JM FINANCIAL MUTUAL FUND

JM FINANCIAL

COMMON APPLICATION FORM

Resident ☐ Non-Resident ☐ (please ✔) as per your status **Serial No: ED**

DISTRIBUTOR INFORMATION		FOR OFFICE USE ONLY	
Name & Broker Code/ARN	Sub-Agent/Broker Code	In-House number as per K-BOLT	Date , Time and Number as per Time Stamping Machine
13308			

"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".

INVESTMENT DETAILS (Pls Refer instruction No. 5)*

Scheme Name	Plan	Option	Sub-Option
JM			

*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.

1. EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 4)

Folio No.

2. 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)

(To be filled in block letters. Use one box for one alphabet, leaving one box blank between name and surname)

Full Name of Sole/1st Applicant/Minor/Non-individual: **Date of Birth** (in case of minor) D D M M Y Y Y Y

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. ✔] Mother ☐ Father ☐ Legal Guardian ☐

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 Pin Code

Dist. State

STD Code Tel. Fax

Email-ID # C A P I T A L L E T T E R S (# Default mode of communication, if email id is furnished)

Mobile No.

Full Name of Second Applicant

Full Name of Third Applicant

Mode of Holding [Pl. ✔]

1. ☐ Single
2. ☐ Joint*
3. ☐ Either or Survivor/s

(* Default, in case of ambiguity when applicants are more than one)

Occupation of the 1st Applicant [Pl. ✔]

1. ☐ Private sector service
2. ☐ Public Sector / Govt. service
3. ☐ Professional
4. ☐ Business
5. ☐ Housewife
6. ☐ Retired
7. ☐ Student
8. ☐ Agriculturist
9. ☐ Others (pl. specify) _____

Permanent Account Number (PAN) - Mandatory (Please submit a verified copy of PAN card for all investors. In case the 1st applicant is minor, please provide Guardian's PAN. Pls Refer to Instruction No. 8	Verified Copy of PAN Card enclosed Pl.(✓)	Know Your Customer (KYC) Please refer to instruction no. 8	Pl.(✓)
1st Applicant	☐	Copy of KYC acknowledgement enclosed	☐
Guardian (in case 1st applicant is minor)	☐	Copy of KYC acknowledgement enclosed	☐
2nd Applicant	☐	Copy of KYC acknowledgement enclosed	☐
3rd Applicant	☐	Copy of KYC acknowledgement enclosed	☐

Status/Category of the 1st Applicant [Pl. ✔]

1. ☐ Resident Individual 2. ☐ On behalf of minor 3. ☐ HUF 4. ☐ Company 5. ☐ AOP/BOI 6. ☐ Partnership Firm 7. ☐ Proprietorship Firm 8. ☐ Body Corporate ☐ Listed ☐ Unlisted 9. ☐ Trust 10. ☐ Society 11. ☐ NRI 12. ☐ FIIs 13. ☐ Government Body 14. ☐ Financial Institution 15. ☐ Banks 16. ☐ PIO 17. ☐ Others (pl.specify) _____

3. BANK PARTICULARS (It is mandatory to furnish bank particulars of first applicant as per SEBI guidelines, failing which application shall be rejected)

Bank Account No.* **Repeat Bank Account No.***

MICR Code **IFSC Code** **Account Type :** ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Bank Name

Branch Address

City Pin

Direct Credit Facility: Please refer instruction no. 17. You may furnish multiple bank details through a separate stipulated form.

4. INVESTMENT AND PAYMENT DETAILS (Pls Refer instruction nos. 6 & 7**) Please submit separate cheque / DD for each application and for each plan/option.

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

** Allotment of units subject to realization of Cheque/DD. No cash payments are accepted. *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.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

JM FINANCIAL

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 realisation 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.

5. FOR INVESTMENT BY NRI/PIO/FII

Overseas Address

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 subscripsion 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 (✔) ☐ Repatriation basis ☐ Non-Repatriation basis

6. SYSTEMATIC INVESTMENT PLAN (SIP) (Please refer to terms, conditions and instructions for SIP & fillup separate form for each SIP date / frequency / plan / option)

(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 End M M Y Y Y Y

Payment Mechanism:

Regular SIP ☐	☐ Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form along with a cheque towards the first installment)
	☐ 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)
	☐ Through Post dated Cheques (please furnish the cheque details below)
Special SIP ☐	☐ 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 :

7. 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 M M Y Y Y Y To M M Y Y Y Y

☐ **Frequency of Transfer** ** (Pl. ✔ any one from the following)

☐ Weekly (pl. ✔ any one starting date)	☐ Fortnightly (pl. ✔ any one starting date)	☐ Monthly (pl. ✔ any one starting date)	☐ Quarterly
☐ 1st ☐ 8th ☐ 15th ☐ 22nd of the month	☐ 1st ☐ 15th of every month	☐ 1st ☐ 5th ☐ 15th ☐ 25th of the month	1st Business Day of the next month and subsequently on first of every quarter

Settlement date will be the opted date for JM Arbitrage Advantage Fund of the respective monthly / quarterly STP OUT * choice of multiple frequency under weekly/fortnightly/monthly STP through a single form will be rejected

8. 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.

Withdrawal Frequency * (Pl. ✔ any one): ☐ Monthly ◯1st ◯5th ◯15th ◯25th ☐ Quarterly (1st Business day of every quarter after the start)

Enrolment Period: From M M Y Y Y Y To M M Y Y Y Y # Settlement date will be the opted date for JM Arbitrage Advantage Fund of the respective monthly / quarterly SWP

9. NOMINATION DETAILS (Pls Refer instruction no. 18)

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.

No.	Name & Address of the Nominee /s (upto 3 Nos.)	Date of Birth (in case of Minor)	Relationship with the first holder	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 / Guardian** (Not mandatory)

10. List of Document Attached (pls mention below the details of documents (other than cheque & DD) attached with the form	1. KYC Acknowledgement	3. No. of Cheques	5. Resolution ☐	Total Nos. of attachments	
	2. Verified copy of PAN Proof ☐	4. SIP Mandate ☐	6. Authorised Signatory List ☐	To be filled in by applicant	To be verified by office
12. Name of Document Attached for MICRO SIP	1. **Document Ref. No.**				
2. **Document Ref. No.**		3. **Document Ref. No.**			

11. DECLARATION & SIGNATURES

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 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".

(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 or 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.

Signature of Sole/First Applicant/Gurdian	Signature of Second Applicant	Signature of Third Applicant

Date : **Place :**

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.