

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. _____

\$\$ 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 Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form along with a cheque towards the first installment)

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)

Special SIP 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. ✓ any one from the following)

Chhota STP/Combo SIP Weekly (pl. ✓ any one starting date) Fortnightly (pl. ✓ any one starting date) Monthly (pl. ✓ any one starting date) Quarterly

Daily 1st 8th 15th 22nd of the month 1st 15th of every month 1st 5th 10th 15th 20th 25th of the month 1st Business Day of the next month and subsequently on first of every quarter

@ 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 10th 15th 20th 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.** _____

2. **Document Ref. No.** _____ 3. **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 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
_____	_____	_____

Date : _____

Place : _____

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**



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. _____ Cheque/DD No. _____ dated _____ Bank & Branch _____	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.