

5. 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 (4) ☐ Repatriation basis ☐ Non-Repatriation basis

6. SYSTEMATIC INVESTMENT PLAN (SIP) (Please refer to terms, conditions and instructions for SIP & fillup separate form for each SIP date / frequency / plan / option)(please 4 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 Date End Date
Payment Mechanism:

Regular SIP <input type="checkbox"/>	<input type="checkbox"/> Auto Debit Facility (Direct Debit / ECS) (please attach Auto Debit Registration cum Mandate Form along with a cheque towards the first installment)
	<input type="checkbox"/> 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)
	<input type="checkbox"/> Through Post dated Cheques (please furnish the cheque details below)
Special SIP <input type="checkbox"/>	<input type="checkbox"/> 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 4 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 : **7. 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 To
Frequency of Transfer ^{Pl. 4 any one from the following}

<input type="checkbox"/> Weekly (pl. 4 any one starting date)	<input type="checkbox"/> Fortnightly (pl. 4 any one starting date)	<input type="checkbox"/> Monthly (pl. 4 any one starting date)	<input type="checkbox"/> Quarterly
<input type="checkbox"/> 1 st <input type="checkbox"/> 8 th <input type="checkbox"/> 15 th <input type="checkbox"/> 22 nd of the month	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th of every month	<input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th of the month	1 st 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

8. SYSTEMATIC WITHDRAWAL PLAN (SWP) (Pls Refer to terms, conditions and instructions for SWP)
SWP Plan (Pl. 4 any one): ☐ Fixed Amount Withdrawal (FAW) ☐ Capital Appreciation Withdrawal (CAW) **SWP Installment Amount under FAW:** Rs.
Withdrawal Frequency * (Pl. 4 any one): ☐ Monthly ☐ 1st ☐ 5th ☐ 15th ☐ 25th ☐ Quarterly (1st Business day of every quarter after the start)

Withdrawal Commencement date: **Enrolment Period:** From To

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

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

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)**
10. 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 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 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/Gurdian	Signature of Second Applicant	Signature of Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. 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="text"/>	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
12. Name of Document Attached for MICRO SIP	1. Document Ref. No. <input type="text"/>				
2. Document Ref. No. <input type="text"/>	3. Document Ref. No. <input type="text"/>				

Date : Place :

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: service_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.