

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)

DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE
ARN - ARN-64917	ARN -	INTERNAL CODE	E434563 <small>ID NUMBER (EQUITY) (JIN)</small>		ONLY FOR DIRECT INVESTMENT

*Investors should mention the EUIIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "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". Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
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UNITHOLDER INFORMATION		Folio No. (For Existing Unit Holders)	
Sole / 1st Unit Holder			
PAN	Date of Birth		Mobile No.
CKYC No.			

INVESTMENT DETAILS		JM
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy).		
Installment Period : From Date	To Date	
Amount Per Installment :	Amount in words :	
1st Installment Cheque Details : Cheque / DD No.	Amount (₹)	
Drawn on Bank & Branch :		
Photo ID Proof number in case of Micro SIP of 1st Applicant	2nd Applicant	3rd Applicant
I/We hereby authorize JM Financial Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing / Auto Debit for collection of SIP Payments. Note: Please allow 1 month Auto Debit to register and start		

SIP DETAILS		OTM Ref No.	(Please mention if already registered)	
<input type="checkbox"/> Regular SIP:	First Installment of Regular SIP through a Cheque/Electronic transfer and subsequent investments via National Automated Clearing House (NACH).			
<input type="checkbox"/> Micro SIP:	First Installment of Regular SIP through a Cheque and subsequent investments via National Automated Clearing House (NACH).			
I/We hereby apply for the following facility under Systematic Investment Facilities (PI tick only one from each column)				
Facility (Please ✓)	Name of the Scheme /s (Please Mention)	Plan (Please ✓)	Option (Pls mention)	Sub-Option (Please ✓ in case of IDCW)
<input type="checkbox"/> SIP	JM	<input type="radio"/> Regular <input type="radio"/> Direct		<input type="radio"/> Payout <input type="radio"/> Reinvestment

Please select and tick any of the due dates from the below table against the facility being chosen by you.

Frequency (Please ✓)	<input type="checkbox"/> Daily (Please ✓)	<input type="checkbox"/> Weekly (Please ✓)	<input type="checkbox"/> Fortnightly (Please ✓)	<input type="checkbox"/> Monthly**	<input type="checkbox"/> Quarterly (Please ✓)
		"Day _____" Monday to Friday	<input type="checkbox"/> any day of the month	<input type="checkbox"/> any day of the month	<input type="checkbox"/> any day of the month

** Fifth of the month will be the default frequency if not ticked.

DECLARATION		
Applicable for SIP Investors only: I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in NACH /Direct Debit or Standing Instruction Clearance. In case the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part or circumstances beyond the control of the AMC/its service provider, I/we would not hold the Asset Management Company or its associates/vendors responsible in any manner. I/We hereby authorize JM Financial Mutual Fund and their authorised service providers, to get my/our above bank account debited by NACH /Direct Debit/Standing Instructions towards the collection of payments on due SIP dates as opted by me/us. In the event of any changes in the bank particulars, I/we will submit a fresh mandate along with a cancellation request for the earlier mandate well in advance. I/We understand and agree to the current terms & conditions for SIP Pause facility in case I/We opt for the same anytime. I/We have read and agreed to the terms and conditions mentioned in KIM / Scheme Information Document of the scheme.		
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.		
Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

JM FINANCIAL		MUTUAL FUND		One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit	
UMRN		For Office use		Date	
CREATE <input checked="" type="checkbox"/>		Utility Code			
MODIFY <input checked="" type="checkbox"/>		I/We hereby authorize JM FINANCIAL MUTUAL FUND to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other			
CANCEL <input checked="" type="checkbox"/>		Bank a/c number			
		with Bank		IFSC	
		an amount of Rupees		₹	
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qytr <input checked="" type="checkbox"/> H Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount		
Reference 1	Folio Number	Phone No.			
Reference 2	Applicaton Number	Email ID			
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.					
PERIOD					
From		Signature Primary Account holder		Signature Primary Account holder	
To					
Until Cancelled		1. Name as in Bank records	2. Name as in Bank records	3. Name as in Bank records	
This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.					

REGISTRATION FORM **SYSTEMATIC WITHDRAWAL PLAN (SWP)**
 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. (EJIN) E434563		ONLY FOR DIRECT INVESTMENT

*Investors should mention the EJIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EJIN 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".

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'.

[^]I/We, have invested in the below mentioned scheme of JM Financial Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

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EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below)

Folio No.

1. APPLICANT'S DETAILS (It is mandatory to submit verified copy of PAN proof for all investments failing which application will be rejected)

Name (Capital Letters) DOB (Mandatory in case of minor)

Name of Guardian (if first applicant is a minor / Contact Person for non individuals)

Guardian's Relationship With Minor Father Mother Proof of Date of Birth Birth Certificate Passport Others _____ (Please specify)

1st Applicant PAN

2.1 STP Details

I/We hereby apply for the following facility (Pl tick only one from each column)

Facility (Please ✓)	Name of the Scheme /s (Please Mention)	Plan (Please ✓)	Option (Pls mention)	Sub-Option (Please ✓ in case of IDCW)
<input type="checkbox"/> STP	From - JM	<input type="radio"/> Regular <input type="radio"/> Direct		<input type="radio"/> Payout <input type="radio"/> Reinvestment
	TO - JM	<input type="radio"/> Regular <input type="radio"/> Direct		<input type="radio"/> Payout <input type="radio"/> Reinvestment

Facility (Please ✓)	<input type="checkbox"/> Daily (Please ✓)	<input type="checkbox"/> Weekly (Please ✓)	<input type="checkbox"/> Fortnightly (Please ✓)	<input type="checkbox"/> Monthly* (Please ✓)	<input type="checkbox"/> Quarterly (Please ✓)
<input type="checkbox"/> STP	Daily (Chhota STP/Combo SIP)	"Day _____" Monday to Friday	<input type="text"/> any day of the month	<input type="text"/> any day of the month	<input type="text"/> any day of the month

Installment Amount	Rs.	Enrolement Period	From	To	<input type="radio"/> or Perpetual (i.e until it is cancelled)

* Fifth of the month will be the default frequency if not ticked.

2.2 SWP Details

Facility (Please ✓)	Name of the Scheme /s (Please Mention)	Plan (Please ✓)	Option (Pls mention)	Sub-Option (Please ✓ in case of IDCW)
<input type="checkbox"/> SWP	<input type="radio"/> FAW (Fixed Amount Withdrawal) <input type="radio"/> CAW (Capital Appreciation Withdrawal)	<input type="radio"/> Regular <input type="radio"/> Direct		<input type="radio"/> Payout <input type="radio"/> Reinvestment

Please select and tick any of the due dates from the below table against the facility being chosen by you.

Facility (Please ✓)	Daily	Weekly	Fortnightly	Monthly* (Please ✓)	Quarterly (Please ✓)
<input type="checkbox"/> SWP	Not Available	Not Available	Not Available	<input type="radio"/> 1st <input type="radio"/> 5th <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 20th <input type="radio"/> 25th of the month	<input type="radio"/> 1st of next month & every quarter thereafter

Installment Amount	Rs.	Enrolement Period	From	To	<input type="radio"/> or Perpetual (i.e until it is cancelled)

* Fifth of the month will be the default frequency if not ticked.

3. Declaration

Having read and understood the contents of the Scheme Information Document of the scheme for investment and subsequent amendments thereto including the section on "Prevention of Money Laundering", I/We hereby apply to the Trustee of JM Financial Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We have not received and will not receive nor will be induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. It is expressly understood that we have the express authority from our constitutional documents to invest in the units of the Scheme and the AMC/Trustee/Fund would not be responsible if the investment is ultravires thereto and the investment is contrary to the relevant constitutional documents. I/we authorise this Fund to reject the application, revert the units credited, restrain me/us from making any further investment in any of the schemes of the Fund, recover/debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/payment instrument is/are returned unpaid by my/our bankers for any reason whatsoever. I/we hereby further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above. "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". JM Financial 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.

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