

COMMON APPLICATION FORM

Resident Non-Resident (please 4) as per your status

Serial No: **ED**

DISTRIBUTOR INFORMATION	
Name & Broker Code/ARN	Sub-Agent/Broker Code
Gaddam Surya Narayana ARN-9225	

FOR OFFICE USE ONLY	
In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributor/s 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
JM			

*In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's offer document & Key Information Memorandum.

1. EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 4)

Folio No.

2. 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)

Full Name of Sole/1st Applicant/Minor/Non-individual:

Date of Birth

D D M M Y Y Y Y

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. 4]

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 Pin Code

Dist. State

STD Code Tel. Fax

Email-ID Mobile No.

Preferable mode of communication E-mail Yes No SMS Alert Yes No (Refer instruction no. 16)

Full Name of Second Applicant

Full Name of Third Applicant

Permanent Account Number (PAN) - Mandatory (Please submit a verified copy of PAN card for all investors. In case the 1st applicant is minor, please provide Guardian's PAN. Pls Refer to Instruction No. 8	Verified Copy of PAN Card enclosed Pl.(3)	Know Your Customer (KYC) Please refer to instruction no. 8 Pl.(3)
1st Applicant	<input type="checkbox"/>	Copy of KYC acknowledgement enclosed <input type="checkbox"/>
Guardian (in case 1st applicant is minor)	<input type="checkbox"/>	Copy of KYC acknowledgement enclosed <input type="checkbox"/>
2nd Applicant	<input type="checkbox"/>	Copy of KYC acknowledgement enclosed <input type="checkbox"/>
3rd Applicant	<input type="checkbox"/>	Copy of KYC acknowledgement enclosed <input type="checkbox"/>

Mode of Holding [Pl. 4]

1. Single
 2. Joint*
 3. Either or Survivor/s
- (* Default, in case of ambiguity when applicants are more than one)

Occupation of the 1st Applicant [Pl. 4]

1. Private sector service
2. Public Sector / Govt. service
3. Professional
4. Business
5. Housewife
6. Retired
7. Student
8. Agriculturist
9. Others (pl. specify) _____

Status/Category of the 1st Applicant [Pl. 4]

- | | | | | | | | | |
|---|-------------------------------------|--|--|--------------------------------------|----------------------------------|--|---|----------------------------------|
| 1. <input type="checkbox"/> Resident Individual | 3. <input type="checkbox"/> HUF | 5. <input type="checkbox"/> AOP/BOI | 7. <input type="checkbox"/> Proprietorship Firm | 9. <input type="checkbox"/> Trust | 11. <input type="checkbox"/> NRI | 13. <input type="checkbox"/> Government Body | 15. <input type="checkbox"/> Banks | 16. <input type="checkbox"/> PIO |
| 2. <input type="checkbox"/> On behalf of minor | 4. <input type="checkbox"/> Company | 6. <input type="checkbox"/> Partnership Firm | 8. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | 10. <input type="checkbox"/> Society | 12. <input type="checkbox"/> FII | 14. <input type="checkbox"/> Financial Institution | 17. <input type="checkbox"/> Others (pl. specify) _____ | |

3. BANK PARTICULARS (It is mandatory to furnish bank particulars of first applicant as per SEBI guidelines, failing which application shall be rejected)

Bank Account No. **Account Type:** Savings Current NRE NRO FCNR

MICR Code **IFSC Code** **Direct Credit Facility:** Please refer instruction no. 18

Bank Name

Branch Address

City Pin

4. INVESTMENT AND PAYMENT DETAILS (Pls Refer instruction nos. 6 & 7**) Please submit separate cheque / DD for each application and for each plan/option.

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)

** Allotment of units is subject to realisation of Cheque/DD. No cash payments are accepted. *For NRI(s)/PIO: Source of Fund: NRE NRO FCNR Direct Remittances from abroad

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.

ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)

Received an application from Mr./Ms./M/s. _____
as **normal investment** or through **SIP** or for **SWP** or through **STP** as per details below

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JM FINANCIAL

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. _____ Cheque/DD No. _____ dated _____ Bank & Branch _____	Cheque/DD is subject to realisation

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.

5. FOR INVESTMENT BY NRI/PIO/FII

Overseas Address

City Country Pin/ZIP

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

6. SYSTEMATIC INVESTMENT PLAN (SIP) (Please refer to terms, conditions and instructions for SIP & fillup separate form for each SIP date / frequency / plan / option)

(please 4 only one) **Normal SIP** **Micro SIP** (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 Date End Date

Payment Mechanism:

Regular SIP Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form along with a cheque towards the first installment)
 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)
 Through Post dated Cheques (please furnish the cheque details below)
Special SIP 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 4 only one) 1st 5th 10th 15th 20th 25th **Frequency** (please tick any one) Monthly* Quarterly (* Default Frequency)

No. of cheques / installments **Cheque Nos. :** From To **SIP Installment amount :**

Name of Bank & Branch :

7. 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**

STP installment amount **Enrolment Period:** From To

Frequency of Transfer ^{Pl. 4 any one from the following}
 Weekly (pl. 4 any one starting date) Fortnightly (pl. 4 any one starting date) Monthly (pl. 4 any one starting date) Quarterly
 1st 8th 15th 22nd of the month 1st 15th of every month 1st 5th 15th 25th of the month 1st Business Day of the next month and subsequently on first of every quarter

Settlement date will be the opted date for JM Arbitrage Advantage Fund of the respective monthly / quarterly STP OUT *choice of multiple frequency under weekly/fortnightly/monthly STP through a single form will be rejected

8. SYSTEMATIC WITHDRAWAL PLAN (SWP) (Pls Refer to terms, conditions and instructions for SWP)

SWP Plan (Pl. 4 any one): Fixed Amount Withdrawal (FAW) Capital Appreciation Withdrawal (CAW) **SWP Installment Amount under FAW:** Rs.

Withdrawal Frequency * (Pl. 4 any one): Monthly 1st 5th 15th 25th Quarterly (1st Business day of every quarter after the start)

Withdrawal Commencement date: **Enrolment Period:** From To

Settlement date will be the opted date for JM Arbitrage Advantage Fund of the respective monthly / quarterly SWP

9. NOMINATION DETAILS (Pls Refer instruction no. 18)

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)**

10. DECLARATION & SIGNATURES

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 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.

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.

(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/Gurdian	Signature of Second Applicant	Signature of Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. List of Document Attached { pls mention below the details of documents (other than cheque & DD) attached with the form	1. KYC Acknowledgement	3. No. of Cheques <input type="text"/>	5. Resolution <input type="checkbox"/>	Total Nos. of attachments	
	2. Verified copy of PAN Proof <input type="checkbox"/>	4. SIP Mandate <input type="checkbox"/>	6. Authorised Signatory List <input type="checkbox"/>	To be filled in by applicant	To be verified by office
12. Name of Document Attached for MICRO SIP	1. Document Ref. No. <input type="text"/>				
2. Document Ref. No. <input type="text"/>	3. Document Ref. No. <input type="text"/>				

Date :

Place :