

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)

☐ Parent/Grand Parent/Relative in case of 1st Applicant being a minor ☐ Employer (in case of deduction from salary) ☐ Custodian on behalf of FII/Client.

[illegible]

PAN No. of PoA / Third Party [Please ✓] **KYC Compliant** ☐ Yes ☐ No (Please attach KYC acknowledgement & Refer instruction no. 10)

[illegible]

7. NOMINATION DETAILS (Pls Refer instruction / KIM for details)

☐ 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.

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

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** **JM FINANCIAL**

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.