

# TRANSACTION SLIP

Folio No.

Date

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.

<b>SIGNATURE (s)</b> 	<b>SIGNATURE (s)</b> 	<b>SIGNATURE (s)</b> 
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".

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

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.

I/We would like to apply for  ADDITIONAL PURCHASE (fill section-A)  REDEMPTION (fill section-B)  SWITCH (fill section-C)

## A. ADDITIONAL PURCHASE

Scheme	Plan	Option	Amount
<b>Total</b>	In words		In figures

Payment Options  Cheque / DD  RTGS / NEFT  Transfer  One Time Mandate

Bank Name  Instrument No.  UTR No (in case of RTGS / NEFT) / OTM ref no. in case of One time Mandate

₹ (in figures)  ₹ (in words)

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT  NSDL  CDSL

Depository Participant Name  Depository Participant (DP) ID

Beneficiary Account Number

Note: In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency.

## B. REDEMPTION

All units OR  No. of Units

OR ₹ (in figures)  ₹ (in words)

Scheme  Plan  Option

Please Note: if the balance in your folio is less than this redemption request, all units or entire balance shall be redeemed.

\*Bank account No.:  Bank Name:

(\*Please specify the bank details in which you wish to receive the redemption proceeds. Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this can not be treated as change of bank mandate.)

## C. SWITCH

All units OR  No. of Units

OR ₹ (in figures)  ₹ (in words)

From Scheme  Plan  Option

To Scheme  Plan  Option

<b>SIGNATURE (s)</b> 	<b>SIGNATURE (s)</b> 	<b>SIGNATURE (s)</b> 
SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

I/ We have read and understood the contents of the SID / SAI of the Scheme(s). I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. The money invested in the schemes is through legitimate sources and is not in contravention of any prevailing laws. Upfront commission shall be paid directly by me/us to the AMFI registered distributor based on my/our assessment of various factors including the service rendered by the distributor.

**JM FINANCIAL ACKNOWLEDGEMENT SLIP** (To be filled by the investor)  
MUTUAL FUND

Folio No.

Received a request for  ADDITIONAL PURCHASE  REDEMPTION  SWITCH

Name

Collection Center's Stamp & Receipt Date and Time

ARN-64917 E434563

**NON FINANCIAL TRANSACTION FORM (Please fill in Capital Letters only)**

Folio No. :  /  /

**NAME/S OF THE UNIT HOLDER/S**

1st Unit Holder:

2nd Unit Holder:

3rd Unit Holder:

I/We would like to request you to please update the following information in your records for my/our above mentioned folio /s for all schemes.

A. PAN\*: 1.  2.  3.

\*Please submit self-attested copies of PAN card.

B. KYC: 1.  Yes  No 2.  Yes  No 3.  Yes  No

C. Mobile No. :

D. Email Id:

E. Option for receiving Physical copy of Annual Report:  Yes  No

F. CHANGE IN MODE OF PAYMENT OF IDCW (DIVIDEND) – (Please tick any of the following)

IDCW (Dividend) reinvestment  IDCW (Dividend) Payout

G. CHANGE IN NAME OF UNIT HOLDER/JOINT HOLDER/S ON ACCOUNT OF MARRIAGE (Documents to be submitted along with the forms. Kindly refer to the instructions)

Old Name	<input type="text"/>	Old Signature	<input type="text"/>
New Name	<input type="text"/>	New Signature	<input type="text"/>

**H. CHANGE IN MODE OF HOLDING**

"Either or Survivor" to Joint  Joint to "Either or survivors"  Single to "Either or Survivors"

I. CHANGE IN STATUS: (For documents to be submitted along with the form, kindly refer to the Instructions) the Scheme is being recommended to me/us".

From NRI to Resident Individual  From Resident Individual to NRI

J. CHANGE IN BANK DETAILS (Please attach proof of New and Old Bank details (Cancelled Cheque copies with name Pre-printed or Bank Statement or Pass Book copy not more than 3 months for new account).

	Existing (Old) Bank Details						New (Proposed) Bank Details for updation											
Bank Account No.	<input type="text"/>						<input type="text"/>											
Bank Name	<input type="text"/>						<input type="text"/>											
Bank Branch Address with Pin Code	<input type="text"/>						<input type="text"/>											
Type of Bank	SB	<input type="checkbox"/>	NRE	<input type="checkbox"/>	NRO	<input type="checkbox"/>	SB	<input type="checkbox"/>	NRE	<input type="checkbox"/>	NRO	<input type="checkbox"/>	CA	<input type="checkbox"/>				
IFSC Code	<input type="text"/>						<input type="text"/>											
MICR No	<input type="text"/>						<input type="text"/>											
	(Signature of the 1st Holder)						(Signature of the 2nd Holder)						(Signature of the 3rd Holder)					

**IMPORTANT INSTRUCTIONS PLEASE READ BEFORE FILLING UP THE FORM**

<p><b>A. For Change in Name:</b></p> <p>a) Request letter for change in name as per format.</p> <p>b) Affidavit as per the format on Non Judicial stamp paper of requisite value as applicable in the state concerned. or</p> <p>c) Self attested copy of the marriage certificate. Or</p> <p>d) Self attested copy of the marriage card.</p> <p>e) Copy of cancelled cheque.</p> <p>f) Self attested copy of PAN CARD in new name.</p> <p>g) Self attested copy of KYC through KRA / C-KYC</p>	<p><b>B. For Change in Status :</b></p> <p><b>a. From NRI to RI.</b></p> <p>i. Request letter signed by all the Investors as per the mode of hold- ing in above format.</p> <p>ii. New Bank Details along with the copy of the cheque. NRE A/c cannot be retained or updated after the change in Status from NRI to Resident Individual.</p> <p><b>b. From RI to NRI</b></p> <p>i. Request letter signed by all the Investors as per the mode of holding in above format .</p> <p>ii. Self attested copy of proof of being NRI.</p>
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**JM FINANCIAL MUTUAL FUND**

JM Financial Asset Management Limited (Formerly known as JM Financial Asset Management Private Limited)  
**Registered Office:** 7th Floor, Cnergy, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400025.  
**Corporate Office:** Office B, 8th Floor, Cnergy, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400025.  
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