## **JM FINANCIAL MUTUAL FUND**



**COMMON APPLICATION FORM** (please ✓) as per your status Resident Non-Resident Serial No: **ED** DISTRIBUTOR INFORMATION **FOR OFFICE USE ONLY** Date , Time and Number as per Time Name & ARN of Distributor / Internal Sub-Broker Code **Employee Unique Identification No.** In-House number as per Sub-Broker ARN **RIA Code** (as alloted by Distributor) (EUIN)^ K-BOLT Stamping Machine South Gujarat ARN: 54854 ^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 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 (PIs Refer instruction No. 5)\*?? Scheme Name Plan **Option** 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** in Mutual Fund Industry. (Rs 150 will be deducted.) I/We am/are an **Existing Investor** in Mutual Fund Industry. (Rs 100 will be deducted.) 2. EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 4) Folio No. **KYC Identification Number (KIN)** (For C-KYC Compliant Investors) 3. APPLICANT INFORMATION (It is mandatory to submit verified copy of PAN proof for all investments failing which application will be rejected) (PIs Refer instruction no. 8) (To be filled in block letters. Use one box for one alphabet, leaving one box blank between name and surname) Date of Birth (Mandatory) Full Name of Sole/1st Applicant/Minor/Non-individual: (As per Aadhar card) (Pls submit documentary proof in case of minor) M Full Name of Guardian (in case of Minor) / Contact Person (In case of non-individual investors) / Karta (in case of HUF) / Partner (in case of Partnership Firm): Relationship with Minor [Pl. 

| Pls submit documentary proof Mother Legal Guardian Address (DO NOT REPEAT NAME) in full of Applicant/Parent OR Guardian of Minor. Indian address in case 1st Applicant is NRI/FII/PIO (Post Box No. alone is not sufficient) Location/City Dist. Pin/Zip Code & Country Tel. State Email-ID5 Mobile No. 5 SMS and/Email ID will be used as the default mode of communication if the mobile no. and/or Email ID is furnished. Date of Birth (Mandatory) **Full Name of Second Applicant** (As per Aadhar card) **Full Name of Third Applicant** (As per Aadhar card) Permanent Account Number (PAN)/ KYC ref. no. - Mandatory {Please submit a verified copy of PAN card for all KYC Copy attached Verified Copy of Mandatory Aadhaar No. (12 digits) / Ref No. in case applied investors and KYC reference no for MICRO cases.) In case the 1st applicant is minor, Guardian's PAN / KYC ref no Pls refer Instructions / KIM **PAN Card** for Aadhaar. (Pls attach proof of enrollment) to be provided. Pls refer to Instruction/KIM for further details for details. PL(√) enclosed PL(√) 1st Applicant Guardian (in case 1st applicant is minor) 2nd Applicant 3rd Applicant Mode of Holding Pl.(✓) 4a. Status of Sole/1st appicant 4b. Occupation Details (please tick ✓) 13. Financial Institution 1. Sinale Private sector service Housewife 1. Resident Individual (RI) 7. Proprietorship Firm 6. Retired Joint\* Public Sector / Govt. 2. On behalf of minor RI NRI 8. Body Corporate Listed Unlisted 14. Banks service 7. Student 3. Either or Survivor/s 3. HUF 9. Trust 15. NRI Professional Agriculturist \* Default, in case of ambiguity when applicants 16. PIO & 10. Society 4. Company Business Others (pl. specify) are more than one ) 5. AOP/BOI 11. Flls 17. Others<sup>&</sup> (pl.specify) 6. Partnership Firm 12. Government Body 4e. For Non-Individuals (Companies, Trust, 4c. Gross Annual Income (Please tick ✓ ) 4d. For Individuals / HUFs (Please tick ✓ )^ Partnership etc.) (Please tick ✓ ) I am Politically Exposed Person Foreign Exchange / Money Changer Services Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs I am related to Politically Exposed Person Gamin / Gambling / Lottery / Casino Services 10 - 25 Lacs > 25 Lacs - 1Crore > 1 Crore "OR" Money Lending / Pawning Not Applicable Net Worth in (Mandatory for Non-Individuals) ₹ Not Applicable as on / / / (Not older than 1 year)

<sup>&</sup>amp; US and Canada Investors are not permitted to invest in our Schemes. Alf not ticked it will be considered as Not Applicable.

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also understand	l that al	l paym	ents an	d se	ttleme	ents	made	to su	ch nor	ninee(	s) sha	all be a	valid di	schar	rge by	the AM	IC / N	Autual	Fun	d / Tru	stee.													
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8. LIST OF DOCU	MENT	S ATT	ACHE	<b>D</b> {	pls me	entio	n belo	ow th	e deta	ils of d	locum	nents (o	ther th	an ch	eque	& DD) a	ttacl	ned wit	th th	ne forr	n}													
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Mutual Fund for units of th this investment. I/We furth	her decla	re that t	the amo	unt i	nveste	d by r	me/us i	in the	Schem	e is der	ived tl	hrough I	egitimat	te sou	rces an	nd is not	held	or desig	ned	for the	purp	ose of c	ontra	aventior	of any	act,	rules,	regula	ations (	or any s	tatute	or legis	ation o	r any other
applicable laws or any noti	responsil	ble if the	investm	ent is	ultrav	ires th	hereto a	and th	e invest	tment is	contra	ary to the	relevan	t cons	titutior	nal docun	nents	. I/we a	utho	rise thi	s Fun	d to reje	ct th	e applic	ation, ı	evert	the u	nits cr	edited,	restrai	n me/	us from 1	naking a	any further
investment in any of the so I/we hereby further agree	that the	Fund car	n directly	y cred	dit all t	he div	vidend	payou	ıts and	redem	otion a	mount t	o my ba	nk det	tails gi	ven abov	e. <b>"T</b>	he ARN	hol	der ha	s dis	closed	to m	ne/us al	l the c	omm	issio	ıs (in	the fo	rm of	trail o	ommis	ion or a	any other
mode), payable to him Ltd (JM Financial AMC), wh	nich is th	e Invest	ment Ma	anag	er to th	ie sch	nemes o	of JM F	Financi	al Mutu	al Fun	d. It wou	ıld recei	ve con	nmissi	on/distri	butio	n fees fr	rom .	JM Fina	ıncial	AMC fo	r dist	tributing	g the m	utual	fund	units	of the s	cheme	s laun	ched by	IM Finar	ncial AMC.
Consent for linking Aad accordance with the Aadha	aar Act, 2	2016 (an	d Regula	ation	s made	e ther	reundei	r) and	PMLA.	I / We I	hereby	provide	my / ou	r cons	ent for	r sharing	/ disc	close of																
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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 tha	nt of the Demat Account held with your Depository Participant).
	lease provide the below details)\$\$	
National Security Depository L Depository Participant Name:	imited (NSDL) Cen	tral Depository Services (India) Limited (CDSL)
DP ID No. IN Beneficiary Acco		and School before the 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.	
Enrolment Period Start M M Y Y Y Emd	M M Y Y Y OR Perpetual (i.e. until it is cancell	
Payment Mechanisam:		
Regular SIP Auto Debit Facility (through Standing Instruc		HDFC along with a cheque towards the first installment)
		P will start only on the SIP opted date after 30 days of submission of valid SIP appln.
	15th 20th 25th Frequency (please tick any one) Mon	
No. of cheques / installments Cheque Nos. : From Name of Bank & Branch :	То	SIP Installment amount :
vame of Bank & Branch:  12. SYSTEMATIC TRANSFER PLAN (STP) (Please refer to terms, condit	tions and instructions for STP) (Plaase fill up Senarate form for from / to differen	scheme / plans / ontions / sub-ontions
	n-Ontion Sc	heme / Plan / Sub-Plan / Option / Sub-Option
Scheme / Plan / Sub-Plan / Option / Sub JM	JM JM	
TP installment amount Er	nrolment Period: From M M Y Y Y Y To M	M Y Y Y Y OR Perpetual(i.e. until it is cancelled)
Frequency of Transfer <sup>@#</sup> (Pl. 4 any one from the following)		
Chhota STP/Combo SIP Weekly (pl. ✓ any one starting date)	Fortnightly (pl. \sqrt{any one starting date}) Monthly (pl. \sqrt{any one s}	<u> </u>
✓ Daily	1 <sup>st</sup> 15 <sup>th</sup> of every month	15th 20th 25th of the month and subsequently on first of every quarter
choice of multiple frequency under weekly/fortnightly/monthly STP through a single form will 13. SYSTEMATIC WITHDRAWAL PLAN (SWP) (Pls Refer to terms, con		
SWP Plan (Pl. ✓any one): Fixed Amount Withdrawal (FAW)	Capital Appreciation Withdrawal (CAW)	
SWP Installment Amount under FAW: Rs.	Capital Appleciation Withdrawal (CAW)	
	)5th \ 15th \ 25th \ \ Quarterly (	1st Business day of every quarter after the start)
Enrolment Period: From D D M M Y Y Y Y		until it is cancelled)
Enrolment Period: From D D M M Y Y Y Y Y  14. Name of Document Attached for MICRO SIP  1. Document Ref. No.	To D D M M Y Y Y Y OR Perpetual (i.e.	until it is cancelled)
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Enrolment Period: From D D M M Y Y Y Y Y  14. Name of Document Attached for MICRO SIP  1. Document Ref. No.	To D D M M Y Y Y Y OR Perpetual (i.e.	until it is cancelled)
14. Name of Document Attached for MICRO SIP  1. Document Ref. No.  2. 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 wroth reasons of incomplete or incorrect information on my/our part or circumstances be fund and their authorised service providers, to get my/our above bank account debit for the country of the countr	To D D M M Y Y Y Y OR Perpetual (i.e.  3.  Willingness to make payments referred above through participation in ECS / Direct Poly of AMC/its service provider, I/we would not hold the Asset Man ted by ECS / Direct Debit/Standing Instructions towards the collection of monthly	until it is cancelled)
14. Name of Document Attached for MICRO SIP  1. Document Ref. No.  2. 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 ware for reasons of incomplete or incorrect information on my/our part or circumstances be fruid and their authorised service providers, to get my/our above bank account debit the bank particulars, I/we will submit a fresh mandate along with a cancellation required.	To D D M M Y Y Y Y OR Perpetual (i.e.  3.  Willingness to make payments referred above through participation in ECS / Direct Poly of AMC/its service provider, I/we would not hold the Asset Man ted by ECS / Direct Debit/Standing Instructions towards the collection of monthly	Document Ref. No  Debit or Standing Instruction Clearance. If the transaction is delayed or not effected at all, agement Company responsible in any manner. I/we hereby authorize JM Financial Mutual /quarterly payments on due SIP dates as opted by me/us. In the event of any changes in
14. Name of Document Attached for MICRO SIP  1. Document Ref. No.  2. 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 we for reasons of incomplete or incorrect information on my/our part or circumstances be Fund and their authorised service providers, to get my/our above bank account debit the bank particulars, I/we will submit a fresh mandate along with a cancellation requout whichever is not applicable.	To DDMMMYYYYYYOR Perpetual (i.e. as a survillingness to make payments referred above through participation in ECS / Direct Poynof the control of AMC/its service provider, I/we would not hold the Asset Man ted by ECS / Direct Debit/Standing Instructions towards the collection of monthly juest for the earlier mandate well in advance. I/we have read and agreed to the	Debit or Standing Instruction Clearance. If the transaction is delayed or not effected at all, agement Company responsible in any manner. I/we hereby authorize JM Financial Mutual /quarterly payments on due SIP dates as opted by me/us. In the event of any changes in terms and conditions mentioned in KIM / Scheme Information Document.* Please strike
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