

3. MODE OF HOLDING (In case of Demat Purchase: Mode of Holding should be same as in Demat Account)
 Single Joint Anyone or Survivor (Default)
4. BANK ACCOUNT DETAILS (MANDATORY FOR REDEMPTION/IDCW/REFUND)Mention the name as per bank account if different from PAN: Bank Name: Bank A/C No. A/C Type: Savings Current NRE NRO FCNR OthersCity 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. 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

5. CONTACT DETAILS OF SOLE/FIRST APPLICANT (REFER INSTRUCTIONS)

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 Email ID provided pertains to Self Family Member (Note: If Email pertains to Family Member please select any one) Spouse Dependent Parents Dependent Children

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 scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not registered their email id)**6. NOMINATION DETAILS** (NOTE: NOT REQUIRED IF THE APPLICANT IS MINOR) I/We wish to nominate. I/We DO NOT wish to nominate

Sr. no.	Nominee Name/s	PAN (Optional)	Relationship with applicant	If Nominee is minor*			Date of Birth of Minor*	Allocation (%)
				Guardian Name	Guardian PAN	Guardian Signature		
1.							DD/MM/YYYY	
2.							DD/MM/YYYY	
3.							DD/MM/YYYY	

Address:

Total 100%

*Please attach proof of date of birth of minor like Birth Certificate, School Leaving Certificate, Passport etc.

7. UNIT HOLDING OPTION In Account Statement Mode (Default): In Demat Mode: NSDL

I

N

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**CHECK POINTS FOR APPLICATION** Name/s mentioned are as per PAN only Address, Email ID/Mobile No. are correctly mentioned. KYC information provided for each applicant Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used. FATCA/CRS details provided for each applicant Full scheme name, plan, option is mentioned Pay-In bank details and supportings are attached Nomination facility opted Form is signed by all applicants

Non Individual investors should attach

 FATCA / CRS Declaration Form UBO Declaration Form

8. KYC DETAILS (MANDATORY) :

(a). Status of Sole / 1st Applicant (Please tick ✓)

Status	Resident Individual	Non Resident	Company	HUF	Minor (Through Guardian)	Society	FII/FPI	PIO	Partnership Firm	Proprietor	NPO	Trust	Other (Please Specify)
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Are you a Non-Profit Organization (NPO) or Company incorporated u/s 25 (Companies Act 1956) or u/s 8 of Companies, Act, 2013: Yes No

(b). Occupation Details (Please tick ✓)

Status	Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired	Housewife	Student	Forex Dealer	Other (Please Specify)
1st Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(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 Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3rd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PEP & UBO Details (Please tick ✓ 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 Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Holder	<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"/>

9. FATCA AND CRS DETAILS :

	Sole/First Applicant/Guardian	2 nd Applicant	3 rd 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 its 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				2 nd Applicant				3 rd 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			

10. POWER OF ATTORNEY (POA) HOLDER DETAILS

	PAN NO.
First Applicant POA Name	<input type="text"/>
Second Applicant POA Name	<input type="text"/>
Third Applicant POA Name	<input type="text"/>

11. 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
Sole / First Applicant / Guardian

X
Second Applicant

X
Third Applicant

X
POA holder, if any

Date:

Place:

