## **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

	ORMATIC	ON		FOR OFFICE USE ONLY									
Name & ARN of Distributor / RIA Code*	Internal Sub-Broker Code (as alloted by Distributor)		Broker ode No.	Employee Unique Identification No. (EUIN)^	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine							
ARN - 64917	ARN -			E 434563									
son of the above distributor/sub brok	hat the EUIN box has been inten ker or notwithstanding the advi- my/our consent to share/provice	tionally left blace ce of in-appro	ank by me/us a priateness, if a	as this transaction is executed with my, provided by the employee/rela	out any interaction or adv itionship manager/sales p	the box). vice by the employee/relationship manager/sal verson of the distributor/sub broker." nts under Direct Plan of all schemes managed l							
IGNATURE (s)						<b>,</b>							
front Fee or commission shall be paid o	SOLE / FIRST APPLICANT directly by the investor to the AM	FI registered D	istributor based	SECOND APPLICANT d on the investor's assessment of va	rious factors including the s	THIRD APPLICANT service rendered by the distributor".							
TRANSACTION CHARGES						(Refer Instruction No.XIX)							
I am a First Time Investor in	n Mutual Funds		l am an E	Existing Investor in Mutual	Funds								
case the subscription amount is ner than first time mutual fund inv						utual fund investor) or ₹100/- (for invest st the balance amount invested.							
NVESTMENT TYPE (Please tick	·			OF HOLDING (Please tick									
LUMP SUM SPECIAL SI			SINGL			ise of ambiguity when applicant are more than one							
EXISTING UNIT HOLDER'S	INFORMATION (Plea	se fill in your	r details men	itioned below and proceed to	section 5)								
Folio No.					Require Hard C	opy of Annual Report Yes No							
. APPLICANT INFORMA	TION (Mandatory) то	BE FILLED I	N BLOCK LET	TTERS* APPLICANTS FROM	Ⅵ US and CANADA WILL	. NOT BE ACCEPTED (Refer Instruction No 7							
ME OF SOLE /1ST APPLICANT Mr.	Ms. M/s.												
N/PEKRN	(Submit verified	copy of PAN)	CKYC No.			DOB/DOIS D D M M Y Y Y Y							
obile No.#		nail ID.#											
obile no. specified above belongs to (Final id s	o (Please tick (✓) any one opti	on Self	Spouse [	= : =	. =	Dependent Siblings Guardian PO							
No. (Legal Entity Identifier) of Nor e: In case the first applicant is Non Indi			tification			Valid Upto //202							
m. LEI No. is Mandatory for transaction	amount 50 Crs and above for No	n Individual.	\$Pro	_	irth Cetificate Passport								
JARDIAN DETAILS (In case Fi	rst / Sole Applicant is mi	nor) / CON	TACT PERSO	ON - DESIGNATION / POA I	HOLDER (In case of N	lon-Individual Investors)							
. 1415. 141/5.				D. I. d									
L'ARTION AND AND AND AND AND AND AND AND AND AN		(0) (1		Relationship with Minor/Designati									
I/PEKRN	Date Date	e of Birth D	D M M	I Y Y Y Y Y CKYCI	10.								
DRESS													
				CITY		(As per KYC Records							
ATE				DUNTRY		PIN							
SI. S T D		OFF. S	T D		FAX S T	D							
COND APPLICANT Mr. Ms.													
N/PEKRN	СКУ	C No.			Date o	f Birth D D M M Y Y Y Y							
lobile No.#	Fr.	nail ID.#											
lobile no. specified above belongs to			Spouse [			Dependent Siblings Guardian PO							
mail id specified above belongs to (F	'lease tick (✓) any one option	Self	Spouse	Dependent Parents De	pendent Children 🔲 I	Dependent Siblings 🔲 Guardian 🦳 PO							
HIRD APPLICANT Mr. Ms.													
N/PEKRN	СКУ	C No.			Date o	f Birth D D M M Y Y Y Y							
obile No.#		nail ID.#											
obile no. specified above belongs to			Spouse	Dependent Parents De	pendent Children	Dependent Siblings Guardian PO							
nail id specified above belongs to (F			Spouse [		. =	Dependent Siblings Guardian PO							
						ll be treated to have "opted out".							
CKNOWLEDGEMENT SLIP				on anniliantian	for allotmont	JM FINANCIA							
ceived from: Mr. / Ms. / M/s				an application Option		Collection Center's Stamp &							
neme le Cheque No						Receipt Date and Time							
		//_	A	aniount (x)	Drawn								
Bank and Branch		nd as nor any	alicable load	structura (planca rafar Cahama	Information								

Document)

STATUS																												
Resident Indiv	vidual 🗌 NR	I [	AOP/BOI B	Bank		omp	any		Body	Co	rpor	ate	Pa	artner	ship	Firm	n [	FI		FI	I [		Gove	rnn	nent	Body		HUF
PIO PSU	J On beh	alf o	f Minor (RI)	n bel	half of	Min	or (N	RI)	S	ocie	ty		Sole Pr	oprie	tor		Trust	/Cł	narit	ies/	'NG	O's		Mut	tual I	und	5	
Defence Estab	_	_	O* (Mandatory) (F										_	Othe		•	,											
*"Non-profit organiza a trust or a society ur	ation" means any nder the Societies	entit Regi:	y or organisation, cons stration Act, 1860 (21 o	stitute of 1860	d for rel 0) or an	ligiou: y simi	s or ch ilar Sta	arital te leç	ole pur gislatio	pose n or a	es refe a Con	erred npan	to in cla y registe	use (15 red un	5) of se ider th	ectior ne sec	n 2 of t ction 8	he I of t	ncom he Co	ne-ta omp	ax Ao anie	t, 19 s Act	61 (4: :, 201:	3 of <sup>·</sup> 3 (18	1961) of 20	that i: 13).	regis	stered as
in clause (15) of	f section 2 of t	he I	Organization" [NPC Income-tax Act, 19 ) or any similar Sta	961 (4	13 of 1	961)	, and	is re	egiste	red	as a	trus	st or a	societ	ty un	der	the S	oci	eties	5		Yes	;					
Act, 2013 (18 of		000,	) Of ally sillinal sta	ite ieg	yisiatic	)11 01	a CO	пра	ily le	Jiste	ereu	unc	iei tile	secuc	)1100	JI (II	e Coi	пра	iiile:	•		No						
,			lo. of Darpan porta																									
your entity name in	the above portal	and r	firm with the above in may report to the rele to deduct such fines/ch	vant a	uthoriti	es as	applic	able.	We an	ı/are	awar	re tha	at we ma	ıy be li	able f	or it f	for any	/ fin	es or	con	sequ	ienc	es as					
OVERSEAS AP	PLICANT DE	TAI	ILS																									
ADDRESS (Mandate	ory for NRI/FII a	oplic	cant)																									
Country									Zip	Code	e					TI	N No.	(Ma	anda	tory	/) _							
2. KYC DETAIL OCCUPATION (PI		ry -	- Refer Instructi	on N	lo. XI	II fo	r det	ails	5)																			
First Applicant	Business				ssional porate				turist d Con	npan		Hous	ewife Priva	te Ltd	Stud l.	ent	Pub		efen td.	ce			ovt. o	offic	ial		Forex	Dealer
GROSS ANNUAL	INCOME (Plea	se ti	ick√)																									
First Applicant			Below 1 Lac 1			5 - 1	10 Lac	s _	] 10 - 2	25 La	acs [	> 	25 Lacs as on		ore [	_	1 Cro	re Y	Υ	Υ	[Nc	t ol	der t	han	1 ye	ar]		
Second Applican	t For Individual	E	Below 1 Lac 1 - :	5 Lacs	5 5	- 10 I	Lacs	1	0 - 25	Lacs	; <u> </u>	> 25	Lacs -	1Crore	و	> 1	Crore	Oc	cupa	atio	n (P	ease	e spe	cify)				
Third Applicant	For Individual		Below 1 Lac 1 - :	5 Lacs	5 5	- 10 I	Lacs	1	0 - 25	Lacs	; <u> </u>	> 25	Lacs -	1Crore	<u> </u>	> 1	Crore	Oc	cupa	atio	n (P	ease	e spe	cify)				
POLITICALLY EXI	POSED PERSO	N (P	lease tick ✓ ) (refe	er poi	int no	11 ir	n "ins	truc	tions	to t	the i	nve	stors fo	or filli	ng u	p th	e app	olica	atio	n fo	rm	s)						
First Applicant	l am Pol	tical	lly Exposed Person		l an	n rela	ited to	Poli	tically	Ехр	osed	l Per	son		No	ot Ap	plical	ole										
Second Applican	t 🗌 I am Pol	itical	lly Exposed Person		I an	n rela	ited to	Poli	itically	Ехр	osed	l Per	son		No	ot Ap	plical	ole										
Third Applicant	I am Pol	tical	lly Exposed Person		lan	n rela	ted to	Poli	itically	Ехр	osed	l Per	son		No	ot Ap	plical	ole										
For Non-Individu	ıals (Compani	es, T	Trust, Partnership	etc.)	(Pleas	se tic	(k √ )																					
Foreign Exchar	nge / Money Ch	ange	er Service Gam	in / Ga	amblin	g / Lo	ottery	/ Ca	sino S	ervic	es		Money	Lendi	ing /	Pawr	ning		Not	Apı	plica	ble						
3. FATCA/CRS	DETAILS M	ANI	DATORY FOR IN	IDIV	IDUA	LS (I	Non In	divid	lual In	vesto	ors sh	rould	l manda	tory fi	II sep	arate	FATC	A/CF	RS de	tails	s for	m)		(Ref	er Ins	tructi	on N	o. XVIII)
Sole / F	irst Applicant	/ Gu	ıardian					2n	d App	lica	nt								3	rd /	Арр	lica	nt			POA		
Place & Country o	of Birth :		/	_ Pla	ace &	Cour	ntry o	f Bir	th : _				_/			Pla	ce & (	Cou	ntry	of	Birt	h: _				/_		
Country	Tax Payer Ref ID No		Identification Type [TIN or other, please specif		Cou	ıntry	y		Tax P Ref ID				ntificat or other, pl				Cou	ntr	у				Paye D No					n Type se specify]
1.	Rel ID NO	-	[Title of other, please specif	1.					NEI IL	INO	•	LIME	n other, p	icuse sp	caryı	1.				7		iei i	D IN		LIM	or ourc	, picus	e specify]
2.		+		2.												2.				+								
3.		+		3.							+					3.				+								
4. INVESTME			s Refer instructi			*??।	Invest	men	t in m	ore t	than	one	Scheme	e cheq	ue sh		l be is	sue	d in f	avo	or of	JM I	FINAI	NCIA	AL MI	JTUAI	_ FUN	ID -
Sr. No.	Scheme Nam		sum purchase only)						Plan					0	otion				c	ub '	Opt	ion				Δm	ount	
1. JM	Scheme Nam								гіан					ΟĻ	Juon				3	ub	ορι	1011				AIII	ount	
2. <b>JM</b>																												
3. JM																		-		т.	otal			+				
*In case of any ambigu Additional Information	n. ?? Investor desir	ous o																		n, So	hen			olum	n title	d as "F	lan".	
5. BANK ACCO	DUNT DETAI	LS																						(R	efer l	nstru	ction	No. IV)
Account No.										Ace	coun	t Typ	oe [Pleas	se ✓]		SB	Cur	rent	:	NRC	)	NRE	<u> </u>	FCNI	R	Direct	Rem	ittances
Bank Name																												
Branch Add.											L																	
Pin			IFSC CODE		T	T		T	T			1	MICR (	ODF				Ī	Ī			Т	T	1				

(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 PA	AYMENT DETAILS	Pls refer Instruction	s/ KIM) For e	ach application	and for each plan/op	otion separate che	eque / DD to be subm	itted.
Cheque/DD No./DC Ref No.	Cheque/DD Amount (Rs.)	DD Charges (Rs.)	Gross Tota	al Amount (Rs.)	Bank Accoun	t Number	Bank &	Branch
Diago montion the application no	an the veryone of the Cha	rue / DD. The details	of the beat of		ahawa mantain ta mu. /	bankasaninti		. □ No
Please mention the application no If No, my relationship with the bar Documents Attached to avoid Thir	k account holder is 🗌 Spo	ouse 🗌 Child 📗 Pai	rent 🗌 Relat	ive Others. A	pplication form withou	ut this information		S   NO
IN CASE OF PAYMENT B	Y 1ST APPLICANT (	Please √)						
I / We hereby declare that the about the second of the sec	/my joint Bank Account [anker's certificate about th	against cash (in cas e source of funds is a	e of demand ttached.			ance from abroad.		
7. PERMITTED THIRD P.	ARTY'S (WHO IS ISS	UING THE CHE	QUE) DET	'AILS (Pls refe	er para on Third Pa	rty Payment)		
The relationship of 1st Applica  Parent/Grand Parent/Relat						salary) 🗌 Cus	stodian on behalf of	FII/Client.
Full Name of Third Party								
PAN No. of Third Party			(Please (✔)) I	KYC Compliant	Yes No (Plea	ase attach KYC ac	knowledgement & Re	efer instructions)
8. POWER OF ATTORNE	Y (POA) If investme	nt is being made	bv a Const	itutional Atto	rnev, please submi	it notarised cop	ov of POA	
POA NAME Mr. Ms.						PAN/PEKI		
9. DEMAT ACCOUNT D	ETAILS (Please ensure tha	at the sequence of nam	es as mentione	ed in the applicati	on form matches with th	at of the Demat Acc	ount held with your Depo	ository Participant).
Do you want units in Demat I				ide the below			ount nera man jour Dept	sacory r dracipanty.
☐ National S	ecurity Depository Lin	nited (NSDL)			Central De	epository Servic	es (India) Limited (	CDSL)
Depository Participant's Nam	ie:							
DP ID No. IN Si in case of any ambiguity, AMC is at it	Beneficiary Account s discretion to either allot unit		ition or in physi	Target ID N		onal Information and	Scheme Information Doc	ument for details.
POA / Custodian Name:							KYC [Please ✓]	Proof attached
POA/ Custodian CKYC ID No. (KIN)				POA / Custo	dian PAN			
10. NOMINATION DET	•	Refer instruction i	no. IV (und	er AMFI Best	Practices)]			
I/We wish to nominate as		PAN	Allocation	Relationship	Nominee Da	te G	iuardian Name	Guardian Signature
No.	illilee	PAN	(%)	with Investo			n case of minor)	(not mandatory)
1.					DD/MM/Y	/		
2.					DD/MM/Y	(		
3.					DD/MM/Y	(		
I/We DO NOT wish to not Declaration for opting of appoint my nominee(s) for my case of death of all the account assets held in the Mutual Fund	<b>Dut of Nomination</b> Mutual Fund units held i holder(s), my/our legal h folio.	n my/our Mutual Fu neirs would need to	ınd folio and submit all th	understand the e requisite doc	e issues involved in n uments issued by Cou	on-appointment ırt or other such c	of nominee(s)and fur competent authority,	ther are aware that in based on the value of
DECLARATION & SIGNATURES: the section on "Prevention of Money Laur I/We have not received and will not received and will not receive sources and is not held or designed for the from time to time. It is expressly underst thereto and the investment is contrary to Fund, recover/debit my/our folio(s) with the agree that the Fund can directly credit all to him for the different competing Schem is the Investment Manager to the scheme Consent for sharing Information: I /We Mutual Fund/JM Financial Trustee Co. Pvt RIJA/RN Code is mentioned above.	the penal interest and take any a the dividend payouts and redem tes of various Mutual Funds from tes of JM Financial Mutual Fund. I	ppropriate action agains ption amount to my banl amongst which the Sche t would receive commissi	t me/us in case t k details given al eme is being reci ion/distribution	the application, in the cheque(s)/paym bove. "The ARN hold ommended to me/u fees from JM Finan	ent instrument is/are retur ler has disclosed to me/us a is". JM Financial Services Lt tial AMC for distributing the	ned unpaid by my/ou ill the commissions (in d. is affiliated to JM Fir e mutual fund units of	this any reason wh the form of trail commission nancial Asset Management I the schemes launched by J	atsoever. I/We hereby further n or any other mode), payable Ltd (JM Financial AMC), which IM Financial AMC.
##Applicable to NRIs only: I / We* confir from funds in my / our* Non-Resident Ext	rm that I am / we* are Non-Resio ernal / Ordinary Account / FCNR	dent of Indian Nationality Account through direct	/ / Origin and I /\ remittances fron	We* hereby confirm n abroad.	that the funds for subscrip	otion have been remit	ted from abroad through a	pproved banking channels o
Signature of Sole/First Applicar	nt/Guardian/Auth. Signato	ry Signat	ure of Second	l Applicant /Aut	n. Signatory	Signatur	e of Third Applicant/Au	ıth. Signatory
Date:		*				-	<b>₽</b> Place:	
Note: In case the First Applicant copy. It is mandatory for investo & US and Canada Investors are n Please (✓) ☐ Repatriation basis	rs to be KYC compliant poor ot permitted to invest in	rior to investing in Jl our Schemes. ^ In c	M Financial N	Λutual Fund.		ŕ	*	es not match with PAN
CHECKLIST Please submit the following	documents with your applica							
Documents Resolution/ Authorisation to invest List of authorised signatories with specia	mon signatures	Individu	al Co	ompanies Soci	eties Partnership Firm:	s Investment the	rough POA Trusts	NRI FIIS PIO

Documents	Individual	Companies	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FIIs	PIO
Resolution/ Authorisation to invest		✓	<b>✓</b>	✓		✓		<b>✓</b>	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		<b>✓</b>	
Memorandum & Articles of Association		✓							
Trust Deed						✓			
Byelaws			<b>✓</b>						
Partnership Deed				✓					
Overseas Auditor Certificate								<b>V</b>	
Notarised POA					✓				
Copy of PAN Card / PEKRN	✓	✓	✓	✓	✓	✓	✓	<b>✓</b>	
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	<b>✓</b>	✓
PIO Card									<b>✓</b>
Foreign Inward Remittance Certificate							✓		<b>✓</b>
Aadhaar	✓								