

APPLICATION FORM

JM FINANCIAL MUTUAL FUND



(Please ✓) as per your status Resident Non-Resident

Serial No: **ED**

JM FINANCIAL MUTUAL FUND PAN: AAATJ2314G LEI No.: 335800YFXW7UNW4NBA67 Valid Upto 12/04/2022.

| DISTRIBUTOR INFORMATION | | | FOR OFFICE USE ONLY | |
|--------------------------------------|---|--|-------------------------------|--|
| Name & ARN of Distributor / RIA Code | Internal Sub-Broker Code (as allotted by Distributor) | Employee Unique Identification No. (EUIN)^ | In-House number as per K-BOLT | Date, Time and Number as per Time Stamping Machine |
| ARN-154960 | | 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."

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

"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 (Pls tick ✓) | Option | Sub-Option |
|-------------|--|--------|------------|
| JM | <input type="radio"/> Direct <input type="radio"/> Regular | | |

*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".

| EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 4) | TRANSACTION CHARGES (Please refer to instructions / KIM and tick any one) (Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.) |
|---|---|
| Folio No. <input type="text"/> | <input type="checkbox"/> I/We am/are a First Time Investor in Mutual Fund Industry. (Rs 150 will be deducted.) <input type="checkbox"/> I/We am/are an Existing Investor in Mutual Fund Industry. (Rs 100 will be deducted.) |

1. FIRST APPLICANT'S DETAILS (It is mandatory to submit verified copy of PAN proof for all investments failing which application will be rejected) (Pls Refer instruction no. 8)

| | |
|---|---|
| Name (Capital Letters) | DOB |
| (Mandatory in case of minor) | |
| PAN / PEKRN*** | KYC Identification Number (KIN) (For C-KYC Compliant Investors) |
| LEI No. (Legal Entity Identifier) of Non-Individual Investor (Mandatory): | Valid Upto ____/____/202__ |
| Name of Guardian (if first applicant is a minor / Contact Person for non individuals) | |
| Guardian's Relationship With Minor <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Court Appointed Guardian | Proof of Date of Birth <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Others _____ (Please specify) |
| TAX <input type="radio"/> Resident Individual <input type="radio"/> AOP/BOI <input type="radio"/> Bank <input type="radio"/> Company/Body Corporate <input type="radio"/> Defence Establishment <input type="radio"/> FI <input type="radio"/> FII <input type="radio"/> Government Body <input type="radio"/> HUF <input type="radio"/> PIO* <input type="radio"/> PSU | |
| STATUS^ <input type="radio"/> Minor on behalf of <input type="checkbox"/> RI <input type="checkbox"/> NRI <input type="radio"/> Partnership Firm <input type="radio"/> Society <input type="radio"/> Sole Proprietor <input type="radio"/> Trust /Charities / NGOs <input type="radio"/> Others (if specify) _____ | |

| Mode of Holding (Please tick ✓) | Occupation Details (Please tick ✓) |
|---|---|
| 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Joint* 3. <input type="checkbox"/> Either or Survivor/s (* Default, in case of ambiguity when applicants are more than one) | <input type="checkbox"/> Agriculturist <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Professional <input type="checkbox"/> Private sector service <input type="checkbox"/> Public Sector / Govt. service <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Others (pl. specify) _____ |

2. SECOND APPLICANT'S DETAILS

| | |
|--|-------------|
| Name (Capital Letters) | DOB |
| PAN / PEKRN*** | C-KYC Id*** |
| Status^: <input type="radio"/> Resident Individual <input type="radio"/> NRI | |

3. THIRD APPLICANT'S DETAILS

| | |
|--|-------------|
| Name (Capital Letters) | DOB |
| PAN / PEKRN*** | C-KYC Id*** |
| Status^: <input type="radio"/> Resident Individual <input type="radio"/> NRI | |

4. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Please note that your local address details will be updated as per your KYC records with CKYC / KRA)

| | |
|------------------------|--|
| Correspondence Address | Overseas Address (Mandatory for NRI / FPI Applicants)** |
| City/ Town | City/ Town |
| State | State |
| Country | Country |
| Pin Code | Pin Code |
| Mobile No. 5 | Tel. No. |
| Email ID. 5 | *Require Hard Copy of Annual Report Yes <input type="checkbox"/> No <input type="checkbox"/> |

5 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".

| Gross Annual Income of 1st Applicant (Please tick ✓) | For Individuals / HUFs (Please tick ✓)^ | For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)^ |
|--|--|--|
| <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> > 25 Lacs - 1Crore <input type="checkbox"/> > 1 Crore "OR" | <input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am related to Politically Exposed Person <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gamin / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> Not Applicable |
| Net Worth in (Mandatory for Non-Individuals) ₹ _____ as on ____ / ____ / _____ (Not older than 1 year) | | |

5. 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 multiple bank details through a separate stipulated form. Pls refer Instruction / KIM for further details including (!) Auto Direct Credit Facility.

| | |
|----------------|---|
| Account No.: | Repeat Bank Account No.: |
| Name of Bank | A/c. Type (✓): <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR |
| Branch Address | MICR Code |
| 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.

6. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form

Please indicate the Country in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

| Sole/First Applicant/Guardian | | | Second Applicant | | | 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 & Nationality need not be provided. @ In case the Tax Identification Number is not available, kindly provide its functional equivalent

7. INVESTMENT AND PAYMENT DETAILS (Pls refer Instructions/ KIM especially Third Party) For each application and for each plan/option separate cheque / DD to be submitted.

| 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) |
|---------------|------------------------|------------------|--------------------------|---------------------|---------------|--|
| | | | | | | |

[@]For NRI(s)/PIO: Source of Fund: NRE NRO FCNR Direct Remittances from abroad. Pls attach documentary evidence for the source of funds.
 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.
 Documents Attached to avoid Third Party Payment Rejection, where applicable: Bank Certificate, for DD Third Party Declarations

IN CASE OF PAYMENT BY 1ST APPLICANT (Please ✓)

I. I / We hereby declare that the above mentioned cheque/Demand Draft^^ has been issued:
 from/by debit to my personal/my joint Bank Account with other IInd/IIIRD Applicant. against cash (in case of demand draft) upto Rs. 50,000/-.
 II. ^^In case of Demand Draft, Banker's certificate about the source of funds is attached. Yes No (In case, the answer is "No", the application will be rejected)

8. DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that of the Demat Account held with your Depository Participant).

Do you want units in Demat Form (Please ✓) Yes No (if yes, please provide the below details)⁵⁵

National Security Depository Limited (NSDL) Central Depository Services (India) Limited (CDSL)

Depository Participant's Name: _____

DP ID No. IN _____ Beneficiary Account No. _____ Target ID No. _____

⁵⁵ 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.

9. POWER OF ATTORNEY (PoA) HOLDER'S / PERMITTED THIRD PARTY'S (WHO IS ISSUING THE CHEQUE) DETAILS (Pls refer para on Third Party Payment)

The relationship of 1st Applicant with the issuer of Third party Payment instrument is as [Please ✓]
 Parent/Grand Parent/Relative in case of 1st Applicant being a minor Employer (in case of deduction from salary) Custodian on behalf of Fil/Client.

Full Name of PoA / Third Party _____
 PAN No. of PoA / Third Party _____ [Please ✓] KYC Compliant Yes No (Please attach KYC acknowledgement & Refer instruction no. 10)

10. NOMINATION DETAILS (Pls Refer instruction / KIM for details)

I / We _____ at present do not wish to register nominee/s against the above folio.
 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) _____

11. LIST OF DOCUMENTS ATTACHED (Mandatory) {pls mention below the details of documents (other than cheque & DD) attached with the form}

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Verified PAN Copy(ies) | <input type="checkbox"/> FATCA/CRS/UBO Declaration for all holders | <input type="checkbox"/> Memorandum & Articles of Association | <input type="checkbox"/> Trust Deed |
| <input type="checkbox"/> KYC Compliance Status Proof | <input type="checkbox"/> Resolution / Authorisation to invest | <input type="checkbox"/> Bye-Laws | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s) | <input type="checkbox"/> Partnership Deed | <input type="checkbox"/> Others (Pls Specify) _____ |

12. 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".** JM Financial Services Pvt. Ltd. is affiliated to JM Financial Asset Management Pvt. Ltd (JM Financial AMC), which is the Investment Manager for the schemes of JM Financial Mutual Fund. It would receive commission/distribution fees from JM Financial AMC for distributing the mutual fund units of the schemes launched by JM Financial AMC. **"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".** Consent for sharing Information :- 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. **"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.

| Signature of Sole/First Applicant/Guardian/Auth. Signatory | Signature of Second Applicant /Auth. Signatory | Signature of Third Applicant/Auth. Signatory |
|--|--|--|
| | | |

Date : _____ Place : _____

Note: In case the First Applicant is a Non Individual, please attach FATCA, CRS & UBO Self Certification Form ^** The application is liable for rejection if the name does not match with PAN copy. It is mandatory for investors to be KYC compliant prior to investing in JM Financial Mutual Fund. [#] 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 Non-Repatriation basis.

