## REGISTRATION FORM FOR SYSTEMATIC INVESTMENT PLAN WITH (NACH FORM) AFTER INITIAL PURCHASE/RENEWAL OF SIP

JM FINANCIA
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Name & ARN of Distributor	Internal Sub-B	Broker Code (as alloted by Distrib	utor)		Sub-Br	roker A	RN		E	mplo	yee	Unique	lden	tifica	tion No	<b>). (EU</b>	IN)^
ARN-64917												EUI	N-E	4345	63		
Adatory: Furnishing of EUIN is mandatory for all transact Declaration: "I/We hereby confirm that the EUIN box has been notwithstanding the advice of in-appropriateness, if any, provi	en intentionally left	blank by me/us as this transaction is exe	cuted w	ithout any inte	raction or a			loyee/rela	ationship r	nanag	er/sal	es perso	n of the	e above	distribu	tor/sul	o broker
Signature of Sole/First Applicant/Gua	rdian	Signature	ofSeco	nd Applicant						Sio	inatu	re of Th	ird An	alicant			
"Upfront commission shall be paid directly by the investor						luding	the servi	ce rende	red by the				nunp	Jincum			
		SIP (through NACH) REG	ISTRA	TION CUN	MAND	ATE F	ORM										
New Regular SIP: First Installment of Regular SIP	through a Cheque	and subsequent investments via Nat	ional Au	itomated Cle	aring House	e (NACH	ł).										
Micro SIP:First Installment of Regular SIP through	a Cheque and sub	sequent investments via National Au	tomated	d Clearing Ho	use (NACH)	).											
New Special SIP: First & subsequent installments								SIP insta	illment.								
<b>Renewal/Continuation of existing SIP</b> only if la	st SIP Installment			DETAILS	iiis in toiiov	ving col	umns).										
				DETAILS													
Folio No. (for existing unitholders) Name of Sole/1st Applicant/Minor/Non-indiv	idual Mr /Mc //	M/s (2nd/3rd Holdor/s' namo/s	will b	o ac nor ah	ovo folio	<b>`</b>											
				e as per au		,											
E-mail ID (Capital Letters):								Mobile	e No.:	+			+			+	
Scheme : JM		Plan : Dire	ct 🗌	Regular		0	ption/S										
SIP Installment Amount (Rs.)				e tick any or				arterly		tofev	vervi	nonth/	auart	er (* D	efault	Frea	uency
SIP Period : Start : M M	Y Y Y Y	End:	MM	YY	YY	OR			e. until it								
SIP Dates (Pl. ✓ any one): 01st	05th	 ] 10th   15th   20th	2	5th of the m	onth ( <b>Not</b>	e:Mini							ough a	uto dek	oit to reg	ister ar	nd s tart)
First SIP Cheque details Cheque No.		Amount in Rs.		Cheque	Date:	/ /	202		Favor	uring'	"JM F	inancia	Mutu	al Fun	d″		
DEBIT BANK DETAILS												_					
Bank Name:		Branch & City		A/c. No.						ype:		NRI		NRO		thers	
DEMAT ACCOUNT DETAILS (Please ensure the Please ensure that you submit supporting documents evi															pant).		
National Security			uneu be						ry Serv						CDSL	)	
Depository Participant's Name:																	
DP ID No. IN	Beneficiary	Account No.		Targ	jet ID No.												
In case of any ambiguity, AMC is at its discretion to either allo	t units as per Dema	t information or in physical mode. Kindly	refer Sta	tement of Add	itional Inforr	mation a	nd Schen	ne Inform	ation Docu	ument	for de	tails.					
<b>DECLARATION &amp; SIGNATURES</b> (Please strike out w	hichever is not app	licable.)															
Applicable for SIP Investors only: I/We hereby declare that the or not effected at all, for reasons of incomplete or incorrect inform	nation on my/our par	t or circumstances beyond the control of AM	C/its serv	ice provider, I/w	e would not	hold the	Asset Mar	nagement	Company r	espons	ible in	any mar	ner. I/V	/e herel	oy author	ize JM F	inancial
Mutual Fund and their authorised service providers, to get my/our particulars, I/we will submit a fresh mandate along with a cancell	ation request for the	earlier mandate well in advance. I/We have r	ead and a	greed to the te	rms and cond	itions m	entioned i	n KIM / Sc	heme Infor	mation	Docui	nent of t	ne schei	ne.*	÷		the bank
"The ARN holder has disclosed to me/us all the commissions (in the Consent for sharing Information :- I /We hereby consent to	the disclosure/sharin	g of my/our personal information to the Ju	dicial /Sta	tutory/ Regulat	ory Authoriti	es for th	e complia	nce of leg	al obligatio	n of JM	1 Finar	icial AMC	/JM Fin	ancial N	lutual Fu		inancial
Trustee Co. Pvt. Ltd. I/We also consent to the sharing of the transa	ction feed of my/our l	Investment in the above Scheme of JM Finan	cial Mutu	al Fund with th	e Registered I	nvestme	nt Advisor	(RIA)/Dis	tributor wh	ose RIA	A/ARN	Code is m	ention	ed abov	<u>.</u>		
Signature of Sole/First Applicant/Gua	ardian	Signature	e of Seco	ond Applican	t					Sig	natu	re of Th	rd Apj	olicant			
	Applica	ble for Lumpsum Addition	al Pu	rchases a	s well a	s SIP	Regist	tratio	ns								
«— — — — — — — — — —																	
	JMRN :						<u> </u>			Date							_
							114:1	itu Coda									
CREATE		CICOTREA00			7												
MODIFY I/We hereby authorize :	JMF	inancial Mutual Fund			to debi	t (tick	✓)		SB/0		:C/S	B-NRE	/ SB-	NRO /	Othe	r	
CANCEL Bank a/c number :																Ļ	<u> </u>
with Bank		IFSC							or MIC	R _							
an amount of Rupees											₹						
FREQUENCY Hthly Ctly H-Yrly	Yrty 🗹 As 8	when presented			Debi	t Type		ixed Ar	nount	✓	Maxi	mum A	moun	t			
Reference 1	Folio No: (	Optional			Pho	ne No.											
Reference 2	AppIn No:	 Optional			Ema	ail ID					IN (	CAPITA	L				
I/We agree for the debit of mandate processin	1.1	1	it my/ou	r account as pe			harges of	the bank	ι.								
PERIOD		Signature of Account Holder			Signatu	re of Ac	COUNT H	older				Signa	ture of	Accou	ınt Holo	ler	
From		Signature of Account Holder			Signatu	. e or Al	.count III	and the second s				Signa	ure U	ACCUL			
to		Name as in Pank Percent			Name	ac in P	ank Doc	ord				Ma-	no ac i	n Panl	Decor		
or Until Cancelled	1.	Name as in Bank Record		2	матте	as in B	ank Reco	ли		3	3	Ndf	ne ds l	II Ddfil	Record		
• This is to confirm that the declaration has been ca	irefully read, unde	rstood & made by me/us. I am/We are	authoriz	ing the user e	ntity / corp	orate to	debit m	y/our acc	ount.								

• I/We have understood that I am/we are authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I/We have authorized the debit.