

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

Serial No: **ED**

**^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."

**"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".**

\*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".

☐ 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.)

**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)

**Date of Birth** (Mandatory)

(Pls submit documentary proof in case of minor)

**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**

**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/Zin Code
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[illegible]

<b>Mobile No.</b> §										§ SMS and/ Email ID will be used as the default mode of communication if the mobile no. and/or Email ID is furnished.	<b>Date of Birth</b> (Mandatory)
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Full Name of Second Applicant																			
(As per Aadhar card)																			

Permanent Account Number (PAN)/ KYC ref. no.	Mandatory (Please submit a verified copy of PAN card for all)	KYC Copy attached	Verified Copy of	As on	From	To	DOB	Mobile No.	E-Mail Address	State
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[illegible][illegible]

4a. Status of Sole/1st applicant	Mode of Holding Pl.(✓)	4b. Occupation Details (please tick ✓)
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1. <input type="checkbox"/> Resident individual (NI)	7. <input type="checkbox"/> Proprietorship firm	13. <input type="checkbox"/> Financial institution	2. <input type="checkbox"/> Joint*	2. <input type="checkbox"/> Public Sector / Govt.	6. <input type="checkbox"/> Retired
2. <input type="checkbox"/> On behalf of minor <input type="checkbox"/> RI <input type="checkbox"/> NRI	8. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	14. <input type="checkbox"/> Banks			

3. ☐ HUF      9. ☐ Trust      15. ☐ NRI      (\* Default, in case of ambiguity when applicants are joint)      3. ☐ Professional      8. ☐ Agriculturist

5. <input type="checkbox"/> AOP/BOI	11. <input type="checkbox"/> Fills	17. <input type="checkbox"/> Others <sup>&amp;</sup> (pl.specify)	
<input type="checkbox"/>	<input type="checkbox"/>		

4c. Gross Annual Income (Please tick <input checked="" type="checkbox"/> )	4d. For Individuals / HUFs (Please tick <input checked="" type="checkbox"/> ^)	4e. For Non-Individuals (Companies, Trust,
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☐ Below 1 Lac   ☐ 1 - 5 Lacs   ☐ 5 - 10 Lacs   ☐ I am Politically Exposed Person   ☐ Foreign Exchange / Money Changer Services

Net Worth in (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ ☐ Not Applicable ☐ Money Lending / Pawning ☐ Other Income

<sup>&</sup> US and Canada Investors are not permitted to invest in our Schemes. <sup>^</sup> If not ticked it will be considered as Not Applicable.

Bank Account No.!																Repeat Bank Account No.!																															
MICR Code																IFSC Code											Account Type :	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR															
Bank Name																																															
Branch Address																																															
																															City											Pin					

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

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

II. ☐ from/by debit to my personal/my joint Bank Account with other IInd/IIInd 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)

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 FI/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)

<b>Overseas Address</b>														
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

☐ 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.

<b>Guardian Name</b> (in case of Minor)				<b>Relationship</b>			
<b>Address</b>							
<b>City</b>				<b>Pin</b>		<b>Signature of Nominee/Guardian (Not mandatory)</b>	

<input type="checkbox"/> <b>Mandatory</b> <input type="checkbox"/> KYC Compliance Status Proof <input type="checkbox"/> Verified PAN Copy <input type="checkbox"/> FATCA/UBO Declaration	<input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Resolution / Authorisation to invest <input type="checkbox"/> Trust Deed <input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Bye-Laws <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Aadhaar Card Copy(ies)	<input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s) <input type="checkbox"/> Others (Pls Specify) _____ <input type="checkbox"/>
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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 the 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 decided 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.

**Consent for linking Aadhaar:** I/We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating / authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and Regulations made thereunder) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered Mutual Fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN(s).

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Date : \_\_\_\_\_ Place : \_\_\_\_\_

**10. 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).

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

<sup>55</sup> 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.

(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	Emd	M	M	Y	Y	Y	Y	OR Perpetual (i.e. until it is cancelled)		
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### Payment Mechanism:

Regular SIP <input type="checkbox"/>	<input type="checkbox"/> Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form along with a cheque towards the first installment)
	<input type="checkbox"/> 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)
	<input type="checkbox"/> Through Post dated Cheques (please furnish the cheque details below)
Special SIP <input type="checkbox"/>	<input type="checkbox"/> 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 :**

**12. 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  To  OR Perpetual(i.e. until it is cancelled)

**Frequency of Transfer** <sup>④</sup> (Pl. 4 any one from the following)

<input type="checkbox"/> Chhota STP/Combo SIP	<input type="checkbox"/> Weekly (pl. ✓ any one starting date)	<input type="checkbox"/> Fortnightly (pl. ✓ any one starting date)	<input type="checkbox"/> Monthly (pl. ✓ any one starting date)	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Daily	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 22 <sup>nd</sup> of the month	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> of every month	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> of the month	1st Business Day of the next month and subsequently on first of every quarter

<sup>®</sup> choice of multiple frequency under weekly/fortnightly/monthly STP through a single form will be rejected

### 13. 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. 

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

**Enrolment Period:** From 

D	D	M	M	Y	Y	Y	Y
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 To 

D	D	M	M	Y	Y	Y	Y
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 OR Perpetual (i.e. until it is cancelled) 

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**14. Name of Document Attached for MICRO SIP**

1.	Document Ref. No. _____
2.	Document Ref. No. _____
3.	Document Ref. No. _____

## 15. DECLARATION & SIGNATURES

(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.

<b>Signature of Sole/First Applicant/Guardian</b>	<b>Signature of Second Applicant</b>	<b>Signature of Third Applicant</b>

Date : \_\_\_\_\_ Place : \_\_\_\_\_

Received an application from Mr./Ms./M/s. \_\_\_\_\_

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

Serial No: **ED**

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.

**Registrar: Karvv Computershare Private Limited:** Karvv Selenium Tower B, Plot No 31 & 32, First Floor, Gachibowli, Financial District, Nanakramguda, Serilingampally, Hyderabad – 500 032.

Tel.: (040) 6716 1500 (Board) • E-mail: [service\\_jmf@karvy.com](mailto: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.