

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					

6. INVESTMENT AND PAYMENT DETAILS (Pls refer Instructions/ KIM especially Third Party) For each application and for each plan/option separate cheque / DD to be submitted.						
Cheque/DD No.	Cheque/DD Amount (Rs.)	DD Charges (Rs.)	Gross Total Amount (Rs.)	Bank Account Number	Bank & Branch	Account Type [@] (SB/CA/NRE/NRO/FCNR)

7. 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"/> National Security Depository Limited (NSDL)												<input type="checkbox"/> Central Depository Services (India) Limited (CDSL)												
Depository Participant Name:																								
DP ID No. IN					Beneficiary Account No.					Target ID No.														

8. POWER OF ATTORNEY (PoA) HOLDER'S / PERMITTED THIRD PARTY'S (WHO IS ISSUING THE CHEQUE) DETAILS (Pls refer para on Third Party Payment)																			
The relationship of 1st Applicant with the issuer of Third party Payment instrument is as [Please ✓]																			
<input type="checkbox"/> Parent/Grand Parent/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 FII/Client.				
Full Name of PoA / Third Party										<div style="border-bottom: 1px solid black; height: 20px;"></div>									
PAN No. of PoA / Third Party										<div style="border-bottom: 1px solid black; height: 20px;"></div>									
[Please ✓] KYC Compliant										<input type="checkbox"/> Yes		<input type="checkbox"/> No		(Please attach KYC acknowledgement & Refer instruction no. 10)					

10. NOMINATION DETAILS (Pls Refer instruction / KIM for details)

☐ I / We _____ at present do not wish to register nominee/s against the above folio.

☐ 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.

No.	Name & Address of the Nominee /s (upto 3 Nos.)	Date of Birth (in case of Minor)	Relationship with the first holder	Share (%) (in multiple of 1%)	Age of the Nominee
1					
2					
3					

Guardian Name (in case of Minor)				Relationship			
Address							
City		Pin				Signature of Nominee/Guardian (Not mandatory)	

11. LIST OF DOCUMENTS ATTACHED {pls mention below the details of documents (other than cheque & DD) attached with the form}			
Mandatory <input type="checkbox"/> Verified PAN Copy(ies) <input type="checkbox"/> KYC Compliance Status Proof <input type="checkbox"/> Aadhaar Card Copy(ies)	<input type="checkbox"/> FATCA/CRS/UBO Declaration for all holders <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Memorandum & Articles of Association	<input type="checkbox"/> Resolution / Authorisation to invest <input type="checkbox"/> Trust Deed <input type="checkbox"/> Bye-Laws <input type="checkbox"/> Partnership Deed	<input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s) <input type="checkbox"/> Others (Pls Specify) _____

Having read and understood the contents of the Scheme Information Document of the scheme for investment and subsequent amendments thereto including the section on "Prevention of Money Laundering", 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 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 ultra vires thereof and the investment is contrary to the relevant constitutional documents. I/we authorise this Fund to reject the application, return 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. **"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 competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us".** 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. **"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 competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us".**

Consent for sharing Information :- I/we hereby consent to the disclosure/sharing of my/our personal information to the Judicial/Statutory/Regulatory Authorities for the compliance of legal obligation of JM Financial AMC/JM Financial Mutual Fund/JM Financial Trustee Co. Pvt. Ltd. I/we also consent to the sharing of the transaction fee of my/our investment in the above Scheme of JM Financial Mutual Fund with the Registered Investment Advisor (RIA)/Distributor whose RIA/ARN Code is mentioned above.

Signature of Sole/First Applicant/Guardian/Auth. Signatory	Signature of Second Applicant /Auth. Signatory	Signature of Third Applicant/Auth. Signatory

Date : _____ Place : _____