APPLICATION FORM

Branch Address

JM FINANCIAL MUTUAL FUND



(Please ✓) as per	r your status	Resident		Non-Resi	dent		JIVI												rial No:		7	
J	M FINAN	CIAL	MUTU	JAL F	UND	PA	N: AA	ATJ23 1	4G	LEI	No.: 33	5800	YFXW	7UNW	/4NB/	A67				/2022.		
							FORMATION TO COMPANY TO THE PROPERTY OF THE PR		Fe	mnlove	ee Unique I	dentific	ration No		In-Ho	use num			USE ONL		er as per T	ima
Name & ARN	of Distributo	or / RIA C	ode				istributo		-	пріоу	EUII)		tation No	,.	111-110	K-BOL		i Dat		nping Ma		iiiie
ARI	N- 1549	60							E													
Mandatory: Furniseclaration: "I/We lotwithstanding the	hereby confirm	that the El	UIN box h	ias been in	ntentionally	y left blan	k by me/us	as this tran	saction is	execute	d without an	y interaction			mployee/i	relationship	p manager/	'sales pers	on of the a	bove distrib	utor/sub bro	oker or
S Jpfront commiss IVESTMENT DET		oaid dire	ctly by t	the inves	tor to the	e AMFI re	egistered l	Distributo			econd Appli investor's a		ent of var	ious fact	ors inclu	iding the			hird Appli by the dis			
		Sch	eme Na	me						Plan (I	Pls tick √)				0pti	ion			S	ub-Optio	n	
JM								0				gular										
n case of any amb 'Investor desirous	of investing di	rectly witl	h the AM	IC withou	t availing t	the service	es of any Di				to clearly tick	"Direct"	under abo	ve colum	n titled a	s"Plan".						
					ER'S IN below and		ATTON to section 4	4)												and tick ransaction	cany on charges.)	e)
Folio No.								,				I/We am	n/are a <u>Fir</u>	st Time	Investo	<u>r</u> in Mutua	al Fund In	dustry. (F	Rs 150 will	be deduct	ted.)	
. FIRST APPI	LICANT'S D	ETAILS	(It is ma	ındatory t	o submit v	erified cop	y of PAN p	roof for all	investmer	nts failir	ng which app	lication wi	ill be reject	ted) (Pls R	efer instru	ction no. 8))					
Name (Capital L	etters)																	DOB				
						1 1										1 1	1 1		(Man	datory in c	ase of min	or)
PAN / PEKRN^**	*			<u></u>	<u>Ш</u>		KYC Ider	tificatio	n Numb	er (KII	N) (For C-KY)	Complia	ant Invest	ors)						<u></u>		
LEI No. (Legal En	tity Identifier)	of Non-I	ndividua	l Investo	r (Manda	tory):													Valid Up)to	//20	2
Name of Guard																						
Guardian's Rel	ationship Wi Resident Indi				O Moth O Bank) Dofo	Proof of D nce Establis						•		 OPI0 ^{&}		ease specif	<u>y)</u>
	Minor on beh						rm OS						harities / I				•	IUF (J FIU	O 130		
Node of Holding (n Details									, ,	//					
. Single 2 * Default, in case of am	. Joint*	3. Ei		Survivor/ ne)		Agricul				Busin Retire		Housewi Student		Profess Others	sional (pl. specif		Private se	ector ser	vice			
. SECOND AP		S DETA	ILS															200				
Name (Capital L	1 1					1 1	C-KYC Id^	**	<u> </u>	<u> </u>			1 1	1 1	1 1	<u> </u>		DOB _	D: d 4 l			DI.
PAN / PEKRN^*							C-KTC IU										Status	i: U	Resident I	naividuai	ON	KI
. THIRD APP Name (Capital L		DETAIL	S															DOB				
PAN / PEKRN^*							C-KYC Id^	**									Status	·^: O	Resident I	ndividual	ON	RI
. CONTACT D	ETAILS OF	SOLE /	FIRST	APPL	CANT (Please r	ote that	vour loca	al addre	ss deta	ails will be	update	d as per v	our KYC	records	with CK	YC / KRA)					
orrespondence											Overseas /											
ity/ Town				State							City/ Towr					Stat	te					
country				Pin Cod	le						Country					_	Code					
Nobile No. 5								Tel.	No.													
mail ID. 5																+Require	e Hard Co	py of Ar	nual Rep	port Yes	No L	
SMS and/Email ID	will be used as t	he default	mode of	communic	ation if th	e mobile n	o. and/or En	nail ID is fu	rnished. +	- In case	, not ticked, it	will be tre	eated to ha	ve "opted o	out".							
ross Annual In				ease tic		101					(Please ti	ck ✓)^							nership (etc.) (Ple	ase tick v	() ^
Below 1 Lac 10 - 25 Lacs] 1-5La	acs acs - 1Cı	rore		- 10 Lac > 1 Crore			onticany elated to		sed Person			-	-	Money Ch Lottery	-					
10 - 23 Lacs let Worth in (Ma	□ andatory for N	-				- COIC	on		ed Perso		Luny			ney Len	_		, casino s	יכו זונדט				
s on \(\square \)	<u> </u>				han 1 yea	ar)		Not A	pplicable	e				t Applica	-							
. BANK ACCO	OUNT DETA	ILS (It is	mandato	ry to furn	ish bank pa	articulars f	ailing which	applicatio	n shall be	rejected	. Pls submit o	ocumenta	ary proof of	the bank	mandate o	depicting th	he name of	the 1st/s	ole applicar	ht) Investor	may furnish	
nultiple bank detail	s through a sepa	arate stipu	lated forn	n. Pls refer	Instructio	n / KIM for	further det	ails includi	ng (!) Auto	Direct (Credit Facility.		1									
Account No.:				 	#	++				кереа	t Bank Acc	ount No					<u> </u>	<u> </u>				
Name of Bank													A/c. Typ	oe (✓):		SI	B 🗌 Cur	rent	NRO 🔲	NRE 🔲 F	CNR	

MICR 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 i irst Applicant/Gua		associated Taxpayer Identi	heation Number and it's l	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)					
©Eav NDI/c/DIO: Cause of Funds NDE NDO ECND Direct Demittance from shoot Direct by a stack documentary avidage for the cause of final													
For NRI(s)/PIO: Source of Fund: NRE NRO FORE Direct Remittances from abroad. PIs 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													
			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					
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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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SIP Installment Ar	mount (Rs.)								(plea	ase tick	any	y one)	: N	lonthly			Quar						onth/q	uarter	(*	Defau	ılt Fr	requency
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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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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.