JM FINANCIAL MUTUAL FUND

JM FINANCIAL

COMMON APPLICATION FORM

Resident ☐ Non-Resident ☐ (please ✓) as per your status

Serial No: ED

DISTRIBUTOR INFORMATION				FOR OFFICE USE ONLY	
Name & ARN of Distributor	Internal Sub-Broker Code (as alloted by Distributor)	Sub-Broker ARN	Employee Unique Identification No. (EUIN)^	In-House number as per K-BOLT	Date , Time and Number as per Time Stamping Machine
24863			E043887		

^**Mandatory:** Furnishing of EUIN is mandatory for all transactions (Purchase/Switch/SIP/STP) or following declaration should be signed by the investor (Please ✓ the box).

Declaration: "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributor based on the investor's assessment of various factors including the service rendered by the distributor".

INVESTMENT DETAILS (Pls Refer instruction No. 5)*??

Scheme Name	Plan	Option	Sub-Option
JM			

*In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information.

?? Investor desirous of investing directly with the AMC without availing the services of any Distributor/Broker, will have to clearly write "Direct" under above column titled as "Plan".

1. TRANSACTION CHARGES (PLEASE REFER INSTRUCTIONS / KIM AND TICK ANY ONE) Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.

☐ I/We am/are a **First Time Investor** in Mutual Fund Industry. (Rs 150 will be deducted.)

☐ I/We am/are an **Existing Investor** in Mutual Fund Industry. (Rs 100 will be deducted.)

2. EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 4)

Folio No.

3. APPLICANT INFORMATION (It is mandatory to submit verified copy of PAN proof for all investments failing which application will be rejected) (Pls Refer instruction no. 8)

(To be filled in block letters. Use one box for one alphabet, leaving one box blank between name and surname)

Full Name of Sole/1st Applicant/Minor/Non-individual:

Date of Birth (Mandatory in case of Minor) (Pls submit documentary proof) D D M M Y Y Y Y

Full Name of Guardian (in case of Minor) / **Contact Person** (In case of non-individual investors) / **Karta** (in case of HUF) / **Partner** (in case of Partnership Firm): **Relationship with Minor** [Pl. ✓] **Pls submit documentary proof**

Mother ☐ Father ☐ Legal Guardian ☐

Address (DO NOT REPEAT NAME) in full of Applicant/Parent OR Guardian of Minor. Indian address in case 1st Applicant is NRI/FII/PIO (Post Box No. alone is not sufficient)

Location/City **Dist.** **Pin/Zip Code**

State **Country** **STD Code** **Tel.**

Email-ID$

Mobile No.$ $ SMS &/ Email ID will be used as the default mode of communication if the mobile no. and/or Email ID is furnished.

Full Name of Second Applicant

Full Name of Third Applicant

Permanent Account Number (PAN)/ KYC ref. no. - Mandatory {Please submit a verified copy of PAN card for all investors and KYC reference no for MICRO cases.} In case the 1st applicant is minor, Guardian's PAN / KYC ref no to be provided. Pls refer to Instruction/KIM for further details.	Verified Copy of PAN Card enclosed Pl.(✓)	Know Your Customer (KYC) Please refer Instruction / KIM for details.	Pl.(✓)	Mode of Holding Pl.(✓)
1st Applicant	☐	Copy of KYC acknowledgement enclosed	☐	1. ☐ Single 2. ☐ Joint* 3. ☐ Either or Survivor/s (* Default, in case of ambiguity when applicants are more than one)
Guardian (in case 1st applicant is minor)	☐	Copy of KYC acknowledgement enclosed	☐	
2nd Applicant	☐	Copy of KYC acknowledgement enclosed	☐	
3rd Applicant	☐	Copy of KYC acknowledgement enclosed	☐	

Status/Category of the 1st Applicant [Pl. (✓)]				Occupation of the 1st Applicant Pl.(✓)	
1. ☐ Resident Individual (RI)	6. ☐ Partnership Firm	11. ☐ NRI	16. ☐ PIO	1. ☐ Private sector service	5. ☐ Housewife
2. ☐ On behalf of minor ☐ RI ☐ NRI	7. ☐ Proprietorship Firm	12. ☐ FIIs	17. ☐ Others (pl.specify) _____	2. ☐ Public Sector / Govt. service	6. ☐ Retired
3. ☐ HUF	8. ☐ Body Corporate ☐ Listed ☐ Unlisted	13. ☐ Government Body		3. ☐ Professional	7. ☐ Student
4. ☐ Company	9. ☐ Trust	14. ☐ Financial Institution		4. ☐ Business	8. ☐ Agriculturist
5. ☐ AOP/BOI	10. ☐ Society	15. ☐ Banks			9 ☐ Others (pl. specify) _____

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

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

as **normal Investment** ☐ or through **SIP** ☐ or for **SWP** ☐ or through **STP** ☐ as per details below

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JM FINANCIAL

Scheme Name	Plan	Option	Sub-Option	Payment Details (1st Cheque /DD in case of Regular SIP)	Collection Centre's Stamp & Receipt Date and Time
JM				Amt. _____ Cheque/DD No. _____ dated _____ Bank & Branch	Subject to documents being in-order and realization of Cheque/DD

In case of JM Tax Gain Fund, the investor may claim tax exemption under Sec.80C of the IT Act based on the production of this acknowledgement till the statement of account is issued provided the payment instrument is encashed and the application and other documents are found to be in order.

4. BANK PARTICULARS (It is mandatory to furnish bank particulars failing which application shall be rejected . Pls submit documentary proof of the bank mandate depicting the name of the 1st / sole applicant) Investor may furnish multiple bank details through a separate stipulated form. Pls refer Instruction / KIM for further details including (!) Auto Direct Credit Facility.

Bank Account No. ! _____ **Repeat Bank Account No.!** _____

MICR Code _____ **IFSC Code** _____ **Account Type :** ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Bank Name _____

Branch Address _____

_____ City _____ Pin _____

5-a. INVESTMENT AND PAYMENT DETAILS (Pls refer Instructions/ KIM especially Third Party) For each application and for each plan/option separate cheque / DD to be submitted.

Cheque /DD No.	Cheque / DD Amount (Rs.)	DD Charges (Rs.)	Gross Total Amount (Rs.)	Bank Account Number	Bank & Branch	Account Type @ (SB/CA/NRE/NRO/FCNR)

** Allotment of units subject to realization of Cheque/DD. @**For NRI(s)/PIO: Source of Fund:** ☐ **NRE** ☐ **NRO** ☐ **FCNR** ☐ **Direct Remittances from abroad**

Please mention the application no. on the reverse of the Cheque / DD. The details of the bank account provided above pertain to my / our bank account in my / our name ☐ Yes ☐ No

If No, my relationship with the bank account holder is ☐ Spouse ☐ Child ☐ Parent ☐ Relative ☐ Sibling ☐ Friend ☐ Others. Application form without this information is liable to be rejected.

Documents Attached to avoid Third Party Payment Rejection, where applicable: ☐ Bank Certificate, for DD ☐ Third Party Declarations

5-b. IN CASE OF PAYMENT BY 1ST APPLICANT (Please ✓)

I. I / We hereby declare that the above mentioned cheque/Demand Draft^^ has been issued:

☐ from/by debit to my personal/my joint Bank Account with other IInd/IIIrd Applicant. ☐ against cash (in case of demand draft) upto Rs. 50,000/-.

II. ^^In case of Demand Draft, Banker's certificate about the source of funds is attached. ☐ Yes ☐ No (In case, the answer is "No", the application will be rejected)

5-c. POWER OF ATTORNEY (PoA) HOLDER'S / PERMITTED THIRD PARTY'S (WHO IS ISSUING THE CHEQUE) DETAILS (Pls refer para on Third Party Pament)

The relationship of Ist Applicant with the issuer of Third party Payment instrument is as [Please ✓]

☐ Parent/Grand Parent/Relative in case of Ist Applicant being a minor ☐ Employer (in case of deduction from salary) ☐ Custodian on behalf of FII/Client.

Full Name of PoA / Third Party _____

PAN No. of PoA / Third Party _____ [Please ✓] **KYC Compliant** ☐ Yes ☐ No (Please attach KYC acknowledgement & Refer instruction no. 10)

6. DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that of the Demat Account held with your Depository Participant).

Do you want units in Demat Form (Please (✓)) ☐ Yes ☐ No (if yes, please provide the below details)$$

☐ **National Security Depository Limited (NSDL)** ☐ **Central Depository Services (India) Limited (CDSL)**

Depository Participant Name:

DP ID No. IN _____ Beneficiary Account No. _____ Target ID No. _____

$$ in case of any ambiguity, AMC is at its discretion to either allot units as per Demat information or in physical mode. Kindly refer Statement of Additional Information and Scheme Information Document for details.

7. FOR INVESTMENT BY NRI/PIO/FII

Overseas Address _____

City _____ Country _____ Pin/ZIP _____

Applicable to NRIs only : I / We* confirm that I am / we* are Non-Resident of Indian Nationality / Origin and I /we* hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my / our* Non-Resident External / Ordinary Account / FCNR Account. **Please attach foreign inward remittance certificate (FIRC) / account debit certificate in case of debit to NRE / NRO account or direct remittance from abroad.** Please (4) ☐ Repatriation basis ☐ Non-Repatriation basis

8. SYSTEMATIC INVESTMENT PLAN (SIP) (Please refer to terms, conditions and instructions for SIP & fillup separate form for each SIP date / frequency / plan / option)

(please ✓ only one) **Normal SIP** ☐ **Micro SIP** ☐ (Available for investors whose contribution through SIP per year will not exceed Rs. 50,000 through all SIP contributions if PAN is not submitted)

Enrolment Period Start M M Y Y Y Y End M M Y Y Y Y OR Perpetual(i.e. until it is cancelled) ☐

Payment Mechanism:

Regular SIP ☐	☐ Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form along with a cheque towards the first installment)
	☐ Auto Debit Facility (through Standing Instructions for HDFC Bank account holder) (Please attach Standing Instruction form of HDFC along with a cheque towards the first installment)
	☐ Through Post dated Cheques (please furnish the cheque details below)
Special SIP ☐	☐ Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form, without any cheque) SIP will start only on the SIP opted date after 30 days of submission of valid SIP appln.

SIP DATE (please ✓ only one) ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th **Frequency** (please tick any one) Monthly * ☐ Quarterly ☐ (* Default Frequency)

No. of cheques / installments _____ **Cheque Nos.** : From To **SIP Installment amount :** _____

Name of Bank & Branch : _____

9. SYSTEMATIC TRANSFER PLAN (STP) (Please refer to terms, conditions and instructions for STP) (Please fill up Separate form for from / to different scheme / plans / options / sub-options)

From	Scheme / Plan / Sub-Plan / Option / Sub-Option	To	Scheme / Plan / Sub-Plan / Option / Sub-Option
	JM		JM

STP installment amount _____ **Enrolment Period:** From M M Y Y Y Y To M M Y Y Y Y OR Perpetual(i.e. until it is cancelled) ☐

Frequency of Transfer @# (Pl. 4 any one from the following)

☐ Chhota STP/Combo SIP	☐ Weekly (pl. ✓ any one starting date)	☐ Fortnightly (pl. ✓ any one starting date)	☐ Monthly (pl. ✓ any one starting date)	☐ Quarterly
☑ Daily	☐ 1st ☐ 8th ☐ 15th ☐ 22nd of the month	☐ 1st ☐ 15th of every month	☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th of the month	1st Business Day of the next month and subsequently on first of every quarter

@ choice of multiple frequency under weekly/fortnightly/monthly STP through a single form will be rejected

Registar: Karvy Computershare Private Limited: Karvy Plaza, H. No. 8-2-596, Avenue 4 Street No. 1, Banjara Hills, Hyderabad 500 034 • Tel No.: 040 2331 2454 / 2332 0251 / 751 Fax No.: 040 - 2331 1968 E-mail: service_jmf@karvy.com **Note :** All future communication in connection with this application should be addressed to the Registrar at the address given above, quoting full name of First/Sole Applicant, the Application Serial Number, the name of the Scheme, the amount invested, date and the place of the Branch / Investor Service Centre where application was lodged.

10. SYSTEMATIC WITHDRAWAL PLAN (SWP) (Pls Refer to terms, conditions and instructions for SWP)

SWP Plan (Pl. ✓any one): ☐ Fixed Amount Withdrawal (FAW) ☐ Capital Appreciation Withdrawal (CAW)

SWP Installment Amount under FAW: Rs. ☐☐☐☐☐☐☐☐☐

Withdrawal Frequency # (Pl. ✓any one): ☐ Monthly ◯1st ◯5th ◯15th ◯25th ☐ Quarterly (1st Business day of every quarter after the start)

Enrolment Period: From D D M M Y Y Y Y To D D M M Y Y Y Y OR Perpetual (i.e. until it is cancelled) ☐

11. NOMINATION DETAILS (Pls Refer instruction / KIM for details)

☐ I / We_____ at present do not wish to register nominee/s against the above folio.

☐ I/We hereby nominate the under mentioned person(s) to receive the amount to my/our credit in the event of my/our death in proportion to the percentage(%) indicated against the Name(s) of the Nominee(s). I/We also understand that all payments and settlements made to such nominee(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee.

No.	Name & Address of the Nominee /s (upto 3 Nos.)	Date of Birth (in case of Minor)	Relationship with the first holder	Share (%) (in multiple of 1%)	Age of the Nominee
1					
2					
3					

Guardian Name (in case of Minor) _____ **Relationship** _____

Address _____

City _____ **Pin** ☐☐☐☐☐☐ **Signature of Nominee / Guardian** (Not mandatory) _____

12. LIST OF DOCUMENTS ATTACHED {pls mention below the details of documents (other than cheque & DD) attached with the form}

☐ KYC Compliance Status Proof	☐ Memorandum & Articles of Association	☐ Certificate of Incorporation	☐ List of Authorised Signatories with Specimen Signature(s)
☐ Verified PAN Copy	☐ Resolution / Authorisation to invest	☐ Bye-Laws	☐ Others (Pls Specify) _____
☐ Power of Attorney	☐ Trust Deed	☐ Partnership Deed	☐

13. Name of Document Attached for MICRO SIP

1. **Document Ref. No.** _____

2. **Document Ref. No.** _____ 3. **Document Ref. No.** _____

14. DECLARATION & SIGNATURES

Having read and understood the contents of the Scheme Information Document of the scheme for investment and subsequent amendments thereto including the section on "Prevention of Money Laundering", I/We hereby apply to the Trustee of JM Financial Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We have not received and will not receive nor will be induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time.

It is expressly understood that we have the express authority from our constitutional documents to invest in the units of the Scheme and the AMC/Trustee/Fund would not be responsible if the investment is ultravires thereto and the investment is contrary to the relevant constitutional documents.

I/we authorise this Fund to reject the application, revert the units credited, restrain me/us from making any further investment in any of the schemes of the Fund, recover/debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/payment instrument is/are returned unpaid by my/our bankers for any reason whatsoever.

I/we hereby further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above.

"The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us".

JM Financial Services Pvt. Ltd. is affiliated to JM Financial Asset Management Pvt. Ltd (JM Financial AMC), which is the Investment Manager to the schemes of JM Financial Mutual Fund. It would receive commission/distribution fees from JM Financial AMC for distributing the mutual fund units of the schemes launched by JM Financial AMC.

(Applicable for SIP Investors only)

I/we hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS /Direct Debit or Standing Instruction Clearance. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part or circumstances beyond the control of AMC/its service provider, I/we would not hold the Asset Management Company responsible in any manner. I/we hereby authorize JM Financial Mutual Fund and their authorised service providers, to get my/our above bank account debited by ECS /Direct Debit/Standing Instructions towards the collection of monthly/quarterly payments on due SIP dates as opted by me/us. In the event of any changes in the bank particulars, I/we will submit a fresh mandate along with a cancellation request for the earlier mandate well in advance. I/we have read and agreed to the terms and conditions mentioned in KIM / Scheme Information Document.* Please strike out whichever is not applicable.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

Date : _____ **Place :** _____