

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 Identification Number (EUI)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
					FOR OFFICE USE ONLY
*I/We hereby confirm that the EUI 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 _____ Enclosures _____
 DP ID Number _____ Client Master List Delivery Instruction Slip
 Beneficiary Account Number _____ 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 Repatriable Trust HUF
 Partnership Firm On Behalf of Minor Bank/Financial Institution NRI Non-Repatriable (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

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 5 - 10 Lacs >25 Lacs - 1 Crore 1 - 5 Lacs 10 - 25 Lacs >1 Crore Politically Exposed Person (PEP) Status I am PEP I am Related to PEP Not Applicable
(Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)

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 1 - 5 Lacs 10 - 25 Lacs >1 Crore Politically Exposed Person (PEP) Status I am PEP I am Related to PEP Not Applicable
(Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)

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 Indian U.S. Others (Please specify)

Country of Birth Residential Registered Others Business

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 <input checked="" type="checkbox"/> the reason A, B or C (as defined below)
Applicant 1				* Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Applicant 2				* Reason B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Applicant 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 hereinabove is true, correct and complete to the best of my knowldge 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 <input checked="" type="checkbox"/>) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR		Account Number :	
Branch Address :		City:	
IFSC Code :		MICR Code :	
Pin:			

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	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Sub-Option	<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> 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 <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Others	Please specify											
Cheque/DD No.	Date	D	D	M	M	Y	Y	Y	Y	Y	Y	Y
Gross Amount (Rs)	DD Charges (Rs)	Net Amount (Rs)										
Drawn on Bank & Branch	Account Type <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> 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)

<input type="checkbox"/> Resolution/Authorisation to invest	<input type="checkbox"/> List of Authorized Signatories with Specimen Signatures	<input type="checkbox"/> Memorandum & Articles of Association
<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Bye-laws	<input type="checkbox"/> Partnership Deed
<input type="checkbox"/> Copy of PAN Card	<input type="checkbox"/> KYC	<input type="checkbox"/> PIO Card
<input type="checkbox"/> Overseas Auditor Certificate	<input type="checkbox"/> Foreign Inward Remittance Certificate	<input type="checkbox"/> Notarised POA
<input type="checkbox"/> Copy of cancelled cheque	<input type="checkbox"/> 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 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 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
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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	FIs
Resolution/Authorisation to invest		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
List of Authorised Signatories with Specimen Signatures		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
Memorandum & Articles of Association		<input checked="" type="checkbox"/>						
Trust Deed						<input checked="" type="checkbox"/>		
Bye-laws			<input checked="" type="checkbox"/>					
Partnership Deed				<input checked="" type="checkbox"/>				
Notarised POA					<input checked="" type="checkbox"/>			
PAN/PERN Proof	<input checked="" type="checkbox"/>							
KYC in case of Investment of any Amount	<input checked="" type="checkbox"/>							
Foreign Inward Remittance Certificate							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Cancelled Cheque	<input checked="" type="checkbox"/>							
FATCA & CRS Declaration		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				



Name of the Fund	
Folio No(s) having same mode of holding and pattern	
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 account in the event of my / our death. This nomination shall supersede any prior nomination made by us/me if any.

Nomination can be made upto three nominees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
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Mandatory information

1.	Name of the nominee(s)	Mr./Ms.	Mr./Ms.	Mr./Ms.
2.	Share of each Nominee#	%	%	%
3.	Date of Birth (for Minor)	dd-mmm-yyyy	dd-mmm-yyyy	dd-mmm-yyyy
4.	Relationship with the Applicant (select one)	<input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) <input style="width:100%; height:20px;" type="text"/>	<input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) <input style="width:100%; height:20px;" type="text"/>	<input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Others (please specify) <input style="width:100%; height:20px;" type="text"/>
5.	Nominee/ Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License	<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar (masked last 4 digits) **** <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) <input type="checkbox"/> Driving License
6.	Address of Nominee(s)/ Guardian in case of Minor	<input style="width:100%; height:60px;" type="text"/>	<input style="width:100%; height:60px;" type="text"/>	<input style="width:100%; height:60px;" type="text"/>
	City / Place:	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>
	State & Country	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>
	Pincode:	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>	<input style="width:100%; height:25px;" type="text"/>

7.	Mobile of nominee(s)/ Guardian in case of Minor			
8.	Email ID of nominee(s)/ Guardian in case of Minor			

Non-mandatory details

9.	Nominee Guardian Name (in case Nominee is Minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)

Name of nominee(s) with %

Nomination: Yes / No (Default)

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

Signature(s) – As per mode of holding in demat accounts / MF Folio(s).

	Name of the Holder	Signature / Thumb Impression
Sole / First Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:
Second Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:
Third Holder (Mr./Ms.)	Name: Witness 1 Name & Address: Witness 2 Name & Address:	Signature /Thumb Impression: Witness 1 Signature: Witness 2 Signature:

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

Note:

The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)