## **COMMON TRANSACTION SLIP** (FOR EXISTING INVESTORS ONLY) This Form is for use of Existing Investors only. To be filled in CAPITAL LETTERS

From Scheme Name:\_



Collection Center's Stamp & Receipt Date and Time

Regular Direct Growth IDCW Payout

	BOILL ON KOLES
Distributor / RIA / PMRN / ARN Code   Sub Broker ARN   Sub Broker/Branch/F	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" transact Commission shall be paid directly by the investor to the 'AMFI registered Distributors based on the investors' In case the subscription amount is Rs 10,000/- or more and your Distributor has opted to receive Transaction time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will X	assessment of various factors including the service rendered by the distributor.  n Charges, Rs 150/- (for first time mutual fund investor) or Rs 100/- (for investor other than first
First / Sole Applicant / Guardian / Authorised Signatory 2nd Applicant's Sig	nature 3rd Applicant's Signature
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)	f minor)
2. PURCHASE (DEFAULT PLAN/OPTION WILL BE APPLIED IN CASE OF NO INFORMAT	, , , , , , , , , , , , , , , , , , , ,
Scheme Name:	Plan: Regular Direct Option: Growth IDCW Payout
Amount ₹ In Figure Amount ₹	Plan: Regular Direct   Option: Growth IDCW Payout
	One Time Mandate Date: DDMMYYYYY
Reference/ UTR number Instrument Number:	
Bank Name:	Bank A/C No:
Documents Attached to avoid Third Party Payment Rejection, where Applicable	Bank certificate, For DD Third party Declaration
DEMAT DETAILS (MANDETORY ONLY IF EXISITING FOLIO IS IN DEMAT MODE)	
NSDL	CDSL Enclose for Demat Option:  Client Master List
DP ID Beneficiary Account No.	Transaction/Holding Statement  DIS Copy
3. REDEMPTION	
☐ Full Redemption OR ☐ Partial Redemption Amount: ₹	In Figure or Units: In Words
Scheme Name:	Plan: ☐ Regular ☐ Direct   Option: ☐ Growth ☐ IDCW Payout
Bank Name:	Bank A/C No:
IFSC LEI Code*:	*Legal Entity Identifier Number is Mandatory for Redemption Transaction value of INR 50 crore and above for Non-Individual investors.
4. SWITCH	
☐ Full Switch OR ☐ Partial Switch Amount: ₹	In Figure or Units: In Words
From Scheme Name:	Plan: Regular Direct Option: Growth IDCW Payout
To Scheme Name:	Plan: Regular Direct Option: Growth DIDCW Payout
5. DECLARATION & SIGNATURES (APPLICANTS MUST SIGN AS PER MODE C	OF HOLDING)
Direct Plan investors: I/We have invested in the Scheme(s) of your Mutual Fund Original 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 / SelS-likegistered Investment Advisor. 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/fulling/judgment etc. of any jurisdiction / regiulation. I/We understand and acknowledge that NJAMC reservice providers 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 therefo. I/We hereby authorize NJAMC / NJMF, its employees, its agents, its Registrar of discisces, share, remit in any form/manner/more information with respect to investments and by merely authorize that may be provided by mey use to its agents, bit in depth service providers, SEBI registrar of discisces, its Officers/Cirectors/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 keep reported and incomplete information provided by mey law in the investments and by mey law in th	
N. C. M. C.	
MUTUAL FUND  ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE INVESTO	R) COMMON TRANSACTION SLIP
Existing Folio No. Additional Purchase Received from Additional Purchase	e ☐ Redemption ☐ Switch ☐ Date ☐ ☐ ☐ M M Y Y Y Y Y Dunt ₹. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Scheme Name:	ır