

SYSTEMATIC INVESTMENT PLAN (SIP THROUGH AUTO DEBIT) Please attach the scheme application form duly filled & signed

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

^Mandatory: Furnishing of EUID 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 EUID 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."

AUTO DEBIT (NACH / DIRECT DEBIT) REGISTRATION CUM MANDATE FORM

- New Regular SIP:** First Installment of Regular SIP through a Cheque and subsequent investments via National Automated Clearing House (NACH) (for all Banks in select cities only) / Direct Debit (for select Banks only) as per overleaf.
- 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) **Application No. (for new Applicant)**

Name of Sole/1st Applicant/Minor/Non-individual Mr./Ms./M/s.

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

Scheme : **Plan :** **Sub-Option**

SIP Installment Amount (Rs.) **Frequency (please tick any one) :** Monthly* Quarterly (* 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)

"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".

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

"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".

Applicable for Lumpsum Additional Purchases as well as SIP Registrations

DEBIT MANDATE FORM NACH / ECS / DIRECT DEBIT

UMRN : **Date**

Tick (✓) **Sponsor Bank Code :** **Utility Code**

CREATE **MODIFY** **CANCEL** 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
From
to
or **Until Cancelled**

Signature of Account Holder **Signature of Account Holder** **Signature of Account Holder**

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.