JM FINANCIAL MUTUAL FUND



COMMON APPLICATION FORM (please ✓) as per your status Resident Non-Resident Serial No: ED DISTRIBUTOR INFORMATION FOR OFFICE USE ONLY

	N												FOR OFFICE USE ONLY																
Name & ARN of Distributor	Internal S (as alloted				Sub-B	Broker I	ARN	Employee Unique Identification No. (EUIN)^															lumber as per Time g Machine						
ARN-171669						E-344021																							
AMandatory: Furnishing of EUIN is ma Declaration: "I/We hereby confirm tha notwithstanding the advice of in-appro	it the EUIN box	k has beer	n intention	ally left	blank by	me/us a	s this tra	nsaction	is exec	cuted w	ithout/	any in	teractio				mploy	ee/rel	ations	hip ma	inager/s	sales p	oerson	of the	above	distrib	utor/sı	ıb broke	r or
Signature of Sole/	/First Applica	int/Guar	dian					Sian	ature (of Seco	ond Ar	pplicar	nt								Signa	ture o	of Thir	d Apr	olicant				
"Upfront commission shall be pai INVESTMENT DETAILS (PIs Refer	id directly b	y the inv	estor to	the AM	FI regist	tered D	istribu							nt of	variou	ıs fact	ors in	clud	ing th	ne ser						utor".			_
	Scheme	Name								Pla	n						0	ptio	n						Sub-	Optio	n		
JM																													
*In case of any ambiguity / incomplet ?? Investor desirous of investing direc																					cumen	t & S	tatem	ent o	f Addit	onal li	nforma	ition.	
1. TRANSACTION CHARG								D TIC	KAN	NO YI	VE) A	pplica	ble for																
I/We am/are a First Time In														I/We	e am/a	are an	Exist	ing l	nvest	t <u>or</u> in	Mutua	l Fun	d Indu	ıstry.	(Rs 10	0 will	be de	ducted.)
2. EXISTING UNIT HOLDE	R'S INFO	RMAT	ION (Ple	ease fill i	n your de	etails me	ntioned	below	and pro	oceed to	o secti	on 4)																	
Folio No.																													
3. APPLICANT INFORMATIO)N (It is mand	latory to s	ubmit veri	fied cop	y of PAN	proof fo	r all inv	estments	failing	g which	n applic	ation v	vill be r	rejecte	d) (Pls	Refer ir	struct	ion no	o.8)										
(To be filled in block letters. Use one Full Name of Sole/1st Applicant,				g one b	ox blank	betwee	en nam	e and su	ırnam	e)				,											Manda t docu	,		of Mino	ır)
	<u> </u>					1.				Curre		<u> </u>	\coprod	()							_		D	М	М	Υ	Υ	Y	$_{-}$
Full Name of Guardian (in case of N	viinor) / Cont 	act Pers	on (In cas	e of non	ı-ındividu 	ual inves	tors) / I	tarta (ii 	n case (ot HUF)) / Par 	tner (ın case	of Par	τnersh 	ıp Firm): R 	elati 	i onsh i Moth	1	n Mino	or [Pl. Fath	- 1	ıs sul 	omit d		entar Guard		
Address (DO NOT REPEAT NAME) ir	n full of Appl	icant/Pa	rent OR G	iuardiar	n of Mind	or. India	ın addr	ess in ca	ıse 1st	Applic	cant is	NRI/F	II/PIO	(Post	Box N	o. alon	e is n	ot su				rati				Lega	Gudiù		_
Location/City							D	ist.												Pin	/Zip Co	ode	L						
State					&	Country									STD Co	de					Tel.		L						
Email-ID ^{\$}						Ī	$\overline{\Box}$				Ī	Ī	Ī	_						-								Ī	
Mobile No. 5				\$ 9	SMS and	/ Email	ID will	be used	as the	e defau	ılt mo	de of o	ommı	unicati	ion if t	he mo	bile n	o. an	ıd/or l	mail	ID is fu	rnish	ed.	-				•	_
Full Name of Second Applican	t																												
Full Name of Third Applicant				ĹΪ	İ	LΪ					İ					İ	Ĺ	Ĺ	Ĺ	L				j	j	Ţ			_
Permanent Account Number (PAN)/ KV investors and KYC reference no for MIC										fied Cop						ner (KY		VI for	dotai	le	DI (Мо	de of I	loldin	g Pl.(<u>v</u>	´)	
to be provided. Pls refer to Instructio	n/KIM for furt	her detai	s.						Cara	enclose	-utrli(tructio					Pl.(√)		1						
1st Applicant Guardian (in case 1st applicant is	minor)							+			+					nowle nowle					+		2.	_ Sin _ Joi	nt*	_			
2nd Applicant													Copy	y of KY	YC ack	nowle	dgem	ent e	nclos	ed			3		n <mark>er or</mark> case of a			applicant	,
3rd Applicant													Сор	y of KY	YC ack	nowle	dgem	ent e	nclos	ed				re thar		J=10		.,	╛
4a. Status of Sole/1st appica	nt																		4b. 0		ation				_				
1. Resident Individual (RI)		AOP/B					10.					15.						1	·		ite sec ic Sect			- 1	5 5	Hous Retir			
2. On behalf of minor RI			rship Firn				11.	=			_	16.	PIO					- 2	•	servi		.or / C	JUVI.		7. <u> </u>	Stud			
NRI NRI			etorship F			Halter	12.			ent Bo		17.	0th	iers ^{&} (Į	pl.spe	cify) _		3	_		ession	al		8	3		ulturi		
3. HUF 4. Company	8. <u> </u>	Body C Trust	Corporate	List	red	unlisted	13. 14.			Institu	ition							⊣ 4	•	Busi	ness				<i>!</i>	uthe	rs (pl.:	specify)	
4COMPANY	ا .دا	irust					14.		CAL										10 E	a w Mar	المعال وو	امنين	/ملدر	Com	nau:	. T	ı ch		
4c. Gross Annual Income (Plea	ase tick ✓))					4d	For In	divid	luals /	/ HUF	s (Pl	ease t	tick √	′)^						n-Ind ership						ist,		
Below 1 Lac 1 - 5 Lacs		5 - 1	10 Lacs					I am P										[_	Excha	_			_				
☐ 10 - 25 Lacs ☐ > 25 Lacs			Crore "O	R"			H	l am r			litical	ly Exp	osed F	Persor	n						/ Gam	_			/ Casi	no Sei	vices		
Net Worth in (Mandatory for No			.1					Not A	ppiica	υie								L			Lendi plicab		rawn	ıng					
as on//	(Not old	aer than	ı ı year)															- 1		np	rcab	-							

 $^{^{8}}$ US and Canada Investors not permitted. $\quad \land$ If not ticked it will be considered as Not Applicable.

5. BANK PARTICULARS (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 nay furnish multiple bank details through a separate stipulated form. Pls refer Instruction / KIM for further details including (!) Auto Direct Credit Facility.																																		
Bank Account No.!	l l	idiis tii	lougi	i u seț		Lipu	luteu				riucti					eat Bar	_			_			· 			T			Ī		Т	T	Ī	
MICR Code									IFSO	Code	e						Ī				Ac	coun	t Type	e: [Savir	ıgs [urrent		NRE		NRO	Г	FCNR
Bank Name		Ī	Ī					Ī			ĺ	Ì	Ī				Ī								_ 		_		Ī	_	Τ		Ī	_
Branch Address																																		
																City												Pi	n L					
5-a. INVESTMEN	-a. 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.	Cheq	ıe/DD	Amo	unt (R	Rs.)	0	D Cha	rges	(Rs.)		Gross	Total	Amou	ınt (Rs.)			Bar	ık Acco	unt	Numb	er				Bank	& Bra	anch		A	E/NRO/FCNR)				
** Allotment of units s	uhiect	n reali	zation	n of Ch	heau	₂/NN ◎	For N	IRI(c	/PIO·	Sour	re of	Fund		NRF -	NRO	FC	NR [Dir	ect R	emit	tanc	es fro	m ah	rnad										
** Allotment of units subject to realization of Cheque/DD. For NRI(s)/PIO: Source of Fund: NRE NRO FONR 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 No																																		
f 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																																		
5-b. IN CASE OF PAYMENT BY 1ST APPLICANT (Please 🗸)																																		
	1/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 lInd/Illrd 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.																																		
5-c. POWER OF A															H0 I	s issu	IN	G TH	E CI	IEQI	JE)	DET	AIL!	S (Pls	refer p	ara oi	n Thir	d Part	y Pai	ment)				
The relationship of lst /								•		rumer					ef dod	uction fr	om (-alamı)			_	¬ ر	ctodi	an on	behalf	of EII	/Clior	.+						
Parent/Grand Pare			i case	01 150	. Аррі 	ICAIIC I	Jenig	a 11111 	101			EIIIPIO	iyer (i l	li case c	l deal	uction fr		salaly) 	ı	ı	L I	cu 	Stoui 	411 O11 	Dellali 	UI FII, 	/Cliei	it. 	ı	1	ı	ı	l	1 1 1
Full Name of PoA / Th			L		\perp		+	+	+			_									_	_									_			
PAN NO. OI POA/ III	iru ra	ty	L										[]	Please 🗸	() K	YC Comp	oliai	nt		Yes	L		No	(Plea	se attac	h KY(Cackr	owled	lgen	nent &	Refe	r instr	uctio	on no. 10)
	6. FOR INVESTMENT BY NRI/PIO/FII (US and Canada Investors not permitted)																																	
Overseas Address																Countr			+									Div	./710	,	L			
	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. Please attach foreign inward remittance certificate (FIRC) / account debit certificate in case of debit to NRE / NRO account or direct remittance from abroad. Please (4) Repatriation basis Non-Repatriation basis Non-Repatriation basis Non-Repatriation basis																																	
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 & A	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									Di-						C:		Ma		10		- /AL-										_			
	City Pin Signature of Nominee/Guardian (Not mandatory) 8. LIST OF DOCUMENTS ATTACHED {pls mention below the details of documents (other than cheque & DD) attached with the form}																																	
8. LIST OF DOCUM	MENI	SALI	ACH	ŀΕν	{pls n	nentio	n belo	ow th	e deta	ils of (docum	nents (other	than ch	eque	& DD) at	tach	ed wit	h the	form	}													
Mandatory	atua Da	6			=				rticles			ion			Ce	rtificate	of In	corpor	ation	ı		Li	st of I	Autho	rised Si	gnato	ories	vith S	peciı	men Sig	gnati	ure(s)		
KYC Compliance St Verified PAN Copy	atus Pr	001			=	esolut rust De		Autho	orisatio	on to i	nvest				Ву	e-Laws						0	thers	(PIs S	pecify)									
FATCA Declaration					H	ower		orney						L	Pa	rtnership) De	ed																
9. DECLARATION 8	9. DECLARATION & SIGNATURES																																	
Mutual Fund for units of th	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. I/We have not received and will not receive nor will be induced by any rebate or gifts, directly or indirectly, in making								tly, in making																									
	his 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 upplicable laws or any notifications, directions issued by any governmental or statutory authority from time to time.																																	
It is expressly understood the constitutional documents.	at we ha	ive the e	xpress	autho	rity fro	om our	constitu	utiona	l docun	nents t	o invest	in the u	units o	f the Sche	eme an	d the AMC	/Trus	stee/Fur	ıd woı	uld not	be re	esponsi	ble if t	he inve	stment i	sultra	vires t	nereto a	and t	he invest	ment	t is cont	rary	to the relevant
I/we authorise this Fund to us in case the cheque(s)/pa															ent in	any of the	sche	mes of	the Fu	ınd, re	cover	r/debit	my/ou	ır folio	(s) with	the pe	nal in	terest a	nd ta	ake any a	appro	priate	actio	n against me/
I/we hereby further agree	that the	Fund ca	n dire	ctly cre	edit al	l the di	vidend	payo	uts and	redem	ption a	amount	t to my	/ bank de				m for	tha d	.66	nt -		in-c	rho:	o e4	do	Marka	al Eco	de £	om c=		التاريخ	ele Al	o Cehowa - !-
being recommended to	"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 i being recommended to me/us". IM Financial Services Pvt. Ltd. is affiliated to JM Financial Asset Management Pvt. Ltd (JM Financial AMC), which is the Investment Manager to the schemes of JM Financial Mutual Fund. It would receive commission/distribution fees from JM Financial AMC for																																	
JM Financial Services Pvt. I distributing the mutual fur										ıM Fina	incial A	uMC), w	nich is	the Inve	estmen	τ Manage 	r to t	ne sche	mes c	JM F	inand	cial Mu	tual Fi	ınd. İt	would r	ceive	comn	nission/	distr	ibution 1	rees f	rom JN	ı Fina	incial AMC for
Signatur	e of S	ole/Fir	st Ap	plica	nt/G	uardi	an						Sig	nature	of Se	cond Ap	pli	cant								Sig	natu	re of 1	ſhir	d Appli	ican	t		
Date:	te: Place:																																	

PART B: TO BEUSED BY (DULY SIGNED) ONLY IN CASE OF SIP/S	TP/SWP OR DEMAT CASES	
10. DEMAT ACCOUNT DETAILS (Please ensure that the sequence	e 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, p	lease provide the below details)\$\$	
National Security Depository L	imited (NSDL) Centra	al Depository Services (India) Limited (CDSL)
Depository Participant Name: Beneficiary Acc	ount No. Target ID No.	
55 in case of any ambiguity, AMC is at its discretion to either allot units as per Demat in	5	Id Scheme Information Document for details.
11. SYSTEMATIC INVESTMENT PLAN (SIP) (Please refer to terms, con		
	ailable for investors whose contribution through SIP per year will not exceed Rs. 50,	
Enrolment Period Start M M Y Y Y Emd	M M Y Y Y OR Perpetual (i.e. until it is cancelled)	
Payment Mechanisam:		
	please attach Auto Debit Registration cum Mandate Form along with a cheque towar	,
Regular SIP Auto Debit Facility (through Standing Instruc	ctions for HDFC Bank account holder) (Please attach Standing Instruction form of HD ish the cheque details below)	DFC along with a cheque towards the first installment)
	olease attach Auto Debit Registration cum Mandate Form, without any cheque) SIP v	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) Month	ly * Quarterly (* Default Frequency)
No. of cheques / installments Cheque Nos. : From	То	SIP Installment amount :
Name of Bank & Branch :		
12. SYSTEMATIC TRANSFER PLAN (STP) (Please refer to terms, condi	tions and instructions for STP) (Please fill up Separate form for from / to different sc	heme / plans / options / sub-options)
Scheme / Plan / Sub-Plan / Option / Sul	· · · · · · · · · · · · · · · · · · ·	eme / Plan / Sub-Plan / Option / Sub-Option
E JM	JM	
	nrolment Period: From M M Y Y Y Y To M M	Y Y Y OR Perpetual(i.e. until it is cancelled)
Frequency of Transfer®# (Pl. 4 any one from the following)		
Chhota STP/Combo SIP Weekly (pl. ✓ any one starting date) □ Daily □ 1 st □ 8 ^{sh} □ 15 ^{sh} □ 22 nd of the month	Fortnightly (pl. \(\sigma \) any one starting date) Monthly (pl. \(\sigma \) any one starting late) \(\lambda \) 12 \(\lambda \) 5th \(\lambda \) 10th \(\lambda \) 15th \(\lambd	ing date) Quarterly The state of the month and Quarterly as the state of the next month and the state of the next month and the state of the next month and the state of the next month and the state of the next month and the state of the next month and the state of the next month and the state of the next month and
·		subsequently on first of every quarter
Choice of multiple frequency under weekly/fortnightly/monthly STP through a single form windle style frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly under weekly under weekly under weekly under weekly under weekly under weekly under weekly under weekly under weekly under weekly under weekly under weekly under weekly un		
SWP Plan (Pl. ✓ any one): Fixed Amount Withdrawal (FAW)	Capital Appreciation Withdrawal (CAW)	
SWP Installment Amount under FAW: Rs.	Capital Appreciation Withdrawal (CAW)	
	Sth 15th 25th Quarterly (1st	Business day of every quarter after the start)
Enrolment Period: From D D M M Y Y Y Y Y	To D D M M Y Y Y Y OR Perpetual (i.e. u	
Enrollment Ferrou. From S S M M S S S S S	10 B B M M F F F F ON CIPCUM (NO. 2)	
14. Name of Document Attached for MICRO SIP		
1. Document Ref. No		Do www.out.Def.No
2. Document Ref. No	3.	Document Ref. No
15. DECLARATION & SIGNATURES		
(Applicable for SIP Investors only) I/we hereby declare that the particulars given above are correct and express my/our v	willingness to make nayments referred above through participation in ECS /Direct De	bit or Standing Instruction Clearance. If the transaction is delayed or not effected at all,
for reasons of incomplete or incorrect information on my/our part or circumstances be	eyond the control of AMC/its service provider, I/we would not hold the Asset Manage	ement Company responsible in any manner. I/we hereby authorize JM Financial Mutual uarterly 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 recourt whichever is not applicable.	quest for the earlier mandate well in advance. I/we have read and agreed to the ter	ms and conditions mentioned in KIM / Scheme Information Document.* Please strike
		et
Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
Date:		Place :
Deceived an application from Mr. (Mr. (Mr.		1
Received an application from Mr./Ms./M/s.	or through STP as ner details below Sovial N	JM FINANCIAI
Received an application from Mr./Ms./M/s. as normal Investment or through SIP or for SWP Scheme Name Plan Option	or through STP as per details below Serial N Sub-Option Payment Details (1st Cheque /DD in ca	No: EU
Received an application from Mr./Ms./M/s. Received an application from Mr./Ms./M/s. Scheme Name Plan Option	Sub-Option Payment Details (1st Cheque /DD in ca	see of Regular SIP) Collection Centre's Stamp & Receipt Date and Time
as normal Investment or through SIP or for SWP	Sub-Option Payment Details (1st Cheque /DD in ca	see of Regular SIP) Collection Centre's Stamp & Receipt Date and Time