

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form)
(all points marked * are mandatory)

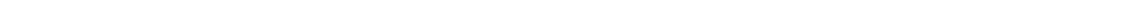


*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/we hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker". Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'

[illegible]

SIP DETAILS	OTM Ref No.																	(Please mention if already registered)
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Please select and tick any of the due dates from the below table against the facility being chosen by you.					
Facility (Please ✓)	Weekly (Please ✓)	Fortnightly (Please ✓)	Monthly**		Quarterly (Please ✓)
☐ SIP	☐ 1st ☐ 8th ☐ 15th ☐ 22nd of the month	☐ 1st ☐ 15th of the month	any date from 1st to 28th		☐ 1st of next month & every quarter thereafter
Installment Amount	Rs.	Enrolement Period	From	To	☐ or Perpetual (i.e until it is cancelled)



JM FINANCIAL MUTUAL FUND		One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit																			
TICK (✓) CREATE ☒ MODIFY ☐ CANCEL ☐		UMRN F o r o f f i c e u s e 										Date 									
		Sponsor Bank Code For Office use										Utility Code For Office use									
		I/We hereby authorize JM FINANCIAL MUTUAL FUND										to debit (tick (✓)) SB CA CC SB-NRE SB-NRO Other									
		Bank a/c number 																			
		with Bank 										IFSC 					or MICR 				
		an amount of Rupees 																			
		FREQUENCY ☒ Mthly ☐ Qyly ☐ H-Yrly ☐ Yrly ☒ As & when presented										DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount									
Reference 1		Folio Number										Phone No. 									
Reference 2		Appication Number										Email ID 									
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.																					
PERIOD From Signature Primary Account holder Signature Primary Account holder 																					
To		3 1 1 2 2 0 9 9										Signature Primary Account holder 									
Or		☒ Until Cancelled										Signature Primary Account holder 									
		1. Name as in Bank records										2. Name as in Bank records									
		3. Name as in Bank records																			

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.