

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 allotted by Distributor)	Sub-Broker ARN	Employee Unique Identification No. (EUIIN)^	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine
24863			E043887		

^Mandatory: Furnishing of EUIIN 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 EUIIN 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
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"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)

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

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

<input style="width: 95%; height: 15px;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">D</td> <td style="width: 25%; text-align: center;">D</td> <td style="width: 25%; text-align: center;">M</td> <td style="width: 25%; text-align: center;">M</td> <td style="width: 25%; text-align: center;">Y</td> <td style="width: 25%; text-align: center;">Y</td> <td style="width: 25%; text-align: center;">Y</td> <td style="width: 25%; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
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 <input type="checkbox"/>	Father <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>
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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)

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

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

Email-ID^s

Mobile No. ^s \$ 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	<input type="checkbox"/>	COPY of KYC acknowledgement enclosed <input type="checkbox"/>	1. <input type="checkbox"/> Single
Guardian (in case 1st applicant is minor)	<input type="checkbox"/>	COPY of KYC acknowledgement enclosed <input type="checkbox"/>	2. <input type="checkbox"/> Joint*
2nd Applicant	<input type="checkbox"/>	COPY of KYC acknowledgement enclosed <input type="checkbox"/>	3. <input type="checkbox"/> Either or Survivor/s
3rd Applicant	<input type="checkbox"/>	COPY of KYC acknowledgement enclosed <input type="checkbox"/>	<small>(* Default, in case of ambiguity when applicants are more than one)</small>

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

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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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.

ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)