

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

DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE <sup>^</sup>
ARN -	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIIN)		ONLY FOR DIRECT INVESTMENT

\*Investors should mention the EUIIN 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 EUIIN 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'.

<sup>^</sup>I/We, have invested in the below mentioned scheme of JM Financial Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

 Signature of Sole/First Applicant/Guardian	 Signature of Second Applicant	 Signature of Third Applicant
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<b>EXISTING UNIT HOLDER'S INFORMATION</b> (Please fill in your details mentioned below)									
Folio No.									

<b>1. APPLICANT'S DETAILS</b> (It is mandatory to submit verified copy of PAN proof for all investments failing which application will be rejected)	
Name (Capital Letters)	DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Mandatory in case of minor)
Name of Guardian (if first applicant is a minor / Contact Person for non individuals)	
Guardian's Relationship With Minor <input type="radio"/> Father <input type="radio"/> Mother	Proof of Date of Birth <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Others _____ (Please specify)
1st Applicant PAN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**2. STP/SWP Details**

I/We hereby apply for the following facility (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)
<input type="checkbox"/> STP	From - <b>JM</b>	<input type="radio"/> Direct <input type="radio"/> Regular		<input type="radio"/> Payout <input type="radio"/> Reinvestment
	TO - <b>JM</b>	<input type="radio"/> Direct <input type="radio"/> Regular		<input type="radio"/> Payout <input type="radio"/> Reinvestment
<input type="checkbox"/> SWP <input type="radio"/> FAW (Fixed Amount Withdrawal) <input type="radio"/> CAW (Capital Appreciation Withdrawal)		<input type="radio"/> Direct <input type="radio"/> Regular		<input type="radio"/> Payout <input type="radio"/> Reinvestment

Please select and tick any of the due dates from the below table against the facility being chosen by you.

Facility (Please ✓)	Daily (Please ✓)	Weekly (Please ✓)	Fortnightly (Please ✓)	Monthly** (Please ✓)	Quarterly (Please ✓)
<input type="checkbox"/> STP	Daily (Chhota STP/Combo SIP)	<input type="radio"/> 1st <input type="radio"/> 8th <input type="radio"/> 15th <input type="radio"/> 22nd of the month	<input type="radio"/> 1st <input type="radio"/> 15th of the month	<input type="radio"/> 1st <input type="radio"/> 5th <input type="radio"/> 10th <input type="radio"/> 15th	<input type="radio"/> 1st of next month & every quarter thereafter
<input type="checkbox"/> SWP	Not Available	Not Available	Not Available	<input type="radio"/> 20th <input type="radio"/> 25th of the month	

Installment Amount *	Rs.	Enrolement Period	From	To	<input type="radio"/> or Perpetual (i.e until it is cancelled)
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\*Not Applicable for SWP under CAW since capital appreciation will automatically be withdrawn as per terms & conditions of this facility.\*\* First of the month will be the default frequency if not ticked.

**3. Declaration**

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". JM Financial Services Ltd. is affiliated to JM Financial Asset Management Ltd. (JM Financial AMC), which is the Investment Manager to the schemes of JM Financial Mutual Fund. It would receive commission/distribution fees from JM Financial AMC for distributing the mutual fund units of the schemes launched by JM Financial AMC. "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". **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. **\*\*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.

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