

## REGISTRATION FORM FOR SYSTEMATIC INVESTMENT PLAN WITH (NACH FORM) AFTER INITIAL PURCHASE/RENEWAL OF SIP



Name & ARN of Distributor	Internal Sub-Broker Code (as allotted by Distributor)	Sub-Broker ARN	Employee Unique Identification No. (EUN)^
ARN-181211		E	

^Mandatory: Furnishing of EUN is mandatory for all transactions (Purchase/Switch/SIP/STP) or following declaration should be signed by the investor (Please ✓ the box).

**Declaration:** "I/We hereby confirm that the EUN 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."

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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"Upfront commission shall be paid directly by the investor to the AMFI registered Distributor based on the investor's assessment of various factors including the service rendered by the distributor".

## SIP (through NACH) REGISTRATION CUM MANDATE FORM

- ☐ **New Regular SIP:** First Installment of Regular SIP through a Cheque 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).
- ☐ **New Special SIP:** First & subsequent installments of Special SIP via NACH or Direct Debit. Application should be submitted at least 30 days before the 1st SIP installment.
- ☐ **Renewal/Continuation of existing SIP** only if last SIP installment as per current registration is not yet over (pls fill fresh details in following columns).

## INVESTMENT DETAILS

Folio No. (for existing unitholders)

Name of Sole/1st Applicant/Minor/Non-individual Mr./Ms./M/s. (2nd/3rd Holder/s' name/s will be as per above folio)

E-mail ID (Capital Letters):  Mobile No.:

Scheme : **JM** Plan : Direct ☐ Regular ☐ Option/Sub-Option

SIP Installment Amount (Rs.)  Frequency (please tick any one) : Monthly\* ☐ Quarterly ☐ 1st of every month/quarter (\* Default Frequency)

SIP Period : Start :  End :  OR Perpetual (i.e. until it is cancelled) ☐

SIP Dates (Pl. ✓ any one) :  01st  05th  10th  15th  20th  25th of the month (Note : Minimum 30 days are required for 1st installment through auto debit to register and start)

First SIP Cheque details	Cheque No.	Amount in Rs.	Cheque Date: / / 202	Favouring "JM Financial Mutual Fund"
DEBIT BANK DETAILS				
Bank Name:	Branch & City	A/c. No.	Type: SB <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others <input type="checkbox"/>	

## DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that of the Demat Account held with your Depository Participant).

Please ensure that you submit supporting documents evidencing the accuracy of the demat account details mentioned below. Bank details as per DP's records will overwrite the existing bank details in the folio.

☐ **National Security Depository Limited (NSDL)** ☐ **Central Depository Services (India) Limited (CDSL)**

Depository Participant's Name:

DP ID No. IN  Beneficiary Account No.  Target ID No.

In case of any ambiguity, AMC is at its discretion to either allot units as per Demat information or in physical mode. Kindly refer Statement of Additional Information and Scheme Information Document for details.

## DECLARATION &amp; SIGNATURES (Please strike out whichever is not applicable.)

**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. 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 NACH /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 of the scheme.\*

\*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.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant
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## Applicable for Lumpsum Additional Purchases as well as SIP Registrations

## DEBIT MANDATE FORM NACH

UMRN :  Date

Tick (✓)  
☐ CREATE  
☐ MODIFY  
☐ CANCEL  
 Sponsor Bank Code : **ICICOTREA00** Utility Code **ICIC00261000001992**  
 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 ☐ Qtrly ☐ H-Yrly ☐ Yrly ☒ As & when presented Debit Type ☐ Fixed Amount ☒ Maximum Amount

Reference 1  Folio No: Optional Phone No.

Reference 2  Appln No: Optional Email ID  IN CAPITAL

I/We agree for the debit of mandate processing charges by the bank whom I am/we are authorizing to debit my/our account as per latest schedule of charges of the bank.

PERIOD	Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
From <input type="text"/>			
to <input type="text"/>			
or <input type="checkbox"/> Until Cancelled	1. Name as in Bank Record	2. Name as in Bank Record	3. Name as in Bank Record

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am/We are authorizing the user entity / corporate to debit my/our account.
- I/We have understood that I am/we are authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I/We have authorized the debit.