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

Name & ARN of Distributor / RIA Code*	DISTRIBUTOR INI Internal Sub-Broker Code				oyee Unique	In-House numl	-	FFICE USE ON Date, Time and N	
Name & AKN OI DISTRIBUTOR/ KIA CODE"	(as alloted by Distributor)	ARN Code	e No.	Identifica	tion No. (EUIN)^	as per K-BOL	Г	Time Stampin	ng Machine
ARNARN-146822	ARN -			Е					
Mandatory: Furnishing of EUIN is man	datory for all transactions (Purcl	nase/Switch/SIP/S	TP) or follo	wing declarat	ion should be siç	ned by the investor (Ple	ase ✓ the bo	ox).	
Declaration: "I/We hereby confirm the son of the above distributor/sub bro									
IIA/Declaration: I/We hereby give you u to the above mentioned SEBI register	my/our consent to share/provi								
SIGNATURE (s)									
ofront Fee or commission shall be paid	SOLE / FIRST APPLICANT directly by the investor to the AM	FI registered Distri	butor based		O APPLICANT or's assessment o	f various factors including	g the service	THIRD APPLICAT rendered by the distr	
TRANSACTION CHARGES	(PLEASE √)							(Ref	fer Instruction No.XI
I am a First Time Investor i	n Mutual Funds		l am an E	xisting Inv	estor in Mutu	ıal Funds			
case the subscription amount is her than first time mutual fund in									
NVESTMENT TYPE (Please tic			MODE O		NG (Please t	ick ✓) OR SURVIVOR (* Defaul	t, in case of ar	mbiguity when applic	cant are more than c
EXISTING UNIT HOLDER'S	S INFORMATION (Plea	se fill in your de	tails men	tioned belo			,	3 / 11	
Folio No.						Require Ha	ard Copy o	f Annual Report	t Yes No
. APPLICANT INFORMA	TION (Mandatory) то	BE FILLED IN B	LOCK LET	TERS*	APPLICANTS F	ROM US and CANADA	WILL NOT I	BE ACCEPTED (Ref	er Instruction No
ME OF SOLE /1ST APPLICANT Mr.	. Ms. M/s.								
N/PEKRN		(K)	C No.				DOB/	/DOIS D D M	M Y Y Y
	(Submit verified	copy of PAN)						DOI 5 5	
obile No.#		nail ID.#						1 . 6:11:	
obile no. specified above belongs to nail id specified above belongs to (I			Spouse Spouse		nt Parents ent Parents	Dependent Children Dependent Children		ndent Siblings Indent Siblings	Guardian P
No. (Legal Entity Identifier) of No	n-Individual Investor (Manda	tory):						Valid U	Upto //20
te: In case the first applicant is Non Ind			ation	of of Dato of E	Birth of Minor	Birth Cetificate Pag	sport 0	thers	(Please spe
m. LEI No. is Mandatory for transaction JARDIAN DETAILS (In case Fi									
r. Ms. M/s.									
				Relationship v	vith Minor/Desig	nation			
N/PEKRN	Dat	e of Birth	D M M	YY	у у ск	YC No.			
DRESS									
					ITY				(As per KYC Recor
ATE			CO	UNTRY				PIN	(AS PET RTC RECOI
SI. S T D		OFF. S T	D			FAX S	T D		
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COND APPLICANT Mr. Ms.									
N/PEKRN	СКУ	C No.					ate of Birth	D D M M	YYYY
lobile No.#	Ei	nail ID.#							
lobile no. specified above belongs to			Spouse		nt Parents	Dependent Children		3	Guardian P
mail id specified above belongs to (I	Please tick (✓) any one option	Self	Spouse	Depende	nt Parents	Dependent Children	Depen	ndent Siblings	Guardian P
IIRD APPLICANT Mr. Ms.									
N/PEKRN	СКУ	C No.					ate of Birth	D D M M	У У У
obile No.#	E	nail ID.#							
obile no. specified above belongs to			Spouse	•		Dependent Children		ndent Siblings	Guardian P
mail id specified above belongs to (I			Spouse			Dependent Children		ndent Siblings	Guardian P
MS and/ Email ID will be used as									
0 -									
CKNOWLEDGEMENT SLIF									JM FINANCI
ceived from: Mr. / Ms. / M/s								Collection Cente	MUTUAL FUND
		Plan						Receipt Date a	
le Cheque No	Dated _	//	Aı	mount (₹) _.		Drawn			
Bank and Branch									

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information

STATUS																													
Resident Indiv	vidual 🗌 NF	l [AOP/BOI	Bar	nk [Con	npany	/ [Во	dy (Corp	pora	te	Pa	rtner	ship	Firm	n _	FI		FI	I [iove	rnm	ent l	Body		HUF
PIO PSU	J 🗌 On beh	alf o	f Minor (RI)	On	behal	f of M	inor (l	NRI)		So	ciet	у	S	ole Pr	oprie	tor		Trust	/Cł	narit	ies/	NG(O's		Mut	ual F	unds		
Defence Estab	_	_	O* (Mandatory											_	Othe		•	,							_				
*"Non-profit organiza a trust or a society ur	ation" means any nder the Societies	Regis	y or organisation, stration Act, 1860	constit (21 of	tuted fo 1860) o	r religio r any sii	ous or o milar St	chari tate l	table ¡ legisla	ourp tion	oses or a	referi Comp	red to pany	o in cla: registe	use (15 red un	5) of so der th	ectior ne sec	n 2 of t tion 8	he I of t	ncom he Co	e-ta	ix Act	t, 19 Act	51 (43 , 2013	of 1 (18	961), of 20	that is I3).	regis	tered as
We are falling u in clause (15) or Registration Act	f section 2 of	the I	ncome-tax Ac	t, 196	1 (43 c	of 196	1), an	d is	regis	stere	ed a	as a t	trust	or a s	societ	ty ur	der	the S	oci	eties	5		Yes						
Act, 2013 (18 of		300)	Of arry sirrillar	Jiaic	riegisia	ation	Ji a Ci	OIII	Jarry	regi	istei	i eu u	ilide	i tile	sectio)1101	01 (11	e coi	пре	ai iies			No						
If yes, please qu	iote Registrati	on N	o. of Darpan p	ortal	of Niti	Aayo	g																						
If not, please register your entity name in statutory requiremen	the above portal	and r	may report to the	releva	nt autho	orities a	as appli	icabl	e. We	am/	are a	aware	that	we ma	y be li	able f	for it f	or any	/ fin	es or	con	sequ	ence	es as r					
OVERSEAS AP	PLICANT DE	TAI	LS																										
ADDRESS (Mandate	ory for NRI/FII a	pplic	ant)																										
Country									_ Zi	ip Co	ode						TI	N No.	(Ma	anda	tory	v)							
2. KYC DETAIL OCCUPATION (PI		ry -	Refer Instru	ıctio	n No.	XIII f	or de	etai	ils)																				
First Applicant	Business		Service npany		ofessio Corpor		A	,	ulturi ted C		any		ouse	1	 te Ltd	Stud l.	lent	Pub		efend td.	ce		G Oth	ovt. o ers	ffici	al	F	orex	Dealer
GROSS ANNUAL																													
First Applicant			Below 1 Lac				- 10 La	acs [10) - 25	Lac	cs _	_	15 Lacs		ore [_	1 Cro	re	Υ	Υ	[Not	t old	ler th	nan :	1 yea	r]		
Second Applican	t For Individual	E	Below 1 Lac	1 - 5 L	acs	5 - 1	0 Lacs	; <u> </u>	10 - 2	25 L	acs	<u> </u>	> 25 l	Lacs - 1	Crore	<u> </u>] > 1	Crore	Oc	cupa	tioi	n (Pl	ease	spec	ify)				
Third Applicant	For Individual	E	Below 1 Lac	1 - 5 L	Lacs	5 - 1	0 Lacs	; <u> </u>	10 - 2	25 L	acs	>	> 25 l	Lacs - 1	Crore	_ و] > 1	Crore	Oc	cupa	tioi	n (Ple	ease	spec	ify)				
POLITICALLY EX	POSED PERSO	N (P	lease tick ✓) (refer	point	no 11	in "in	nstri	uctio	ns t	o th	ne in	vest	tors fo	r filli	ng u	p th	e app	olica	atio	n fo	rms	;)						
First Applicant	I am Pol	itical	ly Exposed Pers	on		l am re	lated	to P	olitica	ally E	хро	sed F	Perso	on		No	ot Ap	plical	ole										
Second Applican	it 🗌 I am Pol	itical	ly Exposed Pers	on		l am re	lated	to P	olitica	ally E	хро	sed F	Perso	on		No	ot Ap	plical	ole										
Third Applicant	I am Pol	itical	ly Exposed Pers	on		l am re	lated	to P	olitica	ally E	хро	sed F	Perso	on		No	ot Ap	plical	ole										
For Non-Individu	ıals (Compani	es, T	rust, Partners	hip e	tc.) (Pl	ease t	tick √	()																					
Foreign Exchar	nge / Money Ch	ange	er Service (Gamin	/ Gaml	bling /	Lotter	ry / C	Casino	Ser	vice	es	\	Money	Lendi	ing /	Pawr	ning		Not	App	olica	ble						
3. FATCA/CRS	DETAILS M	AND	DATORY FOR	RIND	IVID	UALS	(Non l	Indiv	/idual	Inve	estoi	rs sho	ould r	manda	tory fi	ll sep	arate	FATC	A/CF	RS de	tails	forr	n)	(Refe	r Ins	ructi	on No	o. XVIII)
Sole / F	irst Applicant	/ Gu	ardian					2	2nd A	ppl	ican	nt								3	rd A	\ppl	icaı	nt			POA		
Place & Country o	of Birth :		/		Place	& Co	untry	of B	Birth :					/			Pla	ce & (Cou	ntry	of	Birth	n:_				_/_		
Country	Tax Payer Ref ID No		Identification Till or other, please s			Count	ry		Tax Ref	Pa				tificat other, pl				Cou	ntr	у				ayeı D No					Type e specify]
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3.					3.							+					3.				+								
4. INVESTME			s Refer instru sum purchase o			5)*?	? Inve	stme	ent in	moi	re th	nan o	ne S	cheme	cheq	ue sh		be is	sue	d in f	avo	r of .	JM F	INAN	ICIA	L MU	TUAL	FUN	D -
Sr. No.	Scheme Nam		sum purchase o	iliy)					Pla	an					On	otion				Si	uh (Optio	on				Ame	ount	
1. JM	Jeneme Hun									411					9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					u	opu.	011				7 1111	Juine	
2. JM																													
3. JM																			-		Tr	otal							
*In case of any ambigu Additional Information	n. ?? Investor desir	ous o																			n, Sc	hem			lumr	i title	d as "P	lan".	
5. BANK ACCO	OUNT DETAI	LS																							(Re	eter li	istruc	tion	No. IV)
Account No.											Acc	ount	Туре	e [Pleas	se √]		SB	Cur	rent	: 1	NRC)	NRE	F	CNR		Direct	Rem	ittances
Bank Name																													
Branch Add.																													
Pin			IFSC CODE						Ī	Ī			1	MICR (ODE			T	Ī	Ī]				

(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		(Pls refer Instructions					eque / DD to be subm	itted.
Cheque/DD No./DC Ref No.	Cheque / DD Amount (Rs.)	DD Charges (Rs.)	Gross Total Amou	nt (Rs.)	Bank Account N	umber	Bank &	Branch
Please mention the application no	on the reverse of the Che	eque / DD. The details o	of the bank account i	provided ab	pove pertain to my / our	bank account i	n my / our name Ye	s No
If No, my relationship with the bar Documents Attached to avoid Thin	nk account holder is Sp	ouse Child Pare	ent Relative	Others. App	plication form without t ird Party Declarations			
IN CASE OF PAYMENT B	Y 1ST APPLICANT	(Please √)						
I / We hereby declare that the abd from/by debit to my personal ^^In case of Demand Draft, E Please attach foreign inward rem	/my joint Bank Account Banker's certificate about t	against cash (in case he source of funds is at	e of demand draft) u tached.			ce from abroad.		
7. PERMITTED THIRD P	ARTY'S (WHO IS IS	SUING THE CHEC	QUE) DETAILS	(Pls refer	para on Third Party	Payment)		
The relationship of 1st Application Parent/Grand Parent/Relationship of 1st Application Parent/Relationship of 1st Application Parent/Relationship of 1st Applicationship of 1st Applic					✓)) f deduction from sal	ary) Cus	stodian on behalf of	f FII/Client.
Full Name of Third Party								
PAN No. of Third Party			Please (✓)) KYC C c	mpliant	Yes No (Please	attach KYC ac	knowledgement & Re	efer instructions)
8. POWER OF ATTORNE POA NAME Mr. Ms.	EY (POA) If investm	ent is being made l	by a Constitution	nal Attorn	ney, please submit r	notarised cop		
9. DEMAT ACCOUNT D	ETAILS (Please ensure th	nat the sequence of name	es as mentioned in the	application	form matches with that o	of the Demat Acc	ount held with your Depo	ository Participant).
Do you want units in Demat	Form (Please (✓))	Yes No (if yes, p	lease provide the	e below d	etails) ^{\$\$}			
National S	ecurity Depository Li	mited (NSDL)			Central Depo	ository Servic	es (India) Limited (CDSL)
Depository Participant's Nam	ie:							
DP ID No. IN 55 in case of any ambiguity, AMC is at it	Beneficiary Accoun			arget ID No. le. Kindly refe		I Information and	Scheme Information Doc	ument for details.
POA / Custodian Name:							KYC [Please ✓]	Proof attached
POA/ Custodian CKYC ID No. (KIN)			P	OA / Custodi	ian PAN			
10. NOMINATION DETA	\ILS * (Mandatory) [Refer instruction r	no. IV (under AM	FI Best Pr	ractices)]			
I/We wish to nominate as	under:							
Sr. No. Name of Nor	ninee	PAN A		tionship Investor	Nominee Date of Birth		Suardian Name n case of minor)	Guardian Signature (not mandatory)
1.					DD/MM/YY		·	
2.					DD/MM/YY			
3.					DD/MM/YY			
I/We DO NOT wish to no	ominate							
Declaration for opting of appoint my nominee(s) for my case of death of all the account assets held in the Mutual Fund	Mutual Fund units held t holder(s), my/our legal	in my/our Mutual Fui	nd folio and under	stand the i	issues involved in non	-appointment	of nominee(s)and fur	ther are aware that in
DECLARATION & SIGNATURES: the section on "Prevention of Money Laur I/We have not received and will not rece sources and is not held or designed for it from time to time. It is expressly underst thereto and the investment is contrary to Fund, recover/debit my/our folio(s) with agree that the Fund can directly credit all to him for the different competing Schem is the Investment Manager to the scheme	the penal interest and take any the dividend payouts and reder tes of various Mutual Funds from the of JM Financial Mutual Fund.	appropriate action against apption amount to my bank m amongst which the Schei It would receive commissic	me/us in case the cheq details given above. "The me is being recommence on/distribution fees from	pilcation, reve ue(s)/paymen ie ARN holder led to me/us". n JM Financial	the units cledited, lestia t instrument is/are returned has disclosed to me/us all th JM Financial Services Ltd. is I AMC for distributing the m	d unpaid by my/ou ne commissions (in s affiliated to JM Fir nutual fund units of	thig any fuller investiller to bankers for any reason wh the form of trail commission nancial Asset Management I the schemes launched by J	atsoever. I/We hereby furthe n or any other mode), payable Ltd (JM Financial AMC), which JM Financial AMC.
Consent for sharing Information: I /We Mutual Fund/JM Financial Trustee Co. Pvt RIA/ARN Code is mentioned above. ##Applicable to NRIs only: I / We* confir from funds in my / our* Non-Resident Ext	rm that I am / we* are Non-Res	ident of Indian Nationality	/ Origin and I /We* here	by confirm th				
Signature of Sole/First Applicar	nt/Guardian/Auth. Signato	ory Signatu	ure of Second Applic	ant /Auth.	Signatory	Signatur	e of Third Applicant/Au	ıth. Signatory
						<i>•</i>		
Date:							♀ Place:	
Note: In case the First Applicant copy. It is mandatory for investo & US and Canada Investors are n	rs to be KYC compliant p	orior to investing in JN our Schemes. ^ In ca	A Financial Mutual	Fund.		•	ection if the name do	es not match with PAN
CHECKLIST Please submit the following	documents with your application							
Documents		Individua	l Companie	s Societio	es Partnership Firms	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		✓	✓	✓		✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		√	
Memorandum & Articles of Association		✓							
Trust Deed						✓			
Byelaws			✓						
Partnership Deed				✓					
Overseas Auditor Certificate								✓	
Notarised POA					✓				
Copy of PAN Card / PEKRN	✓	✓	✓	✓	✓	✓	✓	✓	
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓
Aadhaar	✓								

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)

Sub-Broker Code

Employee Unique

E-Code

Sub-Broker Code

DISTRIBUTOR INFORMATION
Distributor Code

MUTUAL FUND

RIA CODE

ARN -ARN-14682	2 AR	N -				1						ON NO. (E	EUIN)										
Investors should mention the																							
by me/us as this transaction is provided by the employee/rela	tionship manager/s	ales person o	of the dis	tributor/	/sub brok	cer". Upfı	ront com	mission	shall be pa	id directly	by the i	investo	or to th										
arious factors including the se	rvice rendered by t	ie distributo	r. For Dir	ect inves	stments,	please m	nention 'L	irect' in	the columi	n 'Name & I	Distribu	itor Co	de'										
SOLE / E	RST APPLICANT						CI.	COND AF	PLICANT				1				TH	IIRD AF	PDI ICI	INT			
										tina a I I a	:4.11	ماماء	wa\ [III V AI	TEICH				
UNITHOLDER INF	ORMATION					F	OIIO IV	0. (F	or Exist	ing Ur	IIE H	olae	rs)	+					_		_	+	
Sole / 1st Unit Holder											-												
PAN				L	Date of	Birth	D [M	MY	YY	Y		Mot	ile No).								
CKYC No.																							
INVESTMENT DET	TAILS JM																						
(Default Plan/Option/Facility	will be applied in c	ase of no info	ormation	, ambigu	uity or di	screpan	cy).																
Installment Period : Fro	om Date D D	M M Y	/ Y	YY	To D	ate 🗅	D N	M	Y Y Y	Υ													
Amount Per Installmer	nt:				Amo	unt in	words	:															
1st Installment Chequ		que / DD	No.					Am	ount (₹)														
Drawn on Bank & Bran				1					- 14	1						2 4							
Photo ID Proof numbe /We hereby authorize JM Financia						our followi	ing hank a	rcount b		oplicant						3rd A				Dehit to	register	and st	art
SIP DETAILS	OTM Ref No.																(Ple	ease m	entio	n if alı	ready re	gister	ed)
Regular SIP: First Insta	•	-	•				•					-	g House	(NACH).								
Micro SIP: First Installn We hereby apply for the followin		-	•					al Autoi	mated Cleai	ring House	(NACH)												
Facility (Please ✓)		of the Sche						Pla	n (Please	(∨)	0pt	tion (I	Pls m	entior	1)	Sub-0	ptio	n (Pl	leas	e√in	ı case	of ID	CW)
SIP JI	И						0	Regula	ar OD	irect					0	Payou	t		O Re	einves	tment	:	
Please select and tick any of the du	ue dates from the below	w table against	the facilit	y being ch	hoosen by	you.																	
_				1	Weekly	y (Plea:	se √)	Fortnightly (Please ✓					() Moi			y**			Quarterly (Please ✓				e √)
Frequency (Please √)	Daily (Please ✓)											" [D D M M Y Y Y Y]											
				") > 1/				. [D D M	M V V	V V	r	ь	D M	MIV		v		пп	D M	MV	VV	v
(Ficuse -)			•		nday to I			' [D D M	м ү ү f the mor	Y Y		any	day o	M Y f the m	onth	Υ		D I	day of	м ү f the m	onth	Y
	efault frequency if not	icked.									y y ith		any	day o	м ү	onth	Υ	[any o		м ү	onth	Y
	efault frequency if not t	icked.									rth		any	day o	M Y f the m	onth	Υ		any c		м ү	y y	Y
** Fifth of the month will be the de DECLARATION Applicable for SIP Investors only: I/A at all, for reasons of incomplete or incor	We hereby declare that the	e particulars given r part or circumst	n above are	Mon correct and	d express my	Friday //our willin MC/its servi	gness to ma	ke paymer I/we woul	any day o	f the mor	rticipatio ment Con	npany or	H /Direct	Debit or S	tanding In: ors respon:	struction C	mann	ce. In ca	se the	day of	on is delay ize JM Fina	ed or n	ot effected utual Fund
** Fifth of the month will be the de DECLARATION Applicable for SIP Investors only: I/A at all, for reasons of incomplete or incor and their authorised service providers, to a cancellation request for the earlier ma	We hereby declare that the ect information on my/ou o get my/our above bank a	e particulars given r part or circumst account debited b	n above are tances beyon	Mon correct and the contrect Debit/S	d express my trol of the Al Standing Ins	Friday //our willin MC/its servi	gness to ma ice provider, owards the	ke paymer I/we woul	any day o	ove through pa Asset Manage due SIP dates	rticipatio ment Con as opted	npany or by me/us	H /Direct its associ s. In the e	Debit or S ates/vend	tanding In: ors respon: ny changes	struction C ible in any in the ban	mann k parti	ce. In ca ner. I/We	se the	day of	ion is delay ize JM Fina t a fresh m	/ed or no incial Mi andate	ot effected utual Fund along with
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