

COMMON APPLICATION FORM

PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and In BLOCK LETTERS (all points marked* are mandatory). For SIP investment use the separate SIP Form.

**To check your Name as per PAN and know your latest KYC Status;
send an SMS to 92129 93399, in the below mentioned format:**

KYC (Space) JMF (Space) (PAN Number in Capital Letters) (Space) Date of Birth in DD/MM/YYYY (Space) Name as per PAN

Sample SMS to be sent to 92129 93399 - KYC JMF ABCDE1234F 01/01/1980 First Name (Space) Last Name

To Know Your KYC Status
Scan Here



DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY		
Name & ARN of Distributor / RIA Code*	Employee Unique Identification No. (EUIIN) [▲]	Sub-Broker ARN Code No.	Internal Sub-Broker Code (as allotted by Distributor)	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine
ARN -	E				

^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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

*RIA/Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes managed by you to the above mentioned SEBI registered investment adviser/RIA.

SIGNATURE (s)		SOLE / FIRST APPLICANT
	SECOND APPLICANT	
	THIRD APPLICANT	

"Upfront Fee or 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".

TRANSACTION CHARGES (PLEASE)

(Refer Instruction No.XIX)

I am a First Time Investor in Mutual Funds

I am an Existing Investor in Mutual Funds

In case the subscription amount is Rs.10,000/- or more and your Distributor has opted to receive Transaction Charges, Rs.150 (for first time mutual fund investor) or Rs.100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

INVESTMENT TYPE (Please tick any one)

LUMP SUM SPECIAL SIP# LUMP SUM WITH SIP/STP/SWP

MODE OF HOLDING (Please tick)

SINGLE JOINT* EITHER OR SURVIVOR ANYONE OR SURVIVOR

#Special SIP - New SIP registration without initial investment.

* Default, in case of ambiguity when applicant are more than one

EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 5)

Folio No.

Require Hard Copy of Annual Report Yes No

1. APPLICANT INFORMATION (Mandatory) TO BE FILLED IN BLOCK LETTERS AND AS PER PAN RECORDS.

NAME OF SOLE /1ST APPLICANT Mr. Ms. M/s.

PAN/PEKRN (Submit verified copy of PAN for 1st time Investor) CKYC No. DOB/DOJ^b D D M M Y Y Y Y

Mobile No. Email ID.

Email ID.

Mobile no. specified above belongs to (Please tick () any one option Self Spouse Dependent Parents Dependent Children Dependent Siblings Guardian POA

Email id specified above belongs to (Please tick () any one option Self Spouse Dependent Parents Dependent Children Dependent Siblings Guardian POA

LEI No. (Legal Entity Identifier) of Non-Individual Investor (Mandatory): Valid Upto ____ / ____ /202____

Note : In case the first applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form. LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual. *Proof of Date of Birth of Minor Birth Certificate Passport Others _____ (Please specify)

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / POA HOLDER (In case of Non-Individual Investors)

Mr. Ms. M/s.

Relationship with Minor/Designation

PAN/PEKRN Date of Birth D D M M Y Y Y Y CKYC No.

ADDRESS

CITY (As per KYC Records)

STATE COUNTRY PIN

RESI. OFF. S T D FAX S T D

SECOND APPLICANT Mr. Ms.

PAN/PEKRN CKYC No. Date of Birth D D M M Y Y Y

Mobile No. Email ID.

Email ID.

Mobile no. specified above belongs to (Please tick () any one option Self Spouse Dependent Parents Dependent Children Dependent Siblings Guardian POA

Email id specified above belongs to (Please tick () any one option Self Spouse Dependent Parents Dependent Children Dependent Siblings Guardian POA



ACKNOWLEDGEMENT SLIP

Received from: Mr. / Ms. / M/s _____ an application for allotment

Scheme _____ Plan Regular Direct Option _____

vide Cheque No. _____ Dated ____ / ____ / ____ Amount (₹) _____ Drawn

on Bank and Branch _____

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

THIRD APPLICANT

Mr. / Ms.

PAN/PEKRN

Date of Birth

D D M M Y Y Y Y

CKYC No.

Mobile No. #

Email ID. #

Mobile no. specified above belongs to (Please tick ✓) any one option Self Spouse Dependent Parents Dependent Children Dependent Siblings Guardian POA
 Email id specified above belongs to (Please tick ✓) any one option Self Spouse Dependent Parents Dependent Children Dependent Siblings Guardian POA

SMS and / Email ID will be used as the default mode of communication if the mobile no. and/or Email ID is furnished. + In case, not ticked, it will be treated to have "opted out".

STATUS

- Resident Individual NRI AOP/BOI Bank Company Body Corporate Partnership Firm FI FII Government Body HUF
 PIO PSU On behalf of Minor (RI) On behalf of Minor (NRI) Society Sole Proprietor Trust /Charities/NGO's Mutual Funds
 Defence Establishment NPO* (Mandatory) (FCRA Account No.) _____ Others (if specify) _____

**"Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

- Yes
 No

If yes, please quote Registration No. of Darpan portal of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

OVERSEAS APPLICANT DETAILS [APPLICANTS FROM US and CANADA WILL NOT BE ACCEPTED (Refer Instruction No 7.)]

ADDRESS (Mandatory for NRI/FII applicant) _____

Country _____ Zip Code _____ TIN No. (Mandatory) _____

2. KYC DETAILS (Mandatory - Refer Instruction No. XIII for details)**OCCUPATION (Please tick ✓)**

- | | | | | | | | | | |
|-----------------|---|---|---|--|--------------------------------------|----------------------------------|----------------------------------|---|---------------------------------------|
| First Applicant | <input type="checkbox"/> Business | <input type="checkbox"/> Service | <input type="checkbox"/> Professional | <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Housewife | <input type="checkbox"/> Student | <input type="checkbox"/> Defence | <input type="checkbox"/> Govt. official | <input type="checkbox"/> Forex Dealer |
| | <input type="checkbox"/> Unlisted Company | <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Listed Company | <input type="checkbox"/> Private Ltd. | <input type="checkbox"/> Public Ltd. | <input type="checkbox"/> Others | | | |

GROSS ANNUAL INCOME (Please tick ✓)

- | | | | | | | | |
|-----------------|--|--|-------------------------------------|--------------------------------------|---------------------------------------|---|------------------------------------|
| First Applicant | For Individual | <input type="checkbox"/> Below 1 Lac | <input type="checkbox"/> 1 - 5 Lacs | <input type="checkbox"/> 5 - 10 Lacs | <input type="checkbox"/> 10 - 25 Lacs | <input type="checkbox"/> > 25 Lacs - 1Crone | <input type="checkbox"/> > 1 Crore |
| | Net Worth (Mandatory for Non-Individuals) ₹ | <input type="checkbox"/> | | | | | as on D D M M Y Y Y Y |
| | | | | | | | [Not older than 1 year] |

- | | | | | | | | | |
|------------------|-----------------------|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|---|------------------------------------|-----------------------------------|
| Second Applicant | For Individual | <input type="checkbox"/> Below 1 Lac | <input type="checkbox"/> 1 - 5 Lacs | <input type="checkbox"/> 5 - 10 Lacs | <input type="checkbox"/> 10 - 25 Lacs | <input type="checkbox"/> > 25 Lacs - 1Crone | <input type="checkbox"/> > 1 Crore | Occupation (Please specify) _____ |
|------------------|-----------------------|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|---|------------------------------------|-----------------------------------|

- | | | | | | | | | |
|-----------------|-----------------------|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|---|------------------------------------|-----------------------------------|
| Third Applicant | For Individual | <input type="checkbox"/> Below 1 Lac | <input type="checkbox"/> 1 - 5 Lacs | <input type="checkbox"/> 5 - 10 Lacs | <input type="checkbox"/> 10 - 25 Lacs | <input type="checkbox"/> > 25 Lacs - 1Crone | <input type="checkbox"/> > 1 Crore | Occupation (Please specify) _____ |
|-----------------|-----------------------|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|---|------------------------------------|-----------------------------------|

POLITICALLY EXPOSED PERSON (Please tick ✓) (refer point no 11 in "instructions to the investors for filling up the application forms")

- | | | | |
|------------------|--|---|---|
| First Applicant | <input type="checkbox"/> I am Politically Exposed Person | <input type="checkbox"/> I am related to Politically Exposed Person | <input type="checkbox"/> Not Applicable |
| Second Applicant | <input type="checkbox"/> I am Politically Exposed Person | <input type="checkbox"/> I am related to Politically Exposed Person | <input type="checkbox"/> Not Applicable |
| Third Applicant | <input type="checkbox"/> I am Politically Exposed Person | <input type="checkbox"/> I am related to Politically Exposed Person | <input type="checkbox"/> Not Applicable |

For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Foreign Exchange / Money Changer Service | <input type="checkbox"/> Gamin / Gambling / Lottery / Casino Services | <input type="checkbox"/> Money Lending / Pawning | <input type="checkbox"/> Not Applicable |
|---|---|--|---|

3. FATCA/CRS DETAILS MANDATORY FOR INDIVIDUALS (Non Individual Investors should mandatory fill separate FATCA/CRS details form) (Refer Instruction No. XVIII)

Sole / First Applicant / Guardian			2nd Applicant			3rd Applicant		
Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____		
Country	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]	Country	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]	Country	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		

4. INVESTMENT DETAILS (Pls Refer instruction No. 5)*?? Investment in more than one Scheme cheque should be issued in favor of JM FINANCIAL MUTUAL FUND - COLLECTION ACCOUNT (For Lumpsum purchase only)

Sr. No.	Scheme Name	Plan	Option	Sub Option	Amount
1.	JM				
2.	JM				
3.	JM				
Total					

*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 tick "Direct" under above column titled as "Plan".



DECLARATION & SIGNATURES: Having read and understood the contents of the Statement of Additional Information / 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 Trustees 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/Trustees/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 Ltd. is affiliated to JM Financial Asset Management 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.

Consent for sharing Information :- I/We hereby consent to the disclosure/sharing of my/our personal information to the Judicial /Statutory/ Regulatory Authorities for the compliance of legal obligation of JM Financial AMC/JM Financial Mutual Fund/JM Financial Trustee Co. Pvt. Ltd. I/We also consent to the sharing of the transaction feed of my/our Investment in the above Scheme of JM Financial Mutual Fund with the Registered Investment Advisor (RIA)/Distributor whose RIA/ARN Code is mentioned above.

##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 through direct remittances from abroad.

	SOLE / FIRST APPLICANT		SECOND APPLICANT		THIRD APPLICANT
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 **Date:**

Note: In case the First Applicant is a Non Individual, please attach FATCA, CRS & UBO Self Certification Form ^** The application is liable for rejection if the name does not match with PAN copy. It is mandatory for investors to be KYC compliant prior to investing in JM Financial Mutual Fund.

& US and Canada Investors are not permitted to invest in our Schemes. ^ In case, not ticked, it will be considered as Not Applicable.

Please () Repatriation basis Non-Repatriation basis.

 **Place:**

CHECKLIST Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee /Company Secretary /Authorised signatory / Notary Public)

Documents	Individual	Companies	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FII	PIO
Copy of PAN Card / PEKRN	✓	✓	✓	✓	✓	✓	✓	✓	✓
Resolution/ Authorisation to invest		✓	✓	✓			✓		✓
List of authorised signatories with specimen signatures	✓	✓	✓	✓	✓	✓	✓		✓
Memorandum & Articles of Association	✓								
Trust Deed							✓		
Byelaws			✓						
Partnership Deed				✓					
Overseas Auditor Certificate								✓	✓
Notarised POA					✓		✓		✓
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card							✓		✓
Foreign Inward Remittance Certificate							✓		
NPO			✓				✓		

