SIP ENROLLMENT CUM ONE TIME DEBIT MANDATE FORM



(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form) (all points marked * are mandatory)

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REGISTRATION SYSTEMATIC WITHDRAWAL PLAN (SWP) FORM SYSTEMATIC TRANSFER PLAN (STP) FORM



DISTRIBUTOR INFORMATION										
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE^					
ARN - ARN-64917	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN) E434563		ONLY FOR DIRECT INVESTMENT					

by me/us as this transactio provided by the employee/	on is executed wi relationship ma	ithout any interact inager/sales persor	ion or advion of the dist	ce by the employee/relat ributor/sub broker".	ionship manager/	sales per	son of the	e above distributor/	sub broker or notwithst	andin	EUIN box has been intentionally left blank g the advice of in-appropriateness, if any,
For Direct investments, plea	ase mention 'Dir	rect' in the column '	'Name & Di	stributor Code'.						,	e service rendered by the distributor.
^I/We, have invested in th of this particular transaction								onsent to share/pro	vide the transaction dat	a feed	d / portfolio holdings / NAV etc. in respect
Signature	of Sole/First An	pplicant/Guardian			Signature of Seco	ond Appli	icant	1	Sic	ınatur	re of Third Applicant
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	LDEK 3 INF			our details mentioned belo	w) 						
Folio No.											
1. APPLICANT'S DE	TAILS (It is ma	ndatory to submit ve	rified copy o	f PAN proof for all investme	ents failing which ap	plication	vill be reje	ected)			
Name (Capital Letters)										DOB	(Mandatory in case of minor)
Name of Guardian (if f	irst applicant is	a minor / Contact	Person for	r non individuals)							
Guardian's Relationsh	ip With Minor	O Father O	Mother		Pr	roof of D	ate of B	irth O Birth Cei	tificate O Passport	0 0	Others (Please specify)
1st Applicant PAN											
2.1 STP Details											
I/We hereby apply for the follo	wing facility (Pl tic	ck only one from each	column)								
Facility (Please √)		Name o	f the Sche	eme /s (Please Mention	n)		PI.	an (Please √)	Option (Pls mention	1)	Sub-Option (Please √ in case of IDCW)
	From - JM						O Re	gular O Direct		1	O Payout O Reinvestment
STP	TO - JM						O Rec	gular O Direct		(O Payout O Reinvestment
Facility (Please √)	Dai	ily (Please √)		Weekly (Please √)	Fortnig	ghtly (Ple	ease√)	N	lonthly* (Please √)		Quarterly (Please √)
STP	Daily (Chhota	a STP/Combo SIP)	"Day	onday to Friday	D D M N any day o	1 Y Y	Y Y	D D any	M M Y Y Y Y day of the month		D D M M Y Y Y Y any day of the month
Installment Amount	Rs.			Enrolement Period	From			То		0	or Perpetual (i.e until it is cancelled)
* Fifth of the month will be the	default frequency	y if not ticked.									
2.2 SWP Details											
Facilit	y (Please √)		Na	me of the Scheme /s (I	Please Mention)		PI	an (Please √)	Option (Pls mention	1)	Sub-Option (Please √in case of IDCW)
SWP O CAW (Ca	ked Amount Witl	on Withdrawal)					O Reg	gular O Direct			O Payout O Reinvestment
Please select and tick any o			ole against			4!			LL × (b)		A . 1 (Pl . ()
Facility (Please	7 \)	Daily		Weekly	For	tnightly			: hly* (Please √) h ○ 10th ○ 15th		Quarterly (Please ✓)
SWP		Not Availa	ble	Not Available	Not	Availabl	e	O 20th O 25			O 1st of next month & every quarter thereafter
Installment Amount	Rs.			Enrolement Period	From			То		0	or Perpetual (i.e until it is cancelled)
* Fifth of the month will be the	default frequency	y if not ticked.									
3. Declaration											
Mutual Fund for units of the So making this investment. I/We tany other applicable laws or ar and the AMC/Trustee/Fund wou making any further investment any reason whatsoever. I/we ho	cheme as indicated further declare than ny notifications, diu Ild not be responsib t in any of the sche ereby further agre	d above and agree to at the amount investe rections issued by any ble if the investment is emes of the Fund, reco te that the Fund can d	abide by the d by me/us i governmen s ultravires th over/debit m irectly credit	e terms and conditions, rule: in the Scheme is derived thro tal or statutory authority fro iereto and the investment is c y/our folio(s) with the penal all the dividend payouts and	s and regulations of to bugh legitimate sourd im time to time. It is e contrary to the relevar interest and take any d redemption amoun	the Schem ces and is r expressly u nt constitut y appropria t to my ba	ne. I/We ha not held or nderstood t tional docu ate action a nk details g	ove not received and work designed for the purpoint that we have the expresiments. I/we authorise against me/us in case given above. "The AR	ill not receive nor will be in lose of contravention of any ss authority from our constit this Fund to reject the appl the cheque(s)/payment inst N holder has disclosed to	duced act, ru act, ru utiona ication rumen me/u	We hereby apply to the Trustee of JM Financial by any rebate or gifts, directly or indirectly, in ules, regulations or any statute or legislation or id documents to invest in the units of the Scheme n, revert the units credited, restrain me/us from this/are returned unpaid by my/our bankers for us all the commissions (in the form of trail bancial 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. "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". 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.

Signature of Sole/First Applicant/Guardian	*	Signature of Second Applicant	Signature of Third Applicant