## IM FINANCIAI MUTUAI FUND



	DISTR	IBUTOR INFORMATION	<u> </u>		FOR	OFFICE USE ONLY
Name & ARN of Distributor	Internal Sub-Broker Code (as alloted by Distributor)	Sub-Broker AR	N Emp	loyee Unique Identification (EUIN)^		
83753	,			E069272		
^ <b>Mandatory:</b> Furnishing of EUIN is ma	t the EUIN box has been intention	ally left blank by me/us as th	nis transaction is exec	ld be signed by the investor (Please cuted without any interaction or ad	✓ the box).  vice by the employee/relationship manager/s	ales person of the above distributor/sub bi
6	F: . A . I: IC . I:		<b>C</b> : .		· ·	CTI : I.A. II.
	* *	the AMFI registered Dist		of Second Applicant the investor's assessment of v	arious factors including the service re	rure of Third Applicant  ndered by the distributor".
	Scheme Name			Plan	Option	Sub-Option
JM						
					norandum, Scheme Information Document above column titled as "Plan".	& Statement of Additional Information
1. TRANSACTION CHARG	ES (PLEASE REFER IN:	STRUCTIONS / KIM	AND TICK AN	Y ONE) Applicable for transa	ctions routed through a distributor who	has 'opted in' for transaction charges.
I/We am/are a First Time Inv	<b>vestor</b> in Mutual Fund Industr	y. (Rs 150 will be deducte	ed.)	I/We	am/are an <b>Existing Investor</b> in Mutual	Fund Industry. (Rs 100 will be deduc
2. EXISTING UNIT HOLDE	R'S INFORMATION (Ple	ase fill in your details ment	ioned below and pro	ceed to section 4)		
Folio No.						
3. APPLICANT INFORMATIO	N (It is mandaton) to submit year	fied conv of PAN prooffer a	Il investmente failine	which application will be rejected	) (Plc Refer instruction no. 8).	
(To be filled in block letters. Use one Full Name of Sole/1st Applicant/	e box for one alphabet, leaving					Oate of Birth (Mandatory in case of I (Pls submit documentary proof)
						D D M M Y Y
Full Name of Guardian (in case of N	Minor) / <b>Contact Person</b> (In cas	e of non-individual investor	rs) / <b>Karta</b> (in case o	of HUF) <b>/ Partner</b> (in case of Part	nership Firm): Relationship with Mino	1 1
Address (DO NOT REPEAT NAME) in	n full of Applicant/Parent OR G	uardian of Minor. Indian a	address in case 1st	Applicant is NRI/FII/PIO (Post B		Father Legal Guardian
						.
Location/City			Dist.		Pin/Zip Co	de
State			Country	<u> </u>	TD Code Tel.	
Email-ID <sup>\$</sup>						
Mobile No. 5		\$ SMS &/ Email ID w	vill be used as the d	lefault mode of communication	if the mobile no. and/or Email ID is furn	ished.
Full Name of Second Applicant	t					
Full Name of Third Applicant						
Permanent Account Number (PAN)/ KY investors and KYC reference no for MIC to be provided. Pls refer to Instruction	RO cases.} In case the 1st applica		KVC ref no Verill		ustomer (KYC) r Instruction / KIM for details. Pl.(✓)	Mode of Holding Pl.(√)
1st Applicant	n/Kim for further details.			Copy of KY	C acknowledgement enclosed	1. Single
Guardian (in case 1st applicant is	minor)				Cacknowledgement enclosed	2. Joint* 3. Either or Survivor/s
2nd Applicant					Cacknowledgement enclosed	(* Default, in case of ambiguity when appl
3rd Applicant				Copy of KY	Cacknowledgement enclosed	are more than one )
	Status/Ca	tegory of the 1st Appl				on of the 1st Applicant Pl.(✓)
1. Resident Individual (RI)	6. Partnership Firm	1	11. NRI	16. PIO	1. Private sect	
2. On behalf of minor RI	NRI 7. Proprietorship F	irm	12. Flls	17. Others (pl.	specify)2. Public Sections service	or / Govt. 6. Retired 7. Student
3. HUF	8. Body Corporate	Listed Unlisted	13. Governme	ent Body	3. Professiona	
4. Company	9. Trust		14. Financial	Institution	4. Business	9 Others (pl. spec
5. AOP/BOI	10. Society		15. Banks			

				rejected . Pls submit documentary proof of the etails including (!) Auto Direct Credit Facility.		
Bank Account No.!				Repeat Bank Account No.!		
MICR Code		IFSC Co		Account Ty	pe: Savings Current	NRE NRO FCNR
Bank Name						
Branch Address						
				City	Pir	n
5-a. INVESTMEN	IT AND PAYMENT DETA	AILS (PIs refer Instruction	ns/ KIM especially Third Pa	orty ) For each application and for each pla	n/option separate cheque /	DD to be submitted.
Cheque /DD No.			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						
	PAYMENT BY 1ST AP					
	clare that the above mention			cash (in case of demand draft) upto Rs. 50,00	1/	
_ ′	mand Draft, Banker's certific			No (In case, the answer is "No", the applic		
				O IS ISSUING THE CHEQUE) DETAI		(Pament)
	Applicant with the issuer of T			O 13 1330 IMA THE CHEQUE) DETAI	ris leier para on militu Party	Tament)
	ent/Relative in case of lst App			deduction from salary) Custo	dian on behalf of FII/Client.	
Full Name of PoA /	Third Party					
PAN No. of PoA / Th	nird Party		[Pla	ase ✓] KYC Compliant Yes No	(Please attach KVC acknowled	gement & Refer instruction no. 10)
6. DEMAT ACCOU	INT DETAILS (Please ensi	ure that the sequence of n		pplication form matches with that of the Dei		-
			provide the below details)\$\$		<u> </u>	
		rity Depository Limi	ted (NSDL)	Central Dep	ository Services (India	a) Limited (CDSL)
Depository Participan	t Name:	D   C : A		Target ID No.		
DP ID No. IN  s in case of any ambiguit	v. AMC is at its discretion to either	Beneficiary Account			Information Document for details.	
sin 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						
	ENT BY NKI/PIO/FII					
Overseas Address City Applicable to NRIs only: I / V	/e* confirm that I am / we* are N			Country that the funds for subscription have been remitted from abroa	d through approved banking channels or	
Overseas Address City applicable to NRIs only: I / W Ordinary Account / FCNR Acco	/e* confirm that I am / we* are N	d remittance certificate (FIRC) / a	account debit certificate in case of	that the funds for subscription have been remitted from abroadebit to NRE / NRO account or direct remittance from	d through approved banking channels or abroad. Please (4) Repatriation bas	from funds in my / our* Non-Resident External
Overseas Address City Applicable to NRIs only: 1 / V Ordinary Account / FCNR Acco	/e* confirm that I am / we* are N ount. Please attach foreign inward VESTMENT PLAN (SIP) (I	d remittance certificate (FIRC) / a Please refer to terms, conditions	and instructions for SIP & fillup se	that the funds for subscription have been remitted from abroadebit to NRE / NRO account or direct remittance from parate form for each SIP date / frequency / plan / opt	d through approved banking channels or abroad. Please (4) Repatriation bas	from funds in my / our* Non-Resident External is Non-Repatriation basis
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Overseas Address City upplicable to NRIs only: I / V urdinary Account / FCNR Acco 8. SYSTEMATIC IN please ✓ only one) Enrolment Period Payment Mechanism Regular SIP	Ve* confirm that I am / we* are N punt. Please attach foreign inware VESTMENT PLAN (SIP) (I Normal SIP	d remittance certificate (FIRC) / a Please refer to terms, conditions Aicro SIP (Available Y Y Y Y En  r (Direct Debit / ECS) (please y (through Standing Instructions and Cheques (please furnish th	and instructions for SIP & fillup see e for investors whose contribution ind    M	that the funds for subscription have been remitted from abroadebit to NRE / NRO account or direct remittance from parate form for each SIP date / frequency / plan / opt through SIP per year will not exceed Rs. 50,000 throu	d through approved banking channels or abroad. Please (4) Repatriation bas on )  gh all SIP contributions if PAN is not seelled)  st installment)  with a cheque towards the first instally on the SIP opted date after 30 dates.	from funds in my / our* Non-Resident External is Non-Repatriation basis  Submitted)
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Overseas Address City Applicable to NRIs only: 1 / V Ordinary Account / FCNR Acco  8. SYSTEMATIC IN (please ✓ only one) Enrolment Period Payment Mechanism  Regular SIP  Special SIP SIP DATE (please ✓ o No. of cheques / in Name of Bank & Bi  9. SYSTEMATIC T	Ve* confirm that I am / we* are Nount. Please attach foreign inward VESTMENT PLAN (SIP) (INORMAL SIP) (Please of the content of the	d remittance certificate (FIRC) / is Please refer to terms, conditions licro SIP (Available Y Y Y Y Y EI  f (Direct Debit / ECS) (please y (through Standing Instructions and Cheques (please furnish the from 10th 15th 15th 15th 15th 15th 15th 16th 15th 16th 15th 16th 16th 16th 16th 16th 16th 16th 16	and instructions for SIP & fillup see e for investors whose contribution attach Auto Debit Registration cu if or HDFC Bank account holder) (Fe e cheque details below) attach Auto Debit Registration cu 20th 25th To	that the funds for subscription have been remitted from abroadebit to NRE / NRO account or direct remittance from parate form for each SIP date / frequency / plan / opt through SIP per year will not exceed Rs. 50,000 throu	d through approved banking channels or abroad. Please (4) Repatriation bas on )  gh all SIP contributions if PAN is not seelled)  st installment)  with a cheque towards the first instal only on the SIP opted date after 30 days are provided by the provide	from funds in my / our* Non-Resident External is  Non-Repatriation basis  Non-Repatriation basis  submitted)  allment)  ays of submission of valid SIP appln.
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Overseas Address City Applicable to NRIs only: 1 / V Ordinary Account / FCNR Acco  8. SYSTEMATIC IN (please ✓ only one) Enrolment Period Payment Mechanism  Regular SIP   Special SIP  SIP DATE (please ✓ o  No. of cheques / in Name of Bank & Bi  9. SYSTEMATIC T  JM  STP installment amo	Ve* confirm that I am / we* are Nount. Please attach foreign inward VESTMENT PLAN (SIP) (I Normal SIP	d remittance certificate (FIRC) / is Please refer to terms, conditions licro SIP (Available)  Y Y Y Y  CDirect Debit / ECS) (please of Cheques (please furnish the r (Direct Debit / ECS)	and instructions for SIP & fillup see e for investors whose contribution and M M Y Y Y  attach Auto Debit Registration cu for HDFC Bank account holder) (Fe e cheque details below) attach Auto Debit Registration cu 20th 25th To	that the funds for subscription have been remitted from abroadebit to NRE / NRO account or direct remittance from parate form for each SIP date / frequency / plan / opt through SIP per year will not exceed Rs. 50,000 through SIP per year will not exceed Rs. 50,000 through SIP per year will not exceed Rs. 50,000 through SIP per year will not exceed Rs. 50,000 through SIP per year will not exceed Rs. 50,000 through SIP per year will not exceed Rs. 50,000 through SIP per year will not exceed Rs. 50,000 through SIP will it is cannot make a contract the first search of the s	d through approved banking channels or abroad. Please (4) Repatriation bas on)  gh all SIP contributions if PAN is not seelled)  st installment)  with a cheque towards the first instal only on the SIP opted date after 30 day and your complete the seelled (* Default IP Installment amount:  IP Installment amount:    Y   Y   OR   Perpetual   OR   Perpetual   OR	from funds in my / our* Non-Resident External is Non-Repatriation basis  submitted)  allment)  ays of submission of valid SIP appln.  Frequency)

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)						
	unt Withdrawal (FAW)		drawal (CAW)					
SWP Installment Amount under FAW: R		Capital Applectation With	arawar (CAW)					
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	M Y Y Y Y	To D D M M Y		e. until it is cancelled)	the starty			
11. NOMINATION DETAILS (Pls Refer inst	truction / KIM for deta	nils)						
I / We_above folio.				at present do not wish to regist	ter nominee/s against the			
I/We hereby nominate the under menti- the Nominee(s). I/We also understand t		•	The second secon		ed against the Name(s) of			
No. Name & Address of the Nominee	/s (upto 3 Nos.)	Date of Birth (in case of Minor)	Relationship with the first ho	older 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/Guardia	n (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 & Art	icles of Association	Certificate of Incorporation	List of Authorised Signatories with	n Specimen Signature(s)			
Verified PAN Copy	Resolution / Authori	sation to invest	Bye-Laws	Others (Pls Specify)				
Power of Attorney	Trust Deed	[	Partnership Deed					
13. Name of Document Attached for	or MICRO SIP							
1. Documen								
2. <b>Documen</b>	rt 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 subsequ	ent amendments thereto including the sec	tion on "Prevention of Money Laundering", I/We	e 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. AMC for distributing the mutual fund units of the scheme	•		ment Manager to the schemes of JM Finan	cial Mutual Fund. It would receive commission/c	distribution fees from JM Financial			
(Applicable for SIP Investors only)								
I/we hereby declare that the particulars given above are or at all, for reasons of incomplete or incorrect information JM Financial Mutual Fund and their authorised service p In the event of any changes in the bank particulars, I/we Information Document.* Please strike out whichever is n	on my/our part or circum providers, to get my/our ab will submit a fresh mand	stances beyond the control of AMC/its ove bank account debited by ECS /Direction	service provider, I/we would not hold the ct Debit/Standing Instructions towards the	Asset Management Company responsible in are collection of monthly/quarterly payments on	ny manner. I/we hereby authorize due SIP dates as opted by me/us.			
Signature of Sole/First Applicant/	Guardian	Signatur <u>e of S</u>	econd Applicant	Signature of Third A	Applicant			

Place : \_\_\_\_

Date : \_\_\_\_