JM FINANCIAL MUTUAL FUND



COMMON APPLIC	ATION	I FOI	RM				Resid	ent	Non	-Resid	ent	(ple	ease	√) as	per yo	our sta	itus		S	eria	l No	E E	D								
DISTRIBUTOR INI							ORMATION									FOR OFFICE USE ONLY															
Name & ARN of Distributor	Internal S (as alloted					Sub-l	Broker	ARN		Er	nploy	ee Ur	-	e Ide JIN)/	ntifica \	ation	No.		In	-Hou	se nu K-B		r as p	er	Date		ne and Stamp				rTime
•Mandatory: Furnishing of EUIN is ma •leclaration: "I/We hereby confirm that otwithstanding the advice of in-appro	at the EUIN bo	x has bee	en inten	tionally	left bl	lank by	me/us a	s this tr	ansact	ion is e	xecute	d with	out a	ny int	eraction					yee/re	ations	hip m	anage	r/sales	s perso	n of tl	he abov	ve dist	ributo	/sub b	oroker or
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	I ARS (It is mandatory to fu	irnish hank narticulars fail	ing which application shall be re	iected Pls submit documentary i	proof of the bank mandate denicti	ng the name of the 1st / sole applicant) Investor				
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*** Allotment of units subject to realization of Cheque/DD. *For NRI(s)/PIO: Source of Fund: 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 5-b. IN CASE OF PAYMENT BY 1ST APPLICANT (Please Y)										
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	pplicant with the issuer of Th nt/Relative in case of Ist Appli		nent is as [Please ✓] Employer (in case of de	duction from calary)	Custodian on behalf of FII/C	lient				
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PAN No. of PoA / Thi				e ✓] KYC Compliant Yes		cknowledgement & Refer instruction no. 10)				
6. DEMAT ACCOU	IT DETAILS (Please ensur	re that the sequence of n	ames as mentioned in the app	lication form matches with tha	of the Demat Account held wit	h your Depository Participant).				
Do you want units in Do			e provide the below details)\$\$							
Depository Participant		ty Depository Limi	ited (NSDL)	Cen	tral Depository Service	s (India) Limited (CDSL)				
DP ID No. IN		Beneficiary Account	No.	Target ID No.						
§§ in case of any ambiguity,					and Schama Information Document f	or details.				
	AMC is at its discretion to either a	allot units as per Demat inform	idition of in physical mode. Idinary rei	er Statement of Additional Information	i anu scheme imormation document i					
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10.	SYSTEMATIC WITHDRAWAL PLAN (SWP) (Pls Refer to te	rms, conditions and instructions for SWP)										
	P Plan (Pl. ✓any one): Fixed Amount Withdrawal (FA		drawal (CAW)									
SW	P Installment Amount under FAW: Rs.											
Wit	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 To D D M M Y Y Y Y OR Perpetual (i.e. until it is cancelled)											
11.	NOMINATION DETAILS (PIs Refer instruction / KIM for d	etails)										
	I / We			at present do not wish to regist	ter nominee/s against the							
	above folio.											
	I/We hereby nominate the under mentioned person(s) to the Nominee(s). I/We also understand that all payments a				red against the Name(s) of							
No.	Name & Address of the Nominee /s (upto 3 Nos.)	Date of Birth (in case of Minor)	Relationship with the first h) Age of the Nominee							
1												
2												
3												
Guard	Guardian Name (in case of Minor) Relationship											
	Address											
City		Pin	Signature of Nominee/Guardi	an (Not mandatory)								
12.	12. LIST OF DOCUMENTS ATTACHED (pls mention below the details of documents (other than cheque & DD) attached with the form)											
Пк	// Compliance Status Proof Memorandum 8.	Articles of Association	Certificate of Incorporation	List of Authorised Signatories with	a Spaciman Signatura(s)							
	KYC Compliance Status Proof Memorandum & Articles of Association Certificate of Incorporation List of Authorised Signatories with Specimen Signature(s) Verified PAN Copy Resolution / Authorisation to invest Bye-Laws Others (Pls Specify)											
	ower of Attorney Trust Deed	ionsation to invest	Partnership Deed	Others (Fis Specify)								
	, <u> </u>											
13. l	Name of Document Attached for MICRO SIP Document Ref. No.											
2.	Document Ref. No.	3.		Document Ref. No.								
	DECLARATION & SIGNATURES											
Having	read and understood the contents of the Scheme Information Document	of the scheme for investment and subsequ	ent amendments thereto including the se	ection on "Prevention of Money Laundering", I/We	hereby apply to the Trustee of JM							
	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	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 ultravires thereto and the investment is contrary to the relevant constitutional documents.												
	I/we authorise this Fund to reject the application, revert 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.											
l/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 Fina	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											
	distributing the mutual fund units of the schemes launched by JM Fina able for SIP Investors only)	IICIGI AIVIC.										
	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 Fina	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	Signatur <u>e of S</u>	econd Applicant	Signature of Third A	Applicant							

Date : _____

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Place:____