

DISTRIBUTOR / ARN-18	N CODE / RIA	lling the Application Sub Broker Al		oloyee Unique			Numbe	er (EUIN	)* SUB-E	BROKER	CODE /	AGENT C	ODE			E OF REC	
*I/We hereby confirm that	t the EUIN box has		left blank by me/us	s as this is an "													
uistributor or notwitristan	ung the advice of h	і-арріорпасепезь, і	ii arry, provided by	ille employee/i	cialionsii	ip manay	ei/saies	person	or trie distribi	utor and ti	ie distrib	utor rias rio	Charged	arry auvis	ory ices	on this trans	Saction
Sole /1st Applicar	t/Guardian/Authoris	ed Signatory/POA H	older	2nd Ap	plicant/A	uthorised	Signator	y/POA H	older			3rd Applic	ant/Author	ised Sign	atory/PO	A Holder	
TRANSACTION C	HARGES FOR	R APPLICATIO	NS THROUG	H DISTRIB	UTOR	S/AGE	NTS	ONLY	Please tic	k any o	ne of th	e below)					
		nvestor in Mutual on charges for transa		/ and more)		OR			firm that I a						s 10 000	/ and more)	
In case the purchase/subs subscription amount and p	cription amount is R	s.10,000/- or more a	nd your AMFI Regis	tered Distributor				f chargin	g Transaction			-					
EXISTING INVES																	
Unit Holding Opti			nat Mode	no piease fili		sical M		z and	( <i>T</i> )	Foli	o Num	her					
		(Please ensure that		names as ment				orm mat	ches with the				ository pa	rticipant	Demat /	Account det	ails ar
DEMAT ACCOUN		compulsory, if dem				о црр				at, 01 til0				. t.o.puiit.	- Domail		
	epository Particip P ID Number	ant Name				Er	nclosur							01:			
CDSL	eneficiary Accour	nt Number				ŀ	_		er List Del Cum Hold	•	ement		Instruc	tion Slip	)		
	•						IIa	iisactioi	T Guill Floid	unig Otat	CITICITE						
NEW INVESTOR			Block Letters, ple				ween t		ds)								
NAME OF FIRST/S	OLE APPLICAI	NT		N	1r.	Ms.		M/s.									
PAN/PERN #						KYC Pr	oof#		Date of Bi	rth/Date	of Incor	poration	D	D	IVI	M Y	7
CKYC Id																	
Aadhaar No									Aadhaar nui								
									trar and Tra								
Father's Name/Na	me of Guardi	an (in case of	Minor) / Conta	act Person	(in cas	se of no	n indi	vidual	applicant	:)	Mr.	Ms.					
PAN/PERN #					$\perp$	KYC Pr	oof #		Polations	hin with	Minor/D	esignation			/AND	ATORY	
CKYC Id						KICFI	001#		Relations	nip with	IVIII IOI/D	esignation	!	- 11	IANDI	ATOKT	
Aadhaar No									Aadhaar nui								
Mailing Address	of First/Sole A	pplicant (PO	Box address i	s not suffici	ent)				graphic info trar and Tra								
City			State					Cour	itrv			Pin Cod	ie .				
Overseas Address (N			ox address is no					eas and	-	ox addre	ss plea		-	ian add	ress)		
"All Non Individual Inv Overseas Addres		andatorily fill FAT	TCA/CRS Declar	ation form (fo	r non-in	dividual	s/legal	entity)"									
Overseas Addres	<u> </u>																
											Cour	ntry					
FIRST/SOLE APP	LICANT OTHE	ER DETAILS															
Telephone									Mobile								
Email				Мо	de of Ho	olding	Si	ngle	Joint	Anyo	ne or Su	ırvivor (s)(	Default opt	tion in cas	se of mor	e than one A	pplica
Occupation (of first/sole Applicant)	Busine	ess Pro	fessional	House Wife		gricultu	ire	Sei	vice	St	udent		Retired		Oth	ers	
Status (of first/sole Applicant)		ent Individual	Sole Prop	•		Society/0		•	_	NRI		Repartria			rust	HU	
Gross Annual Income		ership Firm	On Behalf  O Lacs >	of Minor 25 Lacs - 1		Bank/Fin		Institu	tion	NRI		Non-Repa	artriable	(NRO)		Oth	ers
5.5557 mmaar moomo	1 - 5 L			1 Crore	Ciole			Individuals	Rs		as	On (Not olde	r than 1 year)	D	D M	MY	′ Y
Politically Exposed Pe					s/ Karta/	Trustee/ V	Vhole tir	ne Direct	ors) 1 a	am PEP		I am Rela	ated to F	PEP	No	t Applicab	ole
Non - Individual Inves	tors involved/ pro	oviding any of the	mentioned serv	rices		_	•		/ Money	•				y Lendi	•	wning	
Please attach proof.	Pefer instruction	e nage noint VII	PAN/PEDN and	I KYC		Gam	ing / G	Samblir	g / Lottery	y / Casir	o Serv	ices	None	of the A	Above		
- r rease attacti proof.		• page point All -															
nowledgement Sli	<b>p</b> (To be filled in	n by the investor	r)					Δr	plication	No.							
5	1-							ν,	Piiodiioii			Co	ollection	Centre	's Stan	ıp & Rece	eipt
ived from Mr./Ms./M			D'					otic = :						Date a			
oplication for Schem	e:	Doto 4 ·	Pla		Amour-	t (Da )	0	otion: _									
ue/DD No. :		Dated :			Amoun	ıı (rts.) _											
n on Bank and Bran	ch ·																

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7	JOINT APPLIC	CANT DE	TAILS																								
а	NAME OF SECO	ND APPL	ICANT		Mr.	Ms.																					
						T																					
	PAN/PERN#											KYC Pı	roof#		Date	of Birth	/Date	of Inco	rporati	on			D	IVI	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 function and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.																										
-	Gross Annual Inco	ome	Below '	1 Lac	5 -	10 Lacs		>25 L	acs - 1	Crore	Politic	cally Exp			istrar and PEP) Sta		er Agei	nt (RIA	) for the	purpo		ipaatii m PEI	-	same ı	n my / o	ur tolios	١.
			1 - 5 La	ics	10 -	- 25 Lacs	s	>1 Cr	ore		(Also ap	plicable for	authorised s	signatories	Promoters/	Karta/ Tru:	tee/ Whole	time Direc	ctors)		la	m Rel	ated to	PEP	No	t Applic	cable
	Father's Name																										
-	Occupation (of first/sole Applicant	ıt)	Busine	ess	P	Professi	ional		House	e Wife		Agric	ulture		Servi	ice		Stude	ent		Re	tired			Others		
	NAME OF THIRD APPLICANT Mr. Ms.																										
- 1																											
	PAN/PERN #										П	KYC Pı	roof #		Da	te of E	irth/Da	ate of I	ncorpo	ratio	1		D	IVI	IVI	Υ	Y
	CKYC Id																										
	Aadhaar No											includi	ng den	e Aadhaa lographid	inform	ation w	ith the a	asset m	anage	ment c	ompa	nies of	f SEBI	registere	ed mutu	al fun	
-	Gross Annual Income Below 1 Lac 5 - 10 Lacs						>251	acs - 1	Crore	Politie	cally Evr			istrar and PEP) Sta		fer Agei	nt (RTA)	) for the	purpo	_	ipdatir m PEI	-	same i	n my / o	ur folios		
			1 - 5 La		_	- 25 Lacs	s	>1 Cr		Ololo					,		tee/ Whole	time Direc	ctors)							ot Applic	cable
	Tather's Name  1 - 5 Lacs 10 - 25 Lacs > 1 Crore (Also applicable for authorised signatories/ Promoters/ Kartar/Trustee/ Whole time Directors) I am Related to PEP Not Applicable Father's Name																										
	Occupation Business Professional House Wife Agriculture Service Student Others																										
	Power of Attorney (POA)																										
ľ	NAME OF POA Mr. Ms. M/s.																										
-						<del>.</del>														T							
	PAN/ PERN#									KYC P	roof #	<u> </u>							Date o	f Bir	th		D	IVI	M	Υ	Υ
	*FATCA INFO	PMATIC	N/ FORE	IGN T	ΛΥΙ <i>Λ</i>	WS (E	or Ind	ividual	includi	na Solo	Propr	rietor) (I	For Nor	-indiv	idual m	andate	ory to f	ill up E	ATCA I	^DQ	form)	(Pofe	er inet	ruction	2)		
	Place of Birth		JIV I OILL	ION I	~^ L/	1000 (1	or ind	ividuai		-			I OI NOI	I-IIIGIV	iduai, iii	anuat	луют	ili up i	AICA	5110	101111)	(IVEIC	1 111511	luctioi	')		
		,							Country of Birth																		
	Nationality Indian U.S.  Others (Please specify)						iax	Tax Residence Address (for KYC Address) Residential Registered  Others Business																			
	Are you a tax i			ou ass	essec	d for Ta	ax) in	anv o	ther c			de Ind	ia?		Yes			No									
	If 'No' please p						,	, -		,																	
	If 'YES', pleas Resident in the			,	other t	than In	ıdia) i	n whic	ch you	ı are F	Reside	ent for	tax pı	urpos	es i.e.,	, whe	e you	ı are i	a citiz	en /	Resi	dent	/ Gre	een C	Card H	lolder	/ Ta:
	Applicant Country of Tax			ax Residency				Ta	Tax Identification Number or Functional Equivalent					Identification Type (Tin or other, please specify)				cify)	If TIN is not available, please tick ☑ the reason A, B or C (as defined below)								
	Applicant 1																			Re	ason	Α		В	С		
	Applicant 2																			Re	ason	В		В	С		
	Applicant 3																			Re	ason	С		В	C		
	* Reason A The of * Reason B No T * Reason C othe Declaration:	TIN require	ed. (Select	this reas	son On	ly if the												ected)									
	I hereby confirm																										

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10	*BANK ACCOUNT DETAILS (Please attach copy of	cancelled chequ	e) For registeri	ng Multiple Bar	nk Accounts pleas	e fill up "Registration of N	/luitiple Bank Ac	count" Form	
	Name of the Bank :		, ,	<u> </u>	•	Brand			
						Dium	/II.		
	Account Type (Please ☑ ) ☐ SB ☐ Current ☐ NR	O NRE	FCNR	Acc	count Number :				
	Branch Address :				City:		l l	Pin:	
	IFSC Code :					MICR C	ode:		
	AMC reserves the right to use any mode of payment deemed appropriate	e. I/We understand th	at AMC shall not be	responsible if tran	saction through DC/R1	TGS/NEFT could not be carried	out because of inco	mplete or incorrect i	nformation.
11	*INVESTMENT DETAILS I/We would like to inves	st in the followi	ng scheme o	f Navi Mutua	l Fund Scheme	:			
	Scheme : Navi			Plan	Rec	jular	Direct		
								nyaatmant (dafa	(4)
	Option Growth Dividend In case of any ambiguity / incomplete information, the defi-	ault plan / antion	/ out ontion wil	Sub-Opti		dend Payout		nvestment (defa	
	Statement of Additional Information. Please see the Plan,						iorandum, sche	ine inionnation	Document &
	Dividend Frequency								
12	*PAYMENT DETAILS (In case of DD, please prov	ride us specific	declaration)						
14						Discourse	16.		
	Mode of Payment Cheque DD	Fund Transfer	Other	S		Please spec			
	Cheque/DD No.					Date D D	IVI IVI	YY	YY
	Gross Amount (Rs)		DD Charges	(Rs)		Net Amoun	t (Rs)		
	Drawn on Bank & Branch					Account Type SB	Current	NRO N	RE FCNR
13	SYSTEMATIC INVESTMENT PLAN (SIP) PAYM	ENT TYPES (	Please select	any one onti	on)				
10						and CID Auto Dobit (ECC)	Form 9 aubmitu	ith this forms	
	SIP through Post Dated Cheques (Please fill & submit w	iui ulis loilil)	SIF tillough Aut	Denit (EC3) (i	riease iiii up ericio:	sed SIP Auto Debit (ECS)	FOITH & SUDITIL W	nui uns ioiiii)	
14	NOMINATION DETAILS (Please refer to Instructio	ns page, point	10 VII) In case o	f existing investo	r, nomination details	mentioned in the below table	will replace the ex	isting details regis	tered in the folio
	Nomination Required YES NO								
	Nominee Name	Relationship			ardian Name	Allocation Sign		Sign of	Sign of
		with Nomine	e of Mino	or (in case	Nominee is Minor)	(%) Guard	ian N	ominee	Applicants
									1st App.
									2nd App.
	Disease note that if you do not furnish any possination datails, it is	doomed to be on		a naturiah ta nar	minata anyana				3rd App.
	Please note that if you do not furnish any nomination details, it is	s deemed to be as	sumed that you d	O HOL WISH TO HOL	minate anyone.				
15	HOW DO YOU WISH TO RECEIVE THE DOCUM	MENT(S) (Plea	se ☑)						
	I/We wish to "Opt In" for receiving the following in Physica					receive the Account Sta			
	Annual Reports/Abridged Summary Account	nt Statement			English	(Default option)	Bengali	Mai	ayalam
16	DOCUMENTS ENCLOSED (Please ☑ )								
	Resolution/Authorisation to invest List	of Authorized Sig	natories with S	pecimen Signa	ntures	Memorandum	& Articles of As	sociation	
	Trust Deed Bye-laws Part	nership Deed	Overse	as Auditor Cer	tificate	Notarised PO	A Cop	y of cancelled c	heque
	Copy of PAN Card KYC PIO	Card	Foreign	Inward Remit	tance Certificate	Special Produ	ct Form (SIP / S	TP / SWP / AEF	P)
17	*DECLARATION AND SIGNATURES								
••		formation and Scham							
	I/We have read and understood the contents of the Statement of Additional In		Information Docum	nent of the Scheme	(s) I/We hereby apply f	or units of the scheme as indicate	ed above and agree to	n ahide by the terms	and conditions rules
	I/We have read and understood the contents of the Statement of Additional In and regulations of the Scheme and to other statutory requirements of SEBI.AM	IFI, Prevention of Mone	ey Laundering Act, 2	002 and such other	regulations as may be a	oplicable from time to time. I/We of	onfirm to have under	stood the investment	objective, investment
		FI, Prevention of Mone agree that in case of	ey Laundering Act, 2 my/our investment ir	002 and such other to the scheme is equ	regulations as may be a al to or more than 25%	oplicable from time to time. I/We of the corpus of the scheme, the	onfirm to have unders n Navi Mutual Fund h	stood the investment as full right to refund	objective, investment the excess to me/us
	and regulations of the Scheme and to other statutory requirements of SEBI.AM 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 induc is not completed by me/us to the satisfaction of the Mutual Fund, I/We hereby	IFI, Prevention of Mone agree that in case of ed by any rebate or gif authorise the Mutual F	ey Laundering Act, 2/ my/our investment in ts, directly or indirect fund to redeem the f	002 and such other in the scheme is equally in making this invalued in the	regulations as may be ap all to or more than 25% estments. I/We undertal escheme, in favour of th	oplicable from time to time. I/We of of the corpus of the scheme, the ke that these investments are on e applicant at the applicable NA\	confirm to have unders in Navi Mutual Fund h my/our own account a / prevailing on the dat	stood the investment las full right to refund and in event Know Yo te of such redemption	objective, investment the excess to me/us ur Customer process and undertake such
	and regulations of the Scheme and to other statutory requirements of SEBI.AM 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 induc 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 tha law enacted by the Government of India or any Statutory Authority. I/We here	IFI, Prevention of Mone agree that in case of ed by any rebate or gif authorise the Mutual I it the amount invested by declare that the pa	by Laundering Act, 20 my/our investment in tts, directly or indirect fund to redeem the f in the Scheme is thr rticulars above are co	002 and such other in the scheme is equally in making this invunds invested in the ough legitimate sou orrect. I/We hereby	regulations as may be a all to or more than 25% estments. I/We undertal scheme, in favour of th rces only and is not des further agree that the F	oplicable from time to time. I/We of the corpus of the scheme, the ke that these investments are on e applicable NA\ igned for the purpose of contraver und can directly credit all the div	confirm to have unders in Navi Mutual Fund h my/our own account a / prevailing on the dal ention or evasion of al ridend and redemptio	stood the investment has full right to refund and in event Know Yo te of such redemption by Act, Regulations on amount to my bank	objective, investment the excess to me/us ur Customer process and undertake such rany other applicable details given above.
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