## **JM FINANCIAL MUTUAL FUND**



<b>COMMON APPLICAT</b>	ION FORM	(please ✓) as per yo	ur status Res	sident Non-R	Resident	Sei	rial No: <b>ED</b>									
	DISTR	RIBUTOR INFORMATIO	N				FOR OFFICE USE ONLY									
	rnal Sub-Broker Code lloted by Distributor)	Sub-Broker /	IRN		ue Identification N EUIN)^	lo. In-Ho	use number as per K-BOLT	Date , Time and Number as per Time Stamping Machine								
South Gujarat ARN: 5485	54															
<b>Amandatory:</b> Furnishing of EUIN is mandatory <b>Declaration:</b> "I/We hereby confirm that the EU notwithstanding the advice of in-appropriatene	UIN box has been intention	nally left blank by me/us as	this transaction	n is executed without	any interaction or advic		elationship manager/sale	s person of the above distributor/sub broker or								
Cignoture of Colo /First A	nnlicant/Cuardian		Ciar	acture of Cocond An	nlicant		Cignotur	o of Third Applicant								
Signature of Sole/First A "Upfront commission shall be paid direct INVESTMENT DETAILS (PIs Refer instru	ctly by the investor to	the AMFI registered Di		nature of Second Ap sed on the investor		rious factors inclu		e of Third Applicant ered by the distributor".								
Sch	eme Name			Plan		Opti	on	Sub-Option								
JM																
*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 write "Direct" under above column titled as "Plan".																
1. TRANSACTION CHARGES (PLEASE REFER INSTRUCTIONS / KIM AND TICK ANY ONE) Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.																
I/We am/are a First Time Investor	<u>r</u> in Mutual Fund Industr	ry. (Rs 150 will be dedu	ted.)		I/We ar	m/are an <mark>Existing</mark>	Investor in Mutual Fu	Ind Industry. (Rs 100 will be deducted.)								
2. EXISTING UNIT HOLDER'S I	NFORMATION (Ple	ease fill in your details me	ntioned below	and proceed to section	on 4)											
Folio No.				entification Numb KYC Compliant Inv												
3. APPLICANT INFORMATION (It is	s mandatory to submit veri	ified copy of PAN proof for	all investment	ts failing which applica	ation will be rejected) (	(Pls Refer instruction	no. 8)									
(To be filled in block letters. Use one box fo								Date of Birth (Mandatory)								
Full Name of Sole/1st Applicant/Minor	r/Non-individual: (As	per Aadhar card)					(Pls su	Ibmit documentary proof in case of minor)       D     M       M     Y       Y     Y								
Full Name of Guardian (in case of Minor) /	/ <b>Contact Person</b> (In cas	se of non-individual inves	tors) / <b>Karta</b> (i	in case of HUF) / Part	<b>tner</b> (in case of Partne	ership Firm) <b>: Rela</b>	tionship with Minor [	Pl. ✓] <b>Pls submit documentary proof</b>								
Address (DO NOT REPEAT NAME) in full of	f Applicant/Parent OR G	Guardian of Minor India	n address in c	ase 1st Applicant is	NRI/FII/PIO (Post Roy	x No. alone is not s		ather Legal Guardian								
Location/City			Dist.				Pin/Zip Code									
State		<sup>&amp;</sup> Country			STD	) Code	Tel.									
Email-ID <sup>s</sup>																
Mobile No. <sup>s</sup>		<sup>\$</sup> SMS and/ Email I	D will be used	as the default mode	of communication if	the mobile no. and	l/or Email ID is furnishe	d. Date of Birth (Mandatory)								
Full Name of Second Applicant								D D M M Y Y Y Y								
(As per Aadhar card) Full Name of Third Applicant (As per Aadhar card)								D D M M Y Y Y Y								
Permanent Account Number (PAN)/ KYC ref. n	10 Mandatory {Please sub	bmit a verified copy of PAN	card for all	KYC Copy attached	Verifie	ed Copy of Man	latom Aadhaar No	(12 digits) /Ref No. in case applied								
investors and KYC reference no for MICRO case to be provided. PIs refer to Instruction/KIM fo	es.} In case the 1st applica			Pls refer Instruction for details. Pl.( $\checkmark$ )	ons / KIM PAN Ca			attach proof of enrollment)								
1st Applicant																
Guardian (in case 1st applicant is minor)																
2nd Applicant 3rd Applicant																
4a. Status of Sole/1st appicant					Mode of Hol	dina PI (√)	4h Occupation D	etails (please tick √)								
1. Resident Individual (RI)	7. Proprietorship	Firm	13. Fi	inancial Institution	1. Single	ungrn(* /	1. Private secto									
2. On behalf of minor RI NRI		e Listed Unliste		anks	2. Joint*		2. Public Sector									
3. HUF	15. 🗌 N	IRI	3. Either or Su		service 3. Professional	7. Student 8. Agriculturist										
4. Company	ompany     10. Society     16. PIO & are more than one )							9 Others (pl. specify)								
5. AOP/BOI	11. 🗌 FIIs		170	thers <sup>&amp;</sup> (pl.specify)				<i>////////////////////////////////</i>								
6. 🗌 Partnership Firm	12. Government E	Body														
4c. Gross Annual Income (Please tic	ck ✓ )		4d. For In	ndividuals / HUFs	s (Please tick ✓ )^	<u>.                                    </u>		duals (Companies, Trust, tc.) (Please tick ✓ )^								
Below 1 Lac 1 - 5 Lacs	5 - 10 Lacs		🗌 l am l	Politically Exposed	Person			e / Money Changer Services								
$\square$ 10 - 25 Lacs $\square$ > 25 Lacs - 1Croi		)R″	🗌 l am i	related to Politicall			Gamin / Gamblir	ng / Lottery / Casino Services								
Net Worth in (Mandatory for Non-Indiv	viduals) ₹		Not A	pplicable			Money Lending Not Applicable	/ Pawning								
as on// (N	lot older than 1 year)															

<sup>8</sup> US and Canada Investors are not permitted to invest in our Schemes. ^ If not ticked it will be considered as Not Applicable.

5. BANK PARTIC may furnish multiple b																												ank m	andat	te de	pictir	ıg th	e nar	ne o	f the ´	st / s	ole ap	olicar	nt ) Inv	esto
Bank Account No. !																					Accou		_																	
MICR Code										IFS	C Co	de													Acc	ount	Туре	e: [	Sav	/ings		] Cu	rrent		NRE		NRO		FCNR	
Bank Name																																								
Branch Address																																								
																			City														Pir							
5-a. INVESTMENT AND PAYMENT DETAILS (PIs 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 Charges (Rs.) Gross Total Amount (Rs.) Bank Account Number Bank & Branch Account Type® (SB/CA/NRE/NRO/FCNR)																																								
Cheque /DD No.	Chee	ue/Di	) Am	ount	(Ks.)	)	DD	Chai	rges (	(Rs.)		Gro	ISS 10	tal A	mou	nt (R	s.)	-		Ва	nk Ad	cou	nt Nu	imbe	r		-		Bar	1K &	Brand	ch		Ac	count	Туре	<sup>@</sup> (SB/CA	/NRE/	NRO/FC	JR)
** Allotment of units subject to realization of Cheque/DD. <b>For NRI(s)/PIO: Source of Fund:</b> NRE NRO FCNR 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 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																																								
I. I / We hereby dee from/by del II. ^^In case of De	5-c. POWER OF ATTORNEY (PoA) HOLDER'S / PERMITTED THIRD PARTY'S (WHO IS ISSUING THE CHEQUE) DETAILS (Pls refer para on Third Party Pament)																																							
Parent/Grand Pare								· · ·	·		rum		_			n case	e of	dedu	ction	from	salar	y)				Cu	stodia	an on	beha	lf of	FII/CI	ient.								
Full Name of PoA /	Third	Party									1															-														
PAN No. of PoA / Th	ird Pa	arty													[P	lease	•√]	KY	C Con	nplia	nt [		Y	'es			No	(Plea	se att	ach	(YC a	ckno	wled	gem	ient &	Refe	r instru	ction	n no. 1	0)
6. FOR INVESTME	NT B	Y NR	/PI	0/FII	(U!	S and	l Cai	nada	a Inv	vesto	ors r	not p	erm	itte	d)	1	1		1				1	1	1	1				-					1		1			
Overseas Address City	_	_		_			_	-				-						_	Coun	otry					-					_			Din	/ZIP						
Applicable to NRIs only : I / W																			ne fund	ls for su													nels or	r from					dent Ext	ernal
Ordinary Account / FCNR Acco											(c) / a	ccount	uebit	terti	incate	iii ca	seui	uebit	town	L / NA	oacco	unto	n une	ct lei	inttai	itte in	onnau	Todu.	riedse	(4)		luidu	UII Das	13		repai	liiduoiii	10515		
I / We I/We hereby no also understance								1												1				ortio	on to					-				-			ve folio ne Nor		e(s). I/	Ne
No. Name & A	ddres	s of th	e No	omin	ee/	s (upi	to 3 I	Nos.)	)	D	ate	of Bi	r <b>th</b> (i	n casi	e of M	inor)		Rel	latio	nshij	o wit	h th	e firs	st ho	lder		Shar	' <b>e (</b> %)	) (in r	nuli	iple	of 1'	%)		Ag	e of	the N	omin	iee	
1																																								
2																																								
3																																								
Guardian Name (in ca	ise of	Minor)																			Rela	atio	nship	p																
Address										_		_	1				_																	_						
City							_	_	_	Pin								-			omine				(Not	ma	ndat	ory)						_		_				
8. LIST OF DOCU	MEN	TS AT	TAC	HED	) {p	ls mer	ntion	belo	w the	e deta	ails o	f docı	ımen	ts (o	ther 1	than	che	que &	uDD)	attac	hed w	/ith 1	the fo	orm}																
Mandatory KYC Compliance Si Verified PAN Copy FATCA/UBO Declar	ation					Reso Trus	olutio t Dee	on / A	Autho			Associ o inve		l				Bye Part	-Law tnersł	's hip D	ncorp eed Copy(		ion					Autho (PIs S			atorie	25 Wi	ith Sp	ecin	nen Si	gnatı	ure(s)			
9. DECLARATION & Having read and understo				ne Sch	eme	Inform	ation	Доси	ment	of the	sche	me fo	rinves	tmen	t and	subse	eque	ent am	endm	ients t	hereto	inclu	udina	the s	ection	n on "	Preve	ntion	of Mon	ev I :	unde	'ino"	I/We	here	by ann	y to t	ne Trust	ee of	JM Fina	ncial
Natural Fund for units of the Mutual Fund for units of the applicable laws or any not Trustee/Fund would not be investment in any of the sc I/we hereby further agree <b>mode</b> ), <b>payable to him</b> <b>Ltd</b> (JM Financial AMC), wi <b>Consent for linking Aad</b> accordance with the Aadh registered Mutual Fund an	e Sche ner dec ficatio respon hemes that th <b>for th</b> nich is t <b>haar:</b> aar Act	me as in lare tha ns, direc sible if th of the F e Fund c e <b>differ</b> the Inves / We he , 2016 (a	dicat t the tions ne inv und, an di ent stmer ereby and R	ed abo amoun issued estmen recove rectly o compo nt Man provid egulat	ove a nt inv l by a nt is u r/del credi credi eting nager le my ions	nd agr vested any gov ultravin bit my/ t all the <b>g Sche</b> t to the r / our c made t	ee to a by me vernm res the /our fo e divic e divic e scher conser thereu	abide e/us in nental ereto a olio(s) dend p of va mes o nt in a under)	by the n the sta or sta nd the with payou of JM F accord of and	e term Schem atutory invest the pe ts and <b>Mutu</b> inanci ance v PMLA.	is and ne is o y auth tmen enal ir l rede ual Fr ial Mu with A . I / W	l condi derived nority f nterest mption <b>unds</b> f utual F Aadhaa /e here	tions, I throu itrary f and t and t <b>from</b> und. I ar Act, by pro	rules ugh le ime to to the cake a ount to amo t wou 2016 ovide	and r egitim time releva ny ap o my l o my l ngst ld rec and r my / o	egula iate si ant co propr bank o whic eive c regula bur co	tion: ource expr nstit iate a detai detai omn otion	s of th es and ressly u cutiona action ils give <b>re Sch</b> mission is mad nt for s	e Sche l is not inders il docu again en abo <b>eme i</b> n/distr e ther sharing	eme. I t held stood t ument ove. <b>"1</b> is bei ributio reunde g / dis	We ha or des hat we s. I/we /us in o <b>'he AR</b> <b>ng reo</b> on fees er, for ( close o	ave no igneo auth case f case f com from i) col	ot rece d for the e the e orise t the che <b>blder</b> h <b>mend</b> h JM Fi lecting	eived the pu exprese this Fi eque <b>has c</b> <b>led to</b> inanc g, sto	and v irpose s auth und to (s)/pa lisclo o me/ ial AN ring a	vill no e of co nority o reje- sed t sed t /us". AC for and us	ot rece ontrav from ct the nt inst to me JM Fir distri sage (i	eive no rentior our cor applic rumer / <b>us al</b> nancial buting ii) valid	r will I n of an nstituti ation, nt is/ar I the o I Servi g the n dating	y act ional rever re ret com ces P nutua / aut	luced rules, docun t the u urned <b>nissio</b> vt. Ltd I fund hentic	by ar regu- nents inits unpa <b>ons (i</b> l. is a unit cating	iy reba ilation to inv credite id by r <b>n the</b> ffiliate s of th g and (	ate or ns or est ir ed, re my/o e forr ed to ne sch (ii) u	r gifts, any sta estrain our ban <b>n of tr</b> JM Fir nemes pdating	directl atute o nits of 1 me/us kers fo r <b>ail co</b> nancial launch g my/o	ly or inc or legisl the Schi from n or any re <b>mmiss</b> I Asset ied by J our Aad	lirectly ation ame an aking ason ason Manag Manag Manag Manag	y, in ma or any nd the . J any fu whatso <b>r any o</b> gemen ancial <i>l</i> uumber	aking other AMC/ rther ever. ther tPvt. (s) in
Signature of Sole	/Firs	t Appli	cant	t/Gua	rdia	an/Au	ith. 9	Signa	atory	,			Sigr	natu	re of	Sec	ond	App	lican	t/Au	ıth. S	igna	atory	/				9	Signa	tur	ofT	hird	App	lica	nt/Aı	ith. S	ignat	ory		

PART B: TO BEUSED 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 you	ur Depository Participant).													
Do you want units in Demat Form (Please (🗸 )) 🗌 Yes 🗌 No (if yes, please provide the below details)\$\$														
National Security Depository Limited (NSDL)	dia) Limited (CDSL)													
Depository Participant Name:														
DP ID No. IN         Target ID No.         Target ID No.           ** 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 deta	ile													
	ilis.													
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 $\checkmark$ 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 Emd M M Y Y Y OR Perpetual (i.e. until it is cancelled)														
Payment Mechanisam:														
Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form along with a cheque towards the first installment)														
	L 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) Through Post dated Cheques (please furnish the cheque details below)													
	ault 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)														
Scheme / Plan / Sub-Plan / Option / Sub-Option / Sub-Option / Sub-Plan / Option / JM	/ Sub-Option													
	tual(i.e. until it is cancelled)													
Frequency of Transfer ** (PI. 4 any one from the following) Chhota STP/Combo SIP Weekly (pI. ✓ any one starting date) Fortnightly (pI. ✓ any one starting date)	Quarterly													
☑ Daily □1 <sup>st</sup> □8 <sup>th</sup> □15 <sup>th</sup> □22 <sup>nd</sup> of the month □1 <sup>st</sup> □15 <sup>th</sup> of every month □1 <sup>st</sup> □5 <sup>th</sup> □10 <sup>th</sup> □15 <sup>th</sup> □20 <sup>th</sup> □25 <sup>th</sup> of the month □1 <sup>st</sup> □10 <sup>th</sup> □15 <sup>th</sup> □20 <sup>th</sup> □25 <sup>th</sup> of the month □1 <sup>st</sup> □10 <sup>th</sup> □1 <sup>st</sup> □10 <sup>th</sup> □15 <sup>th</sup> □20 <sup>th</sup> □25 <sup>th</sup> of the month □1 <sup>st</sup> □10 <sup>th</sup> □1 <sup>st</sup> □10 <sup>th</sup> □15 <sup>th</sup> □20 <sup>th</sup> □25 <sup>th</sup> of the month □1 <sup>st</sup> □1 <sup>st</sup> □10 <sup>th</sup> □1 <sup>st</sup> □10 <sup>th</sup> □15 <sup>th</sup> □20 <sup>th</sup> □25 <sup>th</sup> of the month □1 <sup>st</sup> □1 <sup>st</sup> □1 <sup>st</sup> □1 <sup>st</sup> □10 <sup>th</sup> □1 <sup>st</sup> □1 <sup>st</sup> □10 <sup>th</sup> □1 <sup>st</sup> □10 <sup>th</sup> □1 <sup>st</sup> □1 <sup>st</sup> □10 <sup>th</sup> □1 <sup>st</sup> □1 <sup></sup>	Ist Business Day of the next month and													
Control of multiple frequency under weekly/fortnightly/monthly STP through a single form will be rejected	subsequently on first of every quarter													
13. SYSTEMATIC WITHDRAWAL PLAN (SWP) (PIs 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 O1st O5th O 15th O 25th O 45th O 25th	r the start)													
Enrolment Period: From D D M M Y Y Y Y To D D M M Y Y Y Y OR Perpetual (i.e. until it is cancelled)	a the starty													
14. Name of Document Attached for MICRO SIP 1. Document Ref. No.														
Document Ref. No.         3.         Document Ref. No.														
15. DECLARATION & SIGNATURES														
(Applicable for SIP Investors only)														
It 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 authorized 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 Second Applicant	of Third Applicant													
-														
Date :	Place :													

۵.	Receiv	ed an application f	rom Mr./Ms./M/s					
VT SLI	as nor	mal Investment	or through S	SIP or for SWP	or through STP	as per details below	Serial No: <b>ED</b>	JM FINANCIAL
ME	the ir	cheme Name	Plan	Option	Sub-Option	Payment Details (1st	Cheque /DD in case of Regular SIP)	Collection Centre's Stamp & Receipt Date and Time
BG	n by t					Amt		_
ME	MI 🖻					Cheque/DD No.	dated	_
NN NN	o be fi					Bank & Branch		Subject to documents being in-order and realization of Cheque/DD
¥		EIM Tay Gain Fund, the in	wester may claim tay evem	ation under Sec 80C of the IT Act ha		owledgement till the statement of accou	at is issued provided the payment instrument is once	shed and the application and other documents are found to be in order

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.

**Registar: 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 Service Centre where application was lodged.