COMMON APPLICATION FORM

JM Financial MUTUAL FUND

PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and In BLOCK LETTERS (all points marked* are mandatory). For SIP investment use the separate SIP Form.

To check your Name as per PAN and know your latest KYC Status; send an SMS to 92129 93399, in the below mentioned format:

KYC (Space) JMF (Space) (PAN Number in Capital Letters) (Space) Date of Birth in DD/MM/YYYY (Space) Name as per PAN

Sample SMS to be sent to 92129 93399 - KYC JMF ABCDE1234F 01/01/1980 First Name (Space) Last Name

To Know Your KYC Status Scan Here

DISTRIBUTOR INFORMATION				FOR OFFICE USE ONLY	
Name & ARN of Distributor / RIA Code*	Employee Unique Identification No. (EUIN)^	Sub-Broker ARN Code No.	Internal Sub-Broker Code (as allotted by Distributor)	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine
ARN - 95070	E 101834				

^**Mandatory:** Furnishing of EUIN is mandatory for all transactions (Purchase/Switch/SIP/STP) or following declaration should be signed by the investor (Please ✓ the box).

☐ **Declaration:** "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

***RIA/Declaration:** I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes managed by you to the above mentioned SEBI registered investment adviser/RIA.

SIGNATURE (s)	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

INVESTMENT TYPE (Please tick any one)

☐ LUMP SUM ☐ SPECIAL SIP## ☐ LUMP SUM WITH SIP/STP/SWP

##Special SIP - New SIP registration without initial investment.

MODE OF HOLDING (Please tick ✓)

☐ SINGLE ☐ JOINT* ☐ EITHER OR SURVIVOR ☐ ANYONE OR SURVIVOR ☐ MINOR

* Default, in case of ambiguity when applicant are more than one

EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 5)

Folio No. _____ **Require Hard Copy of Annual Report** ☐ Yes ☐ No

1. APPLICANT INFORMATION (Mandatory) TO BE FILLED IN BLOCK LETTERS AND AS PER PAN RECORDS.

NAME OF SOLE /1ST APPLICANT Mr. Ms. M/s.

PAN/PEKRN (Mandatory) (Submit verified copy of PAN for 1st time Investor) **CKYC No.** **DOB/DOI$** D D M M Y Y Y Y

Mobile No.# **Email ID.#**

Mobile no. specified above belongs to (Please tick (✓) any one option ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Dependent Siblings ☐ Guardian ☐ POA

Email id specified above belongs to (Please tick (✓) any one option ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Dependent Siblings ☐ Guardian ☐ POA

LEI No. (Legal Entity Identifier) of Non-Individual Investor (Mandatory) : **Valid Upto ____ /____/202__**

Note : In case the first applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form. LEI No. is Mandatory for transaction amount 50 Crs and above for Non Individual.

$Proof of Date of Birth of Minor ☐ Birth Cetificate ☐ Passport ☐ Others_____(Please specify)

☐ **GUARDIAN DETAILS (In case First / Sole Applicant is minor)** ☐ **CONTACT PERSON - DESIGNATION / POA HOLDER (In case of Non-Individual Investors)**

Mr. Ms. M/s.

Relationship with Minor/Designation

PAN/PEKRN **Date of Birth** D D M M Y Y Y Y **CKYC No.**

ADDRESS

CITY (As per KYC Records)

STATE **COUNTRY** **PIN**

RESI. S T D **OFF.** S T D **FAX** S T D

SECOND APPLICANT Mr. Ms.

PAN/PEKRN **CKYC No.** **Date of Birth** D D M M Y Y Y Y

Mobile No.# **Email ID.#**

Mobile no. specified above belongs to (Please tick (✓) any one option ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Dependent Siblings ☐ Guardian ☐ POA

Email id specified above belongs to (Please tick (✓) any one option ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Dependent Siblings ☐ Guardian ☐ POA

ACKNOWLEDGEMENT SLIP

JM Financial MUTUAL FUND

Received from: Mr. / Ms. / M/s_____ an application for allotment

Scheme_____ Plan ☐Regular ☐Direct Option_____

vide Cheque No _____Dated ____/____/_____ Amount (₹) _____ Drawn

on Bank and Branch _____

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

Collection Center's Stamp & Receipt Date and Time

THIRD APPLICANT Mr. Ms.

PAN/PEKRN **Date of Birth** D D M M Y Y Y Y **CKYC No.**

Mobile No.# **Email ID.#**

Mobile no. specified above belongs to (Please tick (✓) any one option ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Dependent Siblings ☐ Guardian ☐ POA

Email id specified above belongs to (Please tick (✓) any one option ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Dependent Siblings ☐ Guardian ☐ POA

SMS and/ Email ID will be used as the default mode of communication if the mobile no. and/or Email ID is furnished. + In case, not ticked, it will be treated to have "opted out".

STATUS

☐ Resident Individual ☐ NRI ☐ AOP/BOI ☐ Bank ☐ Company ☐ Body Corporate ☐ Partnership Firm ☐ FI ☐ FII ☐ Government Body ☐ HUF

☐ PIO ☐ PSU ☐ On behalf of Minor (RI) ☐ On behalf of Minor (NRI) ☐ Society ☐ Sole Proprietor ☐ Trust /Charities/NGO's ☐ Mutual Funds

☐ Defence Establishment ☐ NPO* (Mandatory) (FCRA Account No.) _____ ☐ Others (if specify) _____

*"Non-profit organization" means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).	☐ Yes ☐ No
If yes, please quote Registration No. of Darpan portal of Niti Aayog	

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

OVERSEAS APPLICANT DETAILS [APPLICANTS FROM US and CANADA WILL NOT BE ACCEPTED (Refer Instruction No 7.)]

ADDRESS (Mandatory for NRI/FII applicant) _____

Country _____ Zip Code TIN No. (Mandatory) _____

2. KYC DETAILS (Mandatory - Refer Instruction No. XIII for details)

OCCUPATION (Please tick ✓)

First Applicant	☐ Business ☐ Service ☐ Professional ☐ Agriculturist ☐ Housewife ☐ Student ☐ Defence ☐ Govt. official ☐ Forex Dealer ☐ Unlisted Company ☐ Body Corporate ☐ Listed Company ☐ Private Ltd. ☐ Public Ltd. ☐ Others _____
Second Applicant	☐ Business ☐ Service ☐ Professional ☐ Agriculturist ☐ Housewife ☐ Student ☐ Defence ☐ Govt. official ☐ Forex Dealer ☐ Unlisted Company ☐ Body Corporate ☐ Listed Company ☐ Private Ltd. ☐ Public Ltd. ☐ Others _____
Third Applicant	☐ Business ☐ Service ☐ Professional ☐ Agriculturist ☐ Housewife ☐ Student ☐ Defence ☐ Govt. official ☐ Forex Dealer ☐ Unlisted Company ☐ Body Corporate ☐ Listed Company ☐ Private Ltd. ☐ Public Ltd. ☐ Others _____

GROSS ANNUAL INCOME (Please tick ✓)

First Applicant	**For Individual** ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ > 25 Lacs - 1Crore ☐ > 1 Crore **Net Worth (Mandatory for Non-Individuals)** ₹ as on D D M M Y Y Y Y [Not older than 1 year]
Second Applicant	**For Individual** ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ > 25 Lacs - 1Crore ☐ > 1 Crore Occupation (Please specify) _____
Third Applicant	**For Individual** ☐ Below 1 Lac ☐ 1 - 5 Lacs ☐ 5 - 10 Lacs ☐ 10 - 25 Lacs ☐ > 25 Lacs - 1Crore ☐ > 1 Crore Occupation (Please specify) _____

POLITICALLY EXPOSED PERSON (Please tick ✓) (refer point no 11 in "instructions to the investors for filling up the application forms)

First Applicant	☐ I am Politically Exposed Person	☐ I am related to Politically Exposed Person	☐ Not Applicable
Second Applicant	☐ I am Politically Exposed Person	☐ I am related to Politically Exposed Person	☐ Not Applicable
Third Applicant	☐ I am Politically Exposed Person	☐ I am related to Politically Exposed Person	☐ Not Applicable

For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)

☐ Foreign Exchange / Money Changer Service ☐ Gamin / Gambling / Lottery / Casino Services ☐ Money Lending / Pawning ☐ Not Applicable

3. FATCA/CRS DETAILS MANDATORY FOR INDIVIDUALS (Non Individual Investors should mandatory fill separate FATCA/CRS details form) (Refer Instruction No. XVIII)

Sole / First Applicant / Guardian			2nd Applicant			☐ 3rd Applicant ☐ POA		
Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____		
Country	**Tax Payer Ref ID No**	**Identification Type [TIN or other, please specify]**	**Country**	**Tax Payer Ref ID No**	**Identification Type [TIN or other, please specify]**	**Country**	**Tax Payer Ref ID No**	**Identification Type [TIN or other, please specify]**
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		

4. INVESTMENT DETAILS (Pls Refer instruction No. 5)*?? Investment in more than one Scheme cheque should be issued in favor of JM FINANCIAL MUTUAL FUND - COLLECTION ACCOUNT (For Lumpsum purchase only)

Sr. No.	Scheme Name	Plan	Option	Sub Option	Amount
1.	**JM**				
2.	**JM**				
3.	**JM**				
				Total	

*In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information. ?? Investor desirous of investing directly with the AMC without availing the services of any Distributor/Broker, will have to clearly tick "Direct" under above column titled as "Plan".

5. BANK ACCOUNT DETAILS (Refer Instruction No. IV)

Account No. Account Type [Please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR ☐ Direct Remittances

Bank Name

Branch Add.

Pin IFSC CODE MICR CODE

(It is mandatory to furnish bank particulars failing which application shall be rejected. Please submit documentary proof of the bank mandate depicting the name of the 1st / sole applicant).

6. INVESTMENT AND PAYMENT DETAILS (Pls refer Instructions/ KIM) For each application and for each plan/option separate cheque / DD to be submitted.

Cheque/DD No./DC Ref No.	Cheque / DD Amount (Rs.)	DD Charges (Rs.)	Gross Total Amount (Rs.)	Bank Account Number	Bank & Branch

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

Documents Attached to avoid Third Party Payment Rejection, where applicable: ☐ Bank Certificate, for DD ☐ Third Party Declarations

IN CASE OF PAYMENT BY 1ST APPLICANT (Please ✓)

I / We hereby declare that the above mentioned Demand Draft^^ has been issued:

☐ from/by debit to my personal/my joint Bank Account ☐ against cash (in case of demand draft) upto Rs. 50,000/-.

^^In case of Demand Draft, Banker's certificate about the source of funds is attached.

Please attach foreign inward remittance Certificate (FIRC) / account debit Certificate in case of debit to NRE / NRO account or direct remittance from abroad.

7. 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 (✓))

☐ Parent/Legal Guardian in case of 1st Applicant being a minor ☐ Employer (in case of deduction from salary) ☐ Custodian on behalf of FII/Client.

Full Name of Third Party

PAN No. of Third Party (Please (✓)) **KYC Compliant** ☐ Yes ☐ No (Please attach KYC acknowledgement & Refer instructions)

8. POWER OF ATTORNEY (POA) If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

POA NAME Mr. Ms. **PAN/PEKRN**

9. 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 (✓)) ☐ Yes ☐ No (if yes, please provide the below details)[$$]

☐ **National Security Depository Limited (NSDL)** ☐ **Central Depository Services (India) Limited (CDSL)**

Depository Participant's Name:

DP ID No. IN Beneficiary Account No. **Target ID No.**

[$$] in case of any ambiguity, AMC is at its discretion to either allot units as per Demat information or in physical mode. Kindly refer Statement of Additional Information and Scheme Information Document for details.

POA / Custodian Name: KYC [Please ✓] ☐ Proof attached

POA/ Custodian CKYC ID No. (KIN) **POA / Custodian PAN**

10. NOMINATION DETAILS* (Mandatory) [Refer instruction no. IV (under AMFI Best Practices)]

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Nominee Details								
Mandatory Details					Optional Additional Details***			
S.No.	Name of Nominee	Relationship with the Applicant	Date of Birth (to be provided in case the nominee is a minor)	Guardian	Postal Address	Share of Nominee (%)**	Mobile No. & Email	Identity Number***
1								
2								
3								

Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion. The surviving holder(s) shall inherit the assets as owners.
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

1. I/We want the details of my/our nominee to be printed in the statement of holding, provided to me/us by the AMC as follows; (please tick, as appropriate).
   ☐ Name of the Nominee(s) ☐ Nomination: Yes / No
2. I hereby authorize _____(nominee number_____) to operate my account on my behalf, in case of my incapacitation. He / She is authorized to encash my assets up to ____% of assets in the account / folio or Rs. _____ (strike off portions that are not relevant).

☐ **I/We DO NOT wish to nominate**

Declaration for opting out of Nomination (to be signed by all unitholders including joint holders, irrespective of mode of holdings): I/We hereby confirm that I / We do not wish to appoint my nominee(s) for my Mutual Fund units held in my/our Mutual Fund folio and understand the issues involved in non-appointment of nominee(s)and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund folio.

** if % is not specified, then the assets shall be distributed equally amongst all the nominees (see table in 'Transmission aspects').
*** Provide only number: PAN or Driving Licence or Aadhaar (last 4 digit). Copy of the document is not required.
**** to be furnished only in following conditions / circumstances:
- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

*** Signature of two witness(es), along with name, address & Mobile no are required. If the account holder affixes thumb impression, instead of wet signature.**

	Name & Address	Mobile No.	Signature
Witness 1			
Witness 2			

***Thumb impressions must be attested by a Magistrate or a Notary Public or a Special Executive Officer under his/her official seal with witness details.**

DECLARATION & SIGNATURES: Having read and understood the contents of the Statement of Additional Information / 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 Trustees 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/Trustees/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". JM Financial Services Ltd. is affiliated to JM Financial Asset Management 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.

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 feed 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.

##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 through direct remittances from abroad.

× SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

Date: **Place:**

Note: In case the First Applicant is a Non Individual, please attach FATCA, CRS & UBO Self Certification Form ^** The application is liable for rejection if the name does not match with PAN copy. It is mandatory for investors to be KYC compliant prior to investing in JM Financial Mutual Fund.
& US and Canada Investors are not permitted to invest in our Schemes. ^ In case, not ticked, it will be considered as Not Applicable.
Please (✓) ☐ Repatriation basis ☐ Non-Repatriation basis.

CHECKLIST 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	Investment through POA	Trusts	NRI	FIIs	PIO
Copy of PAN Card / PEKRN	✓	✓	✓	✓	✓	✓	✓	✓	
Resolution/ Authorisation to invest		✓	✓	✓		✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓	
Memorandum & Articles of Association		✓							
Trust Deed						✓			
Byelaws			✓						
Partnership Deed				✓					
Overseas Auditor Certificate								✓	✓
Notarised POA					✓		✓		✓
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card							✓		✓
Foreign Inward Remittance Certificate							✓		
NPO			✓			✓			