

Serial No: ED

[&] US and Canada Investors are not permitted to invest in our Schemes. [^] If not ticked it will be considered as Not Applicable.

Bank Account No.!											Repeat Bank Account No.!																													
MICR Code											IFSC Code											Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR																		
Bank Name																																								
Branch Address																																								
																					City															Pin				

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)

5-b. IN CASE OF PAYMENT BY 1ST APPLICANT (Please ✓)

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

[illegible]

Overseas Address																			
City										Country					Pin/ZIP				

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

☐ 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)	

Mandatory <input type="checkbox"/> KYC Compliance Status Proof <input type="checkbox"/> Verified PAN Copy <input type="checkbox"/> FATCA/UBO Declaration	<input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Resolution / Authorisation to invest <input type="checkbox"/> Trust Deed <input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Bye-Laws <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Aadhaar Card Copy(ies)	<input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s) <input type="checkbox"/> Others (Pls Specify) _____ <input type="checkbox"/>
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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 ultra vires thereto and the investment is contrary to the relevant constitutional documents. I/we authorise this Fund to reject the application, return 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 to 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.

Consent for linking Aadhaar: I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating / authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and Regulations made thereunder) and PMLA. I / We hereby provide my / our consent for sharing / disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered Mutual Fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios with my / our PAN(s).

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

Date : _____ Place : _____

PART B: TO BE USED BY (DULY SIGNED) ONLY IN CASE OF SIP/STP/SWP OR DEMAT CASES**10. 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)\$\$☐ **National Security Depository Limited (NSDL)**☐ **Central Depository Services (India) Limited (CDSL)**

Depository Participant Name:

DP ID No. IN

Beneficiary Account No.

Target ID No.

⁹⁵ 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.**11. SYSTEMATIC INVESTMENT PLAN (SIP)** (Please refer to terms, conditions and instructions for SIP & fillup separate form for each SIP date / frequency / plan / option)(please ✓ only one) **Normal SIP** ☐ **Micro SIP** ☐ (Available for investors whose contribution through SIP per year will not exceed Rs. 50,000 through all SIP contributions if PAN is not submitted)

Enrolment Period Start M M Y Y Y Y Y Emd M M Y Y Y Y Y OR Perpetual (i.e. until it is cancelled)

Payment Mechanism:

Regular SIP <input type="checkbox"/>	<input type="checkbox"/> Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form along with a cheque towards the first installment)
	<input type="checkbox"/> Auto Debit Facility (through Standing Instructions for HDFC Bank account holder) (Please attach Standing Instruction form of HDFC along with a cheque towards the first installment)
	<input type="checkbox"/> Through Post dated Cheques (please furnish the cheque details below)
Special SIP <input type="checkbox"/>	<input type="checkbox"/> Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form, without any cheque) SIP 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) Monthly * ☐ Quarterly ☐ (* Default Frequency)**No. of cheques / installments** **Cheque Nos. : From** **To** **SIP Installment amount :** **Name of Bank & Branch :** **12. SYSTEMATIC TRANSFER PLAN (STP)** (Please refer to terms, conditions and instructions for STP) (Please fill up Separate form for from / to different scheme / plans / options / sub-options)

From	Scheme / Plan / Sub-Plan / Option / Sub-Option	To	Scheme / Plan / Sub-Plan / Option / Sub-Option
JM		JM	

STP installment amount **Enrolment Period:** From M M Y Y Y Y Y To M M Y Y Y Y Y OR Perpetual (i.e. until it is cancelled) ☐**Frequency of Transfer** ** (Pl. 4 any one from the following)

<input type="checkbox"/> Chhota STP/Combo SIP	<input type="checkbox"/> Weekly (pl. ✓ any one starting date)	<input type="checkbox"/> Fortnightly (pl. ✓ any one starting date)	<input type="checkbox"/> Monthly (pl. ✓ any one starting date)	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Daily	<input type="checkbox"/> 1 st <input type="checkbox"/> 8 th <input type="checkbox"/> 15 th <input type="checkbox"/> 22 nd of the month	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th of every month	<input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th of the month	1st Business Day of the next month and subsequently on first of every quarter

⁹⁶ choice of multiple frequency under weekly/fortnightly/monthly STP through a single form will be rejected**13. SYSTEMATIC WITHDRAWAL PLAN (SWP)** (Pls Refer to terms, conditions and instructions for SWP)**SWP Plan** (Pl. ✓ any one): ☐ Fixed Amount Withdrawal (FAW) ☐ Capital Appreciation Withdrawal (CAW)**SWP Installment Amount under FAW:** Rs. **Withdrawal Frequency** * (Pl. ✓ any one): ☐ Monthly ☐ 1st ☐ 5th ☐ 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 Y OR Perpetual (i.e. until it is cancelled) ☐**14. Name of Document Attached for MICRO SIP**

1. Document Ref. No. <input type="text"/>
2. Document Ref. No. <input type="text"/> 3. Document Ref. No. <input type="text"/>

15. DECLARATION & SIGNATURES**(Applicable for SIP Investors only)**

I/we hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS /Direct Debit 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 beyond the control of AMC/its service provider, I/we would not hold the Asset Management Company responsible in any manner. I/we hereby authorize JM Financial Mutual Fund and their authorised service providers, to get my/our above bank account debited by ECS /Direct Debit/Standing Instructions towards the collection of monthly/quarterly 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 request for the earlier mandate well in advance. I/we have read and agreed to the terms and conditions mentioned in KIM / Scheme Information Document.* Please strike out whichever is not applicable.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date : **Place :** ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)Received an application from Mr./Ms./M/s. as **normal Investment** ☐ or through **SIP** ☐ or for **SWP** ☐ or through **STP** ☐ as per details below**Serial No: ED**

Scheme Name	Plan	Option	Sub-Option	Payment Details (1st Cheque /DD in case of Regular SIP)	Collection Centre's Stamp & Receipt Date and Time
JM				Amt. <input type="text"/> Cheque/DD No. <input type="text"/> dated <input type="text"/> Bank & Branch <input type="text"/>	<input type="text"/> Subject to documents being in-order and realization of Cheque/DD

In case of JM Tax Gain Fund, the investor may claim tax exemption under Sec.80C of the IT Act based on the production of this acknowledgement till the statement of account is issued provided the payment instrument is encashed and the application and other documents are found to be in order.

Registrar: Karvy Computershare Private Limited: Karvy Selenium Tower B, Plot No 31 & 32, First Floor, Gachibowli, Financial District, Nanakramguda, Serilingampally, Hyderabad – 500 032.Tel.: (040) 6716 1500 (Board) • E-mail: service_jmf@karvy.com. **Note :** All future communication in connection with this application should be addressed to the Registrar at the address given above, quoting full name of First/Sole Applicant, the Application Serial Number, the name of the Scheme, the amount invested, date and the place of the Branch / Investor Service Centre where application was lodged.