APPLICATION FORM

JM FINANCIAL MUTUAL FUND



ALL EICALION LOUN		FINANCIAL I	NUTUAL FUNI	ע	JM FINANCIAL
(Please ✓) as per your status Resident N	lon-Resident				Serial No: ED
JM FINANCIAL MUTU	JAL FUND PAN: AAA	ATJ2314G LEI No	.: 335800YFXW7UN	W4NBA67 Valid U	pto 12/04/2022.
	DISTRIBUTOR INFORMATION	N		FOR (OFFICE USE ONLY
Name & ARN of Distributor / RIA Code	Internal Sub-Broker Cod (as alloted by Distributor	1 7 7 7 7	nique Identification No. (EUIN)^	In-House number as per K-BOLT	Date , Time and Number as per Time Stamping Machine
ARN-183038		E			
^Mandatory: Furnishing of EUIN is mandatory for all tra Declaration: "I/We hereby confirm that the EUIN box handwithstanding the advice of in-appropriateness, if any,	as been intentionally left blank by me/us a	as this transaction is executed wi	hout any interaction or advice by the	x). e employee/relationship manager/sal	es person of the above distributor/sub broker or
Signature of Sole/First Applicant	/Guardian	Signature of Secor	d Applicant	Signatu	re of Third Applicant
"Upfront commission shall be paid directly by t INVESTMENT DETAILS (PIs Refer instruction N	_	Distributor based on the inv	estor's assessment of various fa	actors including the service reno	dered by the distributor".
Scheme Na	me	Plan (Pls t	ick √)	Option	Sub-Option
JM		O Direct O	Regular		
*In case of any ambiguity / incomplete information, t ?? Investor desirous of investing directly with the AM			•		& Statement of Additional Information.
	HOLDER'S INFORMATION entioned below and proceed to section 4				tions / KIM and tick any one) as 'opted in' for transaction charges.)
Folio No.				ne Investor in Mutual Fund Indus g Investor in Mutual Fund Indus	, · · · · · · · · · · · · · · · · · · ·
1. FIRST APPLICANT'S DETAILS (It is ma	ndatory to submit verified copy of PAN pr	roof for all investments failing w	nich application will be rejected) (Pl	s Refer instruction no. 8)	
Name (Capital Letters)				DO)B
					(Mandatory in case of minor)
PAN / PEKRN^**	KYC Iden	tification Number (KIN) (F	or C-KYC Compliant Investors)		
LEI No. (Legal Entity Identifier) of Non-Individua	l Investor (Mandatory) :				Valid Upto//202
Name of Guardian (if first applicant is a minor	r / Contact Person for non individua	ls)			
Guardian's Relationship With Minor		· · · · · · · · · · · · · · · · · · ·		Certificate O Passport O (
TAX O Resident Individual O AOP/6	1 /			O Government Body O HUF	F ○ PIO® ○ PSU
STATUS [^] ○ Minor on behalf of □ RI □		, , , , , , , , , , , , , , , , , , , ,	O Trust /Charities / NGOs	Others (if specify)	
Mode of Holding (Please tick ✓)	Occupation Details				
1. Single 2. Joint* 3. Either or S (* Default, in case of ambiguity when applicants are more than on		Business ovt. service Retired		essional Private sect ers (pl. specify)	or service
2. SECOND APPLICANT'S DETAILS					
Name (Capital Letters)				DO	В
PAN / PEKRN^**	C-KYC Id^	ew		Status^:	O Resident Individual O NRI
3. THIRD APPLICANT'S DETAILS					
Name (Capital Letters)	1 1 1 1 1 1	1 1 1 1 1 1		DC	OB
PAN/PEKRN^**	C-KYC Id^*	**		Status^:	O Resident Individual O NRI
4 CONTACT DETAILS OF SOLE / FIRST	APPLICANT (Please note that y	vour local address details	vill he undated as ner your K	VC records with CKVC / KRA)	

4. CONTACT	DET	AILS	OF S	OLE / FI	RST A	PPLIC	ANT (PI	ease no	ote that yo	our loc	al addres	s details	s will be	upd	ated	as per y	our KYC re	cords	with C	KYC/I	(RA)						
Correspondence Address								0\	Overseas Address (Mandatory for NRI / FPI Applicants)##																		
City/ Town				S	State						Ci	City/ Town State															
Country					P	in Code						Co	Country Pin Code														
Mobile No. 5										Tel	. No.																
Email ID. 5																		+	Requi	re Hai	rd Cop	y of A	nnual	Report	Yes	No	
SMS and/Email	ID will I	be used	d as the	default mo	de of cor	nmunicat	ion if the m	obile no	. and/or Ema	il ID is f	urnished. +	In case, no	ot ticked, i	t will	be trea	ated to hav	e "opted out										

Assessmt No.			Downest Bowle Assessment	No.										
BANK ACCOUNT DETAILS (It is mandatory to furnish bank particulars failing which application shall be rejected. Pls submit documentary proof of the bank mandate depicting the name of the 1st / sole applicant) Investor may furnish ultiple bank details through a separate stipulated form. Pls refer instruction / KIM for further details including (I) Auto Direct Credit Facility.														
s on / /	/ Not older t	than 1 year)	Not Applicable	Not Applicable										
let Worth in (Mandatory	y for Non-Individuals) ₹		Exposed Person	Money Lending / Pawning										
10 - 25 Lacs	> 25 Lacs - 1Crore	> 1 Crore "OR"	☐ I am related to Politically	Gamin / Gambling / Lottery / Casino Services										
Below 1 Lac	1 - 5 Lacs	5 - 10 Lacs	I am Politically Exposed Person	Foreign Exchange / Money Changer Services										

Gross Annual Income of 1st Applicant (Please tick ✓) For Individuals / HUFs (Please tick ✓)^ For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)^

Account No.:

Name of Bank
Branch Address
IFSC Code

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode into your Bank Account.

			y) Non Individual Ir				details form	
	intry in which you are a it irst Applicant/Gua		associated Taxpayer Identi	heation Number and it's I Second Applicant	dentification type eg. 11N	l etc.	Third Applicant	
Country#	Tax Payer Ref. ID No® Identification Type		Country#	Tax Payer Ref. ID No@	Identification Type	Country#	Tax Payer Ref. ID No@	Identification Type
Country of Birth			Country of Birth			Country of Birth		
Country of Nationality			Country of Nationality			Country of Nationality		
# In case the Country of Tax	Residence is only India then	details of Country of Birth 8	Nationality need not be provi	ded. @ In case the Tax Identi	fication Number is not availa	ble, kindly provide its functi	onal equivalent	
7. INVESTMENT A	ND PAYMENT DETA	ILS (Pls refer Instruc	tions/ KIM especially Th	ird Party) For each ap	olication and for each	plan/option separate	cheque / DD to be sub	mitted.
Cheque/DD No.	Cheque / DD Amount (Rs.) DD Charges (Rs.) Gross Total Amou	nt (Rs.) Bar	k Account Number	Bank & B	Franch Account	Type [@] (SB/CA/NRE/NRO/FCNR)
			rect Remittances from ab tails of the bank account pro		*		0	
			Parent Relative					
			le: Bank Certi!cate, for D	D Third Party Declara	tions			
	BY 1ST APPLICANT (Ple re that the above mention		oft A A has been issued:					
· · · · · · · · · · · · · · · · · · ·			IInd/IIIrd Applicant. a	gainst cash (in case of de	mand draft) upto Rs. 50,	000/		
II. ^^In case of Dema	nd Draft, Banker's certi!ca	ate about the source of fo	unds is attached.	Yes No (In case, the	answer is "No" ,the appli	cation will be rejected)		
8. DEMAT ACCOUN	IT DETAILS (Please er	isure that the sequence	e of names as mentioned	in the application form	matches with that of th	ne Demat Account held v	with your Depository Pa	nrticipant).
Do you want units in De			please provide the below d					•
		urity Depository	Limited (NSDL)		Central	Depository Servi	ices (India) Limite	ed (CDSL)
Depository Participant's	Name:	1 1		1 1 1 1 1	Terrest ID No.	<u> </u>	<u> </u>	
DP ID No. IN		Beneficiary Acc			Target ID No.			
, , ,			information or in physical mod					
			TED THIRD PARTY'S nstrument is as [Please ✓]	(WHO IS ISSUING	THE CHEQUE) DE	TAILS (PIs refer para on	n Third Party Pament)	
· ·	nt/Relative in case of lst /			n case of deduction from	salary)	Custodian on behalf of F	FII/Client	
	1 1							
Full Name of PoA / T	•							
PAN No. of PoA / Thi	rd Party		[F	Please ✓] KYC Complia	nt Yes	No (Please attach K	(YC acknowledgement &	Refer instruction no. 10)
10. NOMINATION D	ETAILS (Pls Refer inst	ruction / KIM for detail	s)					
			·/					
I/We			,		at pres	ent do not wish to registe	er nominee/s against the	above folio.
I/We hereby non			the amount to my/our cred		death in proportion to the	3		
I/We hereby non also understand	that all payments and se	ttlements made to such	the amount to my/our cred nominee(s) shall be a valid	discharge by the AMC / I	death in proportion to th Mutual Fund / Trustee.	ne percentage(%) indicat	ted against the Name(s) o	of the Nominee(s). I/We
I/We hereby non also understand No. Name & Ad		ttlements made to such	the amount to my/our cred	discharge by the AMC / I	death in proportion to the	3	ted against the Name(s) o	
I/We hereby non also understand No. Name & Ad 1	that all payments and se	ttlements made to such	the amount to my/our cred nominee(s) shall be a valid	discharge by the AMC / I	death in proportion to th Mutual Fund / Trustee.	ne percentage(%) indicat	ted against the Name(s) o	of the Nominee(s). I/We
I/We hereby non also understand No. Name & Ad 1 2	that all payments and se	ttlements made to such	the amount to my/our cred nominee(s) shall be a valid	discharge by the AMC / I	death in proportion to th Mutual Fund / Trustee.	ne percentage(%) indicat	ted against the Name(s) o	of the Nominee(s). I/We
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in JM Financial Mutual Fund. ⁸ US and Canada Investors are not permitted to invest in our Schemes. ^ In case, not ticked, it will be considered as Not Applicable. 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

PART B: TO BE US	ED BY INVESTORS ONLY I	N CASE OF	SIP/ST	P/SW	P																							
13. SIP (throu	gh NACH) REGISTRATIO	ON CUM N	NANDA	TE F	ORM																							
New Regular S	I P: First Installment of Regular S	IP through a	Cheque a	and sub	bseguent	t investn	nents via	Nation	nal Au	utomate	ed C	learing	g Hoi	use (NA	CH).													
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14. SYSTEMATIC	TRANSFER PLAN (STP) (P	lease refer to t	erms, con	ditions	and instru	ıctions fo	r STP) (Ple	ease fill	up Se	parate f	orm	for fror	m / to	differe	nt sche	eme /	plans ,	/ opt	ions / su	ıb-op	tions)							
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	ncy under weekly/fortnightly/monthly !		_		•																	ı						
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16. Name of Do	ocument Attached for	MICRO SI	P																									
1. Document Ref.	No	2. D	ocumer	nt Ref	f. No							3. D)ocu	ment	Ref.	No.												
17. DECLARATION	N & SIGNATURES (Please stri	ke out whiche	ver is not a	applical	ble.)																							
Fund and their authorised I/we will submit a fresh m Consent for sharing In Co. Pvt. Ltd. I/We also con	sons of incomplete or incorrect inform I service providers, to get my/our abov andate along with a cancellation requ formation: I/We hereby consent to sent to the sharing of the transaction	ve bank account uest for the earl o the disclosure feed of my/our	t debited by lier mandat e/sharing of	y NACH / ite well ir if my/our	/Direct Deb in advance. Ir personal	bit/Standi . I/We have informati eme of JM	ng Instruct e read and on to the J I Financial	tions tov agreed ludicial / Mutual	vards to the 'Statu Fund v	the collecterms ar tory/ Reg with the l	ction nd co ulate Regis	of mon ondition: ory Auth stered Ir	nthly/o s mer horitie	quarterly ntioned i es for the	/ paym n KIM / e comp	ents o / Sche oliance	on due ! eme Info e of lega	SIP d orma al obl	ates as o tion Doci	pted b Iment of JM F /ARN	oy me/us t of the s Financia Code is r	s. In th schem I AMC menti	he event ne.* C/JM Fina ioned ab	t of any of ancial Moove.	chang lutual	jes in th Fund/Ji	e bank	c particulars,
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- 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.