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.

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6. INVESTMENT AND P	AYMENT DETAILS	(Pls refer Instructions	:/ KIM) For each application	and for each plan/option separate	cheque / DD to be submitted.
Cheque/DD No./DC Ref No.	Cheque / DD Amount (Rs.)	DD Charges (Rs.)	Gross Total Amount (Rs.)	Bank Account Number	Bank & Branch
		(00 TI 1 1 1			
		•		above pertain to my / our bank accou Application form without this informat	
Documents Attached to avoid Thi	rd Party Payment Rejection	, where applicable:	Bank Certificate, for DD	Third Party Declarations	
IN CASE OF PAYMENT B	Y 1ST APPLICANT (Please √)			
I / We hereby declare that the abo				000/-	
^^In case of Demand Draft, E	anker's certificate about th	ne source of funds is at	tached.		
5				account or direct remittance from abro	
7. PERMITTED THIRD P The relationship of 1st Applic				er para on Third Party Payment)
Parent/Grand Parent/Rela		. , ,			Custodian on behalf of FII/Client.
Full Name of Third Party					
PAN No. of Third Party			Please (✓)) KYC Complian t	t 🔄 Yes 🔄 No (Please attach KYC	Cacknowledgement & Refer instructions)
8. POWER OF ATTORNI	EY (POA) If investme	ent is being made l	by a Constitutional Atto	rney, please submit notarised (copy of POA
POA NAME Mr. Ms.				PAN/	PEKRN
9. DEMAT ACCOUNT D	ETAILS (Please ensure th	at the sequence of name	es as mentioned in the applicati	on form matches with that of the Demat	Account held with your Depository Participant).
Do you want units in Demat	Form (Please (🗸)) 📃 🗎	res 🗌 No (if yes, p	lease provide the below	details) ^{ss}	
National S	ecurity Depository Lin	nited (NSDL)		Central Depository Ser	rvices (India) Limited (CDSL)
Depository Participant's Nam	ie:				
DP ID No. IN	Beneficiary Account		Target ID N		
⁵⁵ in case of any ambiguity, AMC is at it POA / Custodian Name:	s discretion to either allot uni	ts as per Demat informat	ion or in physical mode. Kindly	efer Statement of Additional Information	and Scheme Information Document for details. KYC [Please ✓]
POA/ Custodian CKYC ID No. (KIN)			POA / Custo	odian PAN	
10. NOMINATION DET	AILS* (Mandatory)[]	Refer instruction r	no. IV (under AMFI Best	Practices)1	
I/We wish to nominate as					
Sr. Name of Nor	ninee	PAN	Allocation Relationship (%) with Investo		Guardian Name Guardian Signature (in case of minor) (not mandatory)
			(70) With investo	DD/MM/YY	(in case of minor) (not mandatory)
1.					
2.				DD/MM/YY	
3.				DD/MM/YY	
I/We DO NOT wish to no	ominate	I	I		
Declaration for opting appoint my nominee(s) for my	out of Nomination Mutual Fund units held	in my/our Mutual Fui	nd folio and understand th	e issues involved in non-appointme	We hereby confirm that I / We do not wish to ent of nominee(s) and further are aware that in
assets held in the Mutual Fund	folio.		· · · · · · · · · · · · · · · · · · ·	·	ch competent authority, based on the value of
DECLARATION & SIGNATURES the section on "Prevention of Money Laur	Having read and understood the target of t	he contents of the Stateme ne Trustees of JM Financial	ent of Additional Information / Scho Mutual Fund for units of the Schen	eme Information Document of the scheme fo ne as indicated above and agree to abide by t	r investment and subsequent amendments thereto includin he terms and conditions, rules and regulations of the Scheme
I/We have not received and will not rece sources and is not held or designed for t	ive nor will be induced by any i the purpose of contravention of pod that we have the express a	rebate or gifts, directly or i any Act, rules, regulations uthority from our constitu	ndirectly, in making this investme or any statute or legislation or an tional documents to invest in the	nt. I/We further declare that the amount inv y other applicable laws or any notifications, units of the Scheme and the AMC/Trustees/	r investment and subsequent amendments thereto includin he terms and conditions, rules and regulations of the Scheme rested by me/us in the Scheme is derived through legitimat directions issued by any governmental or statutory authorit unavior any (where investment in any of the schemes of the reliance of the schemes of the schemes of the schemes of the
thereto and the investment is contrary to Fund, recover/debit my/our folio(s) with	the relevant constitutional doo the penal interest and take any	cuments. I/We authorise th appropriate action against	is Fund to reject the application, r me/us in case the cheque(s)/paym	evert the units credited, restrain me/us from ent instrument is/are returned unpaid by my	making any further investment in any of the schemes of th y/our bankers for any reason whatsoever. I/We hereby further is (in the form of trail commission or any other mode), payabl M Financial Asset Management Ltd (JM Financial AMC), whic
to him for the different competing Schem is the Investment Manager to the scheme	the dividend payouts and reden les of various Mutual Funds fron es of JM Financial Mutual Fund. I	nption amount to my bank n amongst which the Schei It would receive commissic	details given above. "The AKN hold me is being recommended to me/ on/distribution fees from JM Finan	ser has disclosed to me/us all the commission us". JM Financial Services Ltd. is affiliated to JI cial AMC for distributing the mutual fund uni	is (in the form of trail commission or any other mode), payabl M Financial Asset Management Ltd (JM Financial AMC), whic its of the schemes launched by JM Financial AMC.
Consent for sharing Information :- I /We Mutual Fund/JM Financial Trustee Co. Pvt					pliance of legal obligation of JM Financial AMC/JM Financia th the Registered Investment Advisor (RIA)/Distributor whos
RIA/ARN Code is mentioned above. ##Applicable to NRIs only : 1 / We* confi	rm that I am / we* are Non-Resi	dent of Indian Nationality	/ Origin and I /We* hereby confirm	that the funds for subscription have been r	emitted from abroad through approved banking channels o
from funds in my / our* Non-Resident Ext Signature of Sole/First Applicat	-	-	emittances from abroad. Ire of Second Applicant /Aut	h Signatory	nture of Third Annlicant/Auth Signatory
Signature of Sole/First Applical	ity duarutali/Autil. Signato	iy Signatu	are of Second Applicant / Aut	Signa	iture of Third Applicant/Auth. Signatory
Date:		-			Place:
Note: In case the First Applicant	is a Non Individual plea	se attach FATCA CRS	& LIBO Self Certification Fr		v
				orm A ^{***} The application is liable for	rejection if the name does not match with PAI
& US and Canada Investors are n	rs to be KYC compliant p	rior to investing in JM			rejection if the name does not match with PAI
& US and Canada Investors are n Please (\checkmark) \square Repatriation basis	rs to be KYC compliant p ot permitted to invest in	rior to investing in JN our Schemes. ^ In ca	A Financial Mutual Fund.		rejection if the name does not match with PAI

CIECKED Flease submit the following documents with your application	ii (where applicable). All docum	ents should be o	nginai/true c	opies certified by a Dir	ector/musice/company secreta	ry/Authonsec	i signatoi	y/ NOLA	IY FUDI
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								1	

 Overses Auditor Certificate
 Image: Certificate
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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)



MUTUAL FUND

DISTRIBUTOR INF	ORMATI		Cub Dee	akan Cada			Cub Broker	Cada		F mmlawaa	Ilminue		F (DIA	CODE	
Distributor Code		ARN		oker Code			Sub-Broker			Employee	•	N)	E-Cod	le		ONLY		CODE CT INVEST	IENT
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ne/us as this transaction is e rided by the employee/relat ous factors including the ser	ionship mana	ger/sale	es person o	of the dist	ributor/su	ub broker". U	pfront com	mission shall	be paid direc	tly by the i	nvestor t	o the AM							
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oto ID Proof number e hereby authorize JM Financial						bit my/our foll	owing bank a		nd Applica					3rd Ap	•		o Debit t	o register a	nd start
SIP DETAILS	OTM Ref No.														(Pleas	e ment	tion if al	lready rec	istered)
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Micro SIP: First Installm	5		5	•				nal Automated	d Clearing Hou	use (NACH).									
Te hereby apply for the following acility (Please ✓)		-				y one from eac Mention)	h column)	Plan (Pl	ease √)	Opt	ion (Pl	s menti	on)	Sub-Or	otion	(Plea	se √ iı	n case o	f IDCW)
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ase select and tick any of the du	e dates from the	below t	able against	t the facility	being cho	oosen by you.													
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Frequency					N	Veekly (Ple	ease √)	Fo	rtnightly (riedse v	,		Month	y			Quart	erly (Pl	ease v
Frequency (Please ✓)	Da	aily (P	'lease √)	"Day_		ease √)	" D 0	M M Y	ΥΥΥ]	DDI		у Ү Ү	Y	D	Quart	erly (Pl	
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TOP-UP & MULTIPLE SIP REGISTRATION FORM

(For first time investors, Kindly submit this form along with Common Application form)



Trustee Company: JM Financial Trustee Company Private Limited | **Investment Manager:** JM Financial Asset Management Limited. **Corporate Office:** Office B, 8th Floor, Cnergy, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400 025.Tel. No.: 022-6198 7777. Fax Nos.: 022- 6198 7704/3379 7704. E-Mail: Investor@Jmfl.com, Website: Www.jmfinancialmf.com

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The Maximum validity for the	nis Mandate is for 40 year	z							2															

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am/We are authorizing the user entity / corporate to debit my/our account.

• I/We have understood that I am/we are authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I/We have authorized the debit.

2. SIP De	etails			SIP Registration N	Лode		Λ	K-OTM	Ľ N	landate alo	ong with SIP	form	
OTM Referen	nce No.											Mandate are regist	tered)
Scheme / F	Plan / Option	Frequency	/ SIP Date (DD)	Enrollment Peri (MMYY)	iod	s	IP Amo	ount		Frequency	TOP-UP Fac	ility -up SIP Amount	
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NACH (National	Automated Clearing House) as ges in my bank account. I/We h	per my request from ti lereby authorize to hon	me to time. If the transaction is our such payments and have sig	d acting through its service providers delayed or not effected at all for reas ned and endorsed the Mandate Form	ons of incom n. Further, I a	nplete or incorrect authorize my repre	informatio	n, I/We woul	d not hold the u	ser institution respo get the above Man	nsible. I/We will also	nform JM Financial Mutu e verification charges, if an	al Fund
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days befo 2. Investor s default d holiday, t 3. Default O NACH For ment, the Further, li ing 30 da OTMs will	re the first SIP Installmen shall have the option of ci ate would be considered the SIP debit will be proces ption for SIP - The Investor ms etc. However, in case, a e NACH application may be f Investor fails to mention ys from the date of registr t be up to 30 years in line v	t date. hoosing any date of as 5th of every moi sed on the followin r is required to furnis ny Investor fails to n r rejected by the NPU the "start date" the c ation of SIP. The maa with the OTM or the	to copy/cancelled cheque o the month as the SIP dat th. If the SIP date falls or g business day. h all the stipulated details nention the "start date" and C. lefault date is 5th of the sul imum end period for any b	f Debit Bank Account at least 30 e. If SIP date is not mentioned, a non-business day or a bank in the Application, SIP Mandate, / or "end date" for the SIP Instal- osequent month, after complet- lew SIPs registered through the b is not more than 40 years.	11.	The requirem the minimum option to chai can opt to rece deducted from Investor will n tion is delayer to various clea service provid as a result of t takes full resp Investor can c	ent of mi n requiren rge "trans eive trans n the sub tot hold J d or not e aring cycl lers shall 1 using the tonsibility change ba	nimum app nent due to saction char action char scription an M Financial ffected or tl les of NACH not be held SIP or ECS / r. ank details	lication amo deduction of ges" is at the ges based on nounts, as ap Mutual Fund, he investor bz Debit/ Local responsible o 'Auto debt fa for SIP by sut	unt shall not be a 'transaction char discretion of the type of the Schem olicable. It's registrars and nk account is det (Bank holiday. JM r liable for damag cility. The investor writting a "CHAN	ge's from the subso distributors. Invest e. Accordingly, the other service provi pited in advance or A Financial Mutual ges / compensatior r assumes the enti GE OF BANK MANI	vestment amount fall ription amount. How ors may note that dist transaction charges v ders responsible if the after the specific SIP of Fund, its registrars a / loss incurred by the e risk of using this fac ATE - FOR SIP" form a . new bank with the in	ever, the tributors vould be transac- date due nd other investor ility and available
Frequency under SIP Facility	Minimum Amount	Minimum Number of installments	Minimum Discontinuation Notice period from Investor	Auto Cancellation Condition	13.	name printed TOP-UP Facilit	on it. ty: Under	, this facility	the Investor	can increase the S	SIP installment at	predefined intervals by	y a fixed
Weekly	Rs. 100 and in multiples of Re.1/- thereafter	24 Installments			•		ng to regis	ster TOP-UP	should provi	de the TOP-UP det		SIP enrolment details in multiples of Rs. 100	
Fortnightly	Rs. 100 and in multiples of Re.1/- thereafter	12 Installments	15 Calendar days for physical request and 7 calendar days for the	In case, 3 consecutive instalments fail due to insufficient funds	•	schemes; exce If no amount i	ept JM ELS is mentio	SS Tax Savei ned as TOP-	r Fund the mi UP amount u	nimum amount is nder frequency զւ	; Ŕs. 500 and in mu	Itiples of Rs. 500 there and yearly, minimum	eafter.
Monthly	Rs. 100 and in multiples of Re.1/- thereafter	12 Installments	requests received on Online Portals.				encies ava	ailable are ()uarterly/Hal	f-Yearly/ Yearly.	Vaarlu hu Dafault		
Quarterly	Rs. 250 and in multiples of Re.1/- thereafter	4 Installments		In case, 2 consecutive instalments fail due to insufficient funds		TOP-UP will co	ontinue ti estor wis	ilÍ the End o	f the SIP tenu	re by default.	s Yearly by Default. e must provide a ca	ncellation for the exis	sting SIP
Fund Minimum	amount is as per above ta	ble and thereafter ir	n multiple of Rs. 500*.	e of Rs. 1. For JM ELSS Tax Saver	:	Only TOP-UP o	cannot be			during the SIP ter o calculate SIP Toj			
6. For detail	ls about the Scheme and it	s facility please refe	SIP installment amount w r the SID, SAI & KIM of the r	ould be considered. espective schemes / Addendum		SIF	PTenure				y SIP Installment	: Rs. 2000/-	
7. The SIP w		atically if payment i	s not received for three suc		In	stallment No(s) Fr	om Date	To Date	1	requency: Yearly SIP Installment	SIP Top-Up Amo	unt
the regist	trar KFin Technologies Lim	ited. Notice of such	discontinuance should be r	fficial Point of Acceptance or to eceived at least 21 days prior to		1 to 12	-	D-Jan-23	10-Dec-2		2000	NA	-
portal.		,		Jh our website through investor		13 to 24	_	D-Jan-24	10-Dec-2	_	3000	1000	
9. Mandate	will be processed through BL circular dated August 2			of Rs. 10,000/- and above shall		25 to 36	_	D-Jan-25	10-Dec-2		4000	1000	
be charge	ed from the investors and :	shall be payable to t	he distributors/ brokers (w	ho have not opted out of charg-		37 to 48 49 to 60	_	D-Jan-26 D-Jan-27	10-Dec-2 10-Dec-2		5000 6000	1000	
subscripti	ions / new inflows only (lu	Impsum and SIP), su	ibject to the following:	r/broker relating to Purchases /	14.	Once the Top-	up cap ar	nount reach	ned the upper	limit, the Top-up		ed. However, SIP will o	continue
 Transaction 	on charge for SIP shall be e. In such cases the transa	applicable only if th	be recovered in maximum	gh SIP amounts to Rs. 10,000/-	15.		est circula	ar number	NPCI/2023-24	/NACH/008 date		from NPCI, the maxim vith the OTM or the m	

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- There shall be no transaction charge on commitment below Rs. 10,000/-. There shall be no transaction charges on direct investments. There shall be no transaction charges on direct investments. There shall be no transaction charges for transaction other than purchases/ subscriptions relating to new inflows such as Switches, etc. Transactions carried out through the Stock Exchange platforms for mutual funds shall not be subject to transaction charges.
- charges.

period of the SIP is not more than 40 years, with effect from April 01, 2024. Existing SIPs will not get impacted on the above conditions. Maximum limit of 1 Crore for Physical OTM/ E-mandate/ E-Sign with effect from October 01, 2023.

16. If investor did not mention the frequency the default frequency will Monthly and default day is Monday for Weekly frequency.

REGISTRATION SYSTEMATIC WITHDRAWAL PLAN (SWP) FORM SYSTEMATIC TRANSFER PLAN (STP) FORM



MUTUAL FUND

Distributor Co	do	Sub-Broke	r Codo	Sub-Broker	Codo		ee Unique	E-Code	RIA CODE^
			Coue	INTERNAL (9794	L-COUE	ONLY FOR DIRECT INVESTMENT
ARN - 25703	-	ARN -		useten Klaft blenk ab a fund				//// h a wa h u a a n E was that	sha FIIIN hay has have intentionally laft blav
by me/us as this transactio provided by the employee/	n is executed relationship	without any interact manager/sales person	ion or advice of the distr	e by the employee/relations ibutor/sub broker".	hip manager/sales per	son of the	above distributor/s	ub broker or notwithstar	the EUIN box has been intentionally left blar Iding the advice of in-appropriateness, if an
Upfront commission sha For Direct investments, plea					itors based on the i	ivestors' a	assessment of va	rious factors including	the service rendered by the distributo
^I/We, have invested in the	e below men	tioned scheme of JM	Financial Mu				nsent to share/pro	vide the transaction data	feed / portfolio holdings / NAV etc. in respe
Signature	of Sole/First	Applicant/Guardian		Sig	nature of Second Appl	cant	4	Sign	ature of Third Applicant
EXISTING UNIT HO	LDER'S IN	IFORMATION (PI	ease fill in you	ur details mentioned below)					
Folio No.									
1. APPLICANT'S DE	TAILS (It is 1	mandatory to submit ver	ified copy of	PAN proof for all investments	failing which application	will be rejec	ted)		
Name (Capital Letters)									DOB
Name of Guardian (if f	rct applicant	is a minor / Contact	Dercon for	non individuals)					(Mandatory in case of minor)
Name of Guardian (if fi					Proof of [ate of Rir	th O Rirth Cert	tificate O Passport C	Others (Please specify)
					11001012	ate of Di			
1st Applicant PAN									
2.1 STP Details									
I/We hereby apply for the follow	wing facility (P								
Facility (Please ✓)	From - JN		f the Scher	me /s (Please Mention)		-	n (Please √) ular ○ Direct	Option (Pls mention)	Sub-Option (Please √ in case of IDCW) ○ Payout ○ Reinvestment
STP	TO - JN						ular O Direct		O Payout O Reinvestment
Facility (Please √)		Daily (Please √)		/eekly (Please √)	Fortnightly (Pl			onthly* (Please √)	Quarterly (Please √)
		ota STP/Combo SIP)	"Day						
			Mo	nday to Friday	any day of the mo	nth	any	day of the month	any day of the month
Installment Amount	Rs.			Enrolement Period	From		То		O or Perpetual (i.e until it is cancelled)
* Fifth of the month will be the	default freque	ency if not ticked.							
2.2 SWP Details								1	T
	y (Please√)		Nan	ne of the Scheme /s (Plea	ase Mention)		n (Please ✓)	Option (Pls mention)	Sub-Option (Please √ in case of IDCW)
		Vithdrawal) ation Withdrawal)				O Reg	ular O Direct		O Payout O Reinvestment
			ole against t	he facility being choosen by	/ you.				
Facility (Please	.v∕)	Daily		Weekly	Fortnightly			hly* (Please √)	Quarterly (Please ✓)
SWP		Not Availa	ble	Not Available	Not Availab	<u>م</u>	O 1st O 5th O 20th O 25	0 0 10th O 15th th of the month	O 1st of next month & every quarter thereafter
Installment Amount	Rs.			Enrolement Period	From		То		or Perpetual (i.e until it is cancelled)
* Fifth of the month will be the	default freque	ency if not ticked.							
3. Declaration	a contante of t	a Cchama Information D	ocument of th	he scheme for investment and s	ubcoquent amondments t	oroto includ	ling the section on "D	avantian of Manau Laundari	or" 1/We become apply to the Tructor of IM Financi
Mutual Fund for units of the So	heme as indic	ated above and agree to	abide by the	terms and conditions, rules and	l regulations of the Schen	e. I/We hav	e not received and wi	Il not receive nor will be ind	ng", I/We hereby apply to the Trustee of JM Financia uced by any rebate or gifts, directly or indirectly, i
any other applicable laws or an	y notifications	, directions issued by any	governmenta	al or statutory authority from tin	me to time. It is expressly u	nderstood th	nat we have the expres	s authority from our constitut	ct, rules, regulations or any statute or legislation or ional documents to invest in the units of the Schem
making any further investment	in any of the s	chemes of the Fund, reco	ver/debit my/	/our folio(s) with the penal inte	rest and take any appropri	ate action ag	gainst me/us in case t	he cheque(s)/payment instru	ation, revert the units credited, restrain me/us fror ment is/are returned unpaid by my/our bankers fo
commission or any other m	ode), payable	to him for the differe	ent competii	ng Schemes of various Mutu	al Funds from amongst	which the	Scheme is being re	commended to me/us". J	ne/us all the commissions (in the form of trai M Financial Services Ltd. is affiliated to JM Financia
by JM Financial AMC. "The ARN	holder has dis	closed to me/us all the c	ommissions (i	in the form of trail commission of	or any other mode), payab	le to him for	r the different compet	ing Schemes of various Mutu	ting the mutual fund units of the schemes launche Ial Funds from amongst which the Scheme is bein
JM Financial Mutual Fund/JM F	inancial Trustee	e Co. Pvt. Ltd. I/We also co	onsent to the s	sharing of the transaction feed o	of my/our Investment in th	e above Sche	eme of JM Financial M	utual Fund with the Register	compliance of legal obligation of JM Financial AMC ed Investment Advisor (RIA)/Distributor whose RIA
ARN Code is mentioned above. channels or from funds in my /		•			ian Nationality / Origin and	ı ı /we* here	by confirm that the fu	nas for subscription have be	en remitted from abroad through approved bankin
Signature	of Sole/First	Applicant/Guardian		Sig	nature of Second Appl	cant	l.	Sign	ature of Third Applicant