

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) 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)
(If the total commitment of investment through SIP (ie. 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.) 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) Direct Regular Option: Growth Dividend Dividend Payout 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 Half Yearly 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

incomplete or incorrect inform	particulars given above are correct and express my willingness to make payment referred above through participation in Lumpsum NA ation, 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 J/KIM/SAI, I/We hereby apply for the respective units of Navi Mutual Fund Scheme at NAV based resale price and agree to abide by terms, or	have read and agreed to the terms and conditions mentioned overleaf. I/We have read and
Signature(s)	st Applicant / Guardian / Authorised Signatory 2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
To be signed by ALL U	NIT HOLDERS if mode of holding is Joint	
6. LUMPSUM / NA	CH / ECS / DIRECT DEBIT / MANDATE INSTRUCTIONS FORM (applicable for LUMPSUM ac	dditional purchase as well as SIP registeration)
navi mutual fund UN	IRN	
Sponsor Bank Co	ode Utility Code	
Tick (✓) CREATE I/We	hereby authorize NAVI MUTUAL FUND to debit (Tick	(☑) SB CA CC SB-NRE SB-NRO Other
MODIFY	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
Reference 1	Folio No.:	Mobile No.
Reference 2	Scheme / Plan:	Email ID

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.

Acknowledgment Slip (To be filled in by the	ne investor)		SIP through Lumpsum / ECS / Auto Debit Form
deceived from Mr./Ms./M/s.			
n application for Scheme :		Plan :	Option :
mount:	Frequency:		Date of Commencement :

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.



Collection Centre's Stamp & Receipt Date and Time

	Website:	navimutualfund.com
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Name of th	e Scheme/Pl	an/Option/Sul	b Option														
Frequency	Monthly	Quarterly	Half Yearly		AEF	P date : 1st	Business	Day				(Mir	nimum Rs.500/	- for AEP	option)		
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