## **COMMON APPLICATION FORM**

Please read Product labeling details available on cover page before filling this Form. (Please refer to instructions carefully on pages 95-98 and 130 before filling out this form)

Application no.	
AF	



1. DISTRIBUTOR INFORMATION ( Broker Name & ARN code		nd the instruction oker ARN code	s before investing) Sub-broker code	Employee Unique Identification No.	3		
132061				E352389			
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.  Declaration for "execution only" transaction (only where EUIN box is left blank) (Refer instruction 1(h) on page 95  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.							
Sole / First applicant		Second	l applicant	Third applicant	Third party cheque issuer		
2. INFORMATION OF EXISTING UNIT HOLDER (For existing investor. Unless details in sections 3 - 4 have changed, please go directly to section 5. Note that applicant details and mode of holding will be as per existing folio number)							
Folio no.				Employee (for employees of J.P. Morgan o	SID		
3. APPLICANT INFORMATION  Gross Annual Income Details [Please tick (√)]:							
Occupation [Please ✓]:	ector Serv	ice O Public Se	ctor Service O Busine	ess O Professional O Agriculturist O Reti	red O Housewife O Student O Doctor		
Forex Dealer   Government Service   Others [Please specify]							
(₹150 deductible as Transaction Ch	arge and p	ayable to the Dist		I confirm that I am an <b>Existing</b> investor in (₹ 100 deductible as Transaction Charge au deductible as applicable from the investment amount and payable to the	nd payable to the Distributor).		
Name of first applicant  Mr. Ms. M/s.					Date of Birth*		
Name of guardian (in case of minor) Rel	ationship:	Father O M	Nother Clegal Guardi	an *In case where PAN / PEKRN is not provided, providing date of	birth is mandatory or else the application is liable to be rejected.		
Name of Contact person (In case of ins	titutional i	investors)					
Mr. Ms.							
Name of second applicant  Mr. Ms.							
Name of third applicant  Mr. Ms.							
Address of sole / first applicant (Pleas	se provide	full address) (In ca	ase of NRIs/FIIs please p	rovide overseas address - <b>Mandatory</b> P.O. box n	o. may not be sufficient)		
	Щ.						
City							
Overseas address (Please provide full address. P.O. box no. may not be sufficient) (Mandatory for NRIs / FIIs / PIO)							
City			Pincode	Country			
Communication  Tel. (R) / Mobile no.			Tel. (0)	Fax no.			
Account statement Newsletter Quarterly review & annual report Other statutory information Single Joint Anyone or survivor (default)  Permanent Account Number (PAN) / PAN Exempt KYC Reference Number (PEKRN) [Mandatory]							
First applicant M A N Second applicant M A N	D A D A	T   O   R   Y	KYC compliar		O   R   Y   O KYC compliant		
4. BANK ACCOUNT DETAILS (Mandatory. The application will be rejected if this section is left blank. Please provide the details of the sole / first applicant). (Refer instruction no. 3 on page 96)							
Bank particulars (Name of the bank)	1 1	1 1 1 1		Branch			
Branch address	1 1						
Account number				Account type Current	○ Savings ○ NRO ○ NRE ○ FCNR		
RTGS or NEFT - IFSC code  Direct credit facility (please refer to the	R list of ban	E   Q   U   I   ks that offer direc	R E D   t credit facility on page 9	9 digit MICR code 96). However, if you wish to receive a cheque pay	ut, please tick here (✔)		
Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (🗸)							
ACKNOWLEDGEMENT SLIP (TO	be filled i				Application no.		
Received from: Mr. / MsApplication for units of : <b>JPMorgan</b> _					AF		
Option (please ✓): ○ Growth ○ Dividend reinvestment ○ Dividend payout ○ Daily* ○ Weekly* ○ Fortnightly* ○ Monthly* ○ Yearly* ○ Bonus* ○ Annual Dividend* * as applicable							
Cheque / D.D. no Drawn on bank		for ₹		dated	Office Signature, stamp & date		

5. INVESTMENT DETAILS (Refer instruction no. 4 on page 96)						
Scheme name: JPMorgan	Plan					
Option (Please ✓)       ○ Dividend reinvestment (default)       ○ Dividend payout         ○ Dividend       ○ Growth       ○ Daily*       ○ Weekly*       ○ Fortnightly*       ○ Monthly*       ○ Yearly*       ○ Bonus*       ○ Annual Dividend*       *as applicable						
6. PAYMENT DETAILS (Refer instruction no. 5 on page 96)						
6A. INITIAL INVESTMENT (Please note that investors have to fill out separate common application forms for Initial and SIP investments)						
Cheque / DD no.	Drawn on bank/					
Cheque / DD date         D         D         M         M         Y         Y         Y	y Branch name					
Amount of cheque / DD in figures (₹) (i)	Account type (Please ✓)					
DD charges, if any, in figures (₹) (ii)	Relationship with beneficiary					
Total amount in figures (₹) (i) + (ii)	(Third party payment)					
Rupees in words						
6B. SYSTEMATIC INVESTMENT PLAN (SIP) (Refer terms and conditions on page 126 and instructions for SIP on page 130) ☐ Please ✓ for MICRO SIP						
Frequency (Please ✓ any one only) Enrolment period Dates ○ 1st (default) ○ 10th ○ 15th ○ 25th ○ All dates (for ECS facility only)						
	of instalments (default as per SID)					
Payment mechanism (Please ✓ any one only) 1. Cheques (Please provide the details below First SIP transaction via Cheque no.						
	D D M M T I I I I I I I I I I I I I I I I I					
Instalment amount (₹) No. of instalments	Total Amount (₹)					
Subsequent instalment From From From From						
cheque nos. To               To						
Cheques drawn on Name of bank	Branch					
7. DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S) (Refer Instruction 7	Depository Participant (DP) ID & Beneficiary Account Number					
Depository Participant (DP) ID Beneficiary Account Number	CDSL					
NSDL OF Please note that: 1. If demat details provided are not valid, allotment will be done in physical /						
account details, joint holding details, mode of holding (joint / anyone or survivor) in case of joint h						
the corresponding details provided on the application form.						
8. NOMINATION* DETAILS (Nominations will not be permitted in case of folios held on b	ehalf of a minor)					
I/We hereby nominate the undermentioned nominee to receive the amounts to my/our credit in the						
to such nominee and signature of the nominee acknowledging receipt thereof, shall be a valid dis  Tick here if you do not wish to nominate ^	charge by the AMC / Mutual Fund / Trustees.					
Name of the nominee	Date of birth (if nominee is minor)					
Mr. Ms. M/s.						
Address of nominee (Please provide full address)						
Name of the guardian (If nominee is minor)	Relationship with nominee					
Address of guardian	Signatureofguardian(mandatory) / nominee(optional)					
	<mark>de</mark>					
* For multiple nominations please ensure that the same details given in this nomination section a	re sent in on a separate sheet of paper, with all the investors' signatures.					
^ Please note that if you do not tick the box nor furnish any nomination details, it is deemed to be						
9. DOCUMENTS ENCLOSED (Please ✓) APPLICATIONS ENCLOSED (Please ✓						
Corporate Documents	E11-4 L     -EE					
	oit Facility   filled by   office   use					
BR O Yes O No O Systematic Withdrawal Plan (SWP)	аррисант					
10. DECLARATION AND SIGNATURES						
Applicable to NRI / FII / PIO: I am / We are not U.S. or Canadian person(s) or resident(s) in or citizen(s) of the United States of America or Canada. approved banking channels or from funds in my / our NRE / FCNR account. I / We undertake that all additional purchases made under this folio will						
non residents (please tick as appropriate): 1. Residential Status: O Resident (including not ordinarily resident) O Non-resident. 2. The units issued	to me / us will be held as O investment O business asset#.					
Corporate applicants only: A corporation should affix its company stamp or seal, if any, I am / We are duly authorised to execute and deliver this Master Account Agreement. The corporation is not organised or formed by U.S. Persons, residents in or citizens of the United States of America.						
I / We have read, understood and agree to the contents of the Key Information Memorandum (including the 'General section'), Statement of Addition						
cannot invest", "Note on Anti Money Laundering, Know-Your-Customer and Investor Protection", "How to Apply?", "Fax Instructions" and any indemnities provided therein.  I / We shall make our own independent decisions whether to subscribe for Units acting upon our own judgment and such independent advice as I / We consider appropriate. I / We hereby apply for allotment / purchase of Units in the Scheme(s) and agree to abide by the terms and conditions						
applicable thereto. I / We hereby declare that I / We am / are a "person resident in India" for the purposes of the Foreign Exchange Management Act, 1999 and I / We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources						
only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rules, regulations, notifications or directions disclose details of my investment to my bank(s) / JPMorgan Mutual Fund's bank(s) and / or any relevant distributor / broker / investment advisor, as	issued by any regulatory authority in India. I / We hereby authorise JPMorgan Mutual Fund, its Investment Manager and / or its agents to					
declare that the information given in this application form is correct, complete and truly stated.	sppropriate: 17 we have helder received not been induced by any rebate of girts, directly of indirectly, in making this investment. 17 we					
1 / We hereby consent to and authorize JPMorgan Mutual Fund, its Investment Manager (or any of its delegates or service providers) to collect, process, stor without limitation personal information / sensitive personal data or information provided by me/us, for: (a) processing, maintaining, administering, veriful processing in the processing of the p						
and additional services and support and I / We hereby consent to the sharing with and disclosure of the same to JPMorgan Mutual Fund's or its Investi	ying my / our account or investment, to/inecting any regulatory discussive requirements, or (c) extending and one migrationary, including ment Manager's associates/group companies/affiliates/agents, for the purpose of offering any ancillary or incidental services and products.					
1 / We shall immediately notify JPMorgan Mutual Fund and / or its Investment Manager of any change in the particulars provided by me / us in this a						
1 / We further acknowledge and accept that all my / our dealings will be subject to applicable laws and regulations, including without limitation, those Investment Manager and that the process of subscription and/or redemption instructions including payment and transfer of moneys may be delayed and/or						
JPMorgan Mutual Fund and/or it's Investment Manager shall be free to take such further action as it, in its absolute discretion, may deem appropriate	or necessary (including without limitation freezing my / our folios, rejecting any application(s)/allotment of Units, delaying or withholding					
processing / payout of redemption proceeds and/or effect forced redemption of Units) and that JPMorgan Mutual Fund and/or it's Investment Manager sh.  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 com						
I do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. I her	eby declare that in case of third party payments, the payments are covered under one of the following- Payment by Parents/Grand-Parents/					
related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding ₹ 50,000/- (each regular purchase or other transactions and in case of improper match or difference in the s						
Trial appeared min or material dymin the appearance in the expectation of the expectation						
Data Cala / First annilisant	Third applicant					
Date Sole / First applicant Second applicant	Third applicant Third party cheque issuer					
# Please refer to Chapter III of the Scheme Information Document.	Signature of all applicants is necessary in case a nominee has been mentioned in Section 8 above.					

## Note: Please refer to page 95 for instruction on Transaction Charges. JPMorgan Mutual Fund

Note: All future communications in connection with this application should be addressed to the nearest JPMorgan Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the Scheme, the amount invested, date and the place of the Customer Service Centre where the application was lodged.

Asset Management Company

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