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)

JM FINANCIAL
MUTUAL FUND

DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE
ARN - 116800	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN)		ONLY FOR DIRECT INVESTMENT

***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'**

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

UNITHOLDER INFORMATION — Folio No. (For Existing Unit Holders)

Sole / 1st Unit Holder

PAN | Date of Birth (D D M M Y Y Y Y) | Mobile No.

CKYC No.

INVESTMENT DETAILS — JM

(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy).

IDCW (Transfer) to Scheme _____

Installment Period : From Date (D D M M Y Y Y Y) To Date ☐ Perpetual (99 years) (Default) or ☐ 10 yrs or ☐ 5 yrs or (D D M M Y Y Y Y)

Amount Per Installment : Amount in words :

1st Installment Cheque Details : Cheque / DD No. **Amount (₹)**

Drawn on Bank & Branch : _____

Photo ID Proof number in case of Micro SIP of 1st Applicant _____ 2nd Applicant _____ 3rd Applicant _____

I/We hereby authorize JM Financial Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing / Auto Debit for collection of SIP Payments. Note: Please allow 1 month Auto Debit to register and start

SIP DETAILS — OTM Ref No. (Please mention if already registered)

☐ **Regular SIP:** First Installment of Regular SIP through a Cheque/Electronic transfer and subsequent investments via National Automated Clearing House (NACH).

☐ **Micro SIP:** First Installment of Regular SIP through a Cheque and subsequent investments via National Automated Clearing House (NACH).

I/We hereby apply for the following facility under Systematic Investment Facilities (Pl tick only one from each column)

Facility (Please ✓)	Name of the Scheme /s (Please Mention)	Plan (Please ✓)	Option (Pls mention)	Sub-Option (Please ✓in case of IDCW)
☐ SIP	JM	○ Direct ○ Regular		○ Payout ○ Reinvestment

Please select and tick any of the due dates from the below table against the facility being choosen 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)

** First of the month will be the default frequency if not ticked.

DECLARATION

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 NACH /Direct Debit or Standing Instruction Clearance. In case 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 the AMC/its service provider, I/we would not hold the Asset Management Company or its associates/vendors 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 NACH /Direct Debit/Standing Instructions towards the collection of 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 understand and agree to the current terms & conditions for SIP Pause facility in case I/We opt for the same anytime. I/We have read and agreed to the terms and conditions mentioned in KIM / Scheme Information Document of the scheme.

Consent for sharing Information : I /We hereby consent to the disclosure/sharing of my/our personal information to the Judicial /Statutory/ Regulatory Authorities for the compliance of legal obligation of JM Financial AMC/JM Financial Mutual Fund/JM Financial Trustee Co. Pvt. Ltd. I/We also consent to the sharing of the transaction feed of my/our Investment in the above Scheme of JM Financial Mutual Fund with the Registered Investment Advisor (RIA)/Distributor whose RIA/ARN Code is mentioned above.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

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JM FINANCIAL
MUTUAL FUND

One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit

TICK (✓)

CREATE	✓
MODIFY	☒
CANCEL	☒

UMRN (For office use) 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 ☒ Qylt ☒ H Yrly ☒ Yrly~~ ☑ As & when presented **DEBIT TYPE** ~~☒ Fixed Amount~~ ☑ Maximum Amount

Reference 1 (Folio Number) Phone No.

Reference 2 (Applicaton 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

To 31 12 2099

Or ~~☒ Until Cancelled~~

Signature Primary Account holder | Signature Primary Account holder | 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.