

COMMON APPLICATION FORM

PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and In BLOCK LETTERS (all points marked* are mandatory). For SIP investment use the separate SIP Form.

MUTUAL FUND

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

△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."

*RIA/Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes managed by you to the above mentioned SEBI registered investment adviser/RIA.

SIGNATURE (s)	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
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"Upfront Fee or 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".

TRANSACTION CHARGES (PLEASE ✓)		(Refer Instruction No.XIX)
<input type="checkbox"/> I am a First Time Investor in Mutual Funds	<input type="checkbox"/> I am an Existing Investor in Mutual Funds	

In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

INVESTMENT TYPE (Please tick any one)	MODE OF HOLDING (Please tick ✓)
<input type="checkbox"/> LUMP SUM <input type="checkbox"/> SPECIAL SIP <input type="checkbox"/> LUMP SUM WITH SIP/STP/SWP	<input type="checkbox"/> SINGLE <input type="checkbox"/> JOINT* <input type="checkbox"/> EITHER OR SURVIVOR (* Default, in case of ambiguity when applicant are more than one)

EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 5)	
Folio No.	Require Hard Copy of Annual Report <input type="checkbox"/> Yes <input type="checkbox"/> No

1. APPLICANT INFORMATION (Mandatory) TO BE FILLED IN BLOCK LETTERS* APPLICANTS FROM US and CANADA WILL NOT BE ACCEPTED (Refer Instruction No 7.)

NAME OF SOLE /1ST APPLICANT	Mr. Ms. M/s.
PAN/PEKRN	(Submit verified copy of PAN) CKYC No. DOB/DOI\$
Mobile No. #	Email ID. #
Mobile no. specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	
Email id specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	

LEI No. (Legal Entity Identifier) of Non-Individual Investor (Mandatory):	Valid Upto ____ / ____ /202__
Note : In case the first applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form. LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual.	

*Proof of Date of Birth of Minor ☐ Birth Certificate ☐ Passport ☐ Others (Please specify)

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / POA HOLDER (In case of Non-Individual Investors)	
Mr. Ms. M/s.	Relationship with Minor/Designation
PAN/PEKRN	Date of Birth
ADDRESS	CITY
STATE	COUNTRY
RESI.	OFF.
FAX	PIN

SECOND APPLICANT	Mr. Ms.
PAN/PEKRN	CKYC No. Date of Birth
Mobile No. #	Email ID. #
Mobile no. specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	
Email id specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	

THIRD APPLICANT	Mr. Ms.
PAN/PEKRN	CKYC No. Date of Birth
Mobile No. #	Email ID. #
Mobile no. specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	
Email id specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	

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 to have "opted out".

ACKNOWLEDGEMENT SLIP

Received from: Mr. / Ms. / M/s _____ an application for allotment
 Scheme _____ Plan _____ Option _____
 vide Cheque No _____ Dated ____/____/____ Amount (₹) _____ Drawn
 on Bank and Branch _____
 Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

Collection Center's Stamp &
Receipt Date and Time

STATUS*

☐ Resident Individual
 ☐ NRI
 ☐ AOP/BOI
 ☐ Bank
 ☐ Company/Body Corporate
 ☐ Partnership Firm
 ☐ FI
 ☐ FII
 ☐ Government Body
 ☐ HUF
☐ PIO
 ☐ PSU
 ☐ On behalf of Minor (RI)
 ☐ On behalf of Minor (NRI)
 ☐ Society
 ☐ Sole Proprietor
 ☐ Trust /Charities/NGO's
 ☐ Mutual Funds
☐ Defence Establishment
 ☐ Others (if specify) _____

OVERSEAS APPLICANT DETAILS

ADDRESS (Mandatory for NRI/FII applicant)

Country Zip Code

2. KYC DETAILS (Mandatory - Refer Instruction No. XIII for details)

OCCUPATION (Please tick ✓)

First Applicant	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Defence
	<input type="checkbox"/> Govt. official	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Others _____	

GROSS ANNUAL INCOME (Please tick ✓)

First Applicant	For Individual <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 Net Worth (Mandatory for Non-Individuals) ₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> as on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [Not older than 1 year]
Second Applicant	For Individual <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 Occupation (Please specify) _____
Third Applicant	For Individual <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 Occupation (Please specify) _____

POLITICALLY EXPOSED PERSON (Please tick ✓)

First Applicant	<input type="checkbox"/> I am Politically Exposed Person	<input type="checkbox"/> I am related to Politically Exposed Person	<input type="checkbox"/> Not Applicable
Second Applicant	<input type="checkbox"/> I am Politically Exposed Person	<input type="checkbox"/> I am related to Politically Exposed Person	<input type="checkbox"/> Not Applicable
Third Applicant	<input type="checkbox"/> I am Politically Exposed Person	<input type="checkbox"/> I am related to Politically Exposed Person	<input type="checkbox"/> Not Applicable

For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)

☐ Foreign Exchange / Money Changer Service ☐ Gaming / Gambling / Lottery / Casino Services ☐ Money Lending / Pawning ☐ Not Applicable

3. FATCA/CRS DETAILS MANDATORY FOR INDIVIDUALS (Non Individual Investors should mandatory fill separate FATCA/CRS details form) (Refer Instruction No. XVIII)

Sole / First Applicant / Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant <input type="checkbox"/> POA		
Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____		
Country	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]	Country	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]	Country	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		

4. INVESTMENT DETAILS (Pls Refer instruction No. 5)^{*??}

Scheme Name	Plan (Pls tick ✓)	Option	Sub-Option
JM	<input type="radio"/> Direct <input type="radio"/> Regular		

*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 tick "Direct" under above column titled as "Plan".

5. BANK ACCOUNT DETAILS (Refer Instruction No. IV)

[illegible]

(It is mandatory to furnish bank particulars failing which application shall be rejected. Please submit documentary proof of the bank mandate depicting the name of the 1st / sole applicant).

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

Cheque/DD No./DC Ref No.	Cheque/DD Amount (Rs.)	DD Charges (Rs.)	Gross Total Amount (Rs.)	Bank Account Number	Bank & Branch

Please mention the application no. on the reverse of the Cheque / DD. The details of the bank account provided above pertain to my / our bank account in my / our name ☐ Yes ☐ No

If No, my relationship with the bank account holder is ☐ Spouse ☐ Child ☐ Parent ☐ Relative ☐ Others. Application form without this information is liable to be rejected.

Documents Attached to avoid Third Party Payment Rejection, where applicable: ☐ Bank Certificate, for DD ☐ Third Party Declarations

IN CASE OF PAYMENT BY 1ST APPLICANT (Please ✓)

I / We hereby declare that the above mentioned Demand Draft^^ has been issued:

☐ from/by debit to my personal/my joint Bank Account ☐ against cash (in case of demand draft) upto Rs. 50,000/-.

^^In case of Demand Draft, Banker's certificate about the source of funds is attached.

Please attach foreign inward remittance certificate (FIRC) / account debit certificate in case of debit to NRE / NRO account or direct remittance from abroad.



7. 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 Third Party

PAN No. of Third Party (Please (✓)) KYC Compliant ☐ Yes ☐ No (Please attach KYC acknowledgement & Refer instructions)

8. POWER OF ATTORNEY (POA) If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

POA NAME Mr. Ms. PAN/PEKRN

9. 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)⁵⁵

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

Depository Participant's 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.

POA / Custodian Name: KYC [Please (✓)] ☐ Proof attached

POA/ Custodian CKYC ID No. (KIN) POA/ Custodian PAN

10. NOMINATION DETAILS* (Mandatory) [Refer instruction no. IV (under AMFI Best Practices)]

☐ I/We wish to nominate as under:

Sr. No.	Name of Nominee	PAN	Allocation (%)	Relationship with Investor	Nominee Date of Birth	Guardian Name (in case of minor)	Guardian Signature (not mandatory)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DD/MM/YY	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DD/MM/YY	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DD/MM/YY	<input type="text"/>	<input type="text"/>




☐ I/We DO NOT wish to nominate



Declaration for opting out of Nomination (to be signed by all unitholders including joint holders, irrespective of mode of holdings): I/We hereby confirm that I / We do not wish to appoint my nominee(s) for my Mutual Fund units held in my/our Mutual Fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund folio.

DECLARATION & SIGNATURES: Having read and understood the contents of the Statement of Additional Information / 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 Trustees 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/Trustees/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 Ltd. is affiliated to JM Financial Asset Management 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.

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.

##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 through direct remittances from abroad.

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

 **Date:**  **Place:**

Note: In case the First Applicant is a Non Individual, please attach FATCA, CRS & UBO Self Certification Form ^** The application is liable for rejection if the name does not match with PAN copy. It is mandatory for investors to be KYC compliant prior to investing in JM Financial Mutual Fund.

& US and Canada Investors are not permitted to invest in our Schemes. ^ In case, not ticked, it will be considered as Not Applicable.

Please (✓) ☐ Repatriation basis ☐ Non-Repatriation basis.

CHECKLIST Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee /Company Secretary /Authorised signatory / Notary Public)

Documents	Individual	Companies	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FIs	PIO
Resolution/ Authorisation to invest		✓	✓	✓		✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓	
Memorandum & Articles of Association		✓				✓			
Trust Deed									
Byelaws			✓						
Partnership Deed				✓					
Overseas Auditor Certificate								✓	
Notarised POA					✓				
Copy of PAN Card / PEKRN	✓	✓	✓	✓	✓	✓	✓	✓	
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓
Aadhaar	✓								