

Please refer to the instructions while filling the Application Form. Tick  whichever is applicable.

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 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)

In case the purchase/subsription amount is Rs.10,000/- or more and your AMFI Registered Distributor has chosen 'opt in' option of charging Transaction Charges to their investor, the same are deductible as applicable from the purchase/ subsription amount and payable to the distributor, Units will be issued against the balance amount invested.(refer General Information Point No. 11)

**3 EXISTING INVESTOR INFORMATION (If you have existing folio please fill in sections 3,6,9,11,12 and 17 )**

**Unit Holding Options**     Demat Mode     Physical Mode    **Folio Number** \_\_\_\_\_

**4 DEMAT ACCOUNT DETAILS** (Please ensure that the sequence of names as mentioned in the application form matches with that, of the account held in depository participant. Demat Account details are compulsory, if demat mode is opted above.)

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

**5 NEW INVESTOR INFORMATION (To be filled in Block Letters, please leave one box blank between two words)**

**NAME OF FIRST/SOLE APPLICANT** \_\_\_\_\_  Mr.  Ms.  M/s.

PAN/PERN # \_\_\_\_\_     KYC Proof # \_\_\_\_\_    Date of Birth/Date of Incorporation    D D M M Y Y  
 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.

PAN/PERN # \_\_\_\_\_     KYC Proof # \_\_\_\_\_    Relationship with Minor/Designation    **MANDATORY**  
 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.

**Mailing Address of First/Sole Applicant (PO Box address is not sufficient)**

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_

Overseas Address (Mandatory in case of NRI/FII.PO Box address is not sufficient. Investors residing overseas and with PO Box address please provide your Indian address)  
 "All Non Individual Investors have to mandatorily fill FATCA/CRS Declaration form (for non-individuals/legal entity)"

**Overseas Address**

Country \_\_\_\_\_

**6 FIRST/SOLE APPLICANT OTHER DETAILS**

**Telephone** \_\_\_\_\_    **Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_    Mode of Holding     Single     Joint     Anyone or Survivor (s)(Default option in case of more than one Applicant)

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

Status (of first/sole Applicant)     Resident Individual     Sole Proprietorship     Society/Club Company     NRI     Repatriable     Trust     HUF  
 Partnership Firm     On Behalf of Minor     Bank/Financial Institution     NRI     Non-Repatriable (NRO)     Others

Gross Annual Income     Below 1 Lac     5 - 10 Lacs     >25 Lacs - 1 Crore    Net-worth \_\_\_\_\_  
 1 - 5 Lacs     10 - 25 Lacs     >1 Crore    (Mandatory for Non-Individuals) Rs. \_\_\_\_\_ as on (Not older than 1 year) D D M M Y Y

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)     I am PEP     I am Related to PEP     Not Applicable

Non - Individual Investors involved/ providing any of the mentioned services     Foreign Exchange / Money Changer Services     Money Lending / Pawning  
 Gaming / Gambling / Lottery / Casino Services     None of the Above

# Please attach proof. Refer instructions page point XII - PAN/PERN and KYC

**Acknowledgement Slip (To be filled in by the investor)**

**Application No.** \_\_\_\_\_

Received from Mr./Ms./M/s. \_\_\_\_\_

An application for Scheme: \_\_\_\_\_ Plan: \_\_\_\_\_ Option: \_\_\_\_\_

Cheque/DD No. : \_\_\_\_\_ Dated : \_\_\_\_\_ Amount (Rs.) \_\_\_\_\_

Drawn on Bank and Branch : \_\_\_\_\_

Please note : All Purchases are subject to realisation of Cheques/DD.

**Collection Centre's Stamp & Receipt Date and Time**

**7 JOINT APPLICANT DETAILS**

**a NAME OF SECOND APPLICANT**  Mr.  Ms.

PAN/PERN #  KYC Proof # Date of Birth/Date of Incorporation D D M M Y Y

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  Below 1 Lac  5 - 10 Lacs  >25 Lacs - 1 Crore  1 - 5 Lacs  10 - 25 Lacs  >1 Crore Politically Exposed Person (PEP) Status  I am PEP  I am Related to PEP  Not Applicable  
(Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)

**Father's Name**

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

**b NAME OF THIRD APPLICANT**  Mr.  Ms.

PAN/PERN #  KYC Proof # Date of Birth/Date of Incorporation D D M M Y Y

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  Below 1 Lac  5 - 10 Lacs  >25 Lacs - 1 Crore  1 - 5 Lacs  10 - 25 Lacs  >1 Crore Politically Exposed Person (PEP) Status  I am PEP  I am Related to PEP  Not Applicable  
(Also applicable for authorised signatories/ Promoters/ Kartal/ Trustee/ Whole time Directors)

**Father's Name**

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

**8 Power of Attorney (POA)**

**NAME OF POA**  Mr.  Ms.  M/s.

PAN/PERN#  KYC Proof # Date of Birth D D M M Y Y

**9 \*FATCA INFORMATION/ FOREIGN TAX LAWS (For Individual including Sole Proprietor) (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 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 Card Holder / Tax Resident in the respective countries

Applicant Details	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)
Applicant 1				* Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Applicant 2				* Reason B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Applicant 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 hereinabove 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 you 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

**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 <input checked="" type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR)		Account Number :	
Branch Address :		City:	
IFSC Code :		MICR Code :	
AMC reserves the right to use any mode of payment deemed appropriate. I/We understand that AMC shall not be responsible if transaction through DC/RTGS/NEFT could not be carried out because of incomplete or incorrect information.			

**11 \*INVESTMENT DETAILS** I/We would like to invest in the following scheme of Navi Mutual Fund Scheme :

Scheme : Navi	Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Sub-Option	<input type="checkbox"/> Dividend Payout	<input type="checkbox"/> 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			

**12 \*PAYMENT DETAILS** (In case of DD, please provide us specific declaration)

Mode of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Others	Please specify									
Cheque/DD No.	Date	D	D	M	M	Y	Y	Y	Y	
Gross Amount (Rs)	DD Charges (Rs)	Net Amount (Rs)								
Drawn on Bank & Branch	Account Type <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR									

**13 SYSTEMATIC INVESTMENT PLAN (SIP) PAYMENT TYPES** (Please select any one option)

SIP through Post Dated Cheques (Please fill & submit with this form)  SIP through Auto Debit (ECS) (Please fill up enclosed SIP Auto Debit (ECS) Form & submit with this form)

**14 NOMINATION DETAILS** (Please refer to Instructions page, point no VII) In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nomination Required <input type="checkbox"/> YES <input type="checkbox"/> NO								
Nominee Name	Relationship with Nominee	Date of Birth of Minor	Guardian Name (in case Nominee is Minor)	Allocation (%)	Sign of Guardian	Sign of Nominee	Sign of Applicant	
								1st App.
								2nd App.
								3rd App.

Please note that if you do not furnish any nomination details, it is deemed to be assumed that you do not wish to nominate 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  Annual Reports/Abridged Summary  Account Statement

I/We wish to receive the Account Statement in ( any one )  English (Default option)  Bengali  Malayalam

**16 DOCUMENTS ENCLOSED** (Please  )

<input type="checkbox"/> Resolution/Authorisation to invest	<input type="checkbox"/> List of Authorized Signatories with Specimen Signatures	<input type="checkbox"/> Memorandum & Articles of Association
<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Bye-laws	<input type="checkbox"/> Partnership Deed
<input type="checkbox"/> Copy of PAN Card	<input type="checkbox"/> KYC	<input type="checkbox"/> PIO Card
	<input type="checkbox"/> Overseas Auditor Certificate	<input type="checkbox"/> Foreign Inward Remittance Certificate
	<input type="checkbox"/> Notarised POA	<input type="checkbox"/> Copy of cancelled cheque
	<input type="checkbox"/> Special Product Form (SIP / STP / SWP / AEP)	

**17 \*DECLARATION AND SIGNATURES**

I/We have read and understood the contents of the Statement of Additional Information and Scheme Information Document 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/Option under the Scheme (s). I/We agree that in case of 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 this 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 may be 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 and redemption amount to my bank details given above. 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. For 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
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All fields marked with \* are mandatory

**18 CHECKLIST** (Please submit the following documents with application wherever applicable). All documents should be original/true copies certified by a Director/Trustee/Company Secretary/Authorised Signatory/Notary Public.

Documents	Individual	Companies	Societies	Partnership Firm	Investment through POA	Trust	NRI	FIs
Resolution/Authorisation to invest		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
List of Authorised Signatories with Specimen Signatures		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Memorandum & Articles of Association		<input checked="" type="checkbox"/>						
Trust Deed						<input checked="" type="checkbox"/>		
Bye-laws			<input checked="" type="checkbox"/>					
Partnership Deed				<input checked="" type="checkbox"/>				
Notarised POA					<input checked="" type="checkbox"/>			
PAN/PERN Proof	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
KYC in case of Investment of any Amount	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign Inward Remittance Certificate					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Cancelled Cheque	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FATCA & CRS Declaration		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

## 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 (EUIN)*	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 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) 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  Perpetual  
 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/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, 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. LUMP SUM / NACH / ECS / DIRECT DEBIT / MANDATE INSTRUCTIONS FORM (applicable for LUMP SUM 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)**

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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 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 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. _____	Collection Centre's Stamp & Receipt Date and Time
An application for Scheme: _____ Plan: _____ Option: _____	
Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____	
Amount: _____ Frequency : _____ Date of Commencement : _____	

**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



(Regular Encashment Plan is only a feature for regular withdrawal from the Scheme and shall not be construed as an assurance or guarantee of returns)

This facility allows investors to redeem a fixed sum of money periodically at the prevailing NAV, subject to exit load, if applicable, depending on the option chosen by the investor.

Date: \_\_\_\_\_

I/We wish to avail the Regular Encashment Plan under Growth option of the scheme opted below:

Folio No. / Application No.	
Name	
<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Regular Plan
<i>(Please tick any one)</i>	
NAVI	

Regular Encashment Plan Dates:  1st  7th  10th  15th  20th  25th *(Please tick any one)*

Start Date:  End Date:  OR  Till I/We instruct to discontinue  
*(Atleast 1 month from the date of request)*

Regular Encashment Plan Option:  6.00% p.a.  7.50% p.a.  9.00% p.a. *(Please tick any one)*  
 (% of the Regular Encashment Plan investment amount as per choice of the investor will be considered as per annum, the default option will be 6.00% and date will be 7th)

Regular Encashment Plan Investment Amount: \_\_\_\_\_ *(Please specify) (Minimum amount is ₹ 1 lakh)*

Sole /1st Applicant/Guardian/Authorised Signatory	2nd Applicant/Authorised Signatory	3rd Applicant/Authorised Signatory
---	------------------------------------	------------------------------------

*(To be signed as per Mode of (To be signed as per Mode of Holding))*

Date:

I/We wish to avail the Regular Encashment Plan under Growth option of the scheme opted below:

Folio No. / Application No.	
Name	
<input type="checkbox"/> Direct Plan	<input type="checkbox"/> Regular Plan
<i>(Please tick any one)</i>	
NAVI	

Regular Encashment Plan Dates:  1st  7th  10th  15th  20th  25th *(Please tick any one)*

Start Date:  End Date:  OR  Till I/We instruct to discontinue  
*(Atleast 1 month from the date of request)*

Regular Encashment Plan Option:  6.00% p.a.  7.50% p.a.  9.00% p.a. *(Please tick any one)*  
 (% of the Regular Encashment Plan investment amount as per choice of the investor will be considered as per annum, the default option will be 6.00% and date will be 7th)

Regular Encashment Plan Investment Amount: \_\_\_\_\_ *(Please specify) (Minimum amount is ₹ 1 lakh)*

**Details of FATCA and CRS information (For Non-Individuals / Legal Entity)**

**APPLICANT DETAILS**

NAME OF THE ENTITY											
TYPE OF ADDRESS GIVEN AT KRA <input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office											
CUSTOMER ID / FOLIO NO											
PAN						DATE OF INCORPORATION					
						D D / M M / Y Y Y Y					
CITY OF INCORPORATION											
COUNTRY OF INCORPORATION											

**PLEASE TICK THE APPLICABLE TAX RESIDENT DECLARATION**

1. Is "Entity" a tax resident of any country other than India  Yes  No  
 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below)

COUNTRY	TAX IDENTIFICATION NUMBER *	IDENTIFICATION TYPE (TIN or other, please specify)

\* In case Tax Identification Number is not available, kindly provide its functional equivalent.  
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.  
 In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here  
  
 Please refer to para3 (vii) Exemption code for U.S. persons under Part 3 of FATCA Instructions & Definitions

**FATCA & CRS Declaration**

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

**PART A** (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a,  Financial Institution <sup>3</sup> or  Direct reporting NFE <sup>4</sup> (please tick as appropriate)

**GIIN**

**Note:** If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

**Name of the sponsoring entity**

**GIIN not available** (please tick as applicable)  **Applied for**

if the entity is a financial institution,  Not required to apply for - please specify 2 digits sub - category <sup>10</sup>  
 Not obtained - Non - participating FI

**PART B** (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs)

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) Yes <input type="checkbox"/> (if yes, please specify any one stock exchange on which the stock is regularly traded) No <input type="checkbox"/>	Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) Yes <input type="checkbox"/> (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) No <input type="checkbox"/>	Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active <sup>1</sup> non-financial Entity (NFE) Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> (Mention code - refer 2c of Part D)
4. Is the Entity a passive <sup>2</sup> NFE Yes <input type="checkbox"/> (if yes, please fill UBO declaration in the next section) No <input type="checkbox"/>	Nature of business _____

<sup>1</sup>Refer 2 of Part D | <sup>2</sup>Refer 3(ii) of Part D | <sup>3</sup>Refer 1(i)of Part D | <sup>4</sup>Refer 3(vi) of Part D



### Details of FATCA and CRS information (For Non-Individuals / Legal Entity)

# If passive NFE, please provide below additional details for each of Controlling person. (Please attach additional sheets if necessary)

Name & PAN / Any other Identification Number <small>PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others)</small> City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male / Female / Other
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ DD/MM/YY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ DD/MM/YY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
1. Name & PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ DD/MM/YY Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any other country other than India

\* To include U.S. where controlling person is a U.S. citizen or green card holder.

% In case Tax Identification Number is not available, kindly provide functional equivalent.

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days.

If any controlling person of the entity is a U.S. citizen or green card holder, please include United States in the foreign country information field along with the U.S. Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

#### PART C: Certification

I / We have understood the information requirements of the Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Date:    D D M M Y Y Y Y

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature & Seal

Third Party Payment Declaration (Should be enclosed with each payment/SIP Enrolment)													
Payments by : Parents/Grand Parents/Related Persons other than the Registered Guardian/Custodian / Employer													
Maximum Value : Not Exceeding Rs. 50,000/- (each regular purchase or per SIP installment)													
Application and Payment Details (All details below are mandatory, including relationship, PAN, KYC)													
Folio No.						Application Form							
Beneficiary Name													
Investment Amount (Rs.)													
Payment Cheque No.						Dated							
Cheque Drawn on Bank													
Cheque Drawn on A/C No.													
Declaration and Signatures													
RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3) [Please • (*) as applicable]													
Status of the Beneficial Investor	Minor		FII • Client				Employee (s)						
Relationship of Third Party with the Beneficial Investor	<ul style="list-style-type: none"> <li>• Parent</li> <li>• Grand Parent</li> <li>• Related Persons</li> </ul> _____ (Please specify)		Custodian SEBI Registration No. of Custodian Registration Valid Till _____				Employer						
Declaration by Third Party	I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.		I/We declare that the payment made on behalf of FII/Client and the Source of this payment is from funds provided to us by FII/Client				I/We declare that the payment made on behalf of employee(s) under Systematic Investment Plans through Payroll Deductions.						
Income tax PAN													
KYC Acknowledgement	<input type="checkbox"/> Attached (Mandatory for any amount)					<input type="checkbox"/> Attached (Mandatory for any amount)							
Signature													
Contact No.													

**Banker's Certificate in case of Demand Draft/Pay Order/Any Other Pre-Funded Instrument issued against cash less than Rs. 50000/- only**

**To whomsoever it may concern**  
We hereby confirm the following details regarding instrument issued by us:

<b>Instrument Details</b>	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Pay Order/Banker's Cheque
<b>Instrument Type</b>		
<b>Instrument Number</b>		Date
<b>Instrument Amount (Rs.)</b>		
<b>In Favour of/ Favouring</b>		
<b>Payable At</b>		

**Request received from:**

Name of the Requestor

Address of the Requestor

PAN (if available)

Branch Manager/Declarant (s):

Signature: .....

Name: .....

Address: .....

City: ..... State: ..... Pin : .....

Country: ..... Contact No. ....

..... Bank & Branch Seal

**Banker's Certificate in case of Demand Draft/Pay Order/Any Other Pre-Funded Instrument (when investor has bank account in issuing bank)**

**To whomsoever it may concern**  
We hereby confirm the following details regarding instrument issued by us:

<b>Instrument Type</b>	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Pay Order/Banker's Cheque
<b>Instrument Number</b>		Date
<b>Instrument Amount (Rs.)</b>		
<b>In Favour of/ Favouring</b>		
<b>Payable At</b>		

**Details of Bank Account Debited for issuing the instrument:**

<b>Bank Name</b>																			
<b>Bank Account Number</b>																			
<b>Account Holder Details</b>																			
<b>1.</b>																			
<b>2.</b>																			
<b>3.</b>																			

**If the issuing Bank Branch is outside India:**

**We further declare that we are registered as Bank/Branch as mentioned below:**

Under the Regulator (Name of the Regulator)

In the Country (Country Name)

Registration No. (Registration No.)

We confirm having carried out necessary Customer Due Diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti Money Laundering laws and other applicable relevant laws in our country.

Branch Manager/Declarant (s):

Signature: .....

Name: .....

Address: .....

..... Bank & Branch Seal

City: ..... State: ..... Pin : .....

Country: ..... Contact No. ....

Note: Bankers' certificate suggested above is recommendatory in nature, as there may be existing Bank Letters/ Certificates/Declarations, which will confirm to the spirit of the requirements, if all the required details are mentioned in the certificate.