

COMMON APPLICATION FORM (FOR CREATING NEW FOLIO)

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.



| Distributor / RIA / PMRN / ARN Code | Sub Broker ARN | Sub Broker/Branch/RM Internal Code | EUIN (Refer note below) | For Office use only |
|-------------------------------------|----------------|------------------------------------|-------------------------|---------------------|
| JAVAHAR.K.P. ARN 10021 | | | E035876 | |

I/We confirm that the EUIN 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 |
|--|--------------------------------|--------------------------------|

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

1. APPLICANT'S DETAILS

| | | | |
|--|--|------------------------------------|--|
| Name of Sole / First Applicant (As per PAN) (Refer Instructions) First Name: _____ Middle Name: _____ Last Name: _____ | | | Date of Birth (As per PAN for First Holder & in case of Minor) DD MM YY YY |
| Name of Guardian (if minor) / POA / Contact Person (As per PAN) (Refer Instructions) _____ | | | Date of Birth (Guardian) DD MM YY YY |
| PAN (only of minor) _____ | | PAN (1st Applicant/Guardian) _____ | |
| | | CKYC -KIN _____ | <input type="checkbox"/> KYC Attached |

| | |
|---|---|
| Guardian Relationship with Minor <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed | Proof of Guardian Relationship with Minor <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Certificate <input type="checkbox"/> Other _____ |
|---|---|

| | | | |
|---|--|---------------------------------------|----------------------------------|
| 2nd Applicant Details (As per PAN) (Refer Instructions) First Name: _____ Middle Name: _____ Last Name: _____ | | | Date of Birth DD MM YY YY |
| PAN _____ | | CKYC -KIN _____ | |
| | | <input type="checkbox"/> KYC Attached | |

| | | | |
|---|--|---------------------------------------|----------------------------------|
| 3rd Applicant Details (As per PAN) (Refer Instructions) First Name: _____ Middle Name: _____ Last Name: _____ | | | Date of Birth DD MM YY YY |
| PAN _____ | | CKYC -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: _____ | 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: _____ | 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 DD MM YY YY | To Date DD MM YY YY |

(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. However, the maximum duration for enrollment is 30 years.)

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) MM YY YY YY 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: DD MM YY YY |
| 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 _____

| Scheme Name | Instrument No. | Amount |
|-------------|----------------|--------|
| | | |

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: _____ | 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: <input type="text" value="D"/> <input type="text" value="D"/> | SWP Period: From Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | To Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | 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. | | | |

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: <input type="text" value="D"/> <input type="text" value="D"/> | STP Period: From Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | To Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |
| 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. | | |

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: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others |
| City _____ | Pin _____ | IFSC Code _____ MICR _____ |
| LEI Code: _____ | Valid up: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | (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

| | |
|---|---|
| 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* <input type="checkbox"/> Self <input type="checkbox"/> Family Member Email ID provided pertains to* <input type="checkbox"/> Self <input type="checkbox"/> Family Member (Note: If Mobile number/Email pertains to Family Member please select any one) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian (for Minor Investment) | |
| 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. | |
| <input type="checkbox"/> 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) | |

8. UNIT HOLDING OPTION

| | | |
|--|---|---|
| <input type="checkbox"/> In Account Statement Mode (Default): | <input type="checkbox"/> In Demat Mode: NSDL <input type="text" value="I"/> <input type="text" value="N"/> Depository Participant(DP) ID(NSDL only) | Enclose for Demat Option: <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction/Holding Statement <input type="checkbox"/> DIS Copy |
| | <input type="text" value=""/> <input type="text" value=""/> Beneficiary Account Number(NSDL only) | |
| | CDSL <input type="text" value=""/> <input type="text" value=""/> | |
| Note: If Demat Details mentioned, units will be allotted in Demat Mode | | |

CHECK POINTS FOR APPLICATION

| | | |
|--|---|---|
| <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 correctly mentioned. | <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"/> 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 ✓)

| Status | Resident Individual | Non Resident | Company | HUF | Minor (Through Guardian) | Society | FII/FPI | PIO | Partnership Firm | Proprietor | Trust | Other (Please Specify) |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| 1st Applicant | <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 Applicant | <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 Applicant | <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"/> | |

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 ✓)

| Status | Private Sector Service | Public Sector Service | Government Service | Business | Professional | Agriculturist | Retired | Housewife | Student | Forex Dealer | Other (Please Specify) |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| 1st Applicant | <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 Applicant | <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 Applicant | <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 | Networth As on | | | | | |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--|--|--|--|--|
| 1st Applicant | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | ₹ | | | | | |
| 3rd Applicant | <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"/> | ₹ | | | | | |

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 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.

| | |
|---------------------------|----------------------|
| First Applicant POA Name | <input type="text"/> |
| Second Applicant POA Name | <input type="text"/> |
| Third Applicant POA Name | <input type="text"/> |

12. NOMINATION DETAILS

A. WISH TO NOMINATE (NOTE: NOT REQUIRED IF THE APPLICANT IS MINOR)

| Sr. no. | Nominee Name/s ^s | PAN (Optional) | Relationship with applicant ^s | If Nominee is minor* | | | Date of Birth ^s of Minor* | Allocation (%) |
|---------|-----------------------------|----------------|--|----------------------------|--------------|---------------------------------|--------------------------------------|----------------|
| | | | | Guardian Name ^s | Guardian PAN | Guardian Signature ^s | | |
| 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. \$mandatory fields

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 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 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, 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")

| | | | |
|--|--|---|-------------------------|
| x Sole / First Applicant / Guardian / Authorised Signatory | x Second Applicant / Authorised Signatory | x Third Applicant / Authorised Signatory | x POA holder, if any |
|--|--|---|-------------------------|

Date:

Place:

Email: customer@njmutualfund.com

Website: www.njmutualfund.com

Contact Center: 18605002888 / 040-49763510

ONE TIME DEBIT MANDATE (NACH/Direct Debit Mandate Form) (Application for Lumpsum Addition Purchases as well as SIP Registration)

| | | | | | | | | | | | | | |
|--|--|---|--|---------------------------|--|--|--|------------------------------|--|---------------------------|--|--|--|
| NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM | | UMRN <input type="text"/> | | | | | | | | Date <input type="text"/> | | | |
| Tick (✓) <input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL | | Sponsor Bank Code <input type="text" value="HDFC0000070"/> | | | | Utility Code <input type="text" value="NACH0000000023008"/> | | | | | | | |
| I/We hereby authorize | | <input type="text" value="NJ Mutual Fund"/> | | | | to debit (tick ✓) <input type="text" value="SB/CA/CC/SB-NRE/SB-NRO/Other"/> | | | | | | | |
| Bank a/c number | | <input type="text"/> | | | | | | | | <input type="text"/> | | | |
| with Bank | | <input type="text"/> | | | | IFSC <input type="text"/> | | or MICR <input type="text"/> | | | | | |
| an amount of Rupees | | In Words <input type="text"/> | | | | In Figures <input type="text"/> | | | | | | | |
| FREQUENCY | | <input type="checkbox"/> Mthly <input type="checkbox"/> Qtrly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented | | DEBIT TYPE | | <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount | | | | | | | |
| Reference 1 (Folio no. / Application no.) | | <input type="text"/> | | | | Phone No. <input type="text"/> | | | | | | | |
| Reference 2 (PAN no.) | | <input type="text"/> | | | | Email ID <input type="text"/> | | | | | | | |
| I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. | | | | | | | | | | | | | |
| PERIOD | | From <input type="text"/> | | Signature of First Holder | | Signature of Second Holder | | Signature of Third Holder | | | | | |
| To <input type="text"/> | | | | 1. <input type="text"/> | | 2. <input type="text"/> | | 3. <input type="text"/> | | | | | |
| (End date is Mandatory and should be upto 30 years) | | | | | | | | | | | | | |

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.
- I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

SPECIFIC TERMS & CONDITIONS FOR SIP AND BANK MANDATE

- The SIP (Systematic Investment Plan) and Bank mandate form should be completed in English and in Block letters only. Please tick (✓) in the appropriate box (✓), where boxes have been provided. The SIP and Bank mandate form, complete in all respects, should be submitted to any of the Official Points of Acceptance of Transactions.
 - New Investors who wish to enroll for SIP are required to fill the Application form and one time Bank mandate form. New investors are advised to read the Statement of Additional Information (SAI), Scheme Information Document (SID) and Key Information Memorandum (KIM) carefully before investing.
 - This mandate registration form will be submitted through National Automated Clearing House (NACH).
 - This facility is offered to investors having Bank accounts in select banks mentioned in the link <http://www.npci.org.in/>. The Banks in the list may be modified/updated/changed/removed at any time in future entirely at the discretion of National Payments Corporation of India (NPCI) without assigning any reasons or prior notice. Standing instructions for investors in such Banks will be discontinued. The investor consents to agree to abide by the terms and conditions of NACH facility of NPCI. By signing this Systematic Investment Plan Application form, the Applicant(s) hereby authorises NJ Asset Management Private Limited (NJAMC), investment manager to NJ Mutual Fund (NJMF) acting through their authorised service providers to debit the mentioned Bank A/c provided by NACH / ECS/Direct Debit Facility or any other facility for collection of SIP payments.
 - Applicant acknowledges that NJ Mutual Fund, NJAMC or any of its associate / subsidiary / Sponsor /Directors/ Employees will not be liable in any manner whatsoever, for any transaction failures due to rejection by the investors' bank/branch, which is due to technical reasons or due to delay in registration of the NACH mandate.
 - Investors are required to submit One Time Bank Mandate Form and SIP Enrollment Form along with a cancelled original cheque / self certified copy of blank cheque of Debit Bank Account (as mentioned on the One Time Bank Mandate Form) at least 30 calendar days before the first SIP Installment date for NACH Debit & Clearing. In case One time Bank Mandate form is already registered in the folio then the subsequent SIP registration request provided in the same folio will be processed within 12 calendar days.
 - An investor can opt any day between 1 to 28 under Monthly frequency for SIP. If an investor does not mention SIP start date appropriately, the SIP will by default start from the subsequent month after meeting the minimum registration requirement of 30 calendar days or 12 calendar days as applicable. Starting from October 1, 2023, it is obligatory for investors to specify the SIP end date and NACH Mandate (OTM) end date, with a maximum allowable period of 30 years. Failure to provide the OTM End date or specifying an end date exceeding the 30-year limit will result in rejection. If an investor mentions the SIP end date or specifies an end date that falls beyond the OTM End date, the SIP duration will be considered up to the OTM end date.
 - An investor shall also have the option to enroll for more than 1 SIP in the same scheme, same plan and in the same month. Investors are requested to submit a separate form for each SIP enrollment. The investor can choose the SIP dates from 1 to 28 of any given month for SIP registered through One Time Bank Mandate. Please note that investors can opt for more than one SIP debit on the same day. If an investor does not mention SIP Date in the application form or multiple SIP dates are mentioned in the SIP Mandate or the SIP Date is unclear in the application form / SIP Mandate, the default SIP date shall be treated as 7th.
 - In One time Bank mandate Investor's Signature must be as per bank records. Signature of all bank account holders required if the mode of holding in the bank account is "Joint".
 - In case of minor application, NJMF / NJAMC will register standing instructions till the date of the minor attaining majority, though the instructions may be for a period beyond that date. Prior to minor attaining majority, NJMF /NJAMC shall send advance notice to the registered correspondence address advising the guardian and the minor to submit an application form along with prescribed documents to change the status of the account to "major". The account shall be frozen for operation by the guardian on the day the minor attains the age of majority and no fresh transactions shall be permitted till the documents for changing the status are received.
 - Investor's Bank may charge the Investor's bank account for registration/ modification/ cancellation of bank mandate and/or SIP installment debit processing/rejection or any such services. NJMF / NJAMC or its service provider shall not be held responsible or bear any such charges.
 - For details about the Scheme and its facility please refer to the SID, SAI & KIM of the respective schemes/Addendum issued from time to time carefully before investing.
 - In case of insufficient balance in the investor's account on the date of SIP, the transaction shall be rejected and the NJMF / NJAMC / Bank will not retry further to debit the amount from the investor's bank account. NJMF / NJAMC or its service provider shall not be held responsible or bear any such charges.
 - In case of three consecutive failures due to insufficient balance in bank account while processing a request for SIP, NJMF / NJAMC shall reserve the right to terminate the SIP without any written request from the investor.
 - In case the SIP date falls on a non-business day, the immediate next business day would be considered as the date of SIP subject to fund realisation. SIP installment will be processed only after the funds are received by the NJMF / NJAMC. If the transaction(s) are delayed / not processed due to any reason including delay / non realization of the funds to the NJMF /NJAMC from the investor's bank account, then in no circumstances, NJMF /NJAMC / its service providers shall be held liable or responsible to the investor or any third party, whatsoever. In case of rejection of SIP form for any reason whatsoever, the NJMF / NJAMC will not accept/entertain any request for refund of proceeds of first cheque that would have been processed.
 - Investors are requested to note that in case they wish to change their bank account details for any of their ongoing SIP the following documents should be submitted at-least 30 days in advance of the next SIP debit date:
(a) A request letter to change the existing bank account details for SIP transaction mentioning old and new bank account details and details of ongoing SIP transaction.
(b) New SIP Auto Debit Facility Form with new bank account details.
 - Investors are requested to note that post the registration of a change in bank account, all other details of the existing SIP registration will continue to remain the same.
 - Investors wishing to cancel / discontinue the SIP would need to give a written request to the Bank / NJAMC / NJMF / RTA stating that they wish to discontinue the SIP and request the Bank not to deduct any further amount from their account atleast 15 working days prior to the next execution date. Such a request shall be submitted at any official point of acceptance of the transactions. In case of One Time Mandate cancellation, all the SIPs mapped under respective One Time Bank Mandate will be cancelled automatically. The One Time Bank Mandate which is cancelled will not be available for any modes for transactions in future.
 - NJMF / NJAMC reserves the right to reject any application without assigning any reason thereof. NJMF/NJAMC in consultation with Trustees reserves the right to withdraw these offerings, modify the procedure, frequency, dates, load structure in accordance with the SEBI Regulations.
 - Entry load is Not Applicable. Exit Load as applicable in the respective Scheme at the time of enrollment of SIP will be applicable.
 - NJMF / NJAMC, its Sponsor / Associate / subsidiary / Directors/ Employees / its registrars and other service providers shall not be held responsible or will not be liable for any damages and will not compensate for any loss, damage etc. incurred to the investor. The investor assumes the entire risk of using this facility and takes full responsibility. Investors will not hold NJMF / NJAMC, its Sponsor / Associate / subsidiary / Directors/ Employees / its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit / local holidays / any other reason beyond the control of NJMF / NJAMC and its Service Providers.
 - The NJMF/ NJAMC reserves all the rights to change these terms and conditions from time to time.
 - Any dispute shall be subject to jurisdiction of Courts at Surat only.
 - AMC has rights to initiate Mandate cancellation in case the Mandate is dormant i.e. if there is no transaction in the Mandate for more than 6 months. The cancellation will be initiated by the AMC after sending an email intimation to the investors.
- SIP Top-up Facility**
It is a facility wherein an investor who is enrolling for SIP has an option to increase the amount of the SIP installment by a fixed amount at pre-defined intervals. Thus, an investor can progressively start increasing the amount invested, allowing them to gradually increase the investment corpus in a systematic manner.
- Top-up SIP facility can be availed by the investors, at the time of registration / renewal of SIP/ any time during the continuation of existing SIP by submitting the specified form in this regard. The SIP Top-up request shall be registered within 15 business days.
 - The minimum SIP Top-up amount is Rs. 100 and in multiples of Rs. 1/- , For ELSS the minimum SIP Top-up amount is Rs. 500 and in multiples of Rs. 500/- .
 - SIP Top-up facility can be availed at half yearly and yearly frequencies
 - Default Top-up SIP Frequency and amount:
 - Frequency : Yearly frequency
 - Default Amount: Rs. 100 and in multiples of Rs. 1/-, For NJ ELSS Fund, the minimum SIP Top-up amount is Rs. 500 and in multiples of Rs. 500/- .
 - In case the investor fails to specify both, i.e. the frequency for Top-Up SIP and amount for Top-up SIP, the application form may be processed as conventional SIP, subject to it being complete in all other aspects.
 - SIP Top-up will start with a gap of 6 months or 12 months from 1st SIP installment for half yearly or yearly frequency respectively. If the end-date of the Top-up facility is not mentioned the Top-up facility will be continued up till the tenure of the SIP. For example, if the SIP is registered up till 2099, and the end date of the Top-up facility is not mentioned; then the Top-up will continue till 2099.
 - SIP Top-up facility can be availed by the existing investors having SIP investment by providing a separate Top-up registration request. The First SIP Top-Up installment shall start from the next SIP installment date post SIP Top-up registration subject to completion of 6 SIP installments.
 - The Top-up details cannot be modified once enrolled. In order to make any changes, the investor must cancel the existing SIP with Top-up option and enroll for fresh SIP with modified Top up facility details.
 - The Load structure prevailing at the time of submission of the SIP application (whether fresh or extension) will apply for all the installments indicated in such application.
 - SIP Top-up facility shall be available for SIP Investments through One time Debit Mandate (OTM). The amount of each such SIP installment cannot exceed the Daily One Time Mandate (OTM) limit for purchases in scheme(s) of NJ Mutual Fund from all modes (lump sum as well as SIP).
 - The initial investment under the SIP Top-up will be subject to minimum SIP investment requirement applicable from time to time.
 - All other terms & conditions applicable for regular SIP will also be applicable to Top-up SIP.
The Trustee / AMC reserves the right to change / modify the terms of the SIP from time to time on a prospective basis.