## **COMMON APPLICATION FORM**

JM FINANCIAL

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.

MUTUAL FUND

To Know Your KYC Status Scan Here



Receipt Date and Time

## 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	1214 W 120.
DISTRIBUTOR INFORMATION FOR OFF	ICE USE ONLY
me & ARN of Distributor / RIA Code*    Employee Unique   Sub-Broker   Internal Sub-Broker Code   In-House number   ARN Code No.   (as allotted by Distributor)   as per K-BOLT	ate, Time and Number as per Time Stamping Machine
RN - ARN -1308 E	
Indatory: Furnishing of EUIN is mandatory for all transactions (Purchase/Switch/SIP/STP) or following declaration should be signed by the investor (Please *\footnote{\text{the box}} the box) eclaration: "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 nof the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the above distributor/sub give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under the above mentioned SEBI registered investment adviser/RIA.	e employee/relationship manager/ the distributor/sub broker."
	THIRD APPLICANT
ont 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 rer	
I am an Existing Investor in Mutual Funds	(Refer Instruction No.X
ase the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fu	nd investor) or ₹100/- (for inve
er than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the ba	
VESTMENT TYPE (Please tick any one)   MODE OF HOLDING (Please tick ✓ )	
LUMP SUM SPECIAL SIP## LUMP SUM WITH SIP/STP/SWP SINGLE JOINT* EITHER OR SURVIVOR (* Default, in case of amb	oiguity when applicant are more than o
cial SIP - New SIP registration without initial investment.	
XISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 5)	Annual Poport Vos No
olio No. Require Hard Copy of A	Annual Report   Yes   No
APPLICANT INFORMATION (Mandatory) TO BE FILLED IN BLOCK LETTERS AND AS PER PAN RECORDS.	
E OF SOLE /1ST APPLICANT Mr. Ms. M/s.	
(Submit verified copy of PAN for 1st time Investor)  CKYC No. DOB/DC	DIS D D M M Y Y Y
bile No.* Email ID.*	
bile no. specified above belongs to (Please tick (🗸) any one option Self Spouse Dependent Parents Dependent Children Depende	ent Siblings Guardian F
ail id specified above belongs to (Please tick (🗸 ) any one option 🔠 Self 🔲 Spouse 🔛 Dependent Parents 🔛 Dependent Children 🔲 Depende	ent Siblings 🗌 Guardian 🔲 F
No. (Legal Entity Identifier) of Non-Individual Investor (Mandatory) :	Valid Upto / /2
: In case the first applicant is Non Individual please attach FATCA, CRS & UBO Self Certification	
n. LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual.  *Proof of Date of Birth of Minor  Birth Cetificate  Passport  Othe ARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / POA HOLDER (In case of Non-Index)	
Ms.  M/s.	ividual investors,
Relationship with Minor/Designation	
PEKRN Date of Birth DDMMMYYYYYCKYC No.	
ESS	
atry atry	(As per KYC Reco
TE COUNTRY	PIN
I. S T D OFF. S T D FAX S T D	
OND APPLICANT Mr. Ms.	
PEKRN CKYC No. Date of Birth	D D M M Y Y Y
bile No. * Email ID. *	
	ent Siblings Guardian P
	ent Siblings 🔲 Guardian 🦳 P
	<u>у</u>
KNOWLEDGEMENT SLIP	JM FINANC
eived from: Mr. / Ms. / M/s an application for allotment	MUTUAL FUND
	Collection Center's Stamp &

Plan □ Regular □ Direct Option\_\_\_

Amount (₹) \_

\_Dated \_\_\_

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

Scheme\_

Document)

vide Cheque No\_ on Bank and Branch \_

THIRD APPLICANT	Mr. Ms.															
PAN/PEKRN		Dat	e of Birth D	D M M Y Y	У У	CKYC No.										
Mobile No.#			Email ID.#													
	3 .	Please tick (✓) any one op		= ' = '	dent Pare	= '	lent Childr		pendent Siblin	· = =						
		ase tick (✓) any one optio			dent Pare		lent Childr		pendent Siblin							
	viii be used as the	default mode of comm	unication if the	mobile no. and/or Ema	all ID is tu	rnisnea. + in cas	se, not ticke	ea, it will t	e treated to na	ve opted out .						
STATUS	L L DND						F: -									
Resident Indivi		of Minor (RI)	k	, , .		Partnership le Proprietor				nment Body   HUF Nutual Funds						
Defence Estab		PO* (Mandatory) (FCR			301	Others (if		Channes	S/NGO'S N	nutuai runus						
*"Non-profit organizat	ion" means any ent	, , , , , ,	uted for religious	or charitable purposes re		in clause (15) of se	ection 2 of th			— of 1961), that is registered as (18 of 2013).						
-		Organization" [NPO] v	•						Yes							
		Income-tax Act, 1961		•		,										
Act, 2013 (18 of 2		0) or any similar State	legislation or a	a Company registere	a unaer	the section 8 (	or the Con	npanies	☐ No							
If yes, please aud	ote Registration	No. of Darpan portal o	of Niti Aavog						1							
If not, please register i	mmediately and co	nfirm with the above infor	mation. Failure to							ill force MF / AMC to register						
		I may report to the relevan I to deduct such fines/char								equired under the respective						
OVERSEAS APP	LICANT DET	AILS [APPLICANTS	FROM US ar	nd CANADA WILL	NOT B	E ACCEPTED	(Refer I	nstructi	on No 7.)]							
ADDRESS (Mandato	ry for NRI/FII appl	icant)														
Country				Zip Code			TIN No.	(Mandato	ry)							
		- Refer Instruction	No. XIII for	details)												
OCCUPATION (Ple	Business	Service Pro	fessional	Agriculturist	Housew	rife Stud	ont	Defence		€ -i-l □ Favou Daalau						
First Applicant	Unlisted Co	ompany Body (	Corporate	Listed Company		Private Ltd.		ic Ltd.	Govt. o	fficial Forex Dealer						
GROSS ANNUAL II																
First Applicant		Below 1 Lac 1 - 5		0 Lacs	$\overline{\Box}$	on D D M	> 1 Cror	Y Y Y	[Not older th	an 1 year]						
Second Applicant	For Individual	Below 1 Lac 1 - 5 L	acs 5 - 10 L	acs 10 - 25 Lacs	> 25 La	acs - 1Crore	> 1 Crore	Occupation	on (Please spec	ify)						
Third Applicant	For Individual	Below 1 Lac 1 - 5 L	acs 5 - 10 L	acs 10 - 25 Lacs	> 25 La	acs - 1Crore	> 1 Crore	Occupation	on (Please spec	ify)						
	OSED PERSON (	Please tick √ ) (refer ¡	ooint no 11 in	"instructions to the	investo	rs for filling u	p the app	lication f	orms)							
First Applicant		ally Exposed Person		ed to Politically Expose			t Applicab									
Second Applicant	☐ I am Politic	ally Exposed Person	l am relat	ed to Politically Expose	ed Person	n No	t Applicab	le								
Third Applicant	I am Politic	ally Exposed Person	l am relat	ed to Politically Expose	ed Person	n No	t Applicab	le								
For Non-Individua	als (Companies,	Trust, Partnership et	c.) (Please ticl	k √ )												
Foreign Exchan	ge / Money Chang	ger Service 🔲 Gamin /	Gambling / Lo	ttery / Casino Services	Mo	oney Lending / I	Pawning [	Not Ap	oplicable							
3. FATCA/CRS	DETAILS MAN	IDATORY FOR IND	IVIDUALS (N	on Individual Investors	should ma	andatory fill sep	arate FATCA	/CRS detai	ls form) (I	Refer Instruction No. XVIII)						
	rst Applicant / G			2nd Applicant					Applicant	POA						
Place & Country of	Birth :	/	Place & Coun	try of Birth :	/	/	Place & C	Country of	f Birth :	/						
Country	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]	Country	Tax Payer Ref ID No		fication Type ther, please specify]	Cou	ntry	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]						
1.			1.				1.									
2.			2.				2.									
3.			3.				3.									
		Is Refer instruction	n <b>No. 5)*??</b> Ir	nvestment in more than	n one Sch	neme cheque sh	ould be iss	sued in fav	or of JM FINAN	CIAL MUTUAL FUND -						
		psum purchase only)		Dlaw		Onting		Cl-	Ontion	Amount						
Sr. No.  1. JM	Scheme Name			Plan		Option		Sub	Option	Amount						
2. <b>JM</b>																
3. JM								7	Гotal							

\*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".

5. BANK A	ACCOU	NT D	ET.	AILS																										(Refe	r Ins	tructi	on No	). IV)
Account No.																Acco	ount	Type [F	Plea	ase √]	s	В	Cu	rent	1	NRO _	N	NRE	F	CNR_	Dii	rect Re	emitta	ance
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Branch Add.			T			1	T	T											Ť	1	$\overline{\Box}$	T		$\overline{}$	T	Ť	T	$\overline{}$			Ť	$\overline{}$	1	T
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(It is mandatory	to furnis	h bank	par	ticulars	failing	which a	applio	cation	n sha	ll be r	rejecte	ed. I	Please	sul	bmit d	ocun	nent	ary proc	of o	f the b	ank ma	ndate	e de	oicting	the	e name	e of	the 1	st /	sole a	pplic	ant).		
6. INVEST			PA			ETAII Imount				Instru larges		ns/ I			each a			on and t	for		olan/op Accoun			arate	che	eque /	DE	) to b		ubmit ank&B				
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If No, my relation Documents Att	onship w	ith the	ban	k accou	unt hole	der is 🗌	Spc	use	c	hild	Pa	ren	nt 🗌 F	Rela	ative [	Ot	thers	. Applica	atio	on form	n witho	ut thi							_	_		10		
IN CASE O	F PAYI	MEN.	ГВ	Y 1ST	APP	LICAI	NT (	Plea	ase	√)																								
I / We hereby of from/by de ^^In case	ebit to m of Dema	y perso nd Dra	nal/ ft, B	/my joir anker's	nt Bank certific	Accour	nt [ out th	aga ie sou	ainst urce c	cash of fun	(in ca: ds is a	se o	ched.							nt or di	irect rer	nitta	nce	from a	hro	ad								
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Full Name of T	hird Par	ty																																
PAN No. of Thi	rd Party											(Pl	ease (	<b>√</b> ))	KYC	Com	plia	nt 🔲 ՝	Yes	s 🔲 N	lo (Plea	ise a	ttac	h KYC	acl	knowl	ed	geme	nt	& Ref	er ins	struct	ions)	
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ss in case of any a			at its	s discret	ion to e	ither allo	ot unit	ts as p	oer De	mat ii	nforma	atio	n or in	phy	sical m	ode.	Kind	ly refer St	tate	ment o	f Additio	nal II	nforr	nation	and			nforma C [Ple				for det		hod
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agree that the Fun- to him for the diffe is the Investment N	rent comp	etina Sc	hem	es of var	ious Mut	ual Func	ls from	n amo	nast w	/hich t	he Sch	eme	e is bein	a re	comme	ended	to m	e/us".JM	Fina	ancial Se	ervices Lt	d. is a	ffiliat	ed to JN	Λ Fin	ancial A	∖sse	et Mana	aer	nent Lto	l (JM F	inancia	al AMC	ayak ı, whi
Consent for sharir Mutual Fund/JM Fi	ng Informa	ition :- I																																nanc
RIA/ARN Code is m ##Applicable to N	IRIs only:	/ We* c	onfir	m that I	am / we	are Nor	n-Resid	dent o	of India	an Nat	ionality	y / O	Origin ar	nd I	/We* h	ereby	conf	irm that tl	he f	unds fo	r subscrip	otion l	have	been re	mitt	ed fron	n ak	oroad th	hrou	ugh app	roved	l bankir	ng chai	nnels
from funds in my /	our NON-	nesiden	ı EXTE	erridi / U	rumaty F	.ccount	, rUNH	, MCCO	runt th	ugn	urect	rem	iiiidiiCe	۱۲۵ د	JIII dDľ(	JaU.																		
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Note: In case t copy. It is man	he First	Applic	ant	is a No	n Indi	/idual, omnli:	pleas	se att	tach	FATC	A, CF	S 8	& UBO	Sel	lf Cert	ificat	tion ınd	Form ^	**	The ap	plicati	on is	liak	le for	reje	ection	if	the na	am	e does	not	matc	h wit	n PA
& US and Cana																		onsider	ed	as Not	Appli	able	۵.											

Please (✓) ☐ Repatriation basis ☐ Non-Repatriation basis.

## SIP & SPECIAL SIP REGISTRATION FORM



(For first time investors, Kindly submit this form along with Common Application form) **DISTRIBUTOR INFORMATION** FOR OFFICE USE ONLY Name & ARN of Distributor / **Employee Unique** Sub-Broker No. Internal Sub-Broker Code Date, Time and Number as per In-House number as per K-BOLT **Time Stamping Machine** RIA Code\* Identification No. (EUIN)^ **ARN Code** (as alloted by Distributor) ARN- ARN - 1308 E 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."

\*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 SERI registered investment adviser/RIA SIGNATURE (s) "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". TRANSACTION CHARGES (PLEASE ✓) I am an Existing Investor in Mutual Funds Lam a First Time Investor in Mutual Funds In case the commitment amount is  $\equiv$ 10,000/- or more and your Distributor has opted to receive Transaction Charges,  $\equiv$ 150 (for rst time mutual fund investor) or  $\equiv$ 100/- (for investor other than rst 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. UNITHOLDER INFORMATION (MANDATORY) Folio Number (for existing Unit Holder): Name (as in PAN card/KYC records) M/s. Date of Birth Mobile CKYC No. **SIP Details** J-OTM K-OTM SIP Registration Mode ☐ Mandate along with SIP form (if Multiple One Time Mandate are registered) OTM Reference No **TOP-UP Facility SIP Date Enrollment Period** Scheme / Plan / Option Frequency **SIP Amount** (DD) (MMYY) Frequency **Top-up SIP Amount** Daily Weekly Default SIP Date 5th Quarterly From TOP-UP CAP AMOUNT Fortnightly Monthly Half Yearly То \_\_ Yearly Quarterly (Weekly SIP) Daily ₹ in figures Default SIP Date 5th Quarterly From TOP-UP CAP AMOUNT Fortnightly Monthly Half Yearly To ₹ Yearly Quarterly (Weekly SIP) Daily Weekly ₹ in figures Default SIP Date 5th Ouarterly From TOP-UP CAP AMOUNT Fortnightly Monthly Half Yearly Tο Yearly in figures Quarterly (Weekly SIP) SIP initial payment details (Optional) Drawn on bank / branch name Cheque/DD Cheque/DD Dated In case of multiple SIP, mention "JM Financial Mutual Fund - Collection Account" on the payment instrument. Declaration and Signature (to be signed by all unit holders if mode of holding is 'joint') 1/We declare that the particulars furnished here are correct. I / We authorize JM Financial Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/or any lumpsum payments through an Electro time to time. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform JM Financial Mutual Fund about any changes in my bank account. I/We have Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account You/ Sole Applicant / Guardian JM FINANCIAL **DEBIT MANDATE FORM NACH** MUTUAL FUND UMRN: Date Tick ( ✓ ) Sponsor Bank Code: **Utility Code** CREATE MODIFY I/We hereby authorize: **IM Financial Mutual Fund** to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other CANCEL Bank a/c number: with Bank IFS( or MICR an amount of Rupees Fixed Amount FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented Maximum Amount Debit Type Reference 1 Phone No. Reference 2 All Schemes of JM Financial Mutual Fund I/We agree for the debit of mandate processing charges by the bank whom I am/we are authorizing to debit my/our account as per latest schedule of charges of the bank. **PERIOD** 

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am/We are authorizing the user entity / corporate to debit my/our account.

From to

The Maximum validity for this Mandate is for 40 years

• I/We have understood that I am/we are authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I/We have authorized the debit.