

SIP/SWP/STP REGISTRATION FORM (FOR EXISTING INVESTORS ONLY)



PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM.

All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.

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|---|---|-----------------|--|--|---------------------|
| 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 |
| ARN-181211 | | | | E528682 | |

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

I/We confirm that the EUN 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.

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| X First / Sole Applicant / Guardian / Authorised Signatory | X Second Applicant's Signature | X Third Applicant's Signature |
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☐ I am a First Time Investor in Mutual Fund Industry. ☐ I am an Existing Investor in Mutual Fund Industry.

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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) |

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| 2. SYSTEMATIC INVESTMENT PLAN (SIP) + Mandatory Attach OTM form | |
| Scheme Name: | Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout |
| Amount (₹) in Figures | Amount (₹) in Words Frequency: <input checked="" type="checkbox"/> Monthly |
| SIP Date: DD | SIP Period: From Date DDMMYYYY To Date DDMMYYYY |
| (Mention any date from 1st to 28th, 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**

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| Top-up Amount (₹) | (Please refer to the SIP topup Instruction) | Frequency: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default) |
| Top-up Start Month based on Frequency Opted | Top-up End Month (Optional) MMYYYY | OR Top Up to continue till SIP amount reaches ₹ |
| Mention LUMP SUM and/OR First SIP Details below (Instrument name should be in favour of scheme name.) | | |
| Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS | | |
| Reference/ UTR Number: | Instrument Number: | DD charges, if any. ₹ |
| Bank Name: | Bank A/C No: | |
| Bank A/C Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others: | Date: DDMMYYYY | |
| Documents Attached to avoid Third Party Payment Rejection, where Applicable <input type="checkbox"/> Bank certificate, For DD <input type="checkbox"/> Third party Declaration | | |

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| 3. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted atleast 15 Business days before 1st due date.) | |
| Scheme Name: | Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout Withdrawal Frequency <input checked="" type="checkbox"/> Monthly |
| SWP Amount: | (Minimum ₹500/- and in multiple of ₹1/- thereafter) |
| SWP Date: DD | SWP Period: From Date DDMMYYYY To Date DDMMYYYY OR Perpetual <input type="checkbox"/> 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. | |

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| 4. SYSTEMATIC TRANSFER PLAN (STP) (To be submitted atleast 15 Business days before 1st due date.) | |
| From Scheme: | Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout |
| To Scheme: | Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout |
| STP Amount: | in Figures (Minimum Rs. 500/- and in multiple of Rs. 1/-thereafter) Frequency <input checked="" type="checkbox"/> Monthly |
| STP Date: DD | STP Period: From Date DDMMYYYY To Date DDMMYYYY OR Perpetual <input type="checkbox"/> 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. | |

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| | ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE INVESTOR) | SIP/SWP/STP REGISTRATION FORM |
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| Existing Folio No. | |
| <input type="checkbox"/> Systematic Investment Plan (SIP) <input type="checkbox"/> Systematic Withdrawal Plan (SWP) <input type="checkbox"/> Systematic Transfer Plan (STP) | |
| Received from Mr./Ms./M/s. | Date DDMMYYYY |
| PAN | |
| Scheme Name: | |
| Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout | |
| Amount Rs. | Monthly Frequency |
| Collection Center's Stamp & Receipt Date and Time | |

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 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 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 / 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.

X

First / Sole Applicant / Guardian / Authorised Signatory

X

Second Applicant's Signature

X

Third Applicant's Signature