NON-FINANCIAL TRANSACTION FORM

Please fill in the information below legibly in English and in CAPITALS.

NJ MUTUAL FUND
BUILT ON RULES

For Existing Unitholder(s) holding units in physical mode. Please read documentation requirements and Terms and Conditions overleaf.

IMPORTANT: Please strike off the section(s) that is (are) not used by you to prevent any unauthorized use.

Folio No. ☐☐☐☐☐☐☐☐☐☐☐☐ Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1. UPDATE CONTACT DETAILS/FAMILY FLAG

Sole / First Applicant

Mobile No. ☐☐☐☐☐☐☐☐☐☐

Mobile Number pertains to ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent children ☐ Dependent Siblings

Email ID ☐☐

Email ID pertains to ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent children ☐ Dependent Siblings

Second Applicant

Mobile No. ☐☐☐☐☐☐☐☐☐☐

Mobile Number pertains to ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent children ☐ Dependent Siblings

Email ID ☐☐

Email ID pertains to ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent children ☐ Dependent Siblings

Third Applicant

Mobile No. ☐☐☐☐☐☐☐☐☐☐

Mobile Number pertains to ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent children ☐ Dependent Siblings

Email ID ☐☐

Email ID pertains to ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent children ☐ Dependent Siblings

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.

2. CHANGE OF BANK DETAILS (Fill-up separate form for Multiple Bank mandate registration)

BANK DETAILS ☐ (Please ✓to Update as Default Bank)

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: D D M M Y Y Y Y (Legal Entity Identifier Number is Mandatory for Redemption Transaction value of INR 50 crore and above for Non-Individual investors.)

Enclosed herewith: ☐ Cancelled cheque copy ☐ Bank account statement (last three months)

3. CHANGE IN MODE OF HOLDING

☐ Joint ☐ Anyone or Survivor

4. CANCELLATION OF SIP/SWP/STP

Type	Scheme Name	Plan		Option		SIP/SWP/STP Date	End Date	Installment Amount
☐ SIP		☐ Regular	☐ Direct	☐ Growth	☐ IDCW Payout	D D	D D M M Y Y Y Y	
☐ SWP		☐ Regular	☐ Direct	☐ Growth	☐ IDCW Payout	D D	D D M M Y Y Y Y	
☐ STP		☐ Regular	☐ Direct	☐ Growth	☐ IDCW Payout	D D	D D M M Y Y Y Y	

ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE INVESTOR) NON-FINANCIAL TRANSACTION FORM

Existing Folio No. ☐☐☐☐☐☐☐☐☐☐☐☐ Date D D M M Y Y Y Y

Received from Mr./Ms./M/s. _____

☐ Update Contact Details ☐ Change of Bank Details ☐ Change in Mode of Holding
☐ Nomination Details ☐ Cancellation of SIP/SWP/STP ☐ Consolidation Of Folios
☐ Change Of Tax Status ☐ FATCA and CRS Details ☐ Update PAN
☐ Registration (POA) ☐ Revalidation of IDCW Option/Redemption Cheque

Collection Center's Stamp & Receipt Date and Time

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5. CONSOLIDATION OF FOLIOS (All joint holders should sign, even in case of "ANY ONE OR SURVIVOR")

Folios to be consolidated (Mention all source folios i.e. the folios to be consolidated, here)

1. ☐☐☐☐☐☐☐☐☐☐☐☐ 2. ☐☐☐☐☐☐☐☐☐☐☐☐ 3. ☐☐☐☐☐☐☐☐☐☐☐☐

4. ☐☐☐☐☐☐☐☐☐☐☐☐ 5. ☐☐☐☐☐☐☐☐☐☐☐☐ 6. ☐☐☐☐☐☐☐☐☐☐☐☐

Target Folio No. for consolidation (Mention the target folio here, wherein all folios needs to be consolidated ☐☐☐☐☐☐☐☐☐☐☐☐

6. CHANGE OF TAX STATUS ☑ Select any one & Provide new bank detail in point no. 2 above according to the tax status)

☐ RI to NRI-Non Repatriable ☐ NRI-Repatriable to RI ☐ NRI-Non Repatriable to RI

7. 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	☐ Indian ☐ Other_____	☐ Indian ☐ Other_____	☐ Indian ☐ Other_____

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			

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.

Occupation: ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Home Maker ☐ Student ☐ Forex Dealer ☐ Others _____ Please specify _____

The Applicant is ☐ a Politically Exposed Person ☐ Related to a Politically Exposed Person ☐ Neither (Not applicable)

Gross Annual Income (₹) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1crore ☐ >1 crore

8. UPDATE PAN Enclosed herewith: ☐ Photo copy of PAN card

First Applicant POA Name	PAN ☐☐☐☐☐☐☐☐☐☐	CKYC-KIN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐ KYC Attached
Second Applicant POA Name	PAN ☐☐☐☐☐☐☐☐☐☐	CKYC-KIN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐ KYC Attached
Third Applicant POA Name	PAN ☐☐☐☐☐☐☐☐☐☐	CKYC-KIN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐ KYC Attached

9. REGISTRATION OF POWER OF ATTORNEY (POA) ☐ REGISTRATION ☐ CHANGE/MODIFICATION ☐ CANCELLATION

First Applicant POA Name	PAN ☐☐☐☐☐☐☐☐☐☐	CKYC-KIN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐ KYC Attached
Second Applicant POA Name	PAN ☐☐☐☐☐☐☐☐☐☐	CKYC-KIN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐ KYC Attached
Third Applicant POA Name	PAN ☐☐☐☐☐☐☐☐☐☐	CKYC-KIN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐ KYC Attached

10. REVALIDATION OF INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION (IDCW) / REDEMPTION INSTRUMENT

Instrument No:_____ Instrument Date: D D M M Y Y Y Y Instrument Amount: _____

☐ I request to reissue the said warrant after necessary revalidation without change in bank Mandate.

☐ I request you to update the above new bank details and make payment to new bank through NEFT/RTGS.

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11. NOMINATION DETAILS ☐ REGISTRATION ☐ CHANGE/MODIFICATION

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

Sr. no.	Nominee Name/s$	PAN (Optional)	Relationship with applicant$	If Nominee is minor*		Date of Birth$ of Minor*	Allocation (%)
				Guardian Name$	Guardian PAN		
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.

12. SIGNATURE AND DECLARATION (APPLICANTS MUST SIGN AS PER MODE OF HOLDING)

"I/We hereby declare and confirm that the Information provide in this form is true and correct and is supported by the document proof enclosed along with the form. I/We have read and understood the contents of all the scheme related documents and Terms and Conditions provided herein. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same. I/we further agree and confirm that in the event there is any discrepancy between the information provided herein and the supporting documents, the AMC/Mutual Fund shall be entitled to reject the form. The AMC/Mutual fund shall not be liable and/or responsible for any loss or damage that I/We may incur if the form is rejected."

X	X	X
Sole / First Applicant / Guardian/ Authorised Signatory	Second Applicant	Third Applicant

Date: D D M M Y Y Y Y

Place: