

NON-FINANCIAL TRANSACTION FORM



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

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

Mobile No. Email Id

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

ADD 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: (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)

DELETE BANK DETAILS:

Bank Name: Bank A/C No.

3. CHANGE IN MODE OF HOLDING

"Joint "To" Anyone or Survivor" "Anyone or Survivor" To "Joint"

4. NOMINATION DETAILS REGISTRATION CHANGE/MODIFICATION CANCELLATION

(Minor / HUF / POA Holder / Non Individuals cannot 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.

Request for mode of holding change and nominee change should be mandatorily signed by all the holders of the folio.

5. CANCELLATION OF SIP/SWP

Type	Scheme Name	Plan		Option		SIP/SWP Date	End Date	Installment Amount
<input type="checkbox"/> SIP	NJ Balanced Advantage Fund	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW Payout	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> SWP	NJ Balanced Advantage Fund	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<input type="checkbox"/> Growth	<input type="checkbox"/> IDCW Payout	<input type="text"/>	<input type="text"/>	

6. 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)

ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE INVESTOR)

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Existing Folio No.

Date

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

- Update Contact Details Change of Bank Details Change in Mode of Holding
 Nomination Details Cancellation of SIP/SWP 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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7. CHANGE OF TAX STATUS Select any one & Provide new bank detail in point no. 2 above

	Existing Status	New Status	Bank Account Type - New
1	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> NRI - NRO	<input type="checkbox"/> NRO
2	<input type="checkbox"/> NRI - NRO	<input type="checkbox"/> Resident	<input type="checkbox"/> Savings/Current
3	<input type="checkbox"/> NRI - NRE	<input type="checkbox"/> NRI - NRO <input type="checkbox"/> Resident	<input type="checkbox"/> NRO <input type="checkbox"/> Savings/Current

8. FATCA AND CRS DETAILS

Sole/First Applicant/Guardian		2 nd Applicant		3 rd Applicant							
Place	Country of Birth	Place	Country of Birth	Place	Country of Birth						
<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 _____							
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 its Identification type eg. TIN etc.

9. UPDATE PAN Enclosed herewith: Photo copy of PAN card

1st Applicant/Guardian	2nd Applicant	3rd Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

11. REVALIDATION OF INCOME DISTRIBUTION CUM CAPITAL WITHDRAWAL OPTION (IDCW) / REDEMPTION CHEQUE

Cheque No: _____ Cheque Date: Cheque 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 in new bank through NEFT/RTGS.

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

"I/We hereby declare and confirm that the information provided 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 <input type="text"/>	x <input type="text"/>	x <input type="text"/>
Sole / First Applicant / Guardian / Authorised Signatory	Second Applicant	Third Applicant
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"/>	Place: <input type="text"/>	