

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 Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
				FOR OFFICE USE ONLY

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 EUIIN 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)

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)

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 (refer instruction 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.)

NSDL Depository Participant Name _____ Enclosures
 CDSL DP ID Number _____ Client Master List Delivery Instruction Slip
 Beneficiary Account Number _____ Transaction Cum Holding Statement

4. INVESTOR AND INVESTMENT DETAILS

Sole/First Investor Name Mr. Ms. M/s.

PAN/PERN _____ KYC Proof

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.

Folio/Application No. _____ Existing Investors please mention Folio No.

Scheme _____

Plan Direct Regular Option: Growth Dividend Sub Option: Dividend Reinvestment (default) Dividend Payout

Dividend 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 _____

Frequency Fortnightly Monthly Quarterly Half Yearly
 Every Alternate Wednesday Preferred Debit Date (Any date except 29, 30 and 31) _____ SIP 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 further 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 SID/KIM/SAL. 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).

Signature(s) _____ 1st Applicant / Guardian / Authorised Signatory

_____ 2nd Applicant / Authorised Signatory

_____ 3rd Applicant / Authorised Signatory

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 registration)

 UMRN _____ Date _____

Sponsor Bank Code _____

Utility Code _____

Tick (✓)

CREATE MODIFY CANCEL I/We hereby authorize **NAVI MUTUAL FUND** to debit (Tick) SB CA CC SB-NRE SB-NRO Other

Bank a/c number _____

With Bank _____ Name of customers bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ Amount in words _____ ₹ _____

Frequency Monthly Quarterly Half Yearly Yearly As & when presented Debit Type Fixed Amount Maximum Amount

Reference 1 Folio No.: _____ Mobile No. _____

Reference 2 Scheme / Plan: _____ Email ID _____

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 _____

To _____ 1. Signature Primary Account holder 2. Signature of Account holder 3. Signature of Account holder

Or Until Cancelled 1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

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.

Acknowledgment Slip (To be filled in by the investor) _____ SIP through Lumpsum / ECS / Auto Debit Form

Received from Mr./Ms./M/s. _____

An application for Scheme : _____ Plan : _____ Option : _____

Amount: _____ Frequency : _____ Date of Commencement : _____

Collection Centre's Stamp & Receipt
Date and Time

1	DISTRIBUTOR / ARN CODE / RIA	Sub Broker ARN Code	Employee Unique Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
					FOR OFFICE USE ONLY
<p>*I/We hereby confirm that the EUIIN 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".</p>					
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 am an Existing Investor in Mutual Funds (Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)

If the total commitment of investment through SIP (i.e. installment amount multiplied by No. of 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 (refer instruction point no 11 under general information) from the installment amount and paid to the distributor. Transaction Charges will be recovered in 3 to 4 installments. Units will be issued against the balance amount invested.

3 INVESTOR AND INVESTMENT DETAILS

NAME OF FIRST/SOLE APPLICANT Mr. Ms. M/s.

PAN/PERN # KYC Proof #

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.

Occupation (of first/sole Applicant) Business Professional House Wife Agriculture Service Student Retired Others

Folio/Application No. Existing Investors please mention Folio No. New applicants please mention the application form No.

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

Please refer instructions page for SIP, STP, SWP, AEP

4 *FATCA INFORMATION/ FOREIGN TAX LAWS (for Individual including Sole Proprietor) (In case you have already filled the Fatca declaration in Application Form or earlier then no need to fill this part) (For Non-individual, mandatory to fill up FATCA 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 Taz) 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

Sr. No.	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)
1				* Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				* Reason B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
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 hereinafter is true, correct and complete to the best of my knowledge 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 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

Acknowledgement Slip (To be filled in by the investor) **SIP / SWP / STP / AEP**



Received from Mr./Ms./M/s. _____ An application for Scheme: _____ Plan: _____ Option: _____ Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____ Amount: _____ Frequency : _____ Date of Commencement : _____	Collection Centre's Stamp & Receipt Date and Time
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5 SYSTEMATIC INVESTMENT PLAN (SIP THROUGH POST DATED CHEQUES) (Investor subscribing to SIP through ECS/Direct Debt must fill up the SIP Auto Debit)

Name of the Scheme/Plan/Option/Sub Option														
Frequency	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	SIP Period									
SIP Date	<input type="checkbox"/> Every Alternate Wednesday	Preferred Debit Date (Any date except 29, 30 and 31) <input type="text"/>			SIP from	M	M	Y	Y	SIP from	M	M	Y	Y
Cheque(s) Details		No. of Cheque(s)		Cheque(s) No.				SIP Amount (in figures)						
Cheque(s) drawn on		Name of Bank & Branch & City												

New Investors are requested to fill in the Common Application Form to accoming this SIP Form.

6 SYSTEMATIC TRANSFER PLAN (STP) (Please note that the STP will be registered within 7 working days from the date of receipt of request)

From Scheme		Plan		Option /Sub Option		To Scheme		Plan		Option						
Frequency	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly				STP Period								
STP Date	<input type="checkbox"/> All Business Days	<input type="checkbox"/> Every Wednesday	<input type="checkbox"/> Every Alternate Wednesday	<input type="checkbox"/> 1st	<input type="checkbox"/> 7th	<input type="checkbox"/> 10th	SIP from	M	M	Y	Y	STP to	M	M	Y	Y
				<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th	Amount Per Installment (Rs)				No of Installments					

7 SYSTEMATIC WITHDRAWAL PLAN (SWP)

Name of the Scheme/Plan/Option/Sub Option														
Frequency			<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	SWP from	M	M	Y	Y	SWP to	M	M	Y	Y
Amount per Withdrawal (Rs)										No of Installments				

Please see the Plans & Options and Dividend policy details in the Scheme Information Document before filling in the above details.

8 AUTOMATIC ENCASHMENT PLAN (AEP) - Available only for Growth Option

Name of the Scheme/Plan/Option/Sub Option										
Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly			AEP date : 1st Business Day				(Minimum Rs.500/- for AEP option)			

9 DECLARATION AND SIGNATURES

I/We have read and understood 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 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/ Options under the Scheme(s). I/We agree that in case 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 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 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 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 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 payouts 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 the funds for subscription have been remitted from abroad through approved banking channels or from my/our Non-resident External/Ordinary Account/FCNR/NRSR Account. 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. 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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