

## 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 (as allotted by Distributor) | Sub-Broker ARN | Employee Unique Identification No. (EUIIN)^ | In-House number as per K-BOLT | Date, Time and Number as per Time Stamping Machine |
| <b>132061</b>             |   |                | <b>E352389</b>                              |                               |  |

^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 |
|-------------|------|--------|------------|
| <b>JM</b>   |      |        |            |

\*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 &amp; 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. **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 in case of Minor)

(Pls submit documentary proof)

**Full Name of Sole/1st Applicant/Minor/Non-individual:****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>5</sup>** **Mobile No. <sup>5</sup>** <sup>5</sup> 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** **Full Name of Third Applicant** 

| 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. | Verified Copy of PAN Card enclosed Pl.(✓) | Know Your Customer (KYC) Please refer Instruction / KIM for details. Pl.(✓) | Mode of Holding Pl.(✓)  |
|--|---|---|---|
| 1st Applicant  | <input type="checkbox"/>                  | Copy of KYC acknowledgement enclosed <input type="checkbox"/>               | 1. <input type="checkbox"/> Single                                  |
| Guardian (in case 1st applicant is minor)  | <input type="checkbox"/>                  | Copy of KYC acknowledgement enclosed <input type="checkbox"/>               | 2. <input type="checkbox"/> Joint*                                  |
| 2nd Applicant  | <input type="checkbox"/>                  | Copy of KYC acknowledgement enclosed <input type="checkbox"/>               | 3. <input type="checkbox"/> Either or Survivor/s                    |
| 3rd Applicant  | <input type="checkbox"/>                  | Copy of KYC acknowledgement enclosed <input type="checkbox"/>               | (* Default, in case of ambiguity when applicants are more than one) |

| 4a. Status of Sole/1st applicant  |  |  |   | 4b. Occupation Details (please tick ✓)                    |  |  |  |
|---|--|--|---|---|--|--|--|
| 1. <input type="checkbox"/> Resident Individual (RI)  | 5. <input type="checkbox"/> AOP/BOI  | 10. <input type="checkbox"/> Society               | 15. <input type="checkbox"/> NRI                                    | 1. <input type="checkbox"/> Private sector service        | 5. <input type="checkbox"/> Housewife                  |  |  |
| 2. <input type="checkbox"/> On behalf of minor <input type="checkbox"/> RI <input type="checkbox"/> NRI | 6. <input type="checkbox"/> Partnership Firm   | 11. <input type="checkbox"/> Fils                  | 16. <input type="checkbox"/> PIO &                                  | 2. <input type="checkbox"/> Public Sector / Govt. service | 6. <input type="checkbox"/> Retired                    |  |  |
| 3. <input type="checkbox"/> HUF   | 7. <input type="checkbox"/> Proprietorship Firm  | 12. <input type="checkbox"/> Government Body       | 17. <input type="checkbox"/> Others <sup>8</sup> (pl.specify) _____ | 3. <input type="checkbox"/> Professional                  | 7. <input type="checkbox"/> Student                    |  |  |
| 4. <input type="checkbox"/> Company   | 8. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | 13. <input type="checkbox"/> Financial Institution |   | 4. <input type="checkbox"/> Business                      | 8. <input type="checkbox"/> Agriculturist              |  |  |
|   | 9. <input type="checkbox"/> Trust  | 14. <input type="checkbox"/> Banks                 |   |   | 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 <input type="text"/> / <input type="text"/> / <input type="text"/> (Not older than 1 year)                          |   | <input type="checkbox"/> Not Applicable                                       |

<sup>8</sup> US and Canada Investors not permitted. ^ If not ticked it will be considered as Not Applicable.

|                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| 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/FNDR) |
|---------------|-------------------------|------------------|--------------------------|---------------------|---------------|--|
|               |                         |                  |                          |                     |               |  |

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

II. ☒ In case of Demand Draft, Banker's certificate about the source of funds is attached. ☐ Yes ☐ No (In case, the answer is "No", the application will be rejected)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Parents/Grand Parents/Relative in case of 1st Applicant being a minor | <input type="checkbox"/> Employer (in case of deduction from salary)   | <input type="checkbox"/> Custodian on behalf of PII client |
| <b>Full Name of PoA / Third Party</b>  |  |  |
| <b>PAN No. of PoA / Third Party</b>  | <div style="display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px;">[Please ✓]</span> <span style="margin: 0 5px;"><b>KYC Compliant</b></span> <div style="display: flex; gap: 10px;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> </div> <span>(Please attach KYC acknowledgement &amp; Refer instruction no. 10)</span> </div> |  |

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

☐ 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.

|                                  |  |  |  |  |     |  |             |             |             |              |  |  |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|-----|--|-------------|-------------|-------------|--------------|--|--|--|--|--|--|--|--|--|
| Guardian Name (in case of Minor) |  |  |  |  |     |  |             |             |             | Relationship |  |  |  |  |  |  |  |  |  |
| Address                          |  |  |  |  |     |  |             |             |             |              |  |  |  |  |  |  |  |  |  |
| City                             |  |  |  |  | Pin |  | <div></div> | <div></div> | <div></div> | <div></div>  | Signature of Nominee / Guardian(Not mandatory) |  |  |  |  |  |  |  |  |

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

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.

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

**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 ✓) <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please provide the below details)\$\$ |  |
| <input type="checkbox"/> <b>National Security Depository Limited (NSDL)</b>  | <input type="checkbox"/> <b>Central Depository Services (India) Limited (CDSL)</b> |
| Depository Participant Name:   |  |
| DP ID No. IN   | Beneficiary Account No.  |
| Target ID No.  |  |

<sup>33</sup> 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) <b>Normal SIP</b> <input type="checkbox"/> <b>Micro SIP</b> <input type="checkbox"/> (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 Emd M M Y Y Y Y Y OR Perpetual (i.e. until it is cancelled)  |
| <b>Payment Mechanism:</b>   |  |
| <b>Regular SIP</b> <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)  |
| <b>Special SIP</b> <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) <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th <b>Frequency</b> (please tick any one) Monthly * <input type="checkbox"/> Quarterly <input type="checkbox"/> (* Default Frequency) |  |
| No. of cheques / installments <input type="checkbox"/> Cheque Nos. : From To SIP Installment amount : <input type="text"/>  |  |
| 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 To M M Y Y Y Y Y OR Perpetual (i.e. until it is cancelled) <input type="checkbox"/> |  |
| <b>Frequency of Transfer</b> <sup>34</sup> (Pl. 4 any one from the following) |  |  |  |
| <input type="checkbox"/> Chhota STP/Combo SIP                                 | <input type="checkbox"/> Weekly (pl. ✓ any one starting date)  | <input type="checkbox"/> Fortnightly (pl. ✓ any one starting date)   | <input type="checkbox"/> Monthly (pl. ✓ any one starting date)   |
| <input checked="" type="checkbox"/> Daily                                     | <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 22 <sup>nd</sup> of the month | <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> of every month                        | <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> of the month |
|   |  |  | 1st Business Day of the next month and subsequently on first of every quarter  |

<sup>34</sup> 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): <input type="checkbox"/> Fixed Amount Withdrawal (FAW) <input type="checkbox"/> Capital Appreciation Withdrawal (CAW)   |  |
| SWP Installment Amount under FAW: Rs. <input type="text"/>  |  |
| Withdrawal Frequency * (Pl. ✓ any one): <input type="checkbox"/> Monthly <input type="radio"/> 1st <input type="radio"/> 5th <input type="radio"/> 15th <input type="radio"/> 25th <input type="checkbox"/> Quarterly (1 <sup>st</sup> 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 Y Y OR Perpetual (i.e. until it is cancelled) <input type="checkbox"/>  |  |

**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 |
|  |                               |                              |

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

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

|  |   |      |  |            |  |   |  |
|--|---|------|--|------------|--|---|--|
| <b>ACKNOWLEDGEMENT SLIP</b><br>(To be filled in by the investor) | Received an application from Mr./Ms./M/s. _____   |      | as normal Investment <input type="checkbox"/> or through SIP <input type="checkbox"/> or for SWP <input type="checkbox"/> or through STP <input type="checkbox"/> as per details below |            | Serial No: <b>ED</b>   |  |  |
|  | 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. _____<br>Cheque/DD No. _____ dated _____<br>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\_jm@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.