

# 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.

MUTUAL FUND

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

<b>TRANSACTION CHARGES (PLEASE ✓)</b>	(Refer Instruction No.XIX)
<input type="checkbox"/> I am a First Time Investor in Mutual Funds	<input type="checkbox"/> I am an Existing Investor in Mutual Funds

In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fund investor) or ₹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.

<b>INVESTMENT TYPE (Please tick any one)</b>	<b>MODE OF HOLDING (Please tick ✓)</b>
<input type="checkbox"/> LUMP SUM <input type="checkbox"/> SPECIAL SIP <input type="checkbox"/> LUMP SUM WITH SIP/STP/SWP	<input type="checkbox"/> SINGLE <input type="checkbox"/> JOINT* <input type="checkbox"/> EITHER OR SURVIVOR (* Default, in case of ambiguity when applicant are more than one)

<b>EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 5)</b>
Folio No. <input type="text"/>
Require Hard Copy of Annual Report <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="text"/>
		DOB/DOI <sup>s</sup> <input type="text"/>

Mobile No.# <input type="text"/>	Email ID.# <input type="text"/>
Mobile no. specified above belongs to (Please tick (✓) any one option <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	
Email id specified above belongs to (Please tick (✓) any one option <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	

LEI No. (Legal Entity Identifier) of Non-Individual Investor (Mandatory): <input type="text"/>	Valid Upto <input type="text"/> / <input type="text"/> /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 <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> 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 <input type="text"/>
PAN/PEKRN	Date of Birth <input type="text"/>
	CKYC No. <input type="text"/>
ADDRESS	
	CITY <input type="text"/>
	(As per KYC Records)
STATE	COUNTRY
RESI. <input type="text"/>	OFF. <input type="text"/>
	FAX <input type="text"/>

SECOND APPLICANT	Mr. Ms.
PAN/PEKRN	CKYC No. <input type="text"/>
	Date of Birth <input type="text"/>
Mobile No.# <input type="text"/>	Email ID.# <input type="text"/>
Mobile no. specified above belongs to (Please tick (✓) any one option <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	
Email id specified above belongs to (Please tick (✓) any one option <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	

THIRD APPLICANT	Mr. Ms.
PAN/PEKRN	CKYC No. <input type="text"/>
	Date of Birth <input type="text"/>
Mobile No.# <input type="text"/>	Email ID.# <input type="text"/>
Mobile no. specified above belongs to (Please tick (✓) any one option <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	
Email id specified above belongs to (Please tick (✓) any one option <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> 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".

## ACKNOWLEDGEMENT SLIP

Received from: Mr. / Ms. / M/s \_\_\_\_\_ an application for allotment  
 Scheme \_\_\_\_\_ Plan \_\_\_\_\_ 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)

Collection Center's Stamp & Receipt Date and Time

**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  Business  Service  Professional  Agriculturist  Housewife  Student  Defence  Govt. official  Forex Dealer  
 Unlisted Company  Body Corporate  Listed Company  Private Ltd.  Public Ltd.  Others \_\_\_\_\_

**GROSS ANNUAL INCOME (Please tick ✓)**

First Applicant **For Individual**  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  > 25 Lacs - 1Crore  > 1 Crore  
**Net Worth (Mandatory for Non-Individuals) ₹** \_\_\_\_\_ as on         [Not older than 1 year]

Second Applicant **For Individual**  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  > 25 Lacs - 1Crore  > 1 Crore Occupation (Please specify) \_\_\_\_\_

Third Applicant **For Individual**  Below 1 Lac  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  > 25 Lacs - 1Crore  > 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  I am Politically Exposed Person  I am related to Politically Exposed Person  Not Applicable  
 Second Applicant  I am Politically Exposed Person  I am related to Politically Exposed Person  Not Applicable  
 Third Applicant  I am Politically Exposed Person  I am related to Politically Exposed Person  Not Applicable

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

Foreign Exchange / Money Changer Service
  Gamin / Gambling / Lottery / Casino Services
  Money Lending / Pawning
  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			<input type="checkbox"/> 3rd Applicant <input type="checkbox"/> POA		
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				
				<b>Total</b>	

\*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 ACCOUNT DETAILS (Refer Instruction No. IV)**

Account No. \_\_\_\_\_ Account Type [Please ✓]  SB  Current  NRO  NRE  FCNR  Direct Remittances  
 Bank Name \_\_\_\_\_  
 Branch Add. \_\_\_\_\_  
 Pin \_\_\_\_\_ IFSC CODE \_\_\_\_\_ MICR CODE \_\_\_\_\_

(It is mandatory to furnish bank particulars failing which application shall be rejected. Please submit documentary proof of the bank mandate depicting the name of the 1st / sole applicant).





# SIP ENROLLMENT CUM ONE TIME DEBIT MANDATE FORM

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form)  
(all points marked \* are mandatory)

DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE
ARN -	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUN)		ONLY FOR DIRECT INVESTMENT

\*Investors should mention the EUN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUN 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 Distributors based on the investors' assessment of various factors including the service rendered by the distributor. For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

UNITHOLDER INFORMATION		Folio No. (For Existing Unit Holders)											
Sole / 1st Unit Holder													
PAN		Date of Birth						Mobile No.					
CKYC No.													

INVESTMENT DETAILS		JM
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy).		
Installment Period : From Date		To Date
Amount Per Installment :		Amount in words :
1st Installment Cheque Details : Cheque / DD No.		Amount (₹)
Drawn on Bank & Branch :		
Photo ID Proof number in case of Micro SIP of 1st Applicant		
2nd Applicant		
3rd Applicant		
I/We hereby authorize JM Financial Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing / Auto Debit for collection of SIP Payments. Note: Please allow 1 month Auto Debit to register and start		

SIP DETAILS		OTM Ref No.	(Please mention if already registered)											
<input type="checkbox"/>	<b>Regular SIP:</b> First Installment of Regular SIP through a Cheque/Electronic transfer and subsequent investments via National Automated Clearing House (NACH).													
<input type="checkbox"/>	<b>Micro SIP:</b> First Installment of Regular SIP through a Cheque and subsequent investments via National Automated Clearing House (NACH).													
I/We hereby apply for the following facility under Systematic Investment Facilities (PI tick only one from each column)														
Facility (Please ✓)	Name of the Scheme /s (Please Mention)	Plan (Please ✓)	Option (Pls mention)	Sub-Option (Please ✓ in case of IDCW)										
<input type="checkbox"/> SIP	JM	<input type="radio"/> Regular <input type="radio"/> Direct		<input type="radio"/> Payout <input type="radio"/> Reinvestment										

Please select and tick any of the due dates from the below table against the facility being chosen by you.

Frequency (Please ✓)	<input type="checkbox"/> Daily (Please ✓)	<input type="checkbox"/> Weekly (Please ✓)	<input type="checkbox"/> Fortnightly (Please ✓)	<input type="checkbox"/> Monthly**	<input type="checkbox"/> Quarterly (Please ✓)
		"Day _____" Monday to Friday	<input type="checkbox"/> any day of the month	<input type="checkbox"/> any day of the month	<input type="checkbox"/> any day of the month

\*\* Fifth of the month will be the default frequency if not ticked.

DECLARATION		
<p><b>Applicable for SIP Investors only:</b> I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in NACH /Direct Debit or Standing Instruction Clearance. In case 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 the AMC/its service provider, I/we would not hold the Asset Management Company or its associates/vendors 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 NACH /Direct Debit/Standing Instructions towards the collection of 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 understand and agree to the current terms &amp; conditions for SIP Pause facility in case I/We opt for the same anytime. I/We have read and agreed to the terms and conditions mentioned in KIM / Scheme Information Document of the scheme.</p> <p><b>Consent for sharing Information :</b> 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.</p>		

JM FINANCIAL		One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit											
MUTUAL FUND	UMRN	F o r o f f i c e u s e										Date	
TICK (✓)	Sponsor Bank Code	For Office use				Utility Code				For Office use			
CREATE <input checked="" type="checkbox"/>	I/We hereby authorize JM FINANCIAL MUTUAL FUND to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other												
MODIFY <input checked="" type="checkbox"/>	Bank a/c number												
CANCEL <input checked="" type="checkbox"/>	with Bank IFSC or MICR												
	an amount of Rupees ₹												
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qytr <input checked="" type="checkbox"/> H Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented				DEBIT TYPE				<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount				
Reference 1	Folio Number				Phone No.								
Reference 2	Applicaton Number				Email ID								
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.													
PERIOD	From				Signature Primary Account holder				Signature Primary Account holder				
	To				Signature Primary Account holder				Signature Primary Account holder				
The Maximum validity for this Mandate is for 40 years													
1. Name as in Bank records 2. Name as in Bank records 3. Name as in Bank records													
This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.													