

COMMON APPLICATION FORM

(please ✓) as per your status Resident Non-Resident

Serial No: **ED**

DISTRIBUTOR INFORMATION				FOR OFFICE USE ONLY	
Name & ARN of Distributor / RIA Code	Internal Sub-Broker Code (as allotted by Distributor)	Sub-Broker ARN	Employee Unique Identification No. (EUIN)^	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine
ARN - 30156					

^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 Second Applicant	Signature of Third Applicant
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"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 (Pls Refer instruction No. 5)*??

Scheme Name	Plan	Option	Sub-Option
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)
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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)
Full Name of Sole/1st Applicant/Minor/Non-individual: (As per Aadhar card) **Date of Birth (Mandatory)** (Pls submit documentary proof in case of minor)

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**

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
State	Country	STD Code
State	Country	Tel.

Mobile No. ⁵ **Date of Birth (Mandatory)**

⁵ SMS and/ Email ID will be used as the default mode of communication if the mobile no. and/or Email ID is furnished.

Full Name of Second Applicant **Date of Birth (Mandatory)**

Full Name of Third Applicant **Date of Birth (Mandatory)**

Permanent Account Number (PAN)/ KYC ref. no. - Mandatory (Please submit a verified copy of PAN card for all investors and KYC reference no for MICRO cases.) In case the 1st applicant is minor, Guardian's PAN / KYC ref no to be provided. Pls refer to Instruction/KIM for further details.	KYC Copy attached Pls refer Instructions / KIM for details. Pl.(✓)	Verified Copy of PAN Card endorsed Pl.(✓)	Mandatory Aadhaar No. (12 digits) /Ref No. in case applied for Aadhaar. (Pls attach proof of enrollment)
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	
Guardian (in case 1st applicant is minor)	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	

4a. Status of Sole/1st applicant			Mode of Holding Pl.(✓)	4b. Occupation Details (please tick ✓)
1. <input type="checkbox"/> Resident Individual (RI)	7. <input type="checkbox"/> Proprietorship Firm	13. <input type="checkbox"/> Financial Institution	1. <input type="checkbox"/> Single	1. <input type="checkbox"/> Private sector service
2. <input type="checkbox"/> On behalf of minor <input type="checkbox"/> RI <input type="checkbox"/> NRI	8. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	14. <input type="checkbox"/> Banks	2. <input type="checkbox"/> Joint*	2. <input type="checkbox"/> Public Sector / Govt. service
3. <input type="checkbox"/> HUF	9. <input type="checkbox"/> Trust	15. <input type="checkbox"/> NRI	3. <input type="checkbox"/> Either or Survivor/s	3. <input type="checkbox"/> Professional
4. <input type="checkbox"/> Company	10. <input type="checkbox"/> Society	16. <input type="checkbox"/> PIO &	(* Default, in case of ambiguity when applicants are more than one)	4. <input type="checkbox"/> Business
5. <input type="checkbox"/> AOP/BOI	11. <input type="checkbox"/> FIs	17. <input type="checkbox"/> Others ^{&} (pl. specify)		5. <input type="checkbox"/> Housewife
6. <input type="checkbox"/> Partnership Firm	12. <input type="checkbox"/> Government Body			6. <input type="checkbox"/> Retired
				7. <input type="checkbox"/> Student
				8. <input type="checkbox"/> Agriculturist
				9. <input type="checkbox"/> Others (pl. specify)

4c. Gross Annual Income (Please tick ✓)	4d. For Individuals / HUFs (Please tick ✓)^	4e. For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)^
<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> > 25 Lacs - 1Crore <input type="checkbox"/> > 1 Crore "OR" Net Worth in (Mandatory for Non-Individuals) ₹ _____ as on ____/____/____ (Not older than 1 year)	<input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am related to Politically Exposed Person <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gamini / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> Not Applicable

[&] US and Canada Investors are not permitted to invest in our Schemes. [^] If not ticked it will be considered as Not Applicable.

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.

⁵⁵ 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

Y

Y

Emd

M

M

Y

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 25thFrequency (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

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

OR Perpetual (i.e. until it is cancelled) **Frequency of Transfer** ⁶⁶ (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 month1st Business Day of the next month and subsequently on first of every quarter⁶⁶ 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

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.