## **COMMON APPLICATION FORM**

JM FINANCIAL

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

To Know Your KYC Status Scan Here



## To check your Name as per PAN and know your latest KYC Status; send an SMS to 92129 93399, in the below mentioned format:

KYC (Space) JMF (Space) (PAN Number in Capital Letters) (Space) Date of Birth in DD/MM/YYYY (Space) Name as per PAN

Sample Sivis to be sent to 92	2129 93399 - KTC JIVIF F	ADCDE 1234F 01/01	/ 1980 First Name (Spac	Le) Last Name	CO PARTOR.
	DISTRIBUTOR INFO	DRMATION		F0	R OFFICE USE ONLY
Name & ARN of Distributor / RIA Code*	Employee Unique Identification No. (EUIN)^	Sub-Broker ARN Code No.	Internal Sub-Broker Code (as allotted by Distributor)	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine
RN -	E				
son of the above distributor/sub brok NDeclaration: I/We hereby give you i to the above mentioned SEBI registe	nat the EUIN box has been intention ter or notwithstanding the advice my/our consent to share/provide	onally left blank by me/us a of in-appropriateness, if ar	es this transaction is executed with ny, provided by the employee/rel	hout any interaction or adv ationship manager/sales p	rice by the employee/relationship manager/sa
IGNATURE (s)	SOLE / FIRST APPLICANT		SECOND APPLICANT		THIRD APPLICANT
ront Fee or commission shall be paid d RANSACTION CHARGES		registered Distributor based	I on the investor's assessment of va	rious factors including the s	ervice rendered by the distributor". (Refer Instruction No.XI)
l am a First Time Investor in		☐ I am an E	xisting Investor in Mutual	Funds	(nerer monaction room)
					utual fund investor) or ₹100/- (for inves
er than first time mutual fund inv NVESTMENT TYPE (Please tick			F HOLDING (Please ticl	_	st the balance amount invested.
LUMP SUM SPECIAL SIP#				•	se of ambiguity when applicant are more than or
ecial SIP - New SIP registration without i					
EXISTING UNIT HOLDER'S	SINFORMATION (Please	fill in your details men	tioned below and proceed to		
olio No.					opy of Annual Report 🔛 Yes 🔛 No
. APPLICANT INFORMAT	ΓΙΟΝ (Mandatory) το в	E FILLED IN BLOCK LET	TERS AND AS PER PAN RECO	ORDS.	
ME OF SOLE /1ST APPLICANT Mr.	Ms. M/s.				
PEKRN datory)	(Submit verified co				DOB/DOIS D D M M Y Y Y
bile No.#	Ema	ail ID.#			
bbile no. specified above belongs to	(Please tick (✓) any one option	Self Spouse	Dependent Parents De	ependent Children 🔲 [	Dependent Siblings 🔲 Guardian 🔲 Po
nail id specified above belongs to (P	Please tick (✓) any one option	Self Spouse	Dependent Parents De	ependent Children 🔲 [	Dependent Siblings 💹 Guardian 💹 Po
No. (Legal Entity Identifier) of Non e: In case the first applicant is Non Indiv n. LEI No. is Mandatory for transaction a	vidual please attach FATCA, CRS & amount 50 Crs and above for Non I	UBO Self Certification ndividual. SProc		Birth Cetificate Passport	
ARDIAN DETAILS (In case Fir	rst / Sole Applicant is min	or) / CONTACT PERSO	ON - DESIGNATION / POA	HOLDER (In case of N	lon-Individual Investors)
. 1915. 191/5.					
/DEMON	Det. of		Relationship with Minor/Designat	310n	
/PEKRN	Date of	Birth D D M M	Y Y Y Y CKYC No.		
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COND APPLICANT Mr. Ms.					
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KNOWLEDGEMENT SLIP					JM FINANCI
ceived from: Mr. / Ms. / M/s			an application	n for allotment	MUTUAL FUND
neme	P	lan Regular 🗆	DirectOption		Collection Center's Stamp &

vide Cheque No\_

\_/\_\_\_\_ Amount (₹) \_

Receipt Date and Time

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

\_\_\_\_\_Dated \_\_\_\_/\_\_

THIRD APPLICANT	Mr. Ms.																								
PAN/PEKRN			Dat	e of Birth	D D	M	М У	Y	Υ	Y	KYC N	No.													
Mobile No.#				Email ID.#					T								T			$\overline{\Box}$					
Mobile no. specified a	bove belongs to (F	Please tick (✓	´) any one op	tion 🔲	Self	Spous	e D	epende	lent	Parent	s	De	pende	nt Chile	dren _	De	pend	ent Sibl	lings	G	iuardia	an 🔲 l	POA		
Email id specified abo			<u> </u>		Self	Spous		epende					'	nt Chile							uardia		POA		
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*"Non-profit organizat a trust or a society und																						registere	:u as		
We are falling un																		Yes							
in clause (15) of Registration Act,																									
Act, 2013 (18 of 2		o, o. a, o	·····a· state		o. u	сора	, 9.	.5 (									Ш	No							
If yes, please quo	te Registration	No. of Darp	oan portal c	of Niti Aay	yog																				
If not, please register i																									
your entity name in the statutory requirement																			requ	irea ui	naer tr	ie respe	Live		
OVERSEAS APP	LICANT DET	AILS [APP	LICANTS	FROM (	JS and	d CAN	ADA V	VILL	NO	T BE.	ACC	EP	TED	(Refer	Instr	ucti	on N	lo 7.)]							
ADDRESS (Mandato	ry for NRI/FII appl	icant)																							
Country							Zip Co	ode						TIN No	o. (Mano	dator	y)								
2. KYC DETAIL:	S (Mandatory	- Refer Ir	nstruction	n No. XII	ll for c	details	5)																		
OCCUPATION (Ple	ase tick √ )																								
First Applicant	Business Unlisted Co			fessional Corporate		Agricul Liste	turist d Comp		Hou	usewife Pr	e ivate		Stude		Defe olic Ltd.			Govt. Others		al	F	orex De	aler		
GROSS ANNUAL II	NCOME (Please	tick√)																							
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	Net Worth (Mai	ndatory for N	Non-Individu	als)₹						as o	n D	D	M	M Y	YY	Υ	[Not	older	than	1 yea	r]				
Second Applicant	For Individual	Below 1 La	c 1 - 5 L	acs 5	- 10 La	cs 🗌 1	0 - 25 La	acs	> 2	25 Lacs	- 1Cı	rore	;	1 Cror	e Occu	patio	n (Ple	ease sp	ecify)				_		
Third Applicant	For Individual	Below 1 La	c 1 - 5 L	acs 5	- 10 La	cs 🗌 1	0 - 25 La	acs _	> 2	25 Lacs	- 1Cı	rore		1 Cror	e Occu	patio	n (Ple	ease sp	ecify)						
POLITICALLY EXP	OSED PERSON (	Please tick	( ✓ ) (refer ¡	point no	11 in "	'instruc	tions t	o the i	inv	estors	for	fillir	ng up	the ap	plicati	ion f	orms	s)							
First Applicant	☐ I am Politic	ally Exposed	d Person	lan	n relate	d to Poli	itically E	xpose	d Pe	erson			Not	Applica	ble										
Second Applicant	ITICALLY EXPOSED PERSON (Please tick 🗸 ) (refer point no 11 in "instructions to the investors for filling up the application forms)  t Applicant																								
Third Applicant						d to Poli	itically E	xpose	d Pe	erson			Not	Applica	ble										
_	• •																								
Foreign Exchang	ge / Money Chang	ger Service	Gamin /	/ Gamblin	g / Lott	ery / Ca	sino Ser	vices		Mon	ey Le	endir	ng / Pa	wning	N	ot Ap	plica	ble							
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2. KYC DETAILS (Mandatory - Refer Instruction of CCUPATION (Please tick ✓ )  First Applicant						2n	d Appli	icant								3rd	Appl	icant			POA				
Place & Country of	Birth :	/_		Place &			Place &	Count	ry of	Birth	າ:	_/													
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1-																т	otal		$\top$				-		

\*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. ?? Investor desirous of investing directly with the AMC without availing the services of any Distributor/Broker, will have to clearly tick "Direct" under above column titled as "Plan".

5. BANK A	CCOU	NT D	ΕT	AILS																									(Refe	r Inst	ructic	n No	. IV)
Account No.																Accou	ınt T	ype [Pl	ease	/]	SB		Curre	ent	NR	0	NRE	F	CNR	Dire	ect Re	mitta	nces
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to him for the diffe is the Investment N	rent comp	etina Sc	hem	es of var	ious Mu	ıtual Fu	unds fro	om amo	nast v	vhich t	he Sch	eme	is being	a rec	omme	nded to	me/	'us". JM F	inancia	l Ser	vices Ltd.	is affil	iated	to JM F	inan	cial As:	set Ma	anage	ment Ltd	l (JM Fi	inancial	I AMC)	whi
Consent for sharin Mutual Fund/JM Fi	ng Informa	tion :- I istee Co	/We . Pvt	hereby Ltd. I/W	consent le also c	to the	disclo to the	sure/sh sharing	aring g of th	of my/ e trans	our per action	rson feed	al inforr I of my/o	mati our l	on to tl nvestm	he Judio nent in t	cial /: he a	Statutory bove Sch	/ Regu eme of	lator JM F	y Author inancial	ties fo Mutua	r the Il Fun	compl d with	iance the R	of leg egister	al obl	ligatio vestm	n of JM I ent Advi	inanci sor (RIA	al AMC A)/Distr	/JM Fi	nanc who
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Note: In case t copy. It is man & US and Cana	datory fo	or inve	sto	rs to be	e KYC o	comp	liant	prior t	to inv	estin/	ig in J	M F	inanc	ial I	Mutua	al Fun	d.						able	for re	,			nam	e does	not i	match	n with	P/

Please (✓) ☐ Repatriation basis ☐ Non-Repatriation basis.