

ARN/RIA Code/Stock Broker/ Portfolio Manager Registration Number (PMRN)	ARN/RIA/Portfolio Manager's/ Stock Broker's Name.	Sub Agent's ARN	Internal Code for Sub-Agent/ Employee / RM	Employee Unique Identification Number (EUN) (refer note below)	For Office use only

KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.) (Refer Instruction 2)

I/We hereby confirm that the EUN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.

x

First/Sole Applicant/Guardian Signature Mandatory

x

2nd Applicant's Signature

x

3rd Applicant's Signature

☐ I am a First Time Investor in Mutual Fund Industry. ☐ I am an Existing Investor in Mutual Fund Industry.

1. APPLICANT'S DETAILS (ALL THE FIELDS ARE MANDATORY FOR ALL THE HOLDER(S) INCLUDING GUARDIAN AND DETAILS MUST BE ENTERED AS PER THE PAN.)

Name of Sole / First Applicant (In case of Minor, there shall be no joint holders)

First Name

Middle Name

Last Name

Date of Birth / Incorporation

D

D

M

M

Y

Y

Y

Y

☐ Proof of DOB/ Incorporation

Name of Guardian (in case of Sole / First Applicant is a Minor) / Contact Person – Designation (in case of non-individual Investors)

D

D

M

M

Y

Y

Y

Y

Date of Birth (Guardian/POA)

D

D

M

M

Y

Y

Y

Y

PAN (only of minor)

PAN (1st Applicant/Guardian)

CKYC -KIN

☐ KYC Attached

Guardian Relationship with Minor

☐ Father | ☐ Mother | ☐ Court appointed Legal Guardian

Proof of Guardian Relationship with Minor

☐ Birth Certificate ☐ Passport ☐ School Certificate ☐ Other

2nd Applicant Details

First Name

Middle Name

Last Name

Date of Birth

D

D

M

M

Y

Y

Y

Y

☐ KYC Attached

PAN

CKYC -KIN

3rd Applicant Details

First Name

Middle Name

Last Name

Date of Birth

D

D

M

M

Y

Y

Y

Y

☐ KYC Attached

PAN

CKYC -KIN

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

☐ One time Lumpsum Investment

Scheme Name: NJ

Plan: ☐ Regular ☐ Direct | Option: ☐ Growth ☐ IDCW Payout

Amount (₹)

in Figures

Amount(₹)

in Words

☐ SIP: Systematic Investment Plan. Mandatory Attach OTM form

Scheme Name: NJ

Plan: ☐ Regular ☐ Direct | Option: ☐ Growth ☐ IDCW Payout

Amount (₹)

in Figures

Amount(₹)

in Words

Frequency:

3

 Monthly

SIP Date:

D

D

SIP Period: From Date

D

D

M

M

Y

Y

Y

Y

To Date

D

D

M

M

Y

Y

Y

Y

(Mention any date from 1 to 28, If SIP date is not mentioned, default date would be considered as 7th of every month. From date & to date is mandatory. Minimum Rs. 100/- & in multiples of Re. 1 only for all scheme except ELSS. For ELSS minimum of Rs 500/- & in multiples of Rs. 500/- only. Maximum period of validity of the mandate is 40 years only

☐ SIP TOP-UP FACILITY

Top-up Amount (₹)

(Please refer to the SIP topup Instruction)

Frequency: ☐ Half Yearly ☐ Yearly (Default)

Top-up Start Month based on Frequency Opted

Top-up End Month (Optional)

M

M

Y

Y

Y

Y

OR Top Up to continue till SIP amount reaches ₹

Mention LUMPSUM and/OR First SIP Details below (Instrument name should be in favour of scheme name.)

Payment Mode : ☐ Cheque | ☐ DD | ☐ NEFT | ☐ RTGS

Reference/ UTR Number:

Instrument Number:

DD charges, if any. ₹

Bank Name:

Bank A/C No:

Bank A/C Type: ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others:

Date:

D

D

M

M

Y

Y

Y

Y

Documents Attached to avoid Third Party Payment Rejection, where Applicable

☐ Bank certificate, For DD ☐ Third party Declaration

MUTUAL FUND

BUILT ON RULES

ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE INVESTOR)

COMMON APPLICATION FORM

Please note: All purchases are subject to realization of funds and as per applicable load structure (please refer Scheme Information Document). From Mr / Ms / M/s

Scheme Name

Instrument No.

Amount

NJ

Collection Center's Stamp & Receipt Date and Time

3. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted atleast 15 Business days before 1st due date.)		
Scheme Name: NJ	Plan: ☐ Regular ☐ Direct Option: ☐ Growth ☐ IDCW Payout	Withdrawal Frequency 3 Monthly
SWP Amount: _____ (Minimum ₹500/- and in multiple of ₹1/- thereafter)		
SWP Date: DD	SWP Period: From Date DDMMYYYY To Date DDMMYYYY	OR Perpetual ☐ 31/12/2099
Mention any date from 1, 5, 12 and 20 of every month. If SWP date is not mentioned, default date would be considered as 5th of every month.		

4. SYSTEMATIC TRANSFER PLAN (STP) (To be submitted atleast 15 Business days before 1st due date.)		
From Scheme: NJ	Plan: ☐ Regular ☐ Direct Option: ☐ Growth ☐ IDCW Payout	
To Scheme: NJ	Plan: ☐ Regular ☐ Direct Option: ☐ Growth ☐ IDCW Payout	
STP Amount : _____ in Figures (Minimum Rs. 500/- and in multiple of Rs. 1/-thereafter) Frequency 3 Monthly		
STP Date: DD	STP Period: From Date DDMMYYYY To Date DDMMYYYY	OR Perpetual ☐ 31/12/2099
Mention any date from 1st to 28th of every month. If STP date is not mentioned, default date would be considered as 7th of every month.		

5. MODE OF HOLDING (In case of Demat Purchase: Mode of Holding should be same as in Demat Account)		
☐ Single ☐ Joint ☐ Anyone or Survivor (Default)		

6. BANK ACCOUNT DETAILS (MANDATORY FOR REDEMPTION/IDCW/REFUND)		
Bank Name: _____		
Bank A/C No. _____	A/C Type: ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others	
City _____	Pin _____	IFSC Code _____ MICR _____
LEI Code: _____	Valid up: DDMMYYYY	(Legal Entity Identifier Number is Mandatory for Redemption Transaction value of INR 50 crore and above for Non-Individual investors. refer Instruction No. 12)
Please ensure the name in this Common Application Form & in your bank account are the same. Please update your IFSC code & MICR Code in order to get payouts via electronic mode directly to your bank account		

7. CONTACT DETAILS OF SOLE/FIRST APPLICANT (MANDATORY)		
Correspondence Address" (P.O. Box is not sufficient) Please note that your address details will be updated as per your KYC records available with CKYC/KRA		Overseas Address (Mandatory for NRI / FPI Applicants)
City/Town _____ State _____		City/Town _____ Province _____
Country _____ Pin Code _____		Country _____ Zip code _____
Tel (Res.) _____ Tel (Off.) _____		Mobile _____
Email ID _____		
Mobile Number provided pertains to* ☐ Self ☐ Family Member Email ID provided pertains to* ☐ Self ☐ Family Member (Note: If Mobile number/Email pertains to Family Member please select any one) ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Dependent Siblings ☐ Guardian (for Minor Investment) ☐ POA ☐ Custodian (for FPIs only) ☐ PMS 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. Go-green initiative : Investors providing their Email ID would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the schemewise annual report or abridged summary and other statutory reports on email. Please register your Mobile No. & Email Id with us to get instant transaction alerts via SMS & Email. ☐ I wish to receive the scheme-wise Annual Report, Abridged Annual Report, or Consolidated Account Statement in physical mode.		

8. UNIT HOLDING OPTION		
☐ In Account Statement Mode (Default):	☐ In Demat Mode: NSDL IN _____ Depository Participant(DP) ID(NSDL only) _____ Beneficiary Account Number(NSDL only) _____ CDSL _____ Note: If Demat Details mentioned, units will be allotted in Demat Mode	Enclose for Demat Option: ☐ Client Master List ☐ Transaction/Holding Statement ☐ DIS Copy

CHECKLIST		
☐ Name/s mentioned are as per PAN only	☐ FATCA/CRS details provided for each applicant	☐ Nomination facility opted
☐ Address, Email ID/Mobile No. are correct and mentioned in full.	☐ Full scheme name, plan, option is mentioned	☐ Form is signed by all applicants
☐ KYC information provided for each applicant	☐ Pay-In bank details and supportings are attached	☐ If units are applied by more than one applicant, Mode of Operation of account is indicated.
☐ Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.		
Non Individual investors should attach ☐ FATCA / CRS Declaration Form ☐ UBO Declaration Form		

9. KYC Details (Mandatory) :

(a). Status of Applicant (Please tick 3)

[illegible]

Are you an "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013)?"

☐ Yes ☐ No

If yes, please quote Registration No. of Darpan portal of Niti Aayog : _____

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. I/we am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

(b). Occupation Details (Please tick 3)

[illegible]

(c). Gross Annual Income (Please tick 3)

Status	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	> 25 Lacs-1 Crore	> 1 Crore	Network As on
1st Applicant	☐	☐	☐	☐	☐	☐	₹ DDMMYYYY
2nd Applicant	☐	☐	☐	☐	☐	☐	₹ DDMMYYYY
3rd Applicant	☐	☐	☐	☐	☐	☐	₹ DDMMYYYY
Guardian	☐	☐	☐	☐	☐	☐	₹ DDMMYYYY

PEP & UBO Details (Please tick 3 if applicable)

Status	I am politically exposed person	Is the company listed company or subsidiary of listed company or controlled by listed company (if no, please attach mandatory UBO declaration)	Foreign Exchange/Money Changer Services	Farming/Gambling/Lottery/Casino services	Money Lending / Pawning
1st Applicant	☐	☐	☐	☐	☐
2nd Applicant	☐	☐	☐	☐	☐
3rd Applicant	☐	☐	☐	☐	☐
Guardian	☐	☐	☐	☐	☐

10. 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	☐ Indian	☐ USA	☐ Other	☐ Indian	☐ USA	☐ Other	☐ Indian	☐ USA	☐ Other

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.

* If TIN is not available or mentioned, please mention as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclose.

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			

I undertake and certify that information provided above is correct and should be considered for FATCA / CRS regulatory submission. The above details shall supersede all other information provided in KYC form and any other submitted documents with the NJ Asset Management.

11. POWER OF ATTORNEY (POA) HOLDER DETAILS	PAN NO.
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First Applicant POA Name	
Second Applicant POA Name	
Third Applicant POA Name	

12. NOMINATION DETAILS

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Mandatory Details							Additional Details	
Sr. no.	Name of Nominee	Share of Nominee(%)	Relationship	Postal Address	Mobile Number % E-mail	Identity Number	Date of Birth of Nominee	Guardian
Nominee 1								
Nominee 2								
Nominee 3								
Nominee 4								
Nominee 5								
Nominee 6								
Nominee 7								
Nominee 8								
Nominee 9								
Nominee 10								

Joint Accounts

Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners.
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspect').

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

1) I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the AMC / DP as follows; (please tick, as appropriate)

☐ Name of nominee(s) ☐ Nomination: Yes / No

2) I hereby authorize _____ (nominee number __) to operate my account on my behalf, in case of my incapacitation in terms of paragraph 3.5 of the circular. He / She is authorized to encash my assets up to ____% of assets in the account / folio or Rs. _____. (Optional) (strike off portions that are not relevant)

3) This nomination shall supersede any prior nomination made by me / us, if any.

4) Signature(s) As per the mode of holding in demat account(s) / MF folio(s)

Name(s) of holder(s)	Signature(s) of holder / thumb impression	Signature of two witnesses*	Name of Witness & Address (wherever applicable)*
Sole / First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

13. 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 NJAMC / NJMF have neither 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, it's 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 / DNDC , as the case may be. I/We confirm that the information provided in this form is true & accurate. I / We hereby authorise 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 / SAI / 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.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage including demographic information, validating/authenticating and updating my/ our Aadhaar number(s) (if provided as proof of address or proof of identity of investors, provided the investor redact or blackout his Aadhar number while submitting the applications for investments) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA with asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

I/we authorize NJAMC/NJMF and/or its RTA to retrieve my/our KYC (including CKYC) records along with documents from the KYC Registration Agencies ("KRA")

☒ Sole / First Applicant / Guardian / Authorised Signatory	☒ Second Applicant / Authorised Signatory	☒ Third Applicant / Authorised Signatory	☒ POA holder, if any
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Date:

Place:

Email: customercare@njmutualfund.com	Website: www.njmutualfund.com	Contact Center: 18605002888 / 040-49763510
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