

JM Financial Mutual Fund
Systematic Investment Facility (SIF)
Auto Debit Facility (THROUGH ECS / DIRECT DEBIT)

JM FINANCIAL
JM Financial Asset Management Private Limited
(Investment Manager to JM Financial Mutual Fund)
 Corp. Off.: 5th Floor, A Wing, Laxmi Tower, Bandra-Kurla Complex, Mumbai 400 051.
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REGISTRATION CUM MANDATE FORM

First Installment of SIF through a Cheque and subsequent investments via Electronic Clearing Services (ECS) (for all Banks in select cities only as per overleaf) / Direct Debit (for select Banks only). Application should be submitted at least 21 days before the 2nd SIF installment date in case of Debit Instructions under ECS.

DISTRIBUTOR INFORMATION		FOR OFFICE USE ONLY		
ARN Code	Sub-Agent/Broker Code	Collection Centre's Serial No.	Date of Receipt	Time of Receipt

INVESTOR AND INVESTMENT DETAILS

Folio No. (for existing investor) Application No. (For New Applicants)

Name of Sole / 1st applicant/Minor/Karta of HUF/Non-individual Mr. / Mrs. / Miss / Master / M/s. Date of Birth (in case of minor)

Scheme : Plan : Option (Pl.✓): ☐ Bonus ☐ * Growth ☐ Dividend ☐ * Reinvestment ☐ Payout

* Default Option (In case of no information or ambiguity)

PAN Proof/Form-60/61 (with address proof) is attached (mandatory for all investors for SIF installment being Rs.50000/- or more) ☐

SIF AND BANK DETAILS

Each SIF Amount (Rs.) Frequency : ☒ Monthly

First SIF Vide Cheque No. SIF Period : From / / To / /

SIF DATES: ☐ 01st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th of the month (Note: Please allow minimum 21 days for auto debit to register and start)

I/We authorise the Bank / JM Financial Mutual Fund/ their Authorised Service providers, to debit my/our undermentioned A/c. by ECS (Electronic Clearing Services) / Auto Debit/ Direct debit for collection of SIF payments.

BANK ACCOUNT DETAILS

Account Holder Name as in Bank Account

Bank Name Account Type ☐ SB ☐ Current ☐ NRE

Branch Account No.

Branch Address PIN 9 digit MICR Code

(This is a 9 digit number next to your cheque number)

DECLARATION

Having read and understood the contents of the Offer Document, Key Information Memorandum, Instructions and Addendums issued from time to time of the concerned schemes of JM Financial Mutual Fund, 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 Clearance. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part, 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 debit my/our above bank account by ECS /Direct Debit towards the collection of monthly payments on due SIF 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 / Offer Document.

Place : Date

SIGNATURES

Sole/ 1 st applicant/ Guardian/ Authorised Signatory	
2 nd applicant/ Authorised Signatory	
3 rd applicant/ Authorised Signatory	

FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on Scheme Code

Recorded by Credit Account Number

Bank use Mandate Ref. No. Investor Ref. No.

Authorisation of the Bank Account Holder (to be signed by the Account Holder)

SIGNATURE/S (As in Bank Records)		This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) Facility and that my/our payment towards my/our investment in JM Financial Mutual Fund shall be made from my/our above mentioned account with above bank & branch. Further, I/We authorize the representative carrying this ECS/Auto Debit to get the above mandate verified and executed.	
Sole/ 1 st applicant/ Guardian/ Authorised Signatory	Signature : Name :	For Attestation by Bank	Bank Account Number
2 nd applicant/ Authorised Signatory	Signature : Name :		
3 rd applicant/ Authorised Signatory	Signature : Name :		
		Date & Signature/s Verified	