

TRANSACTION SLIP For existing unit holder only



DISTRIBUTOR / ARN CODE	SUB BROKER ARN CODE	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)*	SUB-BROKER CODE / AGENT CODE	REGISTRAR/ BANK SR NO
ARN-64917		E434563		FOR OFFICE USE ONLY

*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 not with standing 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

In case the Additional Purchase amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, Rs.100/- will be deducted from the purchase amount and paid to the Distributor. Units will be issued against the balance amount invested. Important please strike off the section(s) that is (are) not used to avoid any unauthorized use."

Folio No											Name												
First/Sole applicant	<input type="checkbox"/> KYC	CKYC ID											Aadhar No										
Guardian(in case of Minor)	<input type="checkbox"/> KYC	CKYC ID											Aadhar No										
Second applicant	<input type="checkbox"/> KYC	CKYC ID											Aadhar No										
Third applicant	<input type="checkbox"/> KYC	CKYC ID											Aadhar 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.

Additional Purchase Request	
Scheme:	
Plan:	Option:
(Rs.)	
<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> Cheque <input type="checkbox"/> DD No. <input type="checkbox"/> Others
Cheque/DD	DD Charges (Rs.)
Cheque/DD Net Amount (Rs.)	
Drawn on (Bank)	
Branch	City
Account Type:	
<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	

Redemption Request	
Scheme:	
Plan:	Option:
(Rs.)	or Units <input type="checkbox"/> All Units <input type="checkbox"/>
Redemption pay out Bank A/C (Applicable for multiple A/Cs)	
Bank A/C No:	Bank Name:
Switch Request (INTER AND INTRA SCHEME) - SUBJECT TO LOCK - IN PERIOD IF ANY	
No. of Units	
All Clear Units <input type="checkbox"/>	
Amount (in Rs) (in Words)	
From Scheme	
Plan	Option
To Scheme	
Plan	Option
Change of Bank Details	
Bank Name	
Branch Name	
City	PIN
Account No.	IFSC Code
Account Type :	
<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> NRE/ NRO <input type="checkbox"/> FCNR	

Unitholding Option	<input type="checkbox"/> Demat Mode	<input type="checkbox"/> Physical Mode
<small>DEMAT ACCOUNTS DETAILS – (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted above.)</small>		
National Securities Depository Limited		
Depository participant Name		
DP ID No.	IN	
Beneficiary Account No.		
Central Depository Securities Limited		
Depository participant Name		
Target ID No.		
Enclosures (Please tick any one box) :		
<input type="checkbox"/> Client Master List (CML)		
<input type="checkbox"/> Transaction cum Holding Statement		
<input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)		

Note: All details to be supported by original cancelled cheque copy.

Are you a citizen / tax resident of any country other than India ? Yes No(default) if Yes, please specify country / ies _____

If you are a citizen / tax resident of the USA, Please fill Individual Self-Certification under FATCA.

All Non Individual Investors have to mandatorily fill Details of FATCA and CRS information.

I/ We have read and understood the contents of Scheme Information Document (s) / KIM and Addendum (s) thereto of the respective scheme (s) and agree to abide by the terms, conditions, rules and regulations of the scheme (s) as applicable from time to time. I/We Also hereby apply to the Trustee of Navi Mutual Fund for allotment of Units of the Scheme(s) of Navi Mutual Fund, as indicated and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). I/We have understood the details of the Scheme(s) and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN Holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered / communicated any indicative portfolio and/or any indicative yield by Navi Mutual fund / Navi AMC Limited / its distributor for this investment. IN CASE OF JOINT-HOLDING, ALL UNIT HOLDERS MUST SIGN AND ALTERATIONS, IF ANY, SHOULD BE COUNTERSIGNED. I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulation made thereunder, for (i) collecting, storing and usage (ii) validating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our 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.

Signature First Holder	Signature Second Holder	Signature Third Holder