

Serial No: **ED**

INVESTMENT DETAILS (Refer instruction No. 5)*

*In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's offer document

Folio No.								
Have you completed the KYC Process.								No (please attach KYC acknowledgement issued by CVL ^)
<input type="checkbox"/> Yes								<input type="checkbox"/>

(To be filled in block letters. Use one box for one alphabet, leaving one box blank between name and surname)

Have you completed the KYC Process. ☐ Yes ☐ No (please attach KYC acknowledgement issued by CVL^)

Have you the completed KYC Process.	Yes	No (please attach KYC acknowledgement issued by CVL [^])
-------------------------------------	-----	--

3. BANK PARTICULARS (It is mandatory to furnish bank particulars failing which application shall be rejected)

(There is mandatory...) (refer to page 1015, Prevention of money laundering)

Serial No: ED

Scheme Name	Plan	Option	Sub-option	Payment Details (1st Cheque /DD in case of SIP)	Collection Centre's Stamp & Receipt Date and Time
		<input type="checkbox"/> Growth	<input type="checkbox"/> Bonus (only if applicable)	Amt. _____	
				Cheque/DD No. _____ dated _____	
		<input type="checkbox"/> Dividend	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout	Bank & Branch _____	
					Cheque/DD is subject to realisation

5. INVESTMENT AND PAYMENT DETAILS (Refer instruction nos. 6 & 7**) Please submit one cheque / DD for each application and for each plan/option.

Cheque/DD No.	Cheque/DD Amount (Rs.)	DD Charges (Rs.)	Gross Total Amount (Rs.)	Bank & Branch	Account Type (Savings/Current/NRE/NRO/FCNR)

** Allotment of units is subject to realisation of Cheque/DD. No cash payments are accepted.

Please mention the application no. on the reverse of the Cheque / DD. The details of the bank account provided above pertain to my / our bank account in my / our name Yes No
If No, my relationship with the bank account holder is Spouse Child Parent Relative Sibling Friend Others. Application form without this information is liable to be rejected.

6. SYSTEMATIC INVESTMENT PLAN (SIP) (Refer to terms, conditions and instructions for SIP)

Enrolment Period	Start Date <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	End Date <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Payment Mechanism (please <input checked="" type="checkbox"/> only one)	Through Post dated Cheques (please furnish the cheque details below)	Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form)

SIP DATE (please ☒ only one) ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th. No of SIPs Frequency Monthly SIP ☒ Cheque(s) Details: No. of cheques
Cheque drawn on: Name of Bank & Branch SIP Installment amount
Cheque Nos. : From To

7. SYSTEMATIC TRANSFER PLAN (STP) (Refer to terms, conditions and instructions for STP) (Please fill up Separate form / to different scheme / plans / options / sub-options)

From	Scheme	Plan	Option <input type="checkbox"/> Growth <input type="checkbox"/> Bonus (only if applicable) <input type="checkbox"/> Dividend <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout	To	Scheme	Plan	Option <input type="checkbox"/> Growth <input type="checkbox"/> Bonus (only if applicable) <input type="checkbox"/> Dividend <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout

STP installment amount Enrolment Period: From To

Frequency of Transfer [®] (Pl. any one from the following)
<input type="checkbox"/> Weekly (pl. any one starting date) <input type="checkbox"/> Fortnightly (pl. any one starting date) <input type="checkbox"/> Monthly (pl. any one starting date) <input type="checkbox"/> Quarterly#
<input type="checkbox"/> 1 st <input type="checkbox"/> 8 th <input type="checkbox"/> 15 th <input type="checkbox"/> 22 nd of the month <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th of every month <input type="checkbox"/> 1 st <input type="checkbox"/> 8 th <input type="checkbox"/> 15 th <input type="checkbox"/> 22 nd of the month 1st Business Day of the next month and subsequently on first of every quarter

Settlement date will be the opted date for JM Equity & Derivative Funds and JM Arbitrage Advantage Fund of the respective monthly / quarterly STP

[®] choice of multiple frequency under weekly/fortnightly/monthly STP through a single form will be rejected

8. SYSTEMATIC WITHDRAWAL PLAN (SWP) (Refer to terms, conditions and instructions for SWP)

SWP Plan (Pl. ☒ any one): ☐ Fixed Amount Withdrawal (FAW) ☐ Capital Appreciation Withdrawal (CAW)
Withdrawal Frequency (Pl. ☒ any one): ☐ Monthly ☐ 1st ☐ 5th ☐ 15th ☐ 25th ☐ Quarterly (1st Business day of every quarter after the start)
STP Installment Amount under FAW: Rs.
Enrolment Period: From Withdrawal Commencement date To

9. NOMINATION DETAILS (Refer instruction no. 19)

I/We hereby nominate the under mentioned person to receive the amount to my/our credit in the event of my/our death. I/We also understand that all payments and settlements made to such nominee shall be a valid discharge by the AMC / Mutual Fund / Trustee.

Nominee Name Date of Birth
Guardian Name Relationship
Address
City Pin Signature of Nominee / Guardian (Not mandatory)

10. DECLARATION & SIGNATURES

Having read and understood the contents of the Offer 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 authorize 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.
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.
Please (☒ Repatriation basis Non-Repatriation basis)
(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 ECS /Direct Debit Clearance. If 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 AMC/its service provider, I/We would not hold the Asset Management Company 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 ECS /Direct Debit towards the collection of monthly 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 have read and agreed to the terms and conditions mentioned in KIM / Offer Document.
* Please strike out whichever is not applicable.

Place Date

Sole/First
Applicant/
Guardian

Second
Applicant/
Guardian

Third
Applicant/
Guardian

11. LIST OF DOCUMENTS ATTACHED {Please mention below the details of documents (other than cheque and DD) attached with the form}

1. KYC Acknowledgement <input type="checkbox"/>	3.	Total Nos. of attachments		
2. Verified copy of PAN Proof <input type="checkbox"/>	4.	To be filled in by applicant		To be verified by office

REGISTRAR

Karvy Computershare Private Limited

Karvy Plaza, H. No. 8-2-596, Avenue 4 Street No. 1, Banjara Hills, Hyderabad 500 034 • Tel No.: 040 2331 2454 / 2332 0251 / 751 Fax No.: 040 - 2331 1968 E-mail: services_jmf@karvy.com

Note : All future communication in connection with this application should be addressed to the Registrar at the address given above, quoting full name of First/Sole Applicant, the Application Serial Number, the name of the Scheme, the amount invested, date and the place of the Branch / Investor Service Centre where application was lodged.