

	Please refer to the ins	structions w	hile filling th	e Applica	ation For	m. Tick 🛭	✓ whiche	ever is a	applica	able.														
1	DISTRIBUTOR / AR	N CODE / R	IA Su	b Broker	ARN Cod	de Em	iployee U	nique lı	ndenti	fication	Numb	er (EUII	√)* SI	UB-BR	OKER (	CODE	/ AGEN	IT COL	DE	DAT	E & TII	ME OF F	ECEIF	T
																				F			ONLY	
	*I/We hereby confirm that distributor or notwithstan																							
					7							•												
	Sole /1st Applicar	t/Guardian/Au	uthorised Sign	atory/POA	Holder		2	2nd Appl	icant/A	uthorised	Signato	ry/POA H	Holder				3rd A	pplican	t/Authori	sed Sigr	natory/Po	OA Holde	r	
2	TRANSACTION C	HARGES	FOR API	PLICAT	IONS T	HROU	GH DIST	TRIBU	TOR	S/AGE	NTS	ONLY	(Pleas	e tick a	any one	e of th	ne belo	w)						
	I confirm that I a (Rs. 150/-will be de In case the purchase/subs subscription amount and	ducted as trar cription amou	nsaction charg int is Rs.10,00	ges for trar 0/- or more	nsaction of and your	AMFI Regi	istered Dist	ributor ha				(Rs. f	100/- will ng Transa	be dedu		transac	ction cha	rges for	r transac	tion of R		00/- and r		ırchase/
3	EXISTING INVEST	OR INFO	RMATIO	N (If you	have ex	isting fo	olio pleas	se fill ir	sect	ions 3,6	5,9,11,	12 and	17)											
	Unit Holding Opti	ons		_ D	emat M	lode			Phys	sical M	lode				Folio	Num	nber							
4	DEMAT ACCOUN	T DETAIL			hat the se emat mod		f names as I above.)	mentio	ned in	the appli	cation	form mat	tches wi	th that,	of the ac	ccount	held in	deposi	itory par	ticipant	. Demat	Accoun	t details	s are
	NSDL D	epository Pa	articipant Na	ame						E	nclosu	res												
	CDSL	P ID Numbe	er ccount Num	nber								ent Mas			•	ment			Instruct	tion Slip	р			
5	NEW INVESTOR	NEODMA	TION /To	ho fillad i	n Plack I	ottoro p	Jagga Jag	vo opo	boy b	lank hat	woon	two wor	rda)											
J	NAME OF FIRST/S			be illied i	II BIOCK L	etters, p	nease lea	Mr.		Ms.	.ween	M/s.	us)											
	PAN/PERN#									KYC Pr	roof#		Date	of Birth	/Date o	of Inco	rporatio	on	D	D	IVI	IVI	Υ	Υ
	CKYC Id																							
	Aadhaar No											aring the												
												neir Regi												
	Father's Name/Na	me of Gu	<b>ıardian</b> (ir	n case o	of Minor	) / Con	tact Per	son (i	n cas	e of no	on ind	ividual	applic	cant)		۷r.	N	ls.						
	PAN/PERN #									KYC Pr	roof#		Relat	ionship	with N	/linor/E	Designa	ation		- 1	VAND	ATOR	Υ	
	CKYC Id																							
	Aadhaar No  By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number including demographic information with the asset management companies of SEBI registered mutu																							
	Mailing Address	of First/So	ole Applic	ant (Po	Э Вох а	ddress	is not su	ufficier	nt)			ling dem neir Regi												
																				T				T
	City					State						Cou	ntry				Pin (	Code						
	Overseas Address (M "All Non Individual Inv													O Box	addres	s plea	ise pro	vide yo	our Indi	an add	ress)			
	Overseas Addres		7 10 111011001	y	, ,, ,, , , ,	10 2 00.0		(			o/10ga	· • · · · · · · · · · · ·												
																				T	T			
																Cou	ntry							
6	FIRST/SOLE APP	LICANT (	OTHER DI	ETAILS																				
•	Telephone												Mobi	ile										
	Email							Mode	of Ho	oldina		ingle	Join		Anyone	e or S	urvivor	(s)(De	fault onti	ion in ca	se of mu	ore than o	ne Ann	licant)
	Occupation (of first/sole Applicant)	В	usiness	ПР	rofessio	nal 🗆	House \		_	gricultu			rvice	,		dent	[		etired	[	_	ners	отър	- iourity
	Status		tesident Inc				prietorshi			ociety/				N	NRI		Repar				Trust		HUF	
	(of first/sole Applicant)	□ P	artnership	Firm	_ c	n Behal	lf of Mino	or	E	ank/Fir	nancia	l Institu	ıtion	_ N	IRI		Non-F	Repart	riable	(NRO)	,		Other	s
	Gross Annual Income	В	elow 1 Lac	5 -	- 10 Lac	s 🔲	>25 Lacs	s - 1 Cı	rore	Net-wo			_							Б	Б	4 14	V	
	Politically Evensed D		- 5 Lacs		- 25 La		>1 Crore		Kest- C	,		n-Individuals	_	Lor	DED	as			an 1 year)		D N		ooble	1
Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Re  Non - Individual Investors involved/ providing any of the mentioned services  Foreign Exchange / Money Changer Services													ot Appl awning											
	Non - individual inves	iors irrorve	a/ providing	ally of t	ne menu	oned ser	vices				•	Gambli		•	-					of the A	•	awiiiig		
	# Please attach proof.	Refer instru	ctions page	point XI	I - PAN/F	PERN an	d KYC																	
Acl	knowledgement Sli	<b>p</b> (To be fil	lled in by th	ne inves	tor)							Aı	pplicat	ion No	).									
Rec	eived from Mr./Ms./M	/s.										-						Colle				mp & R	eceipt	t
	application for Schem					PI	an:					ption:								Date a	ırıd IIN	iie		
	• •	O		Doto	١.			^	movii	t (Pc \		γιισι1												
	eque/DD No. :	-1-		_ pated				A	moun	t (Rs.)														
	wn on Bank and Bran																							
Plea	ase note : All Purchas	es are sub	ject to real	isation o	or Chequ	es/DD.																		



7	JOINT APPLICANT	DETAILS																			
а	NAME OF SECOND A	IE OF SECOND APPLICANT Mr. Ms.																			
	PAN/PERN #						KYC Pr	oof#		Date o	f Birth/Dat	e of Inco	rporation	n	D	D	M	IVI	Υ	Υ	
	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	Delem 41 ee		7.051		D-12						ent (RIA	for the p				same i	in my / oi	ur tolios		
	Gross Armai meome	Below 1 Lac	5 - 10 Lacs 10 - 25 Lacs	>25 Lac	cs - 1 Crore e		cally Exp			,	lus (arta/ Trustee/ Wr	ole time Dire	ctors)	H	I am P I am R		to PEP	No	t Applic	able	
	Father's Name						.,		•												
	Occupation (of first/sole Applicant)	Business	Professiona	П	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/l	Date of I	ncorpora	ation	D	D	M	IVI	Υ	Υ	
	CKYC Id																				
	Aadhaar No			By sharing the Aadhaar number I provide my consen including demographic information with the asset ma								asset man	nt for sharing / disclosing of my Aadhaar number(s) anagement companies of SEBI registered mutual fund								
												ent (RTA	for the p	e purpose of updating the same in my / our folios.							
	Gross Annual Income	Below 1 Lac	5 - 10 Lacs		cs - 1 Crore		cally Exp			,					I am P		اء DED	□ Na	4 Annlie	abla	
	Father's Name	1 - 5 Lacs	10 - 25 Lacs	>1 Cror	e	(Also a	pplicable for a	authorised s	ignatories/ I	Promoters/ K	arta/ Trustee/ Wh	ole time Dire	ctors)		ı am ĸ	elated t	TO PEP	NC	t Applic	able	
	rather's Name																				
	Occupation (of first/sole Applicant)	Business	Professiona	П	louse Wife		Agric	ulture		Service	ce	Stude	ent		Retire	d		Others			
8	Power of Attorney	(BOA)																			
•	NAME OF POA	(I OA)	Mr. Ma	M/s.																	
	NAME OF FOA		Mr. Ms.	IVI/S.																	
	PAN/																				
	PERN#				KYC P	roof #	#						Date of	Birth	D	D	IVI	IVI	Υ	Υ	
9	*FATCA INFORMA	TION/ FOREIGN T	AX LAWS (For Ir	dividual in	cluding Sole	Prop	rietor) (F	or Nor	ı-individ	lual, ma	andatory to	fill up F	ATCA CI	RS for	m) (Re	fer ins	truction	n)			
	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 Carc Resident in the respective countries																					
										nt / Gr	reen (	Card H	older	/ Tax							
	Applicant Details	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												*	Reas	on A		В	С			
	Applicant 2												*	Reas	on B		В	С			
	Applicant 3												*	Reas	on C		В	_ C [			
	* Reason A The countr * Reason B No TIN rec * Reason C others; ple Declaration:	quired. (Select this rea	ison Only if the auth	norities of t	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 ve information in fu	d the FAT ture within	CA & CRS 1	Terms	and Co	nditions	s belov	and h	ereby acce	pt the s	ame. I a	lso un	dertak	e to ke	ер уо	u inform	ed in v	writing	
	# Please attach proof.	Refer instructions pag	ge point XII - PAN/P	ERN and I	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 NRC	) NRE	FCNR	Acc	ount Number :										
	,, , , , , , , , , , , , , , , , , , ,	,						Pin•							
	Branch Address : City: Pin:  IFSC Code : MICR Code :														
	IFSC 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			molete or incorrect in	nformation						
							out because of mod	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	1									
	Scheme : Navi	Reg	gular	Direct											
	Option Growth Dividend			Sub-Opti	on Divi	dend Payout	Dividend Rei	nvestment (defa	ult)						
	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.														
	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														
	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 spec	ify								
	Cheque/DD No.					Date D D	M M	YY	YY						
	Gross Amount (Rs)		DD Charges	(Rs)		Net Amour	it (Rs)								
	Drawn on Bank & Branch					Account Type SE	Current	NRO N	RE FCNR						
40			D		,										
13	SYSTEMATIC INVESTMENT PLAN (SIP) PAYME			, ,	· ·										
	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 (ECS)	Form & submit v	rith this form)							
14	NOMINATION DETAILS (Please refer to Instruction	ns page, point	NO VII) In case o	of existing investo	r, nomination details	mentioned in the below table	e will replace the ex	isting details regis	tered in the folio						
	Nomination Required YES NO														
	Nominee Name	Relationshi	p Date of E	Birth Gu	ardian Name	Allocation Sign	of S	Sign of	Sign of						
		with Nomine	e of Min	or (in case	Nominee is Minor)	(%) Guar		ominee	Applicants						
									1st App.						
									2nd App.						
	Please note that if you do not furnish any nomination details, it is	doomed to be se	oumed that you a	lo not wish to no	minata anyana				3rd App.						
	Thease note that if you do not furnish any normhation details, it is	decined to be as	sumed that you c	10 HOL WISH TO HOL	minate 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														
	Allitual reports/abridged duffillary	Cotatoment			Liigiisii	(Delault Option)	Dengan	IVIAI	ayalam						
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	Foreigi	n Inward Remit	ance Certificate	Special Produ	uct Form (SIP / S	TP / SWP / AEP	')						
17	*DECLARATION AND SIGNATURES														
	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 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 induce is not completed by me/us to the satisfaction of the Mutual Fund, I/We hereby														
	other action with such funds that may be required by the law. I/We declare that	the amount invested	I in the Scheme is the	rough legitimate sou	rces only and is not des	igned for the purpose of contrav	ention or evasion of a	ny 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 melus all the commission (in the form of trail commission or any other mode), payable to him for the different compeling Schemes of various Multual Funds from amongst which the Scheme is being recommended to melus. For INNE : I/We confirm that I am/We are Non-resident of India Nationality/Origin and I/We hereby confirm that the funds for subscription have been certified from any order through appropried harking channels or from my/or Non-resident External/Ordinary.														
	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 applic	ation wherever app	licable) All docum	ents should be orig	ninal/true copies certif	ied by a Director/Trustee/Cor	nnany Secretary/Au	horised Signatory/N	Jotary Public						
	Documents	Individual	Companies	Societies	Partnership Firm	Investment through POA	Trust	NRI	Flls						
	Resolution/Authorisation to invest		· /	<b>✓</b>	· ·	· ·	<b>/</b>		<b>✓</b>						
	List of Authorised Signatories with Specimen Signatures  Memorandum & Articles of Association		<b>V</b>	<b>v</b>	v	<b>,</b>	<b>,</b>		<b>V</b>						
	Trust Deed						<b>/</b>								
	Bye-laws Partnership Deed			<b>√</b>	<b>✓</b>										
	Notarised POA					<b>√</b>									
	PAN/PERN Proof	<b>✓</b>	✓ ✓	<b>✓</b>	✓ ✓	<b>✓</b>	<b>V</b>	<b>*</b>	<b>✓</b>						
	KYC in case of Investment of any Amount  Foreign Inward Remittance Certificate		,	•	*	· · ·	· ·	· ·	· ·						
	Copy of Cancelled Cheque FATCA & CRS Declaration	<b>√</b>	✓ ✓	✓ ✓	✓ ✓	<b>✓</b>	✓ ✓	<b>✓</b>	✓ ✓						