

COMMON APPLICATION FORM

Resident Non-Resident (please) as per your status Serial No: ED

DISTRIBUTOR INFORMATION		FOR OFFICE USE ONLY	
Name & Broker Code/ARN	Sub-Agent/Broker Code	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine
Ganesh S. Shanbhag/ ARN-0988			

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributor based on the investor's assessment of various factors including the service rendered by the distributor".

1. TRANSACTION CHARGES (PLEASE REFER INSTRUCTIONS AND TICK ANY ONE)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.

I/We am/are a **First Time Investor** in Mutual Fund Industry. (Rs 150 will be deducted.) I/We am/are an **Existing Investor** in Mutual Fund Industry. (Rs 100 will be deducted.)

INVESTMENT DETAILS (Pls Refer instruction No. 5)*

Scheme Name	Plan	Option	Sub-Option
JM			

*In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information.

2. EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 4)

Folio No. _____

3. APPLICANT INFORMATION (It is mandatory to submit verified copy of PAN proof for all investments failing which application will be rejected) (Pls Refer instruction no. 8)

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

Full Name of Sole/1st Applicant/Minor/Non-individual:

_____ D D M M Y Y Y Y

Date of Birth

(in case of minor)

Full Name of Guardian (in case of Minor) / Contact Person (In case of non-individual investors) / Karta (in case of HUF) / Partner (in case of Partnership Firm): Relationship with Minor [Pl.

_____ Mother Father Legal Guardian

Address (DO NOT REPEAT NAME) in full of Applicant/Parent OR Guardian of Minor. Indian address in case 1st Applicant is NRI/FII/PIO (Post Box No. alone is not sufficient)

Location/City _____ Pin Code _____

Dist. _____ State _____

STD Code _____ Tel. _____ Fax _____

Email-ID # C A P I T A L L E T T E R S _____ (# Default mode of communication, if email id is furnished)

Mobile No. _____

Full Name of Second Applicant _____

Full Name of Third Applicant _____

Permanent Account Number (PAN) - Mandatory (Please submit a verified copy of PAN card for all investors. In case the 1st applicant is minor, please provide Guardian's PAN. Pls Refer to Instruction No. 8	Verified Copy of PAN Card enclosed [Pl. <input checked="" type="checkbox"/>	Know Your Customer (KYC) Please refer to instruction no. 8	Pl. <input checked="" type="checkbox"/>
1st Applicant	<input type="checkbox"/>	Copy of KYC acknowledgement enclosed	<input type="checkbox"/>
Guardian (in case 1st applicant is minor)	<input type="checkbox"/>	Copy of KYC acknowledgement enclosed	<input type="checkbox"/>
2nd Applicant	<input type="checkbox"/>	Copy of KYC acknowledgement enclosed	<input type="checkbox"/>
3rd Applicant	<input type="checkbox"/>	Copy of KYC acknowledgement enclosed	<input type="checkbox"/>

Mode of Holding [Pl.

- Single
 - Joint*
 - Either or Survivor/s
- (* Default, in case of ambiguity when applicants are more than one)

Occupation of the 1st Applicant [Pl.

- Private sector service
- Public Sector / Govt. service
- Professional
- Business
- Housewife
- Retired
- Student
- Agriculturist
- Others (pl. specify) _____

Status/Category of the 1st Applicant [Pl.

1. <input type="checkbox"/> Resident Individual	3. <input type="checkbox"/> HUF	5. <input type="checkbox"/> AOP/BOI	7. <input type="checkbox"/> Proprietorship Firm	9. <input type="checkbox"/> Trust	11. <input type="checkbox"/> NRI	13. <input type="checkbox"/> Government Body	15. <input type="checkbox"/> Banks	16. <input type="checkbox"/> PIO
2. <input type="checkbox"/> On behalf of minor	4. <input type="checkbox"/> Company	6. <input type="checkbox"/> Partnership Firm	8. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	10. <input type="checkbox"/> Society	12. <input type="checkbox"/> FIs	14. <input type="checkbox"/> Financial Institution	17. <input type="checkbox"/> Others (pl. specify) _____	

4. BANK PARTICULARS (It is mandatory to furnish bank particulars of first applicant as per SEBI guidelines, failing which application shall be rejected)

Bank Account No. * _____ Repeat Bank Account No. * _____

MICR Code _____ IFSC Code _____ Account Type: Savings Current NRE NRO FCNR

Bank Name _____

Branch Address _____

_____ City _____ Pin _____

Direct Credit Facility: Please refer instruction no. 17. You may furnish multiple bank details through a separate stipulated form.

5. INVESTMENT AND PAYMENT DETAILS (Pls Refer instruction nos. 6 & 7**) Please submit separate 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 Account Number	Bank & Branch	Account Type [®] (SB/CA/NRE/NRO/FCNR)

** Allotment of units subject to realization of Cheque/DD. No cash payments are accepted. [®]For NRI(s)/PIO: Source of Fund: NRE NRO FCNR Direct Remittances from abroad

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.

Documents Attached to avoid Third Party Payment Rejection, where applicable: Bank Certificate, for DD Third Party Declarations

Received an application from Mr./Ms./M/s. _____ as normal Investment or through SIP or for SWP or through STP as per details below Serial No: ED

Scheme Name	Plan	Option	Sub-Option	Payment Details (1st Cheque/DD in case of Regular SIP)	Collection Centre's Stamp & Receipt Date and Time
JM				Amt. _____ Cheque/DD No. _____ dated _____ Bank & Branch _____	

In case of JM Tax Gain Fund, the investor may claim tax exemption under Sec.80C of the IT Act based on the production of this acknowledgement till the statement of account is issued provided the payment instrument is encashed and the application and other documents are found to be in order.

ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)

6. DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that of the Demat Account held with your Depository Participant).

Do you want units in Demat Form (Please Yes No (if yes, please provide the below details))\$S

National Security Depository Limited (NSDL) **Central Depository Services (India) Limited (CDSL)**

Depository Participant Name: _____

DP ID No. IN _____ Beneficiary Account No. _____ Target ID No. _____

\$S in case of any ambiguity, AMC will allot units as per Demat information if given or else AMC will allot units in physical mode. Kindly refer statement of additional information and Scheme Information Document for details.

7. FOR INVESTMENT BY NRI/PIO/FII

Overseas Address _____

City _____ Country _____ Pin/ZIP _____

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 attach foreign inward remittance certificate (FIRC) / account debit certificate in case of debit to NRE / NRO account or direct remittance from abroad. Please Repatriation basis Non-Repatriation basis

8. SYSTEMATIC INVESTMENT PLAN (SIP) (Please refer to terms, conditions and instructions for SIP & fill up separate form for each SIP date / frequency / plan / option)

(please only one) **Normal SIP** **Micro SIP** (Available for investors whose contribution through SIP per year will not exceed Rs. 50,000 through all SIP contributions if PAN is not submitted)

Enrolment Period Start M M Y Y Y Y End M M Y Y Y Y OR Perpetual (i.e. until it is cancelled)

Payment Mechanism:

Regular SIP Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form along with a cheque towards the first installment)

Auto Debit Facility (through Standing Instructions for HDFC Bank account holder) (Please attach Standing Instruction form of HDFC along with a cheque towards the first installment)

Through Post dated Cheques (please furnish the cheque details below)

Special SIP Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form, without any cheque) SIP will start only on the SIP opted date after 30 days of submission of valid SIP appln.

SIP DATE (please only one) 1st 5th 10th 15th 20th 25th **Frequency** (please tick any one) Monthly* Quarterly (* Default Frequency)

No. of cheques / installments _____ **Cheque Nos. : From** _____ **To** _____ **SIP Installment amount :** _____

Name of Bank & Branch : _____

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

From **Scheme / Plan / Sub-Plan / Option / Sub-Option** **To** **Scheme / Plan / Sub-Plan / Option / Sub-Option**

JM **JM**

STP installment amount _____ **Enrolment Period: From** M M Y Y Y Y **To** M M Y Y Y Y OR Perpetual (i.e. until it is cancelled)

Frequency of Transfer ^{6#} (Pl. any one from the following)

Chhota STP/Combo SIP Weekly (pl. any one starting date) Fortnightly (pl. any one starting date) Monthly (pl. any one starting date) Quarterly

Daily 1st 8th 15th 22nd of the month 1st 15th of every month 1st 5th 10th 15th 20th 25th 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 Arbitrage Advantage Fund of the respective monthly / quarterly STP OUT # choice of multiple frequency under weekly/fortnightly/monthly STP through a single form will be rejected

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

SWP Plan (Pl. any one): Fixed Amount Withdrawal (FAW) Capital Appreciation Withdrawal (CAW) **SWP Installment Amount under FAW: Rs.** _____

Withdrawal Frequency [#] (Pl. any one): Monthly 1st 5th 10th 15th 20th 25th Quarterly (1st Business day of every quarter after the start)

Enrolment Period: From M M Y Y Y Y **To** M M Y Y Y Y OR Perpetual (i.e. until it is cancelled)

Settlement date will be the opted date for JM Arbitrage Advantage Fund of the respective monthly / quarterly SWP

11. NOMINATION DETAILS (Pls Refer instruction no. 18)

I / We _____ at present do not wish to register nominee/s against the above folio.

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

No.	Name & Address of the Nominee /s (upto 3 Nos.)	Date of Birth (in case of Minor)	Relationship with the first holder	Share (%) (in multiple of 1%)	Age of the Nominee
1					
2					
3					

Guardian Name (in case of Minor) _____ **Relationship** _____

Address _____

City _____ **Pin** _____ **Signature of Nominee / Guardian (Not mandatory)** _____

12. List of Document Attached (pls mention below the details of documents (other than cheque & DD) attached with the form)	1. KYC Acknowledgement	3. No. of Cheques <input type="text"/>	5. Resolution <input type="checkbox"/>	Total Nos. of attachments	
	2. Verified copy of PAN Proof <input type="checkbox"/>	4. SIP Mandate <input type="checkbox"/>	6. Authorised Signatory List <input type="checkbox"/>	To be filled in by applicant	To be verified by office
13. Name of Document Attached for MICRO SIP	1. Document Ref. No. _____				
	2. Document Ref. No. _____	3. Document Ref. No. _____			

14. DECLARATION & SIGNATURES

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 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*.**

(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 or Standing Instruction 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/Standing Instructions towards the collection of monthly/quarterly 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 / Scheme Information Document. * Please strike out whichever is not applicable.

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

Date : _____ **Place :** _____