

Serial No:

DISTRIBUTOR INFORMATION		FOR OFFICE USE ONLY		
ARN Code	Sub-Agent/Broker Code	Collection Centre's Serial No.	Date of Receipt	Time of Receipt
69253				

1. EXISTING UNIT HOLDER/S (Please fill in your details mentioned below and proceed to section 5) Folio No. _____

MIN* _____ POA-MIN* (If applicable) _____ (*For investor investing Rs. 50,000/- and above) (Refer instruction no. 8)

*If MIN not allotted then whether KYC acknowledgement issued by CVL Yes No

2. NEW APPLICANT INFORMATION (It is mandatory to submit PAN proof for investment of Rs.50,000/- and above failing which application is liable to be rejected) (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/Karta of HUF/Non-individual/Partner in case of Partnership Firm /Proprietor in case of Proprietorship Firm: _____ **Date of Birth** _____

Full Name of Guardian (in case of Minor) _____ **Relationship with Minor** [Pl.]

Mother Father Legal Guardian

PAN _____ UIN _____ Enclosed: PAN Card copy Form 60/61 (with address proof)

MIN* _____ POA-MIN* (If applicable) _____ (*For investor investing Rs. 50,000/- and above) (Refer instruction no. 8)

*If MIN not allotted then whether KYC acknowledgement issued by CVL Yes No

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

_____ CITY _____ PIN _____

STATE _____ TEL. NO. _____

Mobile No. _____ I/We wish to receive SMS alerts Yes No (Refer instruction no. 17)

E-mail Id: _____ I/We wish to receive account related information & other communications via e-mail Yes No (Refer instruction no. 17)

Full Name of Second Applicant: _____ **Date of Birth** _____

Full Name of Guardian (in case of Minor) _____ **Relationship with Minor** [Pl.]

Mother Father Legal Guardian

PAN _____ UIN _____ Enclosed: PAN Card copy Form 60/61 (with address proof)

MIN* _____ POA-MIN* (If applicable) _____ (*For investor investing Rs. 50,000/- and above) (Refer instruction no. 8)

*If MIN not allotted then whether KYC acknowledgement issued by CVL Yes No

Relationship with 1st Applicant [Pl.] : Spouse Child Parent Relative Sibling Friend Others (pl. specify) _____

Full Name of Third Applicant: _____ **Date of Birth** _____

Full Name of Guardian (in case of Minor) _____ **Relationship with Minor** [Pl.]

Mother Father Legal Guardian

PAN _____ UIN _____ Enclosed: PAN Card copy Form 60/61 (with address proof)

MIN* _____ POA-MIN* (If applicable) _____ (*For investor investing Rs. 50,000/- and above) (Refer instruction no. 8)

*If MIN not allotted then whether KYC acknowledgement issued by CVL Yes No

Relationship with 1st Applicant [Pl.] : Spouse Child Parent Relative Sibling Friend Others (pl. specify) _____

Mode of Holding [Pl. <input checked="" type="checkbox"/>]	Occupation of the 1st Applicant [Pl. <input checked="" type="checkbox"/>]	Status/Category of the 1st Applicant [Pl. <input checked="" type="checkbox"/>]
1. <input type="checkbox"/> Single	1. <input type="checkbox"/> Business 5. <input type="checkbox"/> Retired 10. <input type="checkbox"/> Others	1. <input type="checkbox"/> Resident Individual 5. <input type="checkbox"/> AOP/BOI 9. <input type="checkbox"/> Trust 13. <input type="checkbox"/> Government Body
2. <input type="checkbox"/> Joint*	2. <input type="checkbox"/> Professional 6. <input type="checkbox"/> Student (pl. specify)	2. <input type="checkbox"/> On behalf of minor 6. <input type="checkbox"/> Partnership Firm 10. <input type="checkbox"/> Society 14. <input type="checkbox"/> Financial Institution
3. <input type="checkbox"/> Either or Survivor/s	3. <input type="checkbox"/> Agriculturist 7. <input type="checkbox"/> Housewife	3. <input type="checkbox"/> HUF 7. <input type="checkbox"/> Proprietorship Firm 11. <input type="checkbox"/> NRI 15. <input type="checkbox"/> Banks
(* Default, in case of ambiguity when applicants are more than one)	4. <input type="checkbox"/> Private sector service 8. <input type="checkbox"/> Public Sector/Govt. service 9. <input type="checkbox"/> Forex Dealer	4. <input type="checkbox"/> Company 8. <input type="checkbox"/> Body Corporate 12. <input type="checkbox"/> FIs 16. <input type="checkbox"/> Others (pl. specify)
		<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted

ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

Received from Mr./Ms./M/s.

Serial No:

Sr.	Scheme Name	Plan	Sub-Plan	Option	Payment Details
i.					Amt. _____ Cheque/DD No. _____ dated _____ Bank & Branch _____
ii.					Amt. _____ Cheque/DD No. _____ dated _____ Bank & Branch _____

Collection Centre's Stamp & Receipt Date and Time
Cheques/DD's are subject to realisation

3. BANK PARTICULARS (It is mandatory to furnish bank particulars failing which application shall be rejected) (Refer instruction no. 8)

Name of Bank _____

Bank Address _____ CITY _____ PIN _____

Account Type : Savings Current NRE NRO FCNR Account No.: _____

MICR Code : _____ (This is a 9 digit no. mentioned next to the cheque no. on your cheque) (Please enclose a cancelled/xerox copy of the cheque for the above A/c. No.)

Direct Credit Facility: Please refer instruction no. 18.

4. FOR INVESTMENT BY NRI (s)/FII(s)

Overseas Address _____

City _____ Country _____ Pin/Zip _____

Declaration: I/We confirm that I/we am/are not required to obtain PAN under Income Tax Act 1961 Yes No

5. ANNUAL INCOME

Income earned per annum (indicate the summation of all the applicants if applying jointly or as any one/survivor)

Upto Rs.5,00,000 Rs.5,00,001 to Rs.25,00,000 Rs.25,00,001 to Rs.1,00,00,000 Rs.1,00,00,001 to Rs.5,00,00,000 Rs.5,00,00,001 and above

6. NOMINATION DETAILS

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

Name and Address of Nominee

Name _____ Date of Birth _____

Address _____

In case nominee is a minor

Name of Guardian _____ Relationship with Minor _____

Address of Guardian _____

Signature of Nominee / Guardian in case of Minor : _____

7. INVESTMENT DETAILS (Refer instruction no.5)

Scheme Name	Plan	Sub-Plan	Option

8. PAYMENT DETAILS: (Refer instruction nos. 6 & 7) Please ensure there is only one Cheque / DD per Plan/Sub-Plan/Option.**

Sr. No.	Cheque /DD No.	Gross Amount (Rs.)	DD Charges (Rs.)	Net Amount (Rs.)	Bank & Branch	Account Type (Savings/Current/NRE/NRO/FCNR)	Account No.

** Allotment of units is subject to realisation of Cheque/DD. No cash payments are accepted.

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.

9. DECLARATION & SIGNATURE(S)

Having read and understood the contents of the Offer Document of the scheme 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 receive nor will 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/s is/are 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.

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 Repatriation basis Non-Repatriation basis

* Please strike out whichever is not applicable.

SIGNATURE(S) / Thumb Impression (s) (Refer Instruction No. 3)

Sole/First Applicant	Second Applicant	Third Applicant

Place : _____ Date :

10. LIST OF DOCUMENTS ATTACHED (Please mention below the documents attached with the form)

1.	4.	Total Nos. of attachments	
2.	5.	To be filled in by applicant	To be verified by office
3.	6.		

REGISTRAR**Karvy Computershare Private Limited**

Karvy Plaza, H. No. 8-2-596, Avenue 4 Street No. 1, Banjara Hills, Hyderabad 500 034

• Tel No.: 040 2331 2454 / 2332 0251 / 751 Fax No.: 040 - 2331 1968 E-mail: services_jmf@karvy.com

Note: All future communication in connection with this application should be addressed to the Registrar at the address given above, quoting full name of First/Sole Applicant, the Application Serial Number, the name of the Scheme, the amount invested, date and the place of the Branch / Investor Service Centre where application was lodged.