

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 Brokers 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-106392 BLUECHIP STOCKS				E-107715	

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

3rd Applicant Details				
First Name	Middle Name	Last Name	Date of Birth	DDMMYYYY
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: 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: DD	SIP Period: From Date DDMMYYYY To Date DDMMYYYY	

(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 Re. 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) MMYYYY 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: DDMMYYYY
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
NJ		

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: NJ	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"/> <input type="text"/>	SWP Period: From Date <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"/>	To Date <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"/>	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: NJ	Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout
To Scheme: NJ	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"/> <input type="text"/>	STP Period: From Date <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"/>	To Date <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"/>
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: <input type="text"/>	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		
Bank A/C No. <input type="text"/>	City <input type="text"/>	Pin <input type="text"/>	IFSC Code <input type="text"/>
LEI Code: <input type="text"/>	Valid up: <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"/>	MICR <input type="text"/>	
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 (MANDATORY)

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 <input type="text"/>	State <input type="text"/>
Country <input type="text"/>	Pin Code <input type="text"/>
Tel (Res.) <input type="text"/>	Tel (Off.) <input type="text"/>
Email ID <input type="text"/>	Mobile <input type="text"/>
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) <input type="checkbox"/> POA	
<input type="checkbox"/> Custodian (for FPIs only) <input type="checkbox"/> PMS	
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"/> <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"/>	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
		Beneficiary Account Number(NSDL only)	
	CDSL <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"/>		
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 of 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 FATCA / CRS Declaration Form 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"/>	₹ _____ D D M M Y Y Y Y
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____ D D M M Y Y Y Y
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____ D D M M Y Y Y Y
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____ D D M M Y Y Y Y

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")

<input checked="" type="checkbox"/> Sole / First Applicant / Guardian / Authorised Signatory	<input type="checkbox"/> Second Applicant / Authorised Signatory	<input type="checkbox"/> Third Applicant / Authorised Signatory	<input type="checkbox"/> POA holder, if any
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Date:

Place:

Email: customer@njmutualfund.com

Website: www.njmutualfund.com

Contact Center: 18605002888 / 040-49763510

