

**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)	Employee Unique Identification No. (EUIIN)^	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine
157526		E286497		

^Mandatory: Furnishing of EUIIN 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 EUIIN 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 \_\_\_\_\_

**"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) \_\_\_\_\_

**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) \_\_\_\_\_  
 D D M M Y Y Y Y

**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** \_\_\_\_\_

**State** \_\_\_\_\_ **Country** \_\_\_\_\_ **STD Code** \_\_\_\_\_ **Tel.** \_\_\_\_\_

**Email-ID<sup>s</sup>** \_\_\_\_\_ **\*Require Hard Copy of Annual Report** Yes  No

**Mobile No. <sup>s</sup>** \_\_\_\_\_ **<sup>s</sup>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)** \_\_\_\_\_  
 D D M M Y Y Y Y

**Full Name of Second Applicant** (As per Aadhar card) \_\_\_\_\_  
 D D M M Y Y Y Y

**Full Name of Third Applicant** (As per Aadhar card) \_\_\_\_\_  
 D D M M Y Y Y Y

Permanent Account Number (PAN)/ KYC ref. no./PEKRAN (Mandatory) Pls refer to Instruction/KIM for further details.	KYC Copy attached Pls refer Instructions / KIM for details. Pl.(✓)	Verified Copy of PAN Card enclosed Pl.(✓)	Aadhaar No. (12 digits) (Pls attach proof of enrollment) (Not Mandatory)
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"/> Banks	13. <input type="checkbox"/> Partnership Firm	1. <input type="checkbox"/> Single	1. <input type="checkbox"/> Agriculturist
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"/> Proprietorship Firm	2. <input type="checkbox"/> Joint*	2. <input type="checkbox"/> Business
3. <input type="checkbox"/> NRI	9. <input type="checkbox"/> Company	15. <input type="checkbox"/> Society	3. <input type="checkbox"/> Either or Survivor/s	3. <input type="checkbox"/> Housewife
4. <input type="checkbox"/> PIO <sup>§</sup>	10. <input type="checkbox"/> Financial Institution	16. <input type="checkbox"/> Trust	(* Default, in case of ambiguity when applicants are more than one)	4. <input type="checkbox"/> Professional
5. <input type="checkbox"/> HUF	11. <input type="checkbox"/> FIs	17. <input type="checkbox"/> Others <sup>§</sup> (pl.specify)		5. <input type="checkbox"/> Private sector service
6. <input type="checkbox"/> AOP/BOI	12. <input type="checkbox"/> Government Body			6. <input type="checkbox"/> Public Sector / Govt. service
				7. <input type="checkbox"/> Retired
				8. <input type="checkbox"/> Student
				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"/> I am Politically Exposed Person	<input type="checkbox"/> Foreign Exchange / Money Changer Services
<input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> > 25 Lacs - 1Crore <input type="checkbox"/> > 1 Crore "OR"	<input type="checkbox"/> I am related to Politically Exposed Person	<input type="checkbox"/> Gamin / Gambling / Lottery / Casino Services
Net Worth in (Mandatory for Non-Individuals) ₹ _____	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Money Lending / Pawning
as on ____/____/____ (Not older than 1 year)		<input type="checkbox"/> Not Applicable

<sup>§</sup> US and Canada Investors are not permitted to invest in our Schemes. <sup>^</sup> In case, not ticked, it will be considered as Not Applicable. <sup>+</sup> In case, not ticked, it will be treated to have "opted out".

**5. BANK PARTICULARS** (It is mandatory to furnish bank particulars failing which application shall be rejected. Pls submit documentary proof of the bank mandate depicting the name of the 1st / sole applicant ) Investor may furnish multiple bank details through a separate stipulated form. Pls refer Instruction / KIM for further details including (!) Auto Direct Credit Facility.

Bank Account No.!											Repeat Bank Account No.!																
MICR Code						IFSC Code						Account Type :	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR										
Bank Name																											
Branch Address																											
											City											Pin					

**6. INVESTMENT AND PAYMENT DETAILS** (Pls refer Instructions/ KIM especially Third Party ) For each application and for each plan/option separate cheque / DD to be submitted.

Cheque/DD No.	Cheque/DD Amount (Rs.)	DD Charges (Rs.)	Gross Total Amount (Rs.)	Bank Account Number	Bank & Branch	Account Type <sup>®</sup> (SB/CA/NRE/NRO/FCNR)

\*For NRI(s)/PIO: Source of Fund:  NRE  NRO  FCNR  Direct Remittances from abroad. Pls attach documentary evidence for the source of funds.

**7. 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)\$S

National Security Depository Limited (NSDL)  Central Depository Services (India) Limited (CDSL)

Depository Participant Name:

DP ID No. IN	Beneficiary Account No.	Target ID No.

\$S 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.

**8. POWER OF ATTORNEY (PoA) HOLDER'S / PERMITTED THIRD PARTY'S (WHO IS ISSUING THE CHEQUE) DETAILS** (Pls refer para on Third Party Payment)

The relationship of 1st Applicant with the issuer of Third party Payment instrument is as [Please ✓]

Parent/Grand Parent/Relative in case of 1st Applicant being a minor  Employer (in case of deduction from salary)  Custodian on behalf of FII/Client.

Full Name of PoA / Third Party

PAN No. of PoA / Third Party [Please ✓] KYC Compliant  Yes  No (Please attach KYC acknowledgement & Refer instruction no. 10)

**9. FOR INVESTMENT BY NRI/PIO/FII (US and Canada Investors not permitted)**

Overseas Address

City

Country

Pin/ZIP

Applicable to NRIs only: I / We\* confirm that I am / we\* are Non-Resident of Indian Nationality / Origin and I/we\* hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my / our\* Non-Resident External / Ordinary Account / FCNR Account. Please attach foreign inward remittance certificate (FIRC) / account debit certificate in case of debit to NRE / NRO account or direct remittance from abroad. Please (4)  Repatriation basis  Non-Repatriation basis

**10. NOMINATION DETAILS** (Pls Refer instruction / KIM for details)

I / We \_\_\_\_\_ at present do not wish to register nominee/s against the above folio.

I/We hereby nominate the under mentioned person(s) to receive the amount to my/our credit in the event of my/our death in proportion to the percentage(%) indicated against the Name(s) of the Nominee(s). I/We also understand that all payments and settlements made to such nominee(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee.

No.	Name & Address of the Nominee /s (upto 3 Nos.)	Date of Birth (in case of Minor)	Relationship with the first holder	Share (%) (in multiple of 1%)	Age of the Nominee
1					
2					
3					

Guardian Name (in case of Minor) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_ Signature of Nominee/Guardian (Not mandatory) \_\_\_\_\_

**11. LIST OF DOCUMENTS ATTACHED** {pls mention below the details of documents (other than cheque & DD) attached with the form}

Mandatory	<input type="checkbox"/> FATCA/CRS/UBO Declaration for all holders	<input type="checkbox"/> Resolution / Authorisation to invest	<input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)
<input type="checkbox"/> Verified PAN Copy(ies)	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Others (Pls Specify) _____
<input type="checkbox"/> KYC Compliance Status Proof	<input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> Bye-Laws	
<input type="checkbox"/> Aadhaar Card Copy(ies)	<input type="checkbox"/> Memorandum & Articles of Association	<input type="checkbox"/> Partnership Deed	

**12. DECLARATION & SIGNATURES**

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 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. I/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 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 AMC for distributing the mutual fund units of the schemes launched by JM Financial AMC. "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".

**Consent for sharing Information :-** I/We hereby consent to the disclosure/sharing of my/our personal information to the Judicial /Statutory/ Regulatory Authorities for the compliance of legal obligation of JM Financial AMC/JM Financial Mutual Fund/JM Financial Trustee Co. Pvt. Ltd. I/We also consent to the sharing of the transaction feed of my/our Investment in the above Scheme of JM Financial Mutual Fund with the Registered Investment Advisor (RIA)/Distributor whose RIA/ARN Code is mentioned above.

Signature of Sole/First Applicant/Guardian/Auth. Signatory	Signature of Second Applicant /Auth. Signatory	Signature of Third Applicant/Auth. Signatory

Date : \_\_\_\_\_

Place : \_\_\_\_\_