei	ing the Aadhaar nu g demographic info r Registrar and Tra	umber I provide my ormation with the as ansfer Agent (RTA)	y consent for shari sset management of for the purpose of	ng / disclosi companies of updating the	ng of my f SEBI reg	Aadhaar nur gistered mutu my / our folio
Father's Name	e/Name of Guardian (ii	n case of Minor	or) / Contact Perso	on (in case of no				Лs.	., 5		,
			·								
Occupation	Puningg	Profession	nol House Wife	fo Agricultur	Sonio	n Ctudent	Potirod	Othoro			
of first/sole Applicant) Folio/Application	ion No.	Profession	nal House Wif				Retired New applicants plea	Others	olication form	No.	
Scheme	NAVI			LAISUNG	octoro picase		аррисана рівс	mondon the dp			
Plan		Direct									
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of Additional Info	ormation. Please see the Pl		Dividend policy detail	is in the SID/KIM be	efore filling in th	io abovo dotalio.					
of Additional Information Dividend Frequence Please refer instremation *FATCA INFO	ormation. Please see the Placy tructions page for SIP, STP, DRMATION/ FOREIGN	, SWP, AEP	(for Individual includ	iding Sole Propriet			illed the Fatca de	eclaration in App	lication For	m or ea	rlier then no
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of Additional Information of Additional Information of Additional Information FATCA INFO of Ill this part) (F Place of Birth Nationality	ormation. Please see the Plecy tructions page for SIP, STP, CRMATION/ FOREIGN (For Non-individual, mandal) Indian U.S.	, SWP, AEP	(for Individual inclu ATCA CRS form) (R Country of Birth Tax Residence Ad	iding Sole Propriet Refer instruction)	or) (In case yo		illed the Fatca de	eclaration in App	lication For		rlier then no
of Additional Info Dividend Frequence Please refer instr FATCA INFO o fill this part) (F Place of Birth Nationality Others (Please Are you a tax ree f 'No' please pro f 'YES', please f	primation. Please see the Placy tructions page for SIP, STP, DRMATION/ FOREIGN (For Non-individual, mandal) Indian U.S. ease specify) esident (i.e. are you assess roceed for the signature of fill for ALL countries (other	N TAX LAWS attory to fill up FA	(for Individual includation (for Individual Includation) (for Including Incl	iding Sole Propriet Refer instruction) du ddress (for KYC A Business utside India? Yes I	or) (In case yo	u have already f	Residential		Regis	stered	rlier then no
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I/We agree that in cas 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 no 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 come 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 sunds 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 where 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, fur youts 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/W remitted from abroad through approved banking channels or from my/our Non-resident External/Ordinary Account/FCNR/NRSR Account. The ARN hol 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 bein our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) usar Act, 2016 (and regulations made thereunder) and PMLA. Dour consent of my Aadhaar number(s) including demographic information with the asset management companies of SEBI regis	ND SIGNATURES erstood 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 indice 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 of the investment objective, investment pattern and risk factors applicable to Plan/ Options under the Scheme(s). I/We agree that in case mylour investment below 25%. I/We have not received 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 the hereby authorise the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicable NAV prevailing on the date of such redemy dist 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 contra where 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 youts 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 remitted from abroad through approved banking channels or from my/our Non-resident External/Ordinary Account/FCNR/NRSR Account. The ARN holder has did frail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommour consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, and PMILA. Dour consent of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and	ND SIGNATURES erstood 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 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 ma polifirm 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 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 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 e 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 indict 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 when an explicable 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 Fuyusts 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 I am/We are Non-resident of Indian Nationality/ Origin and I/We hereby confirm that I am/We are Non-resident of Indian Nationality/ Origin and I/We hereby confirm that I am/We are Non-resident of Indian Nationality/ Origin and I/We hereby confirm that I am/We are Non-resident of Indian Nationality/ Origin and I/We hereby confirm that I am/We are Non-resident of Indian Nationality/ Origin and I/We hereby confirm that I am/We are Non-resident o





(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	e 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		(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	OR 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, th	ne default option will be 6.00% and date will be 7th	(Please tick any one)
Regular Encashment Plan Investment Amount:		(Please specify) (Minimu	m amount is ₹ 1 lakh)
Sole /1st Applicant/Guardian/Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/Authorised	d Signatory
.PPLICATION FOR REGULAR E	To be signed as per Mode of (To be signed as per Mode		UAL FUND
Date:		- IVIOI	OAL FUND
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		(Please tick any one)
Start Date: M M Y Y Y Y Y End D (Atleast 1 month from the date of request)	ate: M M Y Y Y Y	OR 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	ne default option will be 6.00% and date will be 7th	(Please tick any one)
Regular Encashment Plan Investment Amount:		(Please specify) (Minimu	m amount is ₹ 1 lakh)





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	sidential		Busines	SS		Registe	ered (Office						
CU	STOMER ID / FOLIO NO																		
PA	N						DAT	E OF IN	CORPO	DRATIO	N D	D	/	M	M	/	YY	Y	Y
СІТ	Y OF INCORPORATION																		
СО	UNTRY OF INCORPORATION																		
Ρl	EASE TICK THE APPLI	CABLE TA	X RES	SIDEN.	T DEC	CLARA	TION												
	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	ourposes	s and the a	associate	d Tax ID	Numbe	er below	/)								
	COUNTRY	TAX II	DENTI	FICATI	ON N	UMBER	R *				ENT l or o						y)		
* 1	anno Tay Idontification Number	at avail-11- 11	ا مالد د داله	da lta fiii	ntiam - I	abal 4													
	n case Tax Identification Number is r case TIN or its functional equivalent						on numbe	er or Glo	bal Ent	ity Iden	tificatio	n Nur	nber (or GI	IIN, et	c.			
In	case the Entity's Country of Inc	orporation / T	ax reside	ence is L	J.S. but	Entity is	not a Sp	ecified	U.S. F	Person	, ment	ion E	ntity	's ex	xemp	tion	code	her	е
	-						·						•		•				
Ple	ease refer to para3 (vii) Exemption c	ode for U.S. pe	rsons und	ler Part 3	of FATC	A Instruction	ons & De	finations											
ΕΛ	ATCA & CRS Declaration																		
	ease consult your professional tax a		er guidanc	e on FAT	CA & CF	RS classific	cation)												
PA	ART A (to be filled by Financial I	nstitutions or Di	rect Repo	rting NFE	s)														
1.	We are a,	GIIN																	$\neg \neg$
	Financial Institution ³				_														
	or	Note: If you d			out you a	ire sponso	red by an	other er	itity, ple	ease pro	ovide yo	our sp	onso	r's G	IIN at	ove	and ir	idica	te
	Direct reporting NFE ⁴																		
	(please tick as appropriate)	Name of the	sponsori	ng entity															
	GIIN not available (please tick as ap	plicable)	Applied	d for															
	if the entity is a financial institution,	Not requ	ired to ap	oly for - pl	ease sp	ecify 2 digi	its sub - c	ategory	10										
		Not obtain	ined - Nor	ı - particip	ating FI														
PA	ART B (Please fill any one as ap	propriate "to be	filled by	NFEs othe	er than D	Direct Repo	orting NFI	Es)											
1.	Is the Entity a publicly traded comp	any (that is, a	company	whose sha	ares	Yes (if	f yes, pleas	se specify	any one	stock ex	xchange	on wh	nich the	e stoc	ck is re	gularl	y trade	d)	
	are regularly traded on an establish	ned securities n	narket) No			Name of s	stock excl	hange											
2.	Is the Entity a related entity of a pu	blicly traded co		company		$ abla$			ne of the li	sted comp	any and o	ne stoc	k excha	ange or	n which	the sto	ck is red	gularly	traded)
	whose shares are regularly traded		ed securi		et)	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													
			No			Nature of	relation:	Subsi	diary of t	he Listed	d Comp	any or	c	Contro	olled by	a Lis	ted Co	mpan	ny
						Name of s	stock excl	nange _											
3.	Is the Entity an active¹ non-financia	l Entity (NFE)	NI.			Yes													
			No			Name of E	Business												
						Please sp	ecify the	sub-cate	gory of	Active	NFE	(N	Mentio	on co	ode - r	efer	2c of	Part I	D)
4.	Is the Entity a passive ² NFE		No			Yes [(i	f yes, pleas	se fill UBC	declara	ation in th	ne next s	ection)						
						Nature of													
		¹Refer 2 o	f Part D	² Refer 3(i	i) of Part	D 3Refer	r 1(i)of Pa	art D ⁴R	efer 3(\	vi) of Pa	art D								





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

Name & PAN City of Birth Country of Birth Satisfacts Name City of Birth Country of Birth Country of Birth Satisfacts Name City of Birth Satisfacts Name Satisfacts Name City of Birth Satisfacts Name Satisfacts Name City of Birth Satisfacts Name S	# If passive NFE, please provide below additional details for each		se attach additional sheets if necessary)
City of Birth Country of Birth Father's Name Cocupation Type	PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, C	Others) Nationality	
City of Birth Country of Birth Father's Name Cocupation Type	City of Birth	Nationality	Gender Male Female
City of Birth	City of Birth	Nationality	Gender Male Female
* 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 infland optimized 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 infland any institutions such as withholding gents for the entry pose of resumpting appropriate withholding from the account or any procedure 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. 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. 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: Designation: Designation:	City of Birth	Nationality	Gender Male Female
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 info to any institutions such as withholding agents for the purpose of ensuing 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 If 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 / usc. Form is true, correct and complete. If We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. Date: Designation: Designation:	* To include U.S. where controlling person is a U.S. citizen or green	en card holder.	any other country other than India
Designation:	Should there be any change in any information provided by you, please ensure you advise If any controlling person of the entity is a U.S. citizen or green card holder, please include Ut is mandatory to supply a TIN or functional equivalent if the country in which you are resident PART C: Certification I/ We have understood the information requirements of the Form (referred in the country in that I/We have understood the information requirements of the Form (referred in the country in that I/We have the country in the I/We have understood the information requirements of the Form (referred in the country in the I/We have the I/We also confirm that I/We have	us promptly, i.e. within 30 days. United States in the foreign country information field along with the U.S. Tax Inden tent issues such identifiers. If no TIN is yet available or has not yet been issued, pi and along with the FATCA & CRS Instructions) and hereby con	lease provide an explanation and attach this to the form. Ifirm that the information provided by me / us on this
	Name:		
Signature & Seal	Designation:		
	Signature & Seal		





Third Party Payment De	claration	(Sho	uld be	encl	osed w	vith ea	ach pa	ayme	nt/SII	P Er	nrolme	nt)			
Payments by : Parents Employ		arent	s/Rela	ted F	Person	s othe	er thai	n the	Regi	ster	ed Gu	ardia	n/Cu	stodi	an /
Maximum Value : Not Ex	xceeding	Rs. 5	0,000/	- (ea	ich reg	ular p	urcha	se o	per	SIP	instal	lmen	t)		
Application and Paymer	nt Details	(All d	etails l	oelov	v are n	nanda	atory, i	includ	ding r	elat	ionshi	p, PA	N, K	YC)	
Folio No.						Appl	icatio	n Fo	rm						
Beneficiary Name															
Investment Amount (R	s.)														
Payment Cheque No.	<u> </u>					D	ated								
Cheque Drawn on Ban	ık														
Cheque Drawn on A/C	No.														
Declaration and Signat	tures														
RELATIONSHIP OF TI	HIRD PA	RTY	WITH	THE	BEN	EFIC	AL IN	IVES	TOF	(Refe	er Instruction	n No. 3) [l	Please • (") as appl	icable)
Status of the Beneficial Investor															
Relationship of Third Party with the Beneficial Investor		Paren			Custodia SEBI Re Registra	gistrati		of Cus	stodiar		Employ	/er			
Declaration by Third Party	I/We de payment i minor is in natural lov as a gift.	n consi	n behalf deration	of s	//We demade or Source or provided	n behal of this p	f of FII paymer	/Client	and t	he ds	I/We de made o under Plans Deduct	n beha Syster thr	alf of e	mploy Invest	ee(s)
Income tax PAN															
KYC Acknowledgement		1	ched ndatory	for ar	ny amou	ınt)				ttach Mand	ned datory f	or any	amoı	unt)	
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		Den	nand	Draf	ft		Pay	ker's C	heq	ue								
Instrument Number									Date	9								
Instrument Amount (Rs.)										•		•			•			
In Favour of/ Favouring																		
Payable At																		
Details of Bank Account D	Debit	ed fo	or is:	suin	g the	e ins	trum	ent:										
Bank Name																		
Bank Account Number										А	CCO	unt [']	Тур	е				
Account Holder Details					Na	ame						Inc	om	е Та	x PA	N		
1.																		
2.																		
3.																		
If the issuing Bank Branc	h is d	outs	ide I	ndia	:													
We further declare that we	e are	regi	ister	ed a	s Ba	nk/b	ranc	h as	menti	oned l	belo	w:						
Under the Regulator	(Na	me d	of the	e Re	gulat	or)												
In the Country	(Cc	untr	y Na	me)														
Registration No.	(Re	gistr	ation	No.)													
We confirm having carried out the funds received from him, a in our country.			-				_		_				•					
Branch Manager/Declarant	(s):																	
Signature:																		
Name:																		
Address:																		
									Ban	k & Br	anch	se	al					
City:	Sta	ate: .						Pi	n :									
Country:						(Conta	act No	0									
Note: Bankers' certificate suggested a confirm to the spirit of the requirements										Bank Le	tters/	Certifi	cates	 ;/Decla	 aratior	 1S, W	hich	will

Toll free: 1800 103 8999 Non Toll Free: +91 81475 44555