

Application Form - NAVI NIFTY MIDCAP 150 INDEX FUND

An open-ended equity scheme replicating / tracking Nifty Midcap 150 Index

This product is suitable for investors who are seeking*

<p>NAVI NIFTY MIDCAP 150 INDEX FUND An open-ended equity scheme replicating / tracking Nifty Midcap 150 Index</p> <ul style="list-style-type: none"> Capital appreciation over the long term. Equity and equity related securities covered by Nifty Midcap 150 Index. Return that corresponds to the performance of Nifty Midcap 150 Index subject to tracking error 	<p>Investors understand that their principal will be at Very High Risk</p>
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Application No. _____
 NFO Dates: NFO Opens 21 FEB 2022, NFO Closes 02 MAR 2022
 Scheme re-opens on / or before: **Within 5 business days from date of allotment**

*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

Investors must read the Key Information Memorandum, Instructions and Product Labelling before completing this Form. Tick (✓) whichever is applicable, strike out whichever is not required.

1	DISTRIBUTOR / ARN CODE / RIA	SUB BROKER ARN CODE	EUIN*	SUB-BROKER CODE / AGENT CODE	RM CODE	DATE & TIME OF RECEIPT
						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 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/PGA 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. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)

In case the purchase/subscription 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/ subscription 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 if demat mode is opted ab

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) and their Registrar and TransferAgent (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 # _____ 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) and their Registrar and TransferAgent (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/FILPO 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 _____

Acknowledgment Slip (To be filled in by the investor)	Application No. _____
Received from Mr./Ms./M/s. An application for Scheme: NAVI NIFTY MIDCAP 150 INDEX FUND 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

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 <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify)		Tax Residence Address (for KYC Address) <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Others <input type="checkbox"/> Business		
Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Resident 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 A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Applicant 3				* Reason A <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 here in above 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 under take 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"/>) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	Account Number :		
Branch Address :	City :	PIN:	
IFSC Code :	MICR Code:		
AMC reserves the right 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 NIFTY MIDCAP 150 INDEX FUND	Plan	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct
Option <input type="checkbox"/> Growth			

In case of any ambiguity I 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,

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			
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 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 Applicants
					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)

- Resolution/Authorisation to Invest List of Authorized Signatories with Specimen Signatures Memorandum & Articles of Association
 Trust Deed Bye-laws Partnership Deed Overseas Auditor Certificate Notarised POA Copy of cancelled cheque
 Copy of PAN Card KYC PIO Card Foreign Inward Remittance Certificate 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 (a). Nye 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 SE131.AMF1, 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/Opton under the Scheme (s). Me 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 AMC Limited (Formerly: Easel Finance AMC Limited) has full right to refund the excess to me/us to bring my/our investment below 25%. Nye have not received nor be en induced by any rebate or gifts, directly or indirectly in making this Investments. Me 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/Me hereby, further agree that the Fund can directly credit all the 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/FCN/FUNRSR Account. I/Me hereby provide my/our consent in accordance with Aadhaar Act. 2016 and regulations made thereunder, for (I) collecting, storing and usage (h) 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) inducing 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/PGA Holder

3rd Applicant/Authorised Signatory/POA Holder

All fields marked with *are mandatory

18 DOCUMENTS ENCLOSED (Please)

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

19 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		✓	✓	✓		✓		✓
List of Authorised Signatories with Specimen Signatures		✓	✓	✓	✓	✓		✓
Memorandum & Articles of Associations		✓						
Trust Deed						✓		
Bye-laws								
Partnership Deed								
Notarised POA					✓			
PAN/PERN Proof	✓	✓	✓	✓	✓	✓	✓	✓
KYC in case of Investment of any Amount	✓	✓	✓	✓	✓	✓	✓	✓
Foreign Inward Remittance Certificate							✓	✓
Copy of Cancelled Cheque	✓	✓	✓	✓	✓	✓	✓	✓
FATCA & CRS Declaration		✓	✓	✓	✓	✓		✓