

JM FINANCIAL MUTUAL FUND

JM FINANCIAL

JM Financial Asset Management Private Limited

Corporate Office : 5th Floor, A - Wing, Laxmi Towers, Bandra-Kurla Complex, Mumbai 400 051.

Serial No: E

DISTRIBUTOR INFORMATION														FOR OFFICE USE ONLY																											
ARN Code							Sub-Agent/Broker Code							Collection Centre's Serial No.							Date of Receipt							Time of Receipt													
1. EXISTING UNIT HOLDER/S (Please fill in your folio no. and proceed to section 5)																												Folio No.													
2. NEW APPLICANT INFORMATION (It is mandatory to furnish PAN proof for investment of Rs.50,000/- and above failing which application shall be rejected) (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/Karta of HUF/Non-individual/Partner in case of Partnership Firm																								Date of Birth																	
																								D D M M Y Y Y																	
Full Name of Guardian (in case of Minor)																								Relationship with Minor [Pl. tick ✓]																	
																								<input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Legal Guardian																	
PAN							UIN							Enclosed: <input type="checkbox"/> PAN Card copy <input type="checkbox"/> Form 60/61 (with address proof)																											
Address (DO NOT REPEAT NAME) in full of Applicant/Parent OR Guardian of Minor/Indian address in case 1st Applicant is NRI/FII (Post Box No. alone is not sufficient)																																									
CITY							STATE							PIN																											
TEL. (O)							(R)							MOBILE																											
E-mail Id:																																									
Full Name of Second Applicant																																									
PAN							UIN							Enclosed: <input type="checkbox"/> PAN Card copy <input type="checkbox"/> Form 60/61 (with address proof)																											
Relationship with 1st Applicant																																									
Full Name of Third Applicant																																									
PAN							UIN							Enclosed: <input type="checkbox"/> PAN Card copy <input type="checkbox"/> Form 60/61 (with address proof)																											
Relationship with 1st Applicant																																									
Mode of Holding [Pl. tick ✓] Occupation [Pl. tick ✓] Status/Category [Pl. tick ✓]																																									
1. <input type="checkbox"/> Single							1. <input type="checkbox"/> Business							6. <input type="checkbox"/> Retired							1. <input type="checkbox"/> Resident Individual							5. <input type="checkbox"/> AOP/BOI							9. <input type="checkbox"/> Society						
2. <input type="checkbox"/> Joint*							2. <input type="checkbox"/> Service							7. <input type="checkbox"/> Housewife							2. <input type="checkbox"/> On behalf of minor							6. <input type="checkbox"/> Partnership Firm							10. <input type="checkbox"/> NRI						
3. <input type="checkbox"/> Either or Survivor/s							3. <input type="checkbox"/> Professional							8. <input type="checkbox"/> Student							3. <input type="checkbox"/> HUF							7. <input type="checkbox"/> Body Corporate							11. <input type="checkbox"/> Fils						
(* Default, in case of ambiguity when applicants are more than one)							4. <input type="checkbox"/> Agriculture							9. <input type="checkbox"/> Others (pl. specify)							4. <input type="checkbox"/> Company							8. <input type="checkbox"/> Trust							12. <input type="checkbox"/> Others (pl. specify)						
5. <input type="checkbox"/> Politically exposed person																																									
3. BANK PARTICULARS (It is mandatory to furnish Bank Particulars failing which application shall be rejected) (Refer instruction no. 8)																																									
Name of Bank & Branch Address																																									
														CITY							PIN																				
Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR Account No.:																																									
MICR Code : (This is a 9 Digit No. next to your Cheque No.) (Please enclose a cancelled/xerox copy of the cheque for the above A/c. No.)																																									
Direct Credit Facility: Dividend and redemption payments will be directly credited to the investor's account if the bank mandate registered for the account is one of the following: 1 - ABN Amro Bank 2 - Centurion Bank of Punjab 3 - Citibank 4 - Deutsche Bank 5 - HDFC Bank 6 - HSBC Bank 7 - ICICI Bank 8 - IDBI Bank 9 - Indusind Bank 10 - ING Vysya Bank 11 - Kotak Bank 12 - Stanchart Bank 13 - UTI Bank 14 - Yes Bank.																																									
4. FOR INVESTMENT BY NRI(s)/FII(s)																																									
Overseas Address																																									
City							Country							Pin/Zip																											
Declaration: I confirm that I am not required to obtain PAN under Income Tax Act 1961 <input type="checkbox"/> Yes <input type="checkbox"/> No																																									

ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

JM FINANCIAL MUTUAL FUND

JM FINANCIAL

JM Financial Asset Management Private Limited

Corporate Office : 5th Floor, A - Wing, Laxmi Towers, Bandra-Kurla Complex, Mumbai 400 051.

Received from Mr./Ms./M/s.

Serial No: E

Sr.	Scheme Name	Plan	Option	Payment Details	Collection Centre's Stamp & Receipt Date and Time
i.				Amt. _____ Cheque/DD No. _____ dated _____ Bank & Branch _____	
ii.				Amt. _____ Cheque/DD No. _____ dated _____ Bank & Branch _____	
iii.				Amt. _____ Cheque/DD No. _____ dated _____ Bank & Branch _____	
					Cheques/DD's are subject to realisation

5. ANNUAL INCOME

Income earned per annum (indicate the summation of all the applicants if applying jointly or as any one/survivor)

☐ Less than Rs. 50,000 ☐ Rs. 50000 to Rs. 2 lacs ☐ Above Rs. 2 lacs to Rs. 5 lacs ☐ Above Rs. 5 lacs to Rs. 10 lacs ☐ Above Rs. 10 lacs
6. PROOF OF IDENTITY* AND ADDRESS (Copy of any one of the following documents duly self-certified)**
☐ Passport ☐ Driving License ☐ Voter ID Card ☐ Ration Card
☐ Latest Electricity Bill ☐ Bank Pass Book/Latest Statement ☐ Latest Landline Telephone Bills ☐ Any Other (pl. specify) _____

Document No. : _____ Place of Issue : _____

* Mandatory for investors investing below Rs. 50,000/- ** Mandatory for all investors.

7. NOMINATION DETAILS

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

Name and Address of Nominee

Name _____ Date of Birth _____

Address _____

In case nominee is a minor

Name of Guardian _____ Relationship with Minor _____

Address of Guardian _____

Signature of Nominee / Guardian in case of Minor : _____

8. INVESTMENT DETAILS (Refer instruction no.5)

Scheme Name	Plan	Option

9. PAYMENT DETAILS (Refer instruction no. 6/7)**

Sr.	Cheque/DD No.	Gross Amt. (Rs)	DD Charges (Rs.)	Net Amt. (Rs.)	Bank & Branch	Account Type (Savings/Current/NRE/NRO/FCNR)
i.						
ii.						
iii.						

** Purchase is subject to realisation of Cheque/DD. No cash payments are accepted.

10. SYSTEMATIC INVESTMENT FACILITY (SIF) / SYSTEMATIC TRANSFER FACILITY (STF) (Please ✓)Mail me the SIF / STF Form ☐ Yes ☐ No**11. DECLARATION & SIGNATURE(S)**

Having read and understood the contents of the offer document/s of the Scheme/s and subsequent amendments thereto including the sections on "Prevention of Money Laundering and Know Your Customer", I/We hereby apply to the Trustees of JM Financial Mutual Fund for units of the Scheme/s as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme/s. 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/s of 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/s 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 Scheme/s 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, in case my Banker is empanelled with the AMC.

SIGNATURE(S)	First /Sole Applicant / Guardian	
	Second Applicant	
	Third Applicant	

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 (✓) ☐ Repatriation basis ☐ Non-Repatriation basis

* Please strike out whichever is not applicable.

Place : _____

Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

REGISTRAR**Karvy Computershare Private Limited**

Karvy Plaza, H. No. 8-2-596, Avenue 4 Street No. 1, Banjara Hills, Hyderabad 500 034

Tel: 040 2331 2454 / 2332 0251 / 751 Fax: 040 - 2331 1968 E-mail: investor@jmfinancial.in / distributor@jmfinancial.in

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 Collection Centre / Investor Service Centre where application was lodged.