JM FINANCIAL MUTUAL FUND



COMMON APPLICATION FORM Resident Non-Resident (please ✔) as per your status Serial No: ED

Name & Broker Code/ARN Sanesh S. Shanbha RN-0988 Upfront commission shall be paid directly by	INFORMATION				
anesh S. Shanbha RN-0988				FOR OFFICE USE ONLY	
RN-0988	Sub-Agent/B	roker Code	In-House number as per	K-BOLT Date , Time and Nu	mber as per Time Stamping Machine
	.9/				
	the investor to the AMEL res	uistorad Distributor basad	on the investor's assessment of	various factors including the service re	undered by the distributor"
				various factors including the service re	indered by the distributor.
TRANSACTION CHARGES (PLEAS					
plicable for transactions routed through				Mustical Friend Indicators (Da 100 million dad	licate d V
I/We am/are a <u>First Time Investor</u> in Mut VESTMENT DETAILS (PIs Refer instruction)		if be deducted.) i/we	e am/are an existing investor in i	Mutual Fund Industry. (Rs 100 will be ded	uctea.)
•	10.3)		DI	0	Cult Outline
Scheme Name		ľ	Plan	Option	Sub-Option
JM					
n case of any ambiguity / incomplete information,	the default plan / option / sub-	option will be applicable as r	per the scheme's Key Information Me	emorandum, Scheme Information Documen	t & Statement of Additional Information.
. EXISTING UNIT HOLDER'S INFOR	MATION (Please fill in your	details mentioned below and	nd proceed to section 4)		
Folio No.					
. APPLICANT INFORMATION (It is mandated	on to submit varified convert D	AN prooffer all investments for	iailing which application will be reject.	ad (Dle Deferinctmetion no. 9)	
be filled in block letters. Use one box for one a				ed) (PIS Reier Instruction no. 8)	Date of Birth
II Name of Sole/1st Applicant/Minor/Non-i		ik between name and sun	name)		(in case of minor)
II Name of Guardian (in case of Minor) / Con	tact Person (In case of non-	individual investors) / Kar	rta (in case of HUF) / Partner (in c	ase of Partnership Firm): Relationship	
				Mother	Father Legal Guardian
dress (DO NOT REPEAT NAME) in full of Applic	ant/Parent OR Guardian of M	inor. Indian address in case	e 1st Applicant is NRI/FII/PIO (Post	Box No. alone is not sufficient)	Mode of Holding [Pl. ✔]
					1. Single
					2.
acation/City				Din Code	3. Either or Survivor/s
ocation/City				Pin Code	(* Default, in case of ambiguity when applicants are more than one)
list.			State		Occupation of the 1st
TD Code Tel.			Fax		Applicant [Pl. ✓]
mail-ID# C A P I T A L	LETTE	RS	/# Default mode	of communication, if email id is furnished)	1. Private sector service
		N 3	(# Delault Hiode	of communication, if email id is furnished)	2. Public Sector / Govt.
Nobile No.					service
ull Name of Second Applicant					3. Professional
ull Name of Third Applicant					4. Business 5. Housewife
	1 2 25 1 2000		V 15 16 501V V V	(1016)	5. Housewife 6. Retired
Permanent Account Number (PAN) - Mandatory {Plea: case the 1st applicant is minor, please provide Guardi				r Customer (KYC) er to instruction no. 8 Pl.(✓)	
1st Applicant			Copy of K	YC acknowledgement enclosed	8. Agriculturist
Guardian (in case 1st applicant is minor)			Copy of K	YC acknowledgement enclosed	9 Others (pl. specify)
2nd Applicant			Copy of K	YC acknowledgement enclosed	
3rd Applicant			Copy of K	YC acknowledgement enclosed	
		Status/Category	y of the 1st Applicant [Pl. 🗸]		
Resident Individual 3. HUF 5	. AOP/BOI 7.	Proprietorship Firm	9. Trust	11. NRI 13. Government Bo	dy 15. Banks 16. PIO
On behalf of minor 4. Company 6	. Partnership Firm 8.	Body Corporate Liste	ed Unlisted 10. Society	12. Flls 14. Financial Institu	tion 17. Others (pl.specify)
. BANK PARTICULARS (It is mandatory	to furnish bank particulars o	f first applicant as per SEBI	guidelines, failing which applicat	ion shall be rejected)	
ank Account No. *			Repeat Bank Account No.*		
MICR Code	IFSC C	ode		Account Type: Savings	Current NRE NRO FCNR
ank Name					
	1 1 1 1				
Branch Address					
ordici Address			City L		Pin Pin
	Please refer instruction no. 1	7. You may furnish multipl	le bank details through a separate	•	
Direct Credit Facility:					
	ILS (Pls Refer instruction no	s. 6 & 7**) Please submit s	separate cheque / DD for each app	lication and for each plan/option.	
Direct Credit Facility:	T.	os. 6 & 7**) Please submit s		The state of the s	n Account Type @(SB/CA/NRE/NRO/FCN

	ETAILS (Please ensure that the sequ			ie vemat Account ne	eia with your Deposit	tory Participant).
Do you want units in Demat		f yes, please provide the below details)\$\$				
Depository Participant Name	National Security Deposito	ory Limited (NSDL)	Central	Depository Se	rvices (India) L	imited (CDSL)
DP ID No. IN		ry Account No.	Target ID No.			
		en or else AMC will allot units in physical mode.		tion and Scheme Inform	ation Document for deta	ils.
7. FOR INVESTMENT B		, , , , , , , , , , , , , , , , , , , ,	,			
Overseas Address						
City			Country		Pin/ZIP	
Applicable to NRIs only : I / We* confi		n Nationality / Origin and I /we* hereby confirm th	hat the funds for subscription have been remitted fro		d banking channels or from	
·	•	ate (FIRC) / account debit certificate in case of d			(Repatriation basis	Non-Repatriation basis
		s, conditions and instructions for SIP & fillup sep			e: :CDAN: I	· D
(please only one) Norr			through SIP per year will not exceed Rs. 50,00	U through all SIP contribi	utions if PAN is not subm	itted)
	tart M M Y Y Y Y	End M M Y Y Y	OR Perpetual(i.e. until it	s cancelled)		
Payment Mechanism:	¬					
		CS) (please attach Auto Debit Registration cum				
Regular SIP		ing Instructions for HDFC Bank account	holder) (Please attach Standing Instruction	ı form of HDFC along wit	h a cheque towards the f	first installment)
	Through Post dated Cheques (plea					
Special SIP		(CS) (please attach Auto Debit Registration cum				
SIP DATE (please only or	ne) 1st 5th 10th	15th20th25th	Frequency (please tick any one) Monthly		(* Default Fre	equency)
No. of cheques / installm		m To		SIP Installme	nt amount :	
Name of Bank & Branch						
9. SYSTEMATIC TRANSI	FER PLAN (STP) (Please refer to terms,	conditions and instructions for STP) (Please fill u	up Separate form for from / to different schem	e / plans / options / sub-	-options)	
	icheme / Plan / Sub-Plan / Option	/ Sub-Option	.0	ne / Plan / Sub-Pla	n / Option / Sub-O	ption
5			JM	V V V V		
STP installment amount		Enrolment Period: From M	To M M	YYYY	OR Perpetual(i.e.	until it is cancelled)
Frequency of Transfe	er ^{@#} (Pl. 🗸 any one from the following)					
	Weekly (pl. ✓ any one starting date)	☐ Fortnightly (pl. ✔ any one startin		<u> </u>	Quar	<u> </u>
☑ Daily	1st 8th 15th 22nd of the m	onth 1st 15th of every month	1st 5th 10th 15th	20 th 25 th of the		ess Day of the next month arently on first of every quarter
		tive monthly / quarterly STP OUT echoice of multi	iple frequency under weekly/fortnightly/monthly	STP through a single form v		
40 CUCTEMATIC MITHE						
10. SYSTEMATIC WITHL	PRAWAL PLAN (SWP) (Pls Refer to ter	ms, conditions and instructions for SWP)				
SWP Plan (Pl. 🗸 any one)			wal (CAW) SWP Installment A	Amount under FAV	V: Rs.	
	Fixed Amount Withdrawal (FA	W) Capital Appreciation Withdraw			V: Rs. quarter after the sta	nrt)
SWP Plan (Pl. v any one) Withdrawal Frequency * Enrolment Period: From	Fixed Amount Withdrawal (FA (Pl. any one): Monthly MMYYYYYY To	W) Capital Appreciation Withdrav 1st Sth 10th 15th 20th M M Y Y Y Y Y OR Perp				art)
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