IFSC Code

APPLICATION FORM JM FINANCIAL MUTUAL FUND



(Please ✓) as per your status Resident 1	Non-Resident			Serial No: ED
JM FINANCIAL MUTU	JAL FUND PAN: AAAT.	J2314G LEI No.: 335800YF	XW7UNW4NBA67 Valid U	pto 12/04/2022.
	DISTRIBUTOR INFORMATION		FOR O	OFFICE USE ONLY
Name & ARN of Distributor / RIA Code	Internal Sub-Broker Code (as alloted by Distributor)	Employee Unique Identification (EUIN)^	on No. In-House number as per K-BOLT	Date , Time and Number as per Time Stamping Machine
ARN-280217		E		
Mandatory: Furnishing of EUIN is mandatory for all tr Declaration: "I/We hereby confirm that the EUIN box h notwithstanding the advice of in-appropriateness, if any,	as been intentionally left blank by me/us as t	his transaction is executed without any interaction or		es person of the above distributor/sub broker or
Signature of Sole/First Applicant	*	Signature of Second Applicant		re of Third Applicant
Upfront commission shall be paid directly by t NVESTMENT DETAILS (PIs Refer instruction N	_	tributor based on the investor's assessment o	of various factors including the service rend	lered by the distributor".
Scheme Na	ame	Plan (Pls tick √)	Option	Sub-Option
JM		O Direct O Regular		
		butor/Broker, will have to clearly tick "Direct" und TRANSACTION C (Applicable for tra	er above column titled as "Plan". CHARGES (Please refer to instruct nsactions routed through a distributor who ha	tions / KIM and tick any one) us 'opted in' for transaction charges.)
Folio No.			e a First Time Investor in Mutual Fund Indus e an Existing Investor in Mutual Fund Indust	
1. FIRST APPLICANT'S DETAILS (Itis ma	andatory to submit verified copy of PAN proof	ffor all investments failing which application will be	rejected) (Pls Refer instruction no. 8)	
Name (Capital Letters) PAN / PEKRN^**		ication Number (KIN) (For C-KYC Compliant I	DO	(Mandatory in case of minor)
LEI No. (Legal Entity Identifier) of Non-Individua				Valid Unto / /202
				Valid Upto//202
Name of Guardian (if first applicant is a mino Guardian's Relationship With Minor TAX O Resident Individual O AOP/I STATUS^ O Minor on behalf of □RI □	Father O Mother O Court Appoint	y Corporate O Defence Establishment O	Birth Certificate O Passport O O FI O FII O Government Body O HUF ies / NGOs O Others (if specify)	
Mode of Holding (Please tick ✓)	Occupation Details (P	lease tick ✓)		
1. Single 2. Joint* 3. Either or S * Default, in case of ambiguity when applicants are more than on		Business Housewife service Retired Student	Professional Private sector Others (pl. specify)	or service
2. SECOND APPLICANT'S DETAILS				
Name (Capital Letters)			DO	В
PAN / PEKRN^**	C-KYC Id^**		Status^:	O Resident Individual O NRI
3. THIRD APPLICANT'S DETAILS			~	
Name (Capital Letters) PAN / PEKRN^**	C-KYC Id^**		DO Status^:	O Resident Individual O NRI
4. CONTACT DETAILS OF SOLE / FIRST	APPLICANT (Please note that you	ur local address details will be undated as	per your KYC records with CKYC / KRA)	
Correspondence Address			ndatory for NRI / FPI Applicants)##	
City/ Town	State	City/Town	State	
Country	Pin Code	City/ Town Country	Pin Code	
Mobile No. \$		Tel. No.		
Email ID. ^{\$}			†Require Hard Copy	of Annual Report Yes No
SMS and/Email ID will be used as the default mode of	communication if the mobile no. and/or Email	ID is furnished. + In case, not ticked, it will be treated		•
Gross Annual Income of 1st Applicant (Ple	ease tick ✓) For	Individuals / HUFs (Please tick ✓)^ Fo	or Non-Individuals (Companies, Trust,	Partnership etc.) (Please tick ✓)^
Below 1 Lac	rore	I am Politically Exposed Person I am related to Politically Exposed Person Not Applicable	Foreign Exchange / Money Changer Servi Gamin / Gambling / Lottery / Casino Serv Money Lending / Pawning Not Applicable	
5. BANK ACCOUNT DETAILS (It is mandato	ry to furnish bank particulars failing which ap	plication shall be rejected . Pls submit documentary p	oof of the bank mandate depicting the name of the	1st / sole applicant) Investor may furnish
multiple bank details through a separate stipulated forn Account No.:	n. ris refer histruction / Kiw for further details	Repeat Bank Account No.:		
Name of Bank			c. Type (\checkmark): SB Curren	+ NDO NDE FOND
nume of pain	+++++++++++++++++++++++++++++++++++++++	A/	c. Type (✓): SBCurren	t NRO NRE FCNR

MICR Code

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode into your Bank Account.

			y) Non Individual Ir				details form						
	the Country in which you are a resident for tax purpose, ale/First Applicant/Guardian		1	heation Number and it's l	dentification type eg. 11N	l etc.	Third Applicant						
Country#	Tax Payer Ref. ID No®	Identification Type	Country#	Tax Payer Ref. ID No@	Identification Type	Country#	Tax Payer Ref. ID No@	Identification Type					
Country of Birth			Country of Birth			Country of Birth							
Country of Nationality			Country of Nationality			Country of Nationality							
# In case the Country of Tax	Residence is only India then	details of Country of Birth 8	Nationality need not be provi	ded. @ In case the Tax Identi	fication Number is not availa	ble, kindly provide its functi	onal equivalent						
7. INVESTMENT A	ND PAYMENT DETA	ILS (Pls refer Instruc	tions/ KIM especially Th	ird Party) For each ap	olication and for each	plan/option separate	cheque / DD to be sub	mitted.					
Cheque/DD No.	Cheque / DD Amount (Rs.) DD Charges (Rs.) Gross Total Amou	nt (Rs.) Bar	k Account Number	Bank & B	Franch Account	Type [@] (SB/CA/NRE/NRO/FCNR)					
			rect Remittances from ab tails of the bank account pro		*		0						
			Parent Relative										
			le: Bank Certi!cate, for D	D Third Party Declara	tions								
	BY 1ST APPLICANT (Ple re that the above mention		oft A A has been issued:										
· · · · · · · · · · · · · · · · · · ·			IInd/IIIrd Applicant. a	gainst cash (in case of de	mand draft) upto Rs. 50,	000/							
II. ^^In case of Dema	nd Draft, Banker's certi!ca	ate about the source of fo	unds is attached.	Yes No (In case, the	answer is "No" ,the appli	cation will be rejected)							
8. DEMAT ACCOUN	IT DETAILS (Please er	isure that the sequence	e of names as mentioned	in the application form	matches with that of th	ne Demat Account held v	with your Depository Pa	nrticipant).					
Do you want units in De			please provide the below d					•					
		urity Depository	Limited (NSDL)		Central	Depository Servi	ices (India) Limite	ed (CDSL)					
Depository Participant's	Name:	1 1		1 1 1 1 1	Towns ID No.	<u> </u>	<u> </u>						
DP ID No. IN		Beneficiary Acc			Target ID No.								
, , ,			information or in physical mod										
			TED THIRD PARTY'S nstrument is as [Please ✓]	(WHO IS ISSUING	THE CHEQUE) DE	TAILS (PIs refer para on	n Third Party Pament)						
· ·	nt/Relative in case of lst /			n case of deduction from	salary)	Custodian on behalf of F	FII/Client						
	1 1												
Full Name of PoA / T	•												
PAN No. of PoA / Thi	rd Party		[F	Please ✓] KYC Complia	nt Yes	No (Please attach K	(YC acknowledgement &	Refer instruction no. 10)					
10. NOMINATION D	ETAILS (Pls Refer inst	ruction / KIM for detail	s)										
			·/										
I/We			,		at pres	ent do not wish to registe	er nominee/s against the	above folio.					
I/We hereby non			the amount to my/our cred		death in proportion to the	3							
I/We hereby non also understand	that all payments and se	ttlements made to such	the amount to my/our cred nominee(s) shall be a valid	discharge by the AMC / I	death in proportion to th Mutual Fund / Trustee.	ne percentage(%) indicat	ted against the Name(s) o	of the Nominee(s). I/We					
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in JM Financial Mutual Fund. ⁸ US and Canada Investors are not permitted to invest in our Schemes. ^ In case, not ticked, it will be considered as Not Applicable. Please attach foreign inward remittance certificate (FIRC) / account debit certificate in case of debit to NRE / NRO account or direct remittance from abroad. Please () Repatriation basis

PART B: TO BE US	ED BY INVESTORS ONLY I	N CASE OF	SIP/ST	P/SW	P																							
13. SIP (throu	gh NACH) REGISTRATIO	ON CUM N	NANDA	TE F	ORM																							
New Regular S	I P: First Installment of Regular S	IP through a	Cheque a	and sub	bseguent	t investn	nents via	Nation	nal Au	utomate	ed C	learing	g Hoi	use (NA	CH).													
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14. SYSTEMATIC	TRANSFER PLAN (STP) (P	lease refer to t	erms, con	ditions	and instru	ıctions fo	r STP) (Ple	ease fill	up Se	parate f	orm	for fror	m / to	differe	nt sche	eme /	plans ,	/ opt	ions / su	ıb-op	tions)							
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	ncy under weekly/fortnightly/monthly !		_		•																	ı						
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SWP Installment /	Amount under FAW: Rs.		للل	Ţ	للِــــــــــــــــــــــــــــــــــــ																							
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16. Name of Do	ocument Attached for	MICRO SI	P																									
1. Document Ref.	No	2. D	ocumer	nt Ref	f. No							3. D)ocu	ment	Ref.	No.												
17. DECLARATION	N & SIGNATURES (Please stri	ke out whiche	ver is not a	applical	ble.)																							
Fund and their authorised I/we will submit a fresh m Consent for sharing In Co. Pvt. Ltd. I/We also con	sons of incomplete or incorrect inform I service providers, to get my/our abov andate along with a cancellation requ formation: I/We hereby consent to sent to the sharing of the transaction	ve bank account uest for the earl o the disclosure feed of my/our	t debited by lier mandat e/sharing of	y NACH / ite well ir if my/our	/Direct Deb in advance. Ir personal	bit/Standi . I/We have informati eme of JM	ng Instruct e read and on to the J I Financial	tions tov agreed ludicial / Mutual	vards to the 'Statu Fund v	the collecterms ar tory/ Reg with the l	ction nd co ulate Regis	of mon ondition: ory Auth stered Ir	nthly/o s mer horitie	quarterly ntioned i es for the	/ paym n KIM / e comp	ents o / Sche oliance	on due ! eme Info e of lega	SIP d orma al obl	ates as o tion Doci	pted b Iment of JM F /ARN	oy me/us t of the s Financia Code is r	s. In th schem I AMC menti	he event ne.* C/JM Fina ioned ab	t of any of ancial Moove.	chang lutual	jes in th Fund/Ji	e bank	c particulars,
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- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am/We are authorizing the user entity / corporate to debit my/our account.
- I/We have understood that I am/we are authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I/We have authorized the debit.