

**JM FINANCIAL MUTUAL FUND**  
**JM EQUITY TAX SAVER FUND – SERIES I \***  
(A close-ended Equity Linked Savings Scheme)

(\*Series-I is launched as a close-ended plan for a period of three years from the date of allotment of units, and will be converted into an open-ended plan at the close of three years, subject to SEBI Regulations and approvals from the AMC / Trustee.)



JM Financial Asset Management Private Limited  
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Mumbai 400 051. Tel. No.: (022) 39877777 • Fax Nos.: (022) 26528377-78  
Email: mktg@jmfincial.in • Website: www.JMFinancialmf.com

NEW FUND OFFER COMMENCES ON : 28/12/2006  
NEW FUND OFFER ENDS ON : 29/03/2007  
REDEMPTION OF UNITS UNDER THE SCHEME AVAILABLE ONLY AFTER 3 YEARS LOCK-IN PERIOD FROM THE DATE OF ALLOTMENT OF UNITS.

**KEY INFORMATION MEMORANDUM & APPLICATION FORM**

An offer for units @ Rs. 10/- each during the New Fund Offer period

Serial No: ELSS SR. I -

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 details mentioned below and proceed to section 5)		Folio No.	
MIN*	POA-MIN* (If applicable)	(*Mandatory for investors investing Rs. 50,000/- and above)	
2. NEW APPLICANT INFORMATION (It is mandatory to submit 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 /Proprietor in case of Proprietorship Firm			Date of Birth
			D D M M Y Y Y Y
Full Name of Guardian (in case of Minor)			Relationship with Minor [Pl. <input checked="" type="checkbox"/> ]
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
PAN	UIN	Enclosed: <input type="checkbox"/> PAN Card copy <input type="checkbox"/> Form 60/61 (with address proof)	
MIN*	POA-MIN* (If applicable)	(*Mandatory for investors investing Rs. 50,000/- and above)	
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	PIN
STATE		TEL. NO.	
Mobile No.		I/We wish to receive SMS alerts <input type="checkbox"/> Yes <input type="checkbox"/> No (Refer instruction no. 16)	
E-mail Id:		I/We wish to receive account related information & other communications via e-mail <input type="checkbox"/> Yes <input type="checkbox"/> No (Refer instruction no. 16)	
Full Name of Second Applicant:			Date of Birth
			D D M M Y Y Y Y
Full Name of Guardian (in case of Minor)			Relationship with Minor [Pl. <input checked="" type="checkbox"/> ]
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
PAN	UIN	Enclosed: <input type="checkbox"/> PAN Card copy <input type="checkbox"/> Form 60/61 (with address proof)	
MIN*	POA-MIN* (If applicable)	(*Mandatory for investors investing Rs. 50,000/- and above)	
Relationship with 1st Applicant: _____			
Full Name of Third Applicant:			Date of Birth
			D D M M Y Y Y Y
Full Name of Guardian (in case of Minor)			Relationship with Minor [Pl. <input checked="" type="checkbox"/> ]
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
PAN	UIN	Enclosed: <input type="checkbox"/> PAN Card copy <input type="checkbox"/> Form 60/61 (with address proof)	
MIN*	POA-MIN* (If applicable)	(*Mandatory for investors investing Rs. 50,000/- and above)	
Relationship with 1st Applicant: _____			
Mode of Holding [Pl. <input checked="" type="checkbox"/> ] Occupation of the 1st Applicant [Pl. <input checked="" type="checkbox"/> ] Status/Category of the 1st Applicant [Pl. <input checked="" type="checkbox"/> ]			
1. <input type="checkbox"/> Single	1. <input type="checkbox"/> Business 5. <input type="checkbox"/> Retired 10. <input type="checkbox"/> Others (pl. specify)	1. <input type="checkbox"/> Resident Individual 5. <input type="checkbox"/> AOP/BOI 9. <input type="checkbox"/> Trust 13. <input type="checkbox"/> Government Body	
2. <input type="checkbox"/> Joint*	2. <input type="checkbox"/> Professional 6. <input type="checkbox"/> Student	2. <input type="checkbox"/> On behalf of minor 6. <input type="checkbox"/> Partnership Firm 10. <input type="checkbox"/> Society 14. <input type="checkbox"/> Financial Institution	
3. <input type="checkbox"/> Either or Survivor/s	3. <input type="checkbox"/> Agriculturist 7. <input type="checkbox"/> Housewife	3. <input type="checkbox"/> HUF 7. <input type="checkbox"/> Proprietorship Firm 11. <input type="checkbox"/> NRI 15. <input type="checkbox"/> Banks	
(* Default, in case of ambiguity when applicants are more than one.)	4. <input type="checkbox"/> Private sector service 9. <input type="checkbox"/> Forex Dealer	4. <input type="checkbox"/> Company 8. <input type="checkbox"/> Body Corporate 12. <input type="checkbox"/> FIs 16. <input type="checkbox"/> Others (pl. specify)	
		<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	

**3. BANK PARTICULARS (It is mandatory to furnish Bank Particulars failing which application shall be rejected) (Refer instruction no. 8)**

Name of Bank \_\_\_\_\_

Bank Address \_\_\_\_\_ CITY \_\_\_\_\_ PIN \_\_\_\_\_

Account Type : ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR Account No.: \_\_\_\_\_

MICR Code : \_\_\_\_\_ (This is a 9 Digit No. mentioned 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 - Development Credit Bank 6 - HDFC Bank 7 - HSBC Ltd. 8 - ICICI Bank 9 - IDBI Bank 10 - Indusind Bank 11 - ING Vysya Bank 12 - Kotak Mahindra Bank 13 - Stanchart Bank 14 - UTI Bank & 15 - Yes Bank.

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**ACKNOWLEDGEMENT SLIP**  
(To be filled in by the Investor)

An offer for units @ Rs. 10/- each during the New Fund Offer period

Serial No.: ELSS SR. I -

Received from : Mr./Ms./M/s. _____  Pin Code _____	Choice of Plan	Amount Paid (Rs.)	Cheque/DD No. _____
	<input type="checkbox"/> Dividend (Payout)  <input type="checkbox"/> Growth *	Rs. (in Figures) _____ Rs. (in words) _____	Dated : _____ Bank & Branch : _____
			Collection Centre's Stamp & Receipt Date and Time
			Cheque/DD is subject to realisation

\*Default Plan (in case of no information or ambiguity)

**4. FOR INVESTMENT BY NRI (s)/FII(s)**

Overseas Address																	
City						Country						Pin/Zip					
MIN*						POA-MIN* (If applicable)						(*Mandatory for investors investing Rs. 50,000/- and above)					

Declaration: I confirm that I am not required to obtain PAN under Income Tax Act 1961 ☐ Yes ☐ No

**5. ANNUAL INCOME**

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

☐ Upto Rs.5,00,000 ☐ Rs.5,00,001 to Rs.25,00,000 ☐ Rs.25,00,001 to Rs.1,00,00,000 ☐ Rs.1,00,00,001 to Rs.5,00,00,000 ☐ Rs.5,00,00,001 and above

**6. PROOF OF IDENTITY AND ADDRESS (Copy of any one of the following documents duly self-certified)\***

☐ Passport ☐ Driving Licence ☐ Voter ID Card ☐ Latest Electricity Bill  
☐ UIN card ☐ Photo debit card ☐ PAN card ☐ Rent agreement  
☐ Demat Acct. Statement ☐ 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/- and who have not obtained MIN.

Please note that the mailing address of the Sole/First applicant should match with any of the proof provided above.

**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 

D	D	M	M	Y	Y	Y	Y
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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)**

**CHOICE OF PLANS** ☐ Dividend Plan (Payout) ☐ Growth Plan\*

\* Default Plan (in case of no information or ambiguity)

**9. PAYMENT DETAILS: Please draw Cheque / DD in favour of "JM EQUITY TAX SAVER FUND" (Refer instruction nos. 6 & 7)\*\*. Minimum investment amount per application is Rs. 500/- for each Plan and in multiples of Rs. 500/- thereafter. Please ensure there is only one Cheque / DD.**

Cheque /DD No.	Gross Amount (Rs.)	DD Charges (Rs.)	Net Amount (Rs.)	Bank & Branch	Account Type (Savings/Current/NRE/NRO/FCNR)	Account No.

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

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 ☐ Sibling ☐ Friend ☐ Others. Application form without this information is liable to be rejected.

**10. DECLARATION & SIGNATURE(S)**

Having read and understood the contents of the Offer Document of the scheme and subsequent amendments thereto including the sections on "Prevention of Money Laundering and Know Your Customer", 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 of JM EQUITY TAX SAVER FUND - Series I 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.

**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.

**SIGNATURE(S) / Thumb Impression (s) (Refer Instruction No. 3)**

Sole/First Applicant	Second Applicant	Third Applicant
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Place : \_\_\_\_\_

Date : 

D	D	M	M	Y	Y	Y	Y
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**11. LIST OF DOCUMENTS ATTACHED (Please mention below the documents attached with the form)**

1.	5.	Total Nos. of attachments	
2.	6.	To be filled in by applicant	To be verified by office
3.	7.		
4.	8.		

**CHECKLIST**

- Please ensure that your Application Form is
  - Complete in all respects & signed by all applicants
  - Name, Address and Contact Details are mentioned in full.
  - Bank Account Details are entered completely and correctly.
  - MIN/POA-MIN and Permanent Account Number (PAN) of all Applicants is mentioned if the investment amount is Rs. 50,000/- or more along with a photocopy of PAN proof.
  - Appropriate Plan is selected.
  - If units are applied for jointly, Mode of Operation of account is indicated.
- Proof of Identity & Address is submitted.
- Investment Cheque/DD is drawn in favour of "JM EQUITY TAX SAVER FUND", dated and signed.
- Application Number is mentioned on the reverse of the Cheque/DD.
- Documents, as applicable, are submitted along with the Application Form.

**Accompanying documents**

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	Investments through POA	Trusts	NRI	FII
Resolution/Authorisation to invest		✓	✓	✓		✓		✓
List of Authorised Signatories with Specimen signature(s)		✓	✓	✓	✓	✓		✓
Memorandum & Articles of Association		✓						
Trust Deed						✓		
Bye-laws			✓					
Partnership Deed				✓				
Overseas Auditors' Certificate								✓
Notarised Power of Attorney					✓			
Bank confirmation of Non-Resident Account Type/FIRC							✓	
Proof of Identity	✓							
Proof of Address	✓	✓	✓	✓	✓	✓	✓	✓

Registrar: Karvy Computershare Private Limited

Karvy Plaza, H. No. 8-2-596, Avenue 4 Street No. 1, Banjara Hills, Hyderabad 500 034 • Tel No.: 040 2331 2454 / 2332 0251 / 751 Fax No.: 040 - 2331 1968 E-mail: investor@jmfincial.in/distributor@jmfincial.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.