



**3. SYSTEMATIC WITHDRAWAL PLAN (SWP) (To be submitted atleast 15 Business days before 1st due date.)**Scheme Name: \_\_\_\_\_ **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. MODE OF HOLDING (In case of Demat Purchase: Mode of Holding should be same as in Demat Account)** Single  Joint  Anyone or Survivor (Default)**5. 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  Others

City \_\_\_\_\_ Pin \_\_\_\_\_ IFSC Code(11 digit) \_\_\_\_\_ 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 &amp; in your bank account are the same. Please update your IFSC code &amp; MICR Code in order to get payouts via electronic mode directly to your bank account

**6. 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 \_\_\_\_\_

Email ID provided pertains to  Self  Family Member (Note: If Email pertains to Family Member please select any one) Spouse  Dependent Parents  Dependent Children  Dependent Siblings  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. &amp; Email Id with us to get instant transaction alerts via SMS &amp; 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)**7. 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.

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

- |  |   |   |
|--|---|---|
| <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  FATCA / CRS Declaration Form  UBO Declaration Form

**9. 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 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"/> | <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"/> | <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"/> | <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 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                | 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"/> <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 Applicant | <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"/> |
| 3rd Applicant | <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"/> |
| 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"/> |

**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   | 2nd Applicant   | 3rd 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 |           |                           |                             | 2nd Applicant |           |                           |                             | 3rd 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. 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/PID:** I/ We hereby confirm that NJAMC / NJMF have never 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/advance 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 / SA / 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 APN 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<br>Sole / First Applicant / Guardian / Authorised Signatory | X<br>Second Applicant / Authorised Signatory | X<br>Third Applicant / Authorised Signatory | X<br>POA holder, if any |
|---|--|---|-------------------------|

Date:

Place:

|   |   |  |
|---|---|--|
| Email: <a href="mailto:customercare@njmutualfund.com">customercare@njmutualfund.com</a> | Website: <a href="http://www.njmutualfund.com">www.njmutualfund.com</a> | Contact Center: 18605002888 / 040-49763510 |
|---|---|--|