

COMMON APPLICATION FORM

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.

MUTUAL FUND

DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY		
Name & ARN of Distributor / RIA Code*	Internal Sub-Broker Code (as allotted by Distributor)	Sub-Broker ARN Code No.	Employee Unique Identification No. (EUIIN)^	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine
ARN - 64917	ARN -		E 434563		

Mandatory: Furnishing of EUIIN 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 EUIIN 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

"Upfront Fee or commission shall be paid directly by the investor to the AMFI registered Distributor based on the investor's assessment of various factors including the service rendered by the distributor".

TRANSACTION CHARGES (PLEASE ✓)	(Refer Instruction No.XIX)
<input type="checkbox"/> I am a First Time Investor in Mutual Funds <input type="checkbox"/> I am an Existing Investor in Mutual Funds	

In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

INVESTMENT TYPE (Please tick any one)	MODE OF HOLDING (Please tick ✓)
<input type="checkbox"/> LUMP SUM <input type="checkbox"/> SPECIAL SIP <input type="checkbox"/> LUMP SUM WITH SIP/STP/SWP	<input type="checkbox"/> SINGLE <input type="checkbox"/> JOINT* <input type="checkbox"/> EITHER OR SURVIVOR (* 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. <input type="text"/>	Require Hard Copy of Annual Report <input type="checkbox"/> Yes <input type="checkbox"/> No

1. APPLICANT INFORMATION (Mandatory) TO BE FILLED IN BLOCK LETTERS* APPLICANTS FROM US and CANADA WILL NOT BE ACCEPTED (Refer Instruction No 7.)

NAME OF SOLE /1ST APPLICANT Mr. Ms. M/s. <input type="text"/>	
PAN/PEKRN <input type="text"/>	(Submit verified copy of PAN) CKYC No. <input type="text"/>
DOB/DOI <input type="text"/>	<input type="text"/>
Mobile No. # <input type="text"/>	Email ID. # <input type="text"/>
Mobile no. specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	
Email id specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	

LEI No. (Legal Entity Identifier) of Non-Individual Investor (Mandatory): <input type="text"/>	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 <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> 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. <input type="text"/>	Relationship with Minor/Designation <input type="text"/>
PAN/PEKRN <input type="text"/>	Date of Birth <input type="text"/>
ADDRESS <input type="text"/>	CKYC No. <input type="text"/>
STATE <input type="text"/>	CITY <input type="text"/>
RESI. <input type="text"/>	COUNTRY <input type="text"/>
OFF. <input type="text"/>	PIN <input type="text"/>
FAX <input type="text"/>	<input type="text"/>

SECOND APPLICANT Mr. Ms. <input type="text"/>	
PAN/PEKRN <input type="text"/>	CKYC No. <input type="text"/>
Date of Birth <input type="text"/>	<input type="text"/>
Mobile No. # <input type="text"/>	Email ID. # <input type="text"/>
Mobile no. specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	
Email id specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	

THIRD APPLICANT Mr. Ms. <input type="text"/>	
PAN/PEKRN <input type="text"/>	CKYC No. <input type="text"/>
Date of Birth <input type="text"/>	<input type="text"/>
Mobile No. # <input type="text"/>	Email ID. # <input type="text"/>
Mobile no. specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> POA	
Email id specified above belongs to (Please tick (✓) any one option) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> 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".

ACKNOWLEDGEMENT SLIP

Received from: Mr. / Ms. / M/s _____ an application for allotment
 Scheme _____ Plan _____ 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

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

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 _____

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 DDMMYY [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			<input type="checkbox"/> 3rd Applicant <input type="checkbox"/> 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).



