

COMMON TRANSACTION SLIP (FOR EXISTING INVESTORS ONLY)



This Form is for use of Existing Investors only. To be filled in CAPITAL LETTERS

Distributor / RIA / PMRN / ARN Code	Sub Broker ARN	Sub Broker/Branch/RM Internal Code	EUIIN (Refer note below)	For Office use only
ARN-64917			E434563	

I/We confirm that the EUIIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Commission shall be paid directly by the investor to the 'AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. In case the subscription amount is Rs 10,000/- or more and your Distributor has opted to receive Transaction Charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

X First / Sole Applicant / Guardian / Authorised Signatory	X 2nd Applicant's Signature	X 3rd Applicant's Signature
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1. APPLICANT'S DETAILS (AS PER FOLIO) Existing Folio No.

*Name of Sole / First Applicant (As per PAN) _____

*Name of Guardian (if minor) / POA / Contact Person (As per PAN) _____

*PAN (1st Applicant/Guardian) _____ *PAN (only of minor) _____

2. PURCHASE (DEFAULT PLAN/OPTION WILL BE APPLIED IN CASE OF NO INFORMATION, AMBIGUITY OR DISCREPANCY)

Scheme Name: _____ Plan: Regular Direct | Option: Growth IDCW Payout

Amount ₹ In Figure _____ Amount ₹ In Words _____

Payment Mode: Cheque DD NEFT Fund transfer One Time Mandate | Date: [D][D][M][M][Y][Y][Y][Y]

Reference/ UTR number _____ Instrument Number: _____ DD charges, if any, ₹ _____

Bank Name: _____ Bank A/C No: _____

Documents Attached to avoid Third Party Payment Rejection, where Applicable Bank certificate, For DD Third party Declaration

DEMAT DETAILS (MANDATORY ONLY IF EXISTING FOLIO IS IN DEMAT MODE)

NSDL	CDSL	Enclose for Demat Option: <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction/Holding Statement <input type="checkbox"/> DIS Copy
DP ID Beneficiary Account No.		

3. REDEMPTION

Full Redemption OR Partial Redemption Amount: ₹ _____ In Figure _____ or Units: _____
Amount _____ In Words _____

Scheme Name: _____ Plan: Regular Direct | Option: Growth IDCW Payout

Bank Name: _____ Bank A/C No: _____

IFSC _____ LEI Code*: _____ *Legal Entity Identifier Number is Mandatory for Redemption Transaction value of INR 50 crore and above for Non-Individual investors.

4. SWITCH

Full Switch OR Partial Switch Amount: ₹ _____ In Figure _____ or Units: _____
Amount _____ In Words _____

From Scheme Name: _____ Plan: Regular Direct | Option: Growth IDCW Payout

To Scheme Name: _____ Plan: Regular Direct | Option: Growth IDCW Payout

5. DECLARATION & SIGNATURES (APPLICANTS MUST SIGN AS PER MODE OF HOLDING)

Direct Plan investors: I/ We have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/ provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser. **Declaration by NRI/PIO:** I / We hereby confirm that NJ Asset Management Private Limited ("NJAMC") / NJ Mutual Fund ("NJMF") has not communicated in any manner for soliciting its schemes / products in my jurisdiction and I/We have based on my / our own discretion applied / invested in the schemes of NJMF. I/We are aware that the NJAMC / NJMF have never filed any of its constitution/ scheme related documents nor registered its Units in any jurisdiction / region except India as stated in the Statement of Additional Information. I/We confirm that my/our application is in compliance with applicable Indian and foreign laws and I am /we are not prohibited from accessing capital markets under any order/ruling/judgment etc. of any jurisdiction / regulation. I/We understand and acknowledge that NJAMC reserves the right to accept or reject any transactions and redeem any investments, at their sole discretion and as they may deem fit without assigning any reason thereto. I/We hereby authorize NJAMC / NJMF, its employees, its agents, its Registrar to disclose, share, remit in any form/manner/mode information with respect to investments made by me/us and/or any part of it including the changes/updates that may be provided by me/us to its agents, third party service providers, SEBI registered intermediaries for the purposes of any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies requirements without any intimation/advice to me/us. I/ We hereby agree to provide any additional information / documentation to NJAMC, its agents, employees, its Registrar etc. that may be required in connection with the investments made by me/us. I/We shall indemnify NJAMC/NJMF/NJ Trustee Private Limited and its Sponsor/Group/ Associates, its Officers/Directors/Employees in respect of any loss, cost, charge, expenses and such other claims which may be incurred in respect of any false, misleading, inaccurate and incomplete information in connection with my/our investments in the Scheme(s). **All Investors:** I hereby authorize the representatives of NJ Asset Management Private Limited and its Associates to contact me through any mode of communication. This will override registry on DND / DND C, as the case may be. I/We confirm that the information provided in this form is true & accurate. I / We hereby authorize the Fund, AMC and its Agents to disclose my / our details including investment details to my / our bank(s) / Fund's bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us, or to disclose to such service providers as deemed necessary for conduct of business. I hereby declare that the AMC / Fund can provide my information to any institution / tax authorities / governmental body for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. I/We have read and understood the content of the SID / SAJ / KIM of the scheme. I have read and understood the terms, conditions, details, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belong to me/us. I/We hereby authorize 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. The ARN holder has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds amongst which the Scheme is being recommended to me/us.

X First / Sole Applicant / Guardian / Authorised Signatory	X 2nd Applicant's Signature	X 3rd Applicant's Signature
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ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE INVESTOR)

COMMON TRANSACTION SLIP

Existing Folio No. _____ Additional Purchase Redemption Switch | Date [D][D][M][M][Y][Y][Y][Y]

Received from _____ Amount ₹. _____ In Figure _____

Scheme Name: _____ Regular Direct | Growth IDCW Payout

From Scheme Name: _____ For Switch Transaction _____ Regular Direct | Growth IDCW Payout

Collection Center's Stamp & Receipt Date and Time

NON-FINANCIAL TRANSACTION FORM



Please fill in the information below legibly in English and in CAPITALS.

ARN-64917 E434563

For Existing Unitholder(s) holding units in physical mode. Please read documentation requirements and Terms and Conditions overleaf.

IMPORTANT: Please strike off the section(s) that is (are) not used by you to prevent any unauthorized use.

Folio No. Name

1. UPDATE CONTACT DETAILS/FAMILY FLAG

Sole / First Applicant

Mobile No.
 Mobile Number pertains to Self Spouse Dependent Parents Dependent children Dependent Siblings
 Email ID
 Email ID pertains to Self Spouse Dependent Parents Dependent children Dependent Siblings

Second Applicant

Mobile No.
 Mobile Number pertains to Self Spouse Dependent Parents Dependent children Dependent Siblings
 Email ID
 Email ID pertains to Self Spouse Dependent Parents Dependent children Dependent Siblings

Third Applicant

Mobile No.
 Mobile Number pertains to Self Spouse Dependent Parents Dependent children Dependent Siblings
 Email ID
 Email ID pertains to Self Spouse Dependent Parents Dependent children Dependent Siblings

If the mobile number or the email id provided herein above does not appear to be that of the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.

2. CHANGE OF BANK DETAILS (Fill-up separate form for Multiple Bank mandate registration)

BANK DETAILS (Please ✓ to Update as Default Bank)

Bank Name:
 Bank A/C No. A/C Type: Savings Current NRE NRO FCNR Others
 City Pin IFSC Code(11 digit) MICR
 LEI Code: Valid up: (Legal Entity Identifier Number is Mandatory for Redemption Transaction value of INR 50 crore and above for Non-Individual investors.)
 Enclosed herewith: Cancelled cheque copy Bank account statement (last three months)

3. CHANGE IN MODE OF HOLDING

Joint Anyone or Survivor

4. CANCELLATION OF SIP/SWP/STP

Type	Scheme Name	Plan	Option	SIP/SWP/STP Date	End Date	Installment Amount
<input type="checkbox"/> SIP		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> SWP		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> STP		<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout	<input type="text"/>	<input type="text"/>	

ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE INVESTOR)

NON-FINANCIAL TRANSACTION FORM

Existing Folio No. Date

Received from Mr./Ms./M/s. _____

- Update Contact Details
- Nomination Details
- Change Of Tax Status
- Registration (POA)
- Change of Bank Details
- Cancellation of SIP/SWP/STP
- FATCA and CRS Details
- Revalidation of IDCW Option/Redemption Cheque
- Change in Mode of Holding
- Consolidation Of Folios
- Update PAN

Collection Center's Stamp & Receipt Date and Time

NON-FINANCIAL TRANSACTION FORM



Please fill in the information below legibly in English and in CAPITALS.

5. CONSOLIDATION OF FOLIOS (All joint holders should sign, even in case of "ANY ONE OR SURVIVOR")

Folios to be consolidated (Mention all source folios i.e. the folios to be consolidated, here)

1.	<input type="text"/>	2.	<input type="text"/>	3.	<input type="text"/>
4.	<input type="text"/>	5.	<input type="text"/>	6.	<input type="text"/>

Target Folio No. for consolidation (Mention the target folio here, wherein all folios needs to be consolidated)

6. CHANGE OF TAX STATUS Select any one & Provide new bank detail in point no. 2 above according to the tax status)

RI to NRI-Non Repatriable NRI-Repatriable to RI NRI-Non Repatriable to RI

7. FATCA AND CRS DETAILS

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Place	Place	Place	Place
Country of Birth	Country of Birth	Country of Birth	Country of Birth
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other _____	<input type="checkbox"/> Indian <input type="checkbox"/> Other _____	<input type="checkbox"/> Indian <input type="checkbox"/> Other _____

Sole/First Applicant/Guardian				Second Applicant				Third Applicant			
Sr.	Country #	Tax Identification Number	Identification Type/Reason	Sr.	Country #	Tax Identification Number	Identification Type/Reason	Sr.	Country #	Tax Identification Number	Identification Type/Reason
1				1				1			
2				2				2			
3				3				3			

Please indicate all Countries, other than India, in which you are a resident for purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Occupation: Private Sector Service Public Sector Service Government Service Business Professional Agriculturist
 Retired Home Maker Student Forex Dealer Others _____ Please specify

The Applicant is a Politically Exposed Person Related to a Politically Exposed Person Neither (Not applicable)

Gross Annual Income (₹) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1crore >1 crore

8. UPDATE PAN Enclosed herewith: Photo copy of PAN card

First Applicant POA Name	PAN	<input type="text"/>	CKYC-KIN	<input type="text"/>	<input type="checkbox"/> KYC Attached
Second Applicant POA Name	PAN	<input type="text"/>	CKYC-KIN	<input type="text"/>	<input type="checkbox"/> KYC Attached
Third Applicant POA Name	PAN	<input type="text"/>	CKYC-KIN	<input type="text"/>	<input type="checkbox"/> KYC Attached

9. REGISTRATION OF POWER OF ATTORNEY (POA) REGISTRATION CHANGE/MODIFICATION CANCELLATION

First Applicant POA Name	PAN	<input type="text"/>	CKYC-KIN	<input type="text"/>	<input type="checkbox"/> KYC Attached
Second Applicant POA Name	PAN	<input type="text"/>	CKYC-KIN	<input type="text"/>	<input type="checkbox"/> KYC Attached
Third Applicant POA Name	PAN	<input type="text"/>	CKYC-KIN	<input type="text"/>	<input type="checkbox"/> KYC Attached

10. REVALIDATION OF INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION (IDCW) / REDEMPTION INSTRUMENT

Instrument No: _____ Instrument Date: Instrument Amount: _____

- I request to reissue the said warrant after necessary revalidation without change in bank Mandate.
 I request you to update the above new bank details and make payment to new bank through NEFT/RTGS.

