

COMMON APPLICATION FORM

PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed 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



**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

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 - 361161	E 689889				

^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".

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 ₹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.

INVESTMENT 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 ambiguity when applicant are more than one)

**Special SIP - New SIP registration without initial investment.

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/DOI^s

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

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 CKYC No.

ADDRESS

CITY (As per KYC Records)

STATE COUNTRY PIN

RESI. OFF. FAX

SECOND APPLICANT Mr. Ms.

PAN/PEKRN CKYC No. Date of Birth

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

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

☐ 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

D D M M Y Y Y Y

 [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

Place & Country of Birth : /

Country

Tax Payer Ref ID No

Identification Type [TIN or other, please specify]

2nd Applicant

Place & Country of Birth : /

Country

Tax Payer Ref ID No

Identification Type [TIN or other, please specify]

☐ 3rd Applicant

☐ POA

Place & Country of Birth : /

Country

Tax Payer Ref ID No

Identification Type [TIN or other, please specify]

1.

2.

3.

4. INVESTMENT DETAILS (PIs 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

JM

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".

(Refer Instruction No. IV)

(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).

Documents Attached to avoid Third Party Payment Rejection, where applicable: ☐ Bank Certificate, for DD ☐ Third Party Declarations

I / We hereby declare that the above mentioned Demand Draft^^ has been issued:
☐ from/by debit to my personal/my joint Bank Account ☐ against cash (in case of demand draft) upto Rs. 50,000/-.
 ^^In case of Demand Draft, Banker's certificate about the source of funds is attached.
 Please attach foreign inward remittance Certificate (FIRC) / account debit Certificate in case of debit to NRE / NRO account or direct remittance from abroad.

PAN No. of Third Party

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 (Please (✓)) **KYC Compliant** ☐ Yes ☐ No (Please attach KYC acknowledgement & Refer instructions)

^{ss} 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.

10. NOMINATION DETAILS* (Mandatory) [Refer instruction no. IV (under AMFI Best Practices)]

Declaration for opting out of Nomination *(to be signed by all unitholders including joint holders, irrespective of mode of holdings):* I/We hereby confirm that I / We do not wish to appoint my nominee(s) for my Mutual Fund units held in my/our Mutual Fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund folio.

##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.

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

MUTUAL FUND

DISTRIBUTOR INFORMATION				FOR OFFICE USE ONLY	
Name & ARN of Distributor / RIA Code*	Employee Unique Identification No. (EUVIN)^	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- 361161	E 689889				

☐ **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 SEBI registered investment adviser/RIA.

SIGNATURE (s)	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
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"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 a First Time Investor in Mutual Funds ☐ I am an Existing Investor in Mutual Funds

In case the commitment amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for rst time mutual fund investor) or ₹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)							Mr.	Ms.	M/s.																											
PAN											Date of Birth				M	M	D	D	Y	Y	Y	Y	Mobile													
CKYC No.																																				

SIP Details										SIP Registration Mode ☐ J-OTM ☐ K-OTM ☐ Mandate along with SIP form																					
OTM Reference No.																						(if Multiple One Time Mandate are registered)									

Scheme / Plan / Option	Frequency	SIP Date (DD)	Enrollment Period (MMYY)	SIP Amount	TOP-UP Facility	
					Frequency	Top-up SIP Amount
	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	Default SIP Date 5th Day (Weekly SIP)	From To	₹ in figures in words	☐ Quarterly ☐ Half Yearly ☐ Yearly	₹ in figures TOP-UP CAP AMOUNT ₹ in figures
	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	Default SIP Date 5th Day (Weekly SIP)	From To	₹ in figures in words	☐ Quarterly ☐ Half Yearly ☐ Yearly	₹ in figures TOP-UP CAP AMOUNT ₹ in figures
	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	Default SIP Date 5th Day (Weekly SIP)	From To	₹ in figures in words	☐ Quarterly ☐ Half Yearly ☐ Yearly	₹ in figures TOP-UP CAP AMOUNT ₹ in figures

Drawn on bank / branch name									Amount										
Mode	☐ Cheque/DD	Cheque/DD									Dated	D	D	M	M	Y	Y	Y	Y

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')		
I/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 Electronic Debit arrangement / NACH (National Automated Clearing House) as per my request from 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 hereby authorize to honour such payments and have signed and endorsed the Mandate Form. 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	Second Applicant	Third Applicant

JM FINANCIAL MUTUAL FUND		DEBIT MANDATE FORM NACH																													
Tick (✓)	UMRN :											Date																			
CREATE MODIFY CANCEL	Sponsor Bank Code :											Utility Code																			
I/We hereby authorize :		JM Financial Mutual Fund										to debit (tick ✓) ☒					SB / CA / CC / SB-NRE / SB-NRO / Other														
Bank a/c number :																															
with Bank												IFSC										or MICR									
an amount of Rupees																	₹														
FREQUENCY		☐ Monthly		☐ Quarterly		☐ Half-Yearly		☐ Yearly		☒ As & when presented										Debit Type		☐ Fixed Amount					☒ Maximum Amount				
Reference 1												Folio No: Optional					Phone No.														
Reference 2		All Schemes of JM Financial Mutual Fund										Appln No: Optional					Email ID		IN CAPITAL												

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			
From			
to			
The Maximum validity for this Mandate is for 40 years			
	Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
	1. Name as in Bank Record	2. Name as in Bank Record	3. Name as in Bank Record

- 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.
- 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.

JM Financial
MUTUAL FUND

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

TERMS & CONDITIONS

Systematic Transfer Plan /Systematic Withdrawal Plan

1. All valid requests for STP/SWP forms from one Scheme to the other Scheme would be treated as switch-out/redemption & switch-in/purchase at the applicable NAV of the respective Scheme(s). The difference between the NAV of two Schemes will be reflected in the number of units allotted.
2. Minimum Investment Amount in Transfer Out Scheme should be as per the respective SID/ Addendum.
3. Units marked under Lien, Pledge or Lock-in Period in the Transfer Out Scheme will not be eligible for STP/SWP.
4. All valid applications will be processed as per the applicable uniform cut off timings on the working days as mentioned in the respective Scheme SID.
5. This SWP form should be submitted at least 3 business day & STP form should be submitted at least 5 business day before the first installment date.
6. A Unit holder who has opted for STP/SWP under a specific Scheme can also redeem or switch his Units to any other eligible Scheme provided he has sufficient balance in his account on the date of such a request
7. The Unit holder can make additional subscriptions in accordance to the terms and conditions of the Scheme Information Document (SID). Such additional subscription will alter the functioning of the STP/SWP.
8. STP/SWP will be terminated automatically in case of a Zero balance in the respective Scheme-Folio on the run-date or expiry of the enrolment period whichever is earlier.
9. The unit holders can choose to opt out from the STP/SWP at any point of time by submitting a written request to the nearest designated Investor Service Center. Such request for discontinuation should be received at least 10 working days prior to the next due date of the SWP/STP.
10. JM AMC reserves the right to reject any application without assigning any reason thereof and the Trustee reserves the right to change/modify the terms and conditions of SWP/STP.
11. Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing Account.
12. The application is subject to detailed scrutiny and verification. Applications which are not complete in all respect are liable for rejection either at the collection point itself or subsequently after detailed scrutiny / verification at the back office of the Registrar.
13. STP/SWP facility is not available for units held in demat. Unit Holders opting the units in the demat mode, can submit redemption only through DP or through stock exchange platform
14. STP will terminate automatically if all units are liquidated or withdrawn from the account or upon the funds receipt of notification of death or incapacity of unit holder.
15. Further, in case where the balance amount in a folio is less than the STP amount, the entire amount will be transferred to the transferee scheme.
16. In case where the balance amount in a folio is less than the SWP amount, the entire amount will be redeemed and the payout will be released to investor's registered bank account .
17. STP will cease if there are 3 consecutive failures.
18. Default start date will be consider as fifth of the month if not mentioned.
19. For SWP minimum 5 no of instrumental required.

Employee Unique Identification Number (EUIN):

SEBI has made it compulsory for every employee/ relationship manager/ sales person of the distributor of Mutual Fund products to quote the EUIN obtained by him/her from AMFI in the Application Form. EUIN, particularly in advisory transactions, would assist in addressing any instance of mis-selling even if the employee/relationship manager/sales person later leaves the employment of the distributor. Individual ARN holders including senior citizens distributing Mutual Fund products are also required to obtain and quote EUIN in the Application Form. Hence, if your investments are routed through a distributor please ensure that the EUIN is correctly filled up in the Application Form. However, if your distributor has not given you any advice pertaining to the investment, the EUIN box may be left blank.

In this case, you are required to provide a duly signed declaration to this effect. Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder and the EUIN of the Sales Person (if any) in the EUIN space.