

COMMON APPLICATION FORM (FOR CREATING NEW FOLIO)

INVESTORS MUST READ THE KEY INFORMATION MEMORANDUM, THE INSTRUCTIONS AND PRODUCT LABELING BEFORE COMPLETING THIS FORM. ALL SECTIONS TO BE COMPLETED IN ENGLISH IN BLACK / BLUE COLOURED INK AND IN BLOCK LETTERS.



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 (EUIIN) (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 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 Signature Mandatory	x 2nd Applicant's Signature	x 3rd 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.

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)			Date of Birth / Incorporation	<input type="checkbox"/> Proof of DOB/ Incorporation
<div>First NameMiddle NameLast Name</div>			<div>DDMMYYYY</div>	
Name of Guardian (in case of Sole / First Applicant is a Minor) / Contact Person – Designation (in case of non-individual Investors)				
<div></div>				
PAN (only of minor)			<div>DDMMYYYY</div>	Date of Birth (Guardian/POA)
PAN (1st Applicant/Guardian)			<div>DDMMYYYY</div>	
KYC -KIN			<div></div>	<input type="checkbox"/> KYC Attached

Guardian Relationship with Minor	Proof of Guardian Relationship with Minor
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Legal Guardian	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Certificate <input type="checkbox"/> Other

2nd Applicant Details		
<div>First NameMiddle NameLast Name</div>		
Date of Birth <div>DDMMYYYY</div>		
PAN	KYC -KIN	<input type="checkbox"/> KYC Attached

3rd Applicant Details		
<div>First NameMiddle NameLast Name</div>		
Date of Birth <div>DDMMYYYY</div>		
PAN	KYC -KIN	<input type="checkbox"/> KYC Attached

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: <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout
Amount (₹) in Figures	Amount(₹) in Words

☐ SIP: Systematic Investment Plan. Mandatory Attach OTM form

Scheme Name: NJ	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: <div>DD</div>	SIP Period: From Date <div>DDMMYYYY</div> To Date <div>DDMMYYYY</div>	

(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 Rs. 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: <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)
Top-up Start Month based on Frequency Opted	Top-up End Month (Optional) <div>MMYYYY</div> 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 : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS		
Reference/ UTR Number: <div></div>	Instrument Number: <div></div>	DD charges, if any. ₹
Bank Name:	Bank A/C No: <div></div>	
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: <div>DDMMYYYY</div>	
Documents Attached to avoid Third Party Payment Rejection, where Applicable <input type="checkbox"/> Bank certificate, For DD <input type="checkbox"/> Third party Declaration		

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			Collection Center's Stamp & Receipt Date and Time
Scheme Name	Instrument No.	Amount	
NJ			

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 ☒ Monthly

SWP Amount: (Minimum ₹500/- and in multiple of ₹1/- thereafter)

SWP Date:

SWP Period: From Date

To Date

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 ☒ 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 to:

(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

[illegible]

8. UNIT HOLDING OPTION									
<input type="checkbox"/> In Account Statement Mode (Default):	<input type="checkbox"/> In Demat Mode: NSDL <div style="display: inline-block; border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> Depository Participant(DP) ID(NSDL only) <div style="display: inline-block; border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> Beneficiary Account Number(NSDL only) <div style="display: inline-block; margin-top: 5px;"> CDSL <div style="display: inline-block; border: 1px solid black; width: 150px; height: 20px; margin: 2px;"></div> </div>	Enclose for Demat Option: <div style="margin-top: 5px;"> <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction/Holding Statement <input type="checkbox"/> DIS Copy </div>							
Note: If Demat Details mentioned, units will be allotted in Demat Mode									

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

9. KYC Details (Mandatory) :

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

[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 ✓)

[illegible]

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

Status	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	> 25 Lacs-1 Crore	> 1 Crore	Network As on
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text" value="D D M M Y Y Y Y Y Y"/>
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text" value="D D M M Y Y Y Y Y Y"/>
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text" value="D D M M Y Y Y Y Y Y"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text" value="D D M M Y Y Y Y Y Y"/>

PEP & UBO Details (Please tick ✓ if applicable)									
<p>1. Are you a Politically Exposed Person (PEP)?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>									
<p>2. Are you a Ultimate Beneficial Owner (UBO) of the company?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>									
<p>3. Do you have any family members who are PEPs or UBOs?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>									
<p>4. Do you have any business relationships with PEPs or UBOs?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>									
<p>5. Do you have any other interests that could conflict with your duties?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>									

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/> Indian	<input type="checkbox"/> USA	<input type="checkbox"/> Other	<input type="checkbox"/> Indian	<input type="checkbox"/> USA	<input type="checkbox"/> Other	<input type="checkbox"/> Indian	<input type="checkbox"/> USA	<input type="checkbox"/> 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			

11. POWER OF ATTORNEY (POA) HOLDER DETAILS	PAN NO.
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11. POWER OF ATTORNEY (POA) HOLDER DETAILS	PAN NO.
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First Applicant POA Name	<input type="text"/>
Second Applicant POA Name	<input type="text"/>
Third Applicant POA Name	<input type="text"/>

12. NOMINATION DETAILS ■ REGISTRATION ■ CHANGE/MODIFICATION

☐ A. WISH TO MAKE A NOMINATION (NOTE: NOT REQUIRED IF THE APPLICANT IS MINOR)

Nomination can be made upto three nominees in the account		Details of 1 st Nominee	Details of 2 nd Nominee	Details of 3 rd Nominee
1	Name of the nominee(s) (Mr./Ms.)*			
2	Share of each Nominee	Equally <small>[If not equally, please specify percentage]</small>	%	%
Any odd lot after division shall be transferred to the first nominee mentioned in the form.				
3	Relationship With the Applicant (If Any)			

*Date of Birth and Name of Guardian to be provided in case of minor nominee(s)

☐ B. WISH TO OPT OUT OF NOMINATION (NOTE: NOT REQUIRED IF THE APPLICANT IS MINOR)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents for claiming of assets held in my / our mutual fund folio/ demat account which may also include documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

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, 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 / 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")

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

Place:

Email: customercare@njmutualfund.com

Website: www.njmutualfund.com

Contact Center: 18605002888 / 040-49763510

DETAILS OF THE WITNESS

Name of Witness	
Address of Witness	
Signature of Witness	

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