

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 A

	R / ARN CODE / RIA	Sub Broker ARN Co	· · · · · · · · · · · · · · · · · · ·	nique Indentification		s only. * SUB-E	BROKER CODE / AGI	ENT CODE	DATE & TIME OF RECEIPT
				·	, ,				FOR OFFICE USE ONLY
		e paid directly by the Inve een intentionally left blan	•				-		d by the distributor /sales person of the above distributor
or notwithstanding the	e advice of in-appropriate	eness, if any, provided by	the employee/relationsh	nip manager/sales pers	on of the distribute	or and the distri	butor has not charged a	ny advisory fees or	n this transaction.
Sole /1st Applic	cant/Guardian/Authorised	Signatory/POA Holder	2nd A	pplicant/Authorised Sigr	natory/POA Holder		3rd App	licant/Authorised Sig	gnatory/POA Holder
2. REGISTRATI	ON CUM MANDA	TE FORM FOR SI	P THROUGH NAC	CH, AUTO DEBIT	OR ECS (De	bit Clearing/	Auto Debit)		
(Please ☑) * if you are a new i	New Registration* nvestor kindly fill the o	Renewal S common application for		e in Bank Details	Cancell	ation of SIP	Micro SIP		
3. TRANSACTIO	ON CHARGES FO	R APPLICATIONS	STHROUGH DIST	RIBUTORS/AGI	ENTS ONLY (Please tick a	any one of the below	v)	
(Rs. 150/-will be	e deducted as transaction	nvestor in Mutual Fu charges for transaction of	Rs. 10,000/- and more)	OR	(Rs. 1	00/- will be dedu		ges for transaction of	of Rs. 10,000/- and more)
If the total commitment instruction related to S	t of investment through SI IP) from the installment ar	P (i.e. installments) amou mount and paid to the dist	ributor. Transaction charg	es will be recoverable in	3 to 4 installment	s. Units will be is	ssued against the balance	amount invested.	me are deductible as applicable (refer
UNITHOLDIN		Demat Mode	Physical Mode	(Ref. Instruction No.	18) Demat Acco		e compulsory if dema	t mode is opted.)
LINOBE	Pepository Participant PID Number	Name]	Enclose		iven Instruction	Clin
	eneciary Account Nur	mber				=	tion Cum Holding St	ivery Instruction atement	Silp
4 INVESTOR A	ND INVESTMENT	DETAILS					3		
Sole/First Investo			M/s.						
PAN/PERN							KYC Proo	f	
CKYC Id Aadhaar No.					By sharing the	Aadhaar num	ber I provide my conse	ent for sharing / d	isclosing of my Aadhaar number(s)
					including demo	graphic informa	ition with the asset mana gent (RTA) for the purpo	agement companie	s of SEBI registered mutual fund and
Folio/Application N	0.			Existing Inv	estors please m	nention Folio N	No.		
Scheme Plan	Direct	Regular (Option: Growth	Dividend	Sub O	ntion: Div	idend Reinvestment	(default)	Dividend Payout
Divdend Frequency		regulai C	option. Growth	Dividend	Sub O	ption. Div	idend itemvestment	(uclauit)	Dividend Fayout
Please see the Plan,	Option and Dividend poli-	tion, the default plan / op cy details in the SID/KIM elf certification under	before filling in the above	re details.				ation Document &	Statement of Additional Information .
5. SIP DETAILS	(Please tick on any 1	SIP frequency only.)							
Each SIP Amount (,		Ohaan	A				Observe Date	
First SIP Cheque N	Fortnightly	Monthly		ue Amount (Rs)		Start Date	MMY	Cheque Date Y End Date	ate M M Y Y
		Preferred Debit Date			SIP Period				Perpetual
(Note : Cheque should b	be drawn on bank details pr	rovided below. Please allow	minimum one month for A	uto Debit to register and	start). Each of the S	IP installment exc	cluding initial cheque shou	d be of the same am	ount & there should be a gap of 30 days
		CH instruction page for furh heir authorised service pro		ollowing bank account I	NACH/ECS (Debit	Clearing)/Auto [Debit to account for colle	ction of SIP Payme	nt
I/We hereby declare that incomplete or incorrect in understood the contents	at the particulars given above information, I/We would not he of SID/KIM/SAI. I/We hereby	re are correct and express hold the user institution resp r apply for the respective unit	my willingness to make pa onsible. I/We will inform Na s of Navi Mutual Fund Sche	yment referred above thr vi Mutual Fund about any me at NAV based resale p	ough participation in changes in my bank rice and agree to abi	Lumpsum NACH c account. I/We had by terms, cond	H/ECS/Auto debit. If the tra ave read and agreed to the litions, rules and regulation	nsaction is delayed of terms and conditions of the scheme (s).	or not executed at all for any reasons of mentioned overleaf. I/We have read and
Signature(s)									
To be signed by AL		rdian / Authorised Sig mode of holding is Jo		Zna Applicani	/ Authorised Si	gnatory		ord Applicant / A	uthorised Signatory
6. LUMPSUM / I	NACH / ECS / DIR	RECT DEBIT / MAN	NDATE INSTRUC	TIONS FORM (ap	plicable for LU	JMPSUM add	itional purchase as	well as SIP regi	steration)
avi mutual fund	UMRN						Date	D D N	I M Y Y Y
Sponsor Bar	nk Code				Utility	Code			
Tick (✓)	/We hereby authorize	NAVI MUTUAL FUND				to debit (Tick 5	☑) ○ SB ○ CA ○	○ CC ○ SB-NRI	E ○ SB-NRO ○ Other
CREATE MODIFY	Bank a/c number					`	,		
With Bank		customers bank	IFSC				or MICR		
an amount of Rupees			IF3C				UI WIICK	₹	
•							D.14 T		
Frequency	,	Quarterly	alf Yearly 🖂 Yearl	y ✓ As & wher	presented		Debit Type	⊠ Fixed Amo	unt Maximum Amount
Reference 1	Folio No.:						Mobile No.		
Reference 2	Scheme / Plan:						Email ID		
I Agree for the debit o Period From		charges by the bank wh	_	debit my accounts a	s per latest sche	dule of charge	s of the bank.		
To		M		ture Primary Account	holder 2.		re of Account holder	3.	Signature of Assount holder
Or	Until Cancelle								Signature of Account holder
				by me/us. I am author			debit my account, base	d on the instruction	Name as in bank records n as agreed and signed by me. I have ized the debit.
	utnonzed to cancer/amen		phately confinunicating		through Lumps			mere i nave author	navi Mutual fund
Received from Mr./M		,			<u> </u>				
An application for Sci	heme :		Plan :		Option :			Collection	Centre's Stamp & Receipt Date and Time
Amount:		Frequency	:	Date of Comm	encement :				

Website: navimutualfund.com
 Toll free: 18002032131 Non Toll Free: +91 81475 44555



DISTRIBUT	TOR / ARN CO	DE / RIA		Sub B	roker AF	RN Code	e	E111	pioyee	Omq	ue maer	ıtificatior	Numb	er (EUIN)		SUB-E	BROKER	K CODI	E / AGEI	NI CO	DE	DAT	E & TII	ME OF	KLOLIFI
																						FO	R OFF	ICE US	SE ONLY
*I/We hereby confi distributor or notwi	firm that the EU vithstanding the	JIN box ha	s been inte in-appropr	entionally riateness	y left bla s, if any,	nk by mo	e/us as t d by the	this is a employ	an "exec /ee/relat	cution- itionsh	-only" tra	ansaction ager/sales	without persor	t any inter n of the di	action stribute	or advi or and t	ice by th the distri	ne emp ibutor l	oloyee/re has not o	lations	ship m d any	anager adviso	/sales ry fees	person on this	of the above transaction
Sole /1st Applicant	nt/Guardian/Autl	norised Sig	natory/PO	A Holder		2nd A	Applican	nt/Autho	rised Sig	ignatoi	ry/POA H	lolder					3rd Appl	licant/A	Authorise	d Sign	atory/l	POA Ho	older		
TRANSACTION	ON CHAR	GES FC	R APP	LICAT	IONS	THRO	OUGH	I DIST	TRIBU	JTO	RS/A	SENTS	ONL	Y (Plea	ise ti	ck ar	ny one	e of t	the be	low)					
	that I am a F										OF	₹ .		n an Exi											
(Rs. 150/-will If the total committe Charge, the same a be issued against the	are deductible	nent throug as applical	h SIP (i.e. ole ((refer	installme	ent amou	unt multi	plied by	No. of i	installme				,000/- c		nd your	AMFI	Register	red Dis	tributor h	nas cho	osen 'o	pt in' o	ption o	f charg	ing Transact
INVESTOR A	AND INVES	TMENT	DETA	ILS																					
NAME OF FIR									Mr	r.	M	s.	M/s	.											
PAN/PERN #	ŧ									П	KYC F	Proof #													
CKYC Id																									
Aadhaar No.												By sh includ	aring th ling den neir Rec	ne Aadha nographio	ar num inforn d Trans	ber I p	orovide r with the ent (RTA	my cor asset (nsent for manage he purpo	r shari ment o	ng / d compa updati	isclosir nies of na the	ng of m SEBI r same i	y Aadh egister n my /	naar numbe ed mutual f our folios.
Father's Name	e/Name of	Guardia	n (in ca	se of N	/linor) /	Conta	act Per	rson ((in cas	se of	non in					Mr.		Ms.							
			İ														T								
Occupation		Puoine	.00	Drofoo	oional		Jamas V	N/ifo		arioul	turo	Con	ioo	Ctud	ont	Пр	otirod		Othoro						
(of first/sole Applicant) Folio/Application	ion No	Busine	:55 <u> </u>	Profes	SIUIBI		louse V	VVIIE	Ag	gricul		Serv		Stud			etired licants pl		Others	he ann	olicatio	n form	No.		
Scheme	NAVI									LAIG	oung mvc	otoro pict	250 111011	ition i olio	140.14	и аррі	ilourito pi	icasc i	nendon	iic app	Jiioutio	11 101111	140.		
Plan	Reg	ular	Direct																						
Option	Gro		Divide					ek	o Optic	 [Divi	dend Pa	vout				Divido	and D	einvest	mont	(dofo				
In case of any ar					lefault n	olan / or	ntion / e						•	hama's	Kov Ir	forma	4				•		n Doc	numan	t & Staten
																ioiiiia	tion ivio	mora	ilaaiii, c	Jonion		Jiiiiati	JII DOC	Juillell	t a otaton
of Additional Info	ormation. Pleaning icy tructions page ORMATION	e for SIP, S	STP, SWI	P, AEP	WS (for	r Individ	dual inc	cluding	g Sole F	D/KIM	d before	filling in				ed the	Fatca (decla	ration in	ı Appl	licatic	n Fori	n or e	arlier ¹	then no ne
of Additional Info Dividend Frequence Please refer instr *FATCA INFO to fill this part) (f Place of Birth	ormation. Plea icy tructions page ORMATION (For Non-indi	e for SIP, S N/ FORE	STP, SWI	P, AEP	WS (for	r Individ CA CRS	dual inc S form) y of Bir	cluding (Refe	j Sole F r instru	D/KIM Propruction	vietor) (e filling in							ration ii	n Appl				arlier [:]	then no ne
of Additional Info Dividend Frequence Please refer instr *FATCA INFO to fill this part) (f Place of Birth Nationality	ormation. Plea ncy tructions page ORMATION (For Non-indi	e for SIP, SIP, SIP, SIP, SIP, SIP, SIP, SIP,	STP, SWI	P, AEP	WS (for	r Individ CA CRS Country	dual inc S form) y of Bir	cluding (Refe	g Sole F r instru ess (for	D/KIM Propruction	vietor) (e filling in					Fatca (ration ii	n Appl		n Fori		arlier [:]	then no ne
of Additional Info Dividend Frequence Please refer instr *FATCA INFO to fill this part) (f Place of Birth Nationality	ormation. Plea	e for SIP, SIV FORE IV FORE Vidual, m U.S. are you as a signature	STP, SWI	P, AEP XX LAW to fill u for Taz)	WS (for	r Individual CA CRS	dual inco 5 form) y of Bir sidence ners country	cluding) (Refer rth e Addre	Sole Frinstruess (for B	Propruction r KY(Busin a? Ye	rietor) (h) C Addresses No	In case	you ha	ve alrea	dy fille	Resi	idential	 				Regisi	tered	arlier ⁻	then no ne
of Additional Info Dividend Frequence Please refer instr *FATCA INFO to fill this part) (f Place of Birth Nationality Others (Plea Are you a tax re If 'No' please pro If 'YES', please	ormation. Please properties of the countries of the count	e for SIP, SIV FORE IV FORE Vidual, m U.S. are you as a signature	STP, SWI	P, AEP X LAV to fill u for Taz)	WS (for	r Individual CA CRS Country Fax Res Other other of the you	dual inco 5 form) y of Bir sidence ners country	cluding (Refer rth Addre outsic esident	g Sole Frinstru ess (for Bde India t for tax	Proprior KYC Busin a? Ye x pur	rietor) (C Addresses No	In case	you ha	ve alrea	dy fille	Resid	idential	 	Card F	Holder N is n	r / Tax	Regisi	dent	ase ti	then no ne ck ☑ the below)
of Additional Info Dividend Frequence Please refer instr *FATCA INFO to fill this part) (f Place of Birth Nationality Others (Plea Are you a tax re If 'No' please pro If 'YES', please in the respective	ormation. Please properties of the countries of the count	e for SIP, SIP, SIP, SIP, SIP, SIP, SIP, SIP,	STP, SWI	P, AEP X LAV to fill u for Taz)	WS (for	r Individual CA CRS Country Fax Res Other other of the you	dual inc 3 form) y of Bir sidence ners country are Re	cluding (Refer rth Addre outsic esident	g Sole Frinstru ess (for Bde India t for tax	Proprior KYC Busin a? Ye x pur	rietor) (C Addresses No	In case	you ha	ve alrea	dy fille	Resid	idential	Green	Card F	Holder N is n	r / Tax	Regisi	dent	ase ti	ck ☑ the
of Additional Info Dividend Frequence Please refer instr *FATCA INFO to fill this part) (f Place of Birth Nationality Others (Plea Are you a tax re If 'No' please pro If 'YES', please in the respective Sr. No.	ormation. Please properties of the countries of the count	e for SIP, SIP, SIP, SIP, SIP, SIP, SIP, SIP,	STP, SWI	P, AEP X LAV to fill u for Taz)	WS (for	r Individual CA CRS Country Fax Res Other other of the you	dual inc 3 form) y of Bir sidence ners country are Re	cluding (Refer rth Addre outsic esident	g Sole Frinstru ess (for Bde India t for tax	Proprior KYC Busin a? Ye x pur	rietor) (C Addresses No	In case	you ha	ve alrea	dy fille	Resid	idential	Green	Card F	Holder N is n ason n A	r / Tax	Regisi Residence (Residence (Resi	dent	ase ti fined	ck ☑ the
of Additional Info Dividend Frequence Please refer instr *FATCA INFO to fill this part) (f Place of Birth Nationality Others (Plea Are you a tax re If 'No' please pare in the respective Sr. No.	ormation. Please properties of the countries of the count	e for SIP, SIP, SIP, SIP, SIP, SIP, SIP, SIP,	STP, SWI	P, AEP X LAV to fill u for Taz)	WS (for	r Individual CA CRS Country Fax Res Other other of the you	dual inc 3 form) y of Bir sidence ners country are Re	cluding (Refer rth Addre outsic esident	g Sole Frinstru ess (for Bde India t for tax	Proprior KYC Busin a? Ye x pur	rietor) (C Addresses No	In case	you ha	ve alrea	dy fille	Resid	idential	Green	Card F	N is n ason n A	r / Tax	Regist	dent	ase ti fined C	ck ☑ the
of Additional Info Dividend Frequence Please refer instr *FATCA INFO to fill this part) (f Place of Birth Nationality Others (Plea Are you a tax re If 'No' please pro If 'YES', please in the respective Sr. No. 1 2	ormation. Please specify) esident (i.e. a roceed for the fill for ALL core country Country e country whe TIN required eres; please sen that the inference of the country	e for SIP, S // FORE vidual, m U.S. are you as a signature pountries (// of Tax f ere the Ad I. (Select state the r commation firm that I to the abo	ssessed re of decother that this reason the provided have recoverinfor	P, AEP AX LAV for Taz) for Taz) for Tazi an India cy older is soon Only lereof.	WS (for practice) and practice of the practice	r Individual CA CRS Country Tax Res Oth other of the other	dual inc S form) y of Bin y of Bin sidence ers country are Re k Identif Functi exax does correct a e FATCC n 30 de	cluding (Refer the Address Add	g Sole Fr instru	Proprietion r KYC Busin a? Ye x pur mber alent	rietor) (C Addresses No rposes i lentificar resider	In case In case In case In case In case	you ha re you (Tin o	are a cidentification other,	dy filled tizen	Residence of Resid	dent / C	t t t t t t t t t t t t t t t t t t t	Card H If TII re- Reaso Reaso Reaso e solely	Holder N is n ason n A n B n C	oot ava A, B	Regisi	dent e, ple as de	ase tifined C C C	ck ☑ the below)
of Additional Info Dividend Frequence Please refer instr *FATCA INFO to fill this part) (f Place of Birth Nationality Others (Plea Are you a tax re If 'No' please pro If 'YES', please in the respective Sr. No. 1 2 3 * Reason A The * Reason B No * Reason C othe Declaration: I hereby confirm submitted above any changes / n	ormation. Please or page of the country when TIN required lers; please s me that the infect. I also commodification is by domestic.	e for SIP, S // FORE vidual, m U.S. are you as a signature pountries (// of Tax f ere the Ad I. (Select state the reportment on the about or overser restriction).	ssessed re of decother that this reas eason the provided have reasoned in force as regular to the state of th	P, AEP AX LAV for Taz) for Taz) for Tazi an India cy linereof. I hereini mation lators / e point X	WS (for practice) and practice of the state	r Individual CA CRS Country Tax Resample Tax Other of the other o	dual inc S form) y of Bin sidence ers country are Re k Identi Functi ara does a e FATC n 30 da s. N and l	cluding (Refer the Address of Add	sssue Tauntry o	Proprior KYC Busin a? Ye x pur mber ax ld f tax me b	// dispersion of the control of the	In case In case Line case	you ha re you (Tin o	are a ci dentification other, to its resuire the	dy filled tizen	Residence of Resid	dent / C	t t t t t t t t t t t t t t t t t t t	Card H If TII re- Reaso Reaso Reaso e solely	Holder N is n ason n A n B n C	oot av A, B	Regist Residence (Residence (Res	dent le, ple as de	ase tifined C C C	ck ☑ the below)
of Additional Info Dividend Frequence Please refer instr *FATCA INFO to fill this part) (f Place of Birth Nationality Others (Plea Are you a tax re If 'No' please pro If 'YES', please in the respective Sr. No. 1 2 3 * Reason A The * Reason B No * Reason C othe Declaration: I hereby confirm submitted above any changes / n intermediary or l	ormation. Pleasing incy tructions page ORMATION (For Non-indi Indian lasse specify) esident (i.e. a roceed for the fill for ALL or recountries Country e country whe TIN required lers; please sent that the infere. I also commodification by domestic in proof. Reference or the countries of the countries of the country when the country whe	e for SIP, S // FORE vidual, m U.S. are you as e signature countries (// of Tax F ere the Ad // (Select state the r formation firm tha I // to the abo // or oversign instruction	ssessed re of decother that this rease eason the provided have recover inforces regularity as regularity.	P, AEP AX LAV to fill u for Taz) laration an India cy older is sion Only hereof. hereiniad and lators /	WS (for practice) and practice of the practice	r Individual CA CRS Country Tax Res Other of the country Tax authorities true, cc tood the re within thorities	dual inc S form) y of Bin y of Bin sidence ners country are Re x Identif Functi ax does c FATC a 30 da 3.	cluding (Reference of Control of	ssue Tauntry o	Propi r KYC Busin a? Ye x pur mber dalent	// dispersion of the control of the	In case In case Line case	you ha re you (Tin o	are a ci dentification other, to its resuire the	dy filled tizen	Residence of Resid	dent / C	t t t t t t t t t t t t t t t t t t t	Card H If TII re- Reaso Reaso Reaso e solely	Holder N is n ason n A n B n C	ot ava A, B	Registic Residence Registration	dent le, ple as de	ase ti fined C C C	ck ☑ the below)
of Additional Info Dividend Frequence Please refer instr *FATCA INFO to fill this part) (f Place of Birth Nationality Others (Plea Are you a tax re If 'No' please pri If 'YES', please in the respective Sr. No. 1 2 3 * Reason A The * Reason B No * Reason C othe * Reason C othe * Declaration: I hereby confirm submitted above any changes / n intermediary or I # Please attach	promation. Please sement Slip	e for SIP, S // FORE vidual, m U.S. are you as a signature pountries (// of Tax f ere the Ac I. (Select state the r from that I to the about or overser r instruction (To be the select of the select of the select or overser) (To be the select of the select of the select or overser)	ssessed re of decother that this rease eason the provided have recover inforces regularity as regularity.	P, AEP AX LAV to fill u for Taz) laration an India cy older is sion Only hereof. hereiniad and lators /	WS (for practice of the practice) of the practice of the pract	r Individual CA CRS Country Tax Res Other of the country Tax authorities true, cc tood the re within thorities	dual inc S form) y of Bin sidence ers country are Re k Identi Functi are Re country are Re k Identi Functi Sax does are Re country are Re k Identi Functi Sax does are Re k Identi Functi Sax does are Re country are Re k Identi Functi Sax does are Re country	cluding (Refer the Address of Add	ssue Tauntry o	Proprior KYCO Busin a? Ye x pur mberalent	// dispersion of the control of the	In case In case In case In case In case	you ha	are a ci dentification other, to its resuire the	dy filled tizen	Residence of Resid	dent / C	t t t t t t t t t t t t t t t t t t t	Card H If TII re: Reaso Reaso Reaso Reaso a solely also un er addit	N is n ason n A n B n C	and ke to inform	Regision Reg	dent dent de ple as de	ase tifined C C C C	ck the below)
of Additional Info Dividend Frequence Please refer instr *FATCA INFO to fill this part) (f Place of Birth Nationality Others (Plea Are you a tax re If 'No' please pro If 'YES', please in the respective Sr. No. 1 2 3 * Reason A The * Reason B No * Reason C othe Declaration: I hereby confirm submitted above any changes / n intermediary or I # Please attach Acknowledge Received from	ormation. Pleasing incy tructions page ORMATION (For Non-indi Indian pase specify) resident (i.e. a roceed for the fill for ALL or recountries Country Country a country who TIN requirectors; pleases a methat the infere. I also commodification by domestic a proof. Reference of the countries of the coun	e for SIP, S // FORE vidual, m U.S. are you as a signature your	ssessed re of decother that this reas eason the provided have recover information and provided that the provided have recovered the provided the provided the provided the provided have recovered the provided the pro	P, AEP AX LAV to fill u for Taz)	WS (for present of the present of th	r Individual CA CRS Country fax Research Other of the other	dual inc S form) y of Bin sidence ers country are Re k Identi Functi are Re country are Re k Identi Functi Sax does are Re country are Re k Identi Functi Sax does are Re k Identi Functi Sax does are Re country are Re k Identi Functi Sax does are Re country	cluding (Refer the Address of Add	ssue Tauntry o	Proprior KYCO Busin a? Ye x pur mberalent	// dispersion of the control of the	In case In case Line case	you ha	are a ci dentification other, to its resuire the	dy fille	Resid	dent / Code to the same of the	t t t t t t t t t t t t t t t t t t t	Card H If TII re: Reaso Reaso Reaso e solely also un	N is n ason n A n B n C	and ke to inform	Regision Reg	dent e, ple as de	ase tifined C C C C	ck the below)
of Additional Info Dividend Frequence Please refer instr *FATCA INFO to fill this part) (f Place of Birth Nationality Others (Plea Are you a tax re If 'No' please pro If 'YES', please in the respective Sr. No. 1 2 3 * Reason A The * Reason B No * Reason C othe Declaration: I hereby confirm submitted above any changes / n intermediary or I # Please attach Acknowledge	ormation. Please seption of the information of the	e for SIP, S // FORE vidual, m U.S. are you as e signature countries (// of Tax F ere the AA . (Select state the r cornation firm that I to the abo or overs r instruction (To be the S:	ssessed re of decother that season the provided have recover inforeas regulations page.	P, AEP AX LAV to fill u for Taz) WS (for pp FATC) C T [I i liable t i y if the authors in futur tax	r Individual CA CRS Country Tax Research Other of the other	dual inc S form) y of Bin y of Bin are Re country are Re k Identi Functi axax does ties of t orrect a S. N and t	cluding (Refer the Address Add	g Sole Frinstru gess (for Bessel of India gess (for tax) and to for tax an	Proprior KYC Busin a? Ye x pur mber allent	M before rietor) (C Addresess ess No rposes i r or residentifica residente best and Co being ef	In case In case In case In case	you ha	are a ci dentifica or other, to its res uire the	dy fille	Resid	dent / Code of the	* * * * parall be	Card H If TII rec Reaso Reaso Reaso Reaso CC	N is n ason n A n B n C	and ke to inform	Regision Reg	dent e, ple as de	ase tifined C C C C	ck ☑ the below)	

Website: navimutualfund.com
 Toll free : 18002032131 Non Toll Free: +91 81475 44555



5	SYSTEMA	TIC INVE	STMENT PL	AN (SIP THROU	GH POST I	DATED (CHEQUE	S) (Inve	stor subscribir	ng to SIF	throug	h ECS/	/Direct	Debt must fill	up the S	SIP Auto	Debit	:)
	Name of the	e Scheme/P	lan/Option/Sเ	b Option														
	Frequency	Fuent Alternate				Half Yearly	/					Period						
	SIP Date			ferred Debit Date (Ar	ny date excep	ot 29, 30 a	and 31) 🛄	D	SIP from	IVI	M	Υ	Υ	SIP from	M	IVI	Υ	Υ
	Cheque(s)	Details	No. of Cheq	ue(s)	Cheque(s	No.						SIP An	nount	(in figures)				
	Cheque(s)	drawn on	Name of Bar	k & Branch & City														
	New Investo	ors are reque	ested to fill in th	ne Common Applicati	on Form to a	ccomping	this SIP F	orm.										
6	SYSTEMA	TIC TRAN	ISFER PLAI	N (STP) (Please no	te that the S	TP will be	registered	within 7 v	vorking days fr	om the o	late of re	eceipt of	f reque	st)				
	I	From Schen	ne	Plan	С	ption /Su	b Option			To Sc	heme			Plan		Ol	otion	
	Frequency	☐ Daily	Weekly	Fortnightly		☐ Mo	nthly						STP	Period				
	STP Date	All Business Days	Every Wednesday	Every Alternate Wednesday	1st	7th	10th		SIP from	M	M	Υ	Υ	STP to	IVI	IVI	Υ	Υ
					15th	20th	25th		Amount Per	Installn	nent (Rs	5)		N	o of Inst	allmen	ts	
7	SYSTEMA	TIC WITH	DRAWAL PI	LAN (SWP)														
	Name of the	e Scheme/P	lan/Option/Sเ	b Option														
	Frequency				Month	ly Qua	arterly	SWP	from M	IVI	Y	Y		WP to	IVI	IVI	Υ	Υ
	•	r Withdrawa	· ,	nd policy details in the	Scheme Inform	nation Doc	ument hefor	re filling in	the above details	•	No o	f Install	Iments	•				
0		•						o minig m	ine above actain	v .	_	_			_	_		_
8			lan/Option/Su	.AN (AEP) - Availa	ble only for C	∍rowtn Op	otion											
	Frequency	Monthly		Half Yearly		AEF	date : 1st	Business	Dav				(Min	imum Rs.500/	for AEF	option')	
0				_ , _									(- p		
9	I/We have rea abide by the b from time to tii is equal to or is equal to or of the Mutual other action w Act, Regulatio credit all the c subscription h commission (i I/We hereby p in accordance I/We hereby p	d and underst erms and con- me. I/We confi more than 25°, directly or ind Fund, I/ We hi ith such funds ns or any othe lividend payou ave been rer in the form of t rovide my/our with Aadhaar rovide my/our	ditions, rules and mm to have unde % of the corpus injectly in making ereby authorise that maybe requer applicable law ats and redempt mitted from abro consent in acco Act, 2016 (and	s of the Scheme Inform d regulations of the Schrstood the investment of the scheme, then Ne these investments. I/W these investments. I/W the Mutual Fund to reduired by the law. I/We denacted by the Govern ion amount to my bank and through approved or any other mode), pardance with Aadhaar Ar regulations made there adhaar number(s) included.	neme and to of bjective, invest avi Mutual Fur fe undertake the eem the funds eclare that the ment of India of details given banking chant ayable to him fot, 2016 and re under) and PN	ther statuto treat patter d, has full hat these in invested in amount inver any Statu above NRI hels or fror or the differ egulations of	ry requirement and risk fright to refur westments and the schements and the schements and the schement and the remarks only: I /We many/our New tent competing and the remarks on the remarks of the rema	ents of SE factors app nd the excure on my/o e, in favou e Scheme is ty. I/We he e confirm to on-residen ing Schem nder, for (i)	BI. AMFI, Prever licable to Plan/ C sess to me/us to t ur own account a r of the applicant s through legitims reby declare that hat I am/We are t External/Ordina es of various Mu collecting, storir	ntion of M Options ur oring my/o and in ever t at the ap ate source t the partion Non-resion ary Accordual Fund nog and us	oney Lauder the Sour investint Know opplicable essonly alculars abdent of Inunt/FCNF is from ar age (ii) va	andering acceptance of the second sec	Act, 200 s). I/We s). I/We solow 25% stomer povailing of designer correct. I tionality/ Account/hich the authenti	22 and such othe agree that in cas 6. I/We have not orrocess is not con on the date of such do for the purpos I/We hereby, furt Origin and I/W t. The ARN hold e Scheme is beir cating and (iii) u	er regulative my/our treceived mpleted buch redeme of control her agree e hereby der has congrecomposition my	investment on bee y me/us aption an avention at that the confirm lisclosed mended to y/ our Aa	nay be a ent in the n induca to the sa d under or evas Fund ca that the to me/ o me/us adhaar r	applicable e Scheme ed by any atisfaction take such ion of any an directly funds for us all the s. humber(s)
	Sole/1st app	olicant/Guard	dian/Authorised	d Signatory/POA Hol	der	2nd Appli	cant/Autho	orised Sig	natory/POA Ho	older		3rc	d Applic	cant/Authorise	d Signate	ory/PO <i>P</i>	\ Holde	r