JM FINANCIAL MUTUAL FUND



COMMON APPLICATION FORM (please ✓) as per your status Resident Non-Resident Serial No: **ED** DISTRIBUTOR INFORMATION **FOR OFFICE USE ONLY** Name & ARN of Distributor / Internal Sub-Broker Code **Employee Unique Identification No.** In-House number as per Date, Time and Number as per Time Sub-Broker ARN (as alloted by Distributor) (EUIN)^ **Stamping Machine** RIA Code K-BOLT ^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 Signature of Second 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-Ontion** 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) (Pls 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) D 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 Father 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-ID^s 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 Pls refer Instructions / KIM investors and KYC reference no for MICRO cases.) In case the 1st applicant is minor, Guardian's PAN / KYC ref no **PAN Card** for Aadhaar. (Pls attach proof of enrollment) to be provided. Pls refer to Instruction/KIM for further details. for details, Pl.(√) 1st Applicant Guardian (in case 1st applicant is minor) 2nd Applicant 3rd Applicant Mode of Holding Pl.(✓) 4b. Occupation Details (please tick ✓) 4a. Status of Sole/1st appicant Single 1. 1. Private sector service Housewife 1. Resident Individual (RI) 7. Proprietorship Firm 13. Financial Institution Joint* 6. Retired 2. 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 & 4. Company 10. Society Business Others (pl. specify) are more than one) 5. AOP/BOI 11. Flls 17. Others[&] (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)

[®] US and Canada Investors are not permitted to invest in our Schemes. All foot ticked it will be considered as Not Applicable.

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Trustee/Fund would not be	respons	ible if the	invest	ment	is ulti	ravires	thereto	and t	he inve	stmen	t is cor	trary t	o the	relevai	nt cons	titutio	nal doc	umen	ts. I/w	e aut	horise	this F	Fund	to rej	ect th	ne appl	icatio	n, rev	ert th	ie uni	ts cre	edited	d, res	train r	ne/us	from	maki	ng any	further
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mode), payable to him that the Ltd (JM Financial AMC), wh																																							
Consent for linking Aadla accordance with the Aadha																																							
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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 that o	of the Demat Account held with your Depository Participant).
Do you want units in Demat Form (Please (✓)) ☐ Yes ☐ No (if yes, p	lease provide the below details)\$\$	
National Security Depository L	imited (NSDL) Centra	al Depository Services (India) Limited (CDSL)
Depository Participant Name: Beneficiary Acc	ount No. Target ID No.	
55 in case of any ambiguity, AMC is at its discretion to either allot units as per Demat in		d Scheme Information Document for details.
11. SYSTEMATIC INVESTMENT PLAN (SIP) (Please refer to terms, con		
(please ✓ only one) Normal SIP Micro SIP (Av.	ailable for investors whose contribution through SIP per year will not exceed Rs. 50,0	000 through all SIP contributions if PAN is not submitted)
Enrolment Period Start M M Y Y Y Emd	M M Y Y Y OR Perpetual (i.e. until it is cancelled)	
Payment Mechanisam:		
	lease attach Auto Debit Registration cum Mandate Form along with a cheque towar	•
Regular SIP Auto Debit Facility (through Standing Instruc	ctions for HDFC Bank account holder) (Please attach Standing Instruction form of HE ish the cheque details below)	FC along with a cheque towards the first installment)
	lease attach Auto Debit Registration cum Mandate Form, without any cheque) SIP v	vill 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) Monthl	y * Quarterly (* Default Frequency)
No. of cheques / installments Cheque Nos. : From	То	SIP Installment amount :
Name of Bank & Branch :		
12. SYSTEMATIC TRANSFER PLAN (STP) (Please refer to terms, condi	tions and instructions for STP) (Please fill up Separate form for from / to different scl	neme / plans / options / sub-options)
Scheme / Plan / Sub-Plan / Option / Sul		me / Plan / Sub-Plan / Option / Sub-Option
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	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®# (Pl. 4 any one from the following)		
Chhota STP/Combo SIP Weekly (pl. ✓ any one starting date) □ Daily □ 1 st □ 8 ^{sh} □ 15 ^{sh} □ 22 nd of the month	Fortnightly (pl. ✓ any one starting date) Monthly (pl. ✓ any one starting late) Monthly (pl. ✓ any one starting late) 11st 15th of every month 11st 15th 10sh 11st 15th 11st 11st 11st 11st 11st 11st 11st 11	ng date) Quarterly n 20n 25n 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 windle style frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly/fortnightly/monthly STP through a single form windle frequency under weekly un		
SWP Plan (Pl. ✓ any one): Fixed Amount Withdrawal (FAW)	Capital Appreciation Withdrawal (CAW)	
SWP Installment Amount under FAW: Rs.		
	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 OR Perpetual (i.e. ui	
Enrollment renout from 5 5 m m c c c c	10 b b m m i i i i i i oni espetata (no al	
14. Name of Document Attached for MICRO SIP		
1. Document Ref. No		Do www.out.Def.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 v	villingness to make nayments referred above through participation in ECS /Direct Del	pit 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 be	eyond the control of AMC/its service provider, I/we would not hold the Asset Manage	ment Company responsible in any manner. I/we hereby authorize JM Financial Mutual Jarterly 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 recourt whichever is not applicable.	juest for the earlier mandate well in advance. I/we have read and agreed to the ter	ms and conditions mentioned in KIM / Scheme Information Document.* Please strike
		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
Date:		Place :
Described on anylication from Mr. /Ma. /M/a		,
Received an application from Mr./Ms./M/s	or through STP as per details below Serial N	JM FINANCIAL
S S Normal investment of through Sir of 101 SWF		
🗒 👱 Scheme Name Plan Option	Sub-Option Payment Details (1st Cheque /DD in ca	
Scheme Name Plan Option	Sub-Option Payment Details (1st Cheque /DD in ca	se of Regular SIP) Collection Centre's Stamp & Receipt Date and Time
ARCEOVER all application in or through SIP or for SWP Scheme Name Plan Option JM JM JM JM JM JM JM JM JM J	Sub-Option Payment Details (1st Cheque /DD in ca	se of Regular SIP) Collection Centre's Stamp & Receipt Date and Time