# 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 | | SUB-BROKER CODE / AGENT CODE | DATE & TIME OF RECEIPT |
|---|---|---|---|---|
| 67723 | | | | 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**

**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
DP ID Number
Beneficiary Account Number

Enclosures
☐ Client Master List Delivery ☐ Instruction Slip
☐ Transaction Cum Holding Statement

**5** **NEW INVESTOR INFORMATION**

**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

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

Net-worth (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

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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 (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) ☐ I am PEP ☐ 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 ☐ 1 - 5 Lacs ☐ 10 - 25 Lacs ☐ >1 Crore

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

**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

ATCA 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

| 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

☐ Annual Reports/Abridged Summary ☐ Account Statement

I/We wish to receive the Account Statement in ( any one)

☐ 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 whereve

| 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 | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |