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10	*BANK ACCOUNT DETAILS (Please attach copy of	cancelled chequ	ue) For registeri	ing Multiple Bai	nk Accounts pleas	e fill up "Registration of N	/lultiple Bank Ac	count" Form	
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						Dium	/II.		
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	AMC reserves the right to use any mode of payment deemed appropriate	. I/We understand th	nat AMC shall not be	e responsible if trar	nsaction through DC/R	TGS/NEFT could not be carried	out because of inco	mplete or incorrect	nformation.
11	*INVESTMENT DETAILS I/We would like to inves	t in the follow	ing scheme o	of Navi Mutua	al Fund Scheme):			
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	Statement of Additional Information. Please see the Plan,						iorandum, sche	ine inionnation	Document &
	Dividend Frequency								
12	*PAYMENT DETAILS (In case of DD, please prov	ido us specifi	c doclaration)						
12						Discourse	16.		
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13	SYSTEMATIC INVESTMENT PLAN (SIP) PAYME	NT TYPES	Please select	any one opt	ion)				
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14	NOMINATION DETAILS (Please refer to Instruction	ns page, point	NO VII) In case o	of existing investo	or, nomination details	mentioned in the below table	will replace the ex	isting details regis	tered in the folio
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	Please note that if you do not furnish any nomination details, it is	deemed to be as	sumed that you t	TO HOL WISH TO HO	minate anyone.				
15	HOW DO YOU WISH TO RECEIVE THE DOCUM	IENT(S) (Plea	ase ☑)						
	I/We wish to "Opt In" for receiving the following in Physical					receive the Account Sta			
	Annual Reports/Abridged Summary Accoun	t Statement			English	(Default option)	Bengali	Ma	ayalam
16	DOCUMENTS ENCLOSED (Please ☑)								
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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.

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be issued against t																					
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Occupation (of first/sole Applicant)	<u> </u>	Busines	ss	Profes	sional	Hou	se Wife	Agric	culture	Servi	ce St	udent	Ret	ired	Others	s					
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5	SYSTEMA	TIC INVE	STMENT PL	AN (SIP THROU	GH POST	DATED (CHEQUE	S) (Inve	stor subscribir	ng to SIF	throug	h ECS/	'Direct	: Debt must fil	I up the S	IP Auto	Debit)	
	Name of th	e Scheme/P	lan/Option/Su	b Option														
	Frequency		9	Monthly Qua	rterly	Half Yearly	/						SIP	Period				
	SIP Date	Every Al Wedne		erred Debit Date (Ar	y date exce	ept 29, 30 a	and 31) 🖳	D	SIP from	M	M	Υ	Υ	SIP from	IVI	M	Υ	Υ
	Cheque(s)	Details	No. of Chequ	ue(s)	Cheque(s) No.						SIP Ar	nount	(in figures)				
	Cheque(s)	drawn on	Name of Ban	k & Branch & City														
	New Investo	ors are reque	ested to fill in th	e Common Applicati	on Form to	accomping	this SIP F	orm.										
6	SYSTEMA	TIC TRAN	ISFER PLAN	N (STP) (Please no	te that the S	STP will be	registered	within 7 w	orking days fr	om the d	ate of re	eceipt of	f reque	est)				
		From Schen		Plan		Option /Su				To Sc				Plan		Opt	ion	
	Frequency	☐ Daily	Weekly	Fortnightly		Mo	nthly						STP	Period				
	STP Date	All Business Days	Every Wednesday	Every Alternate Wednesday	1st	7th	10th		SIP from	IVI	IVI	Υ	Υ	STP to	IVI	M	Υ	Υ
				Troundstay,	15th	20th	25th		Amount Per	Installm	ent (Rs	i)		•	No of Inst	allments	3	
7	SYSTEMA	TIC WITH	DRAWAL PL	_AN (SWP)														
	Name of th	e Scheme/P	lan/Option/Su	b Option														
	Frequency				Mont	hly Qua	arterly	SWP	from M	IVI	Y	Y	S	SWP to	M	M	Υ	Υ
	Amount pe	r Withdrawa	al (Rs)								No o	f Instal	Iments	S				
	Please see th	e Plans & Opt	ions and Dividen	nd policy details in the	Scheme Info	rmation Doc	ument befor	re filling in t	he above details	S .								
8	AUTOMA	TIC ENCAS	SHMENT PL	AN (AEP) - Availa	ble only for	Growth Op	otion											
	Name of th	e Scheme/P	lan/Option/Su	b Option														
	Frequency	Monthly	Quarterly	Half Yearly		AEF	date : 1st	Business	Day				(Mir	nimum Rs.500	/- for AEP	option)		
9	DECLAR	ATION AND	SIGNATUF	RES														
	abide by the t from time to tii is equal to or rebate or gifts of the Mutual other action w Act, Regulatio credit all the o subscription h commission (i I/We hereby p in accordance I/We hereby p	erms and conome. I/We confirmore than 25', directly or ind frunds, I/ We he with such funds ns or any othe dividend payouave been ren in the form of the rovide my/our with Aadhaar rovide my/our	ditions, rules and rm to have under wo fine corpus of the	s of the Scheme Inform I regulations of the Schrstood the investment of the scheme, then Nethese investments. I/W the Mutual Fund to reduired by the law. I/We dienacted by the Governion amount to my bank ad through approved for any other mode), perdance with Aadhaar Acregulations made there adhaar number(s) inclusions.	teme and to objective, investive, investive, investive investive, investive the function of the function of India details giver banking charally able to him ct, 2016 and runder) and F	other statuto estment patter and, has full in that these in its invested in e amount inwor any Statun above NRIshnels or fror for the differ regulations new MLA.	ry requirement and risk to reful vestments a not the schements and the schements and the schements and the schements and the remarks only: I /Wen my/our Note that the remarks on the remarks on the remarks on the remarks of the rema	ents of SEE factors applind the exce are on my/oute, in favour e Scheme is ity. I/We here e confirm the on-resident ing Scheme nder, for (i)	81. AMFI, Prevericable to Plan/ C sess to me/us to bur own account a of the applicani through legitims eby declare that lat I am/We are External/Ordinu es of various Mu collecting, storir	ntion of Mi ptions un pring my/c and in eve at the apa ate source the partic Non-residary Account tual Fund- ag and usa	oney Lau der the S our invest int Know 'o plicable es only are culars ab- dent of In int/FCNR s from ar age (ii) va	indering icheme(streen) icheme(stree	Act, 20(s). I/We slow 25% stomer paralling of designed correct. Itionality Account which the authent	02 and such off agree that in ca %. I/We have no process is not co on the date of s ed for the purpo I/We hereby, fur // Origin and I/ V nt. The ARN ho e Scheme is be e Scheme is de ticating and (iii)	ner regulations my/our in the received completed by such redemning se of contrarther agree We hereby older has ding recommupdating my	ons as many one state of the confirment of the c	ay be ap at in the induce the sat underta r evasion and can at the fo o me/us. thaar no	pplicable Scheme d by any tisfaction ake such on of any n directly funds for us all the . umber(s)
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(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 minvestor.	noney periodically at the prevailing NAV, subject to exit loa	ad, if applicable, depending on the option chosen by the
Date:		
I/We wish to avail the Regular Encashment Plan under	Growth option of the scheme opted below:	
Folio No. / Application No.		
Name		
☐ Direct Plan ☐ Regular Plan		(Please tick any one)
NAVI		
Regular Encashment Plan Dates: 1st 7th	10th 15th 20th 25th	(Please tick any one)
Start Date: M M Y Y Y Y End D (Atleast 1 month from the date of request)	Oate: M M Y Y Y Y OR OR	Till I/We instruct to discontinue
	7.50% p.a. 9.00% p.a. noice of the investor will be considered as per annum, the default o	(Please tick any one) otion 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)
PPLICATION FOR REGULAR E	NCASHMENT PLAN	navi mutual fun
Date:		
I/We wish to avail the Regular Encashment Plan under	Growth option of the scheme opted below:	
Folio No. / Application No.		
Name		
Direct Plan Regular Plan		(Please tick any one)
NAVI		
Regular Encashment Plan Dates: 1st 7th	10th 15th 20th 25th	(Please tick any one)
Start Date: M M Y Y Y Y End D (Atleast 1 month from the date of request)	Oate: M M Y Y Y Y OR OR	Till I/We instruct to discontinue
Regular Encashment Plan Option: 6.00% p.a. (% of the Regular Encashment Plan investment amount as per ct	7.50% p.a. 9.00% p.a. noice of the investor will be considered as per annum, the default o	(Please tick any one) otion will be 6.00% and date will be 7th)
Regular Encashment Plan Investment Amount:		(Please specify) (Minimum amount is ₹ 1 lakh)

Website: navimutualfund.com

Toll free: 1800 103 8999 Non Toll Free: +91 81475 44555

mf@navi.com



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

NAME OF THE ENTITY	
NAME OF THE ENTITY	
TYPE OF ADDRESS GIVEN AT KRA Residential or Business Residential	dential Business 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 DECI	LABATION
1. Is "Entity" a tax resident of any country other than India Yes No	LARATION
(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 NU	JMBER * IDENTIFICATION TYPE (TIN or other, please specify)
	(1111 21 211111)
* In case Tax Identification Number is not available, kindly provide its functional equ	uivalent.
In case TIN or its functional equivalent is not available, please provide Company Id	
In case the Entity's Country of Incorporation / Tax residence is U.S. but E	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	A Instructions & Definations
FATCA & CRS Declaration	
(Please consult your professional tax advisor for further guidance on FATCA & CRS	S classification)
PART A (to be filled by Financial Institutions or Direct Reporting NFEs)	
1 We are a	
Financial Institution ³	
Note: If you do not have a GIIN but you are	e sponsored by another entity, please provide your sponsor's GIIN above and indicate
Direct reporting NFE ⁴ your sonsor's name below	
your sonsor's name below	
Direct reporting NFE ⁴ your sonsor's name below	
Direct reporting NFE ⁴ your sonsor's name below	
Direct reporting NFE ⁴ (please tick as appropriate) Name of the sponsoring entity	cify 2 digits sub - category ¹⁰
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Direct reporting NFE 4 (please tick as appropriate) Name of the sponsoring entity	
Direct reporting NFE 4 (please tick as appropriate) Sill N not available (please tick as applicable) Name of the sponsoring entity	rect Reporting NFEs) Yes (if yes, please specify any one stock exchange on which the stock is regularly traded)
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Direct reporting NFE 4 (please tick as appropriate) Solid Company Com	irect Reporting NFEs) Yes

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

# If passive NFE, please provide below additional details for each of Contr	rolling person. (Please atta	ch additional sheets if necessary)
Name & PAN / Any other Identification Number PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) 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
1. Name & PAN	Occupation Type Nationality Father's Name	DOB
1. Name & PAN	Occupation TypeNationality Father's Name	DOB
# Additional details to be filled by controlling persons with tax residency / p * To include U.S. where controlling person is a U.S. citizen or green card h % In caseTax Identification Number is not available, kindly provide functions	nolder.	ther country other than India
The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-Tax Rules, 1 and certain certifications and decrain certifications and decrain certifications and documentation from all our account holders. In relevant cases, informatic to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from it Should there be any change in any information provided by you, please ensure you advise us promptly, if any controlling person of the entity is a U.S. citizen or green card holder, please include United States It is mandatory to supply a TIN or functional equivalent if the country in which you are resident issues supported by the country of the Form (read along variety of the Form (read along variety). We have understood the information requirements of the Form (read along variety) from its true, correct and complete. I /We also confirm that I/We have read and the country of the formation of the form that I/We have read and the country of the formation of the formation that I/We have read and the country of the formation of the forma	on will have to be reported to tax authorities/ appointed agencies. Towards of the account or any proceeds in relation thereto. i.e. within 30 days. in the foreign country information field along with the U.S. Tax Indentification uch identifiers. If no TIN is yet available or has not yet been issued, please provided in the process of	nompliance, we may also be required to provide information Number. Number an explanation and attach this to the form. at the information provided by me / us on this
Name:		
Designation:		
Signature & Seal		

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Third Party Payment De	claration	(Shou	uld be e	enclo	sed w	vith ea	ich pa	yme	nt/SIF	P En	rolme	ent)			
Payments by : Parents Employe	/Grand P er	arent	s/Relat	ed P	erson	s othe	er thar	the	Regi	stere	ed Gu	ardia	ın/Cu	stodi	an /
Maximum Value : Not Ex	ceeding	Rs. 5	0,000/-	(ea	ch reg	ular p	urcha	se or	per	SIP i	nstal	lmen	t)		
Application and Paymen	t Details	(All de	etails b	elow	are n	nanda	tory, i	nclud	ling r	elatio	onshi	p, PA	N, K	YC)	
Folio No.						Appl	icatio	n Fo	rm						
Beneficiary Name															
Investment Amount (Rs	s.)														
Payment Cheque No.						D	ated								
Cheque Drawn on Ban	k														
Cheque Drawn on A/C	No.														
Declaration and Signat	ures														
RELATIONSHIP OF TH	HIRD PA	RTY	WITH	THE	BEN	EFICI	AL IN	IVES	TOR	(Refer	Instruction	n No. 3) [Please • (") as app	licable)
Status of the Beneficial Investor	Minor			F	Clier	nt				E	mploy	/ee (s)		
Relationship of Third Party with the Beneficial Investor		Paren ed Pers		S F	Custodia SEBI Re Registra	gistrati		of Cus	stodiar		Employ	/er			
Declaration by Third Party	I/We de payment r minor is ir natural lov as a gift.	consi	n behalf deration	of n	We d nade or Source or rovided	n behal of this p	f of FII/ aymen	Client t is fro		he n ds u	nade o	n beh Syster thi	that that that of ematic rough	mploy Invest	ee(s)
Income tax PAN															
KYC Acknowledgement		Attad (Mar	ched ndatory f	or an	y amou	unt)	·		1 1	ttache //anda		or any	/ amou	ınt)	
Signature															
Contact No.															





Banker's Certificate in case of Demand Draft/Pay Order/Any Other Pre-Funded To whomsoever it may concern We hereby confirm the following details regarding instrument issued by us: Instrument issued against cash less than Rs. 50000/- only Bank & Branch Seal Pay Order/Banker's Cheque Date Pin : Request received from: Contact No. Demand Draft State: Branch Manager/Declarant (s): Instrument Amount (Rs.) In Favour of/ Favouring Address of the Requestor Name of the Requestor Instrument Number Instrument Details Instrument Type PAN (if available) Payable At Signature: Address: Name: .. Country:

City:

Banker's Certificate Instrument	Banker's Certificate in case of Demand Draft/Pay Order/Any Other Pre-Funded Instrument (when investor has bank account in issuing bank)
We hereby co	To whomsoever it may concern We hereby confirm the following details regarding instrument issued by us:
Instrument Type	☐ Demand Draft ☐ Pay Order/Banker's Cheque
Instrument Number	Date
Instrument Amount (Rs.)	
In Favour of/ Favouring	
Payable At	
Details of Bank Account D	Details of Bank Account Debited for issuing the instrument:
Bank Name	
Bank Account Number	Account Type
Account Holder Details	Name Income Tax PAN
1.	
2.	
3.	
If the issuing Bank Branch is outside India:	ıs outside India:
We further declare that we	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 the funds received from him, a in our country.	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):	(8):
Signature:	
Name:	
Address:	
	Bank & Branch Seal
City:	. State:
Country:	Contact No
Note: Bankers' certificate suggested al	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.

mf@navi.com