



# JM Mutual Fund

112, Jolly Maker Chambers II, Nariman Point, Mumbai - 400021.  
Tel: (022) 66333039 • Fax: (022) 22876297

**COMMON APPLICATION FORM**

Serial No. **D**

AGENT INFORMATION		FOR OFFICE USE ONLY		
ARN Code	Sub-Agent/ Broker Code	Registrar's Serial No.	Date of Receipt	Time of Receipt
ARN-3852				

1. EXISTING UNIT HOLDER INFORMATION (Please fill in your folio No. and proceed to section 3) Folio No. \_\_\_\_\_

## 2. UNIT HOLDER INFORMATION (To be filled in block letters)

Name of first/sole applicant  Mr.  Ms.  M/s \_\_\_\_\_

Date of Birth (Mandatory if applicant is minor)  DD  MM  YYYY \_\_\_\_\_ Sex  Male  Female

Contact Person (in case of non-individual investors) \_\_\_\_\_

Telephone (O) \_\_\_\_\_ (R) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Name of second applicant  Mr.  Ms.  M/s \_\_\_\_\_

Name of third applicant  Mr.  Ms.  M/s \_\_\_\_\_

Name of Guardian (if applicant is Minor)  Mr.  Ms.  M/s \_\_\_\_\_

Mailing Address of first/sole applicant \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Mode of holding {Please ✓}	Occupation {Please ✓}	Status/Category {Please ✓}
1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Joint 3. <input type="checkbox"/> Either or Survivor/s	1. <input type="checkbox"/> Business 2. <input type="checkbox"/> Service 3. <input type="checkbox"/> Professional 4. <input type="checkbox"/> Agriculture 5. <input type="checkbox"/> Retired 6. <input type="checkbox"/> Housewife 7. <input type="checkbox"/> Student 8. <input type="checkbox"/> Others (please specify) _____	1. <input type="checkbox"/> Individual 2. <input type="checkbox"/> On behalf of minor 3. <input type="checkbox"/> HUF 4. <input type="checkbox"/> Company 5. <input type="checkbox"/> AOP/BOI 6. <input type="checkbox"/> Partnership Firm 7. <input type="checkbox"/> Body Corporate 8. <input type="checkbox"/> Trust 9. <input type="checkbox"/> Society 10. <input type="checkbox"/> Others (please specify) _____ 11. <input type="checkbox"/> NRI (Through NRO A/c) 21. <input type="checkbox"/> Non-Residents 23. <input type="checkbox"/> File

## 3. INVESTMENT DETAILS (Please refer to instruction no. 5) for G-Sec Fund

Scheme Name	Plan	Option	Fixed Period Redemption Option (FPRO) Automatic Annual Reinvestment Option (AARO) Automatic Capital Appreciation Withdrawal Option (ACAWO)	MATURITY DATE (OPTIONAL)					
				D	D	M	M	Y	Y
			<input type="checkbox"/> FPRO						
			<input type="checkbox"/> AARO						
			<input type="checkbox"/> ACAWO (For G-Sec PF Plus option)	<input type="checkbox"/> Q	<input type="checkbox"/>	<input type="checkbox"/> H	<input type="checkbox"/>	<input type="checkbox"/> Y	<input type="checkbox"/>

For MIP Fund  
Fixed Amount Withdrawal (FAW) Rs. \_\_\_\_\_ FAW/CAW Enrolment period From \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yy) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yy)



# JM Mutual Fund

Received from Mr./Ms./M/s. \_\_\_\_\_

## ACKNOWLEDGEMENT SLIP

(To be filled in by the investor)

Serial No. **D**

Sr.	Scheme Name	Plan	Option	Payment Details
i.				Amt. _____ Cheque/DD No. _____ dated _____ Bank & Branch _____
ii.				Amt. _____ Cheque/DD No. _____ dated _____ Bank & Branch _____
iii.				Amt. _____ Cheque/DD No. _____ dated _____ Bank & Branch _____

ISCs Stamp & Receipt Date and Time
Cheques/DD's are subject to realisation

4. PAYMENT DETAILS(Please refer instruction no. 6/7)**						
Sr.	Cheque No.	Amount (Rs.)	DD Charges (Rs.)	Net Amount (Rs.)	Bank & Branch	Account Type <small>(Savings/Current/NRE/NRO/FCNR)</small>
i.						
ii.						
iii.						

\*\* all purchases are subject to realisation of Cheques/DD's

#### 5. STATUTORY DETAILS(Please refer to instruction no. 8)

##### BANK ACCOUNT DETAILS OF FIRST APPLICANT

Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account No. \_\_\_\_\_

Branch Address \_\_\_\_\_

A/c. Type (Please ✓)  Current  Savings  NRE  NRO  FCNR

##### PAN/GIR DETAILS

	PAN/GIR										CIRCLE / WARD / DISTRICT									
First Applicant																				
Second Applicant																				
Third Applicant																				
Guardian																				

MAPIN \_\_\_\_\_

##### 6. DIRECT CREDIT FACILITY (If you have an account with any of the following banks, you can opt for direct credit of Dividend/Redemption proceeds) (Please ✓ one)

ICICI Bank  IDBI Bank  HDFC Bank  ABN Amro Bank  Citibank  UTI Bank  Kotak Bank  Stanchart Bank  HSBC Bank

##### 7. E-MAIL COMMUNICATION I/We wish to receive the following via email Account Statement Quarterly newsletter

##### 8. FOR INVESTMENTS BY NRI(s)/FII(s) :

Overseas Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Pin/Zip \_\_\_\_\_

Please (✓) :  Repatriation basis  Non-Repatriation basis

##### 9. NOMINATION/CANCELLATION OF NOMINATION :(\*If nominee is minor)

I/We \_\_\_\_\_ & \_\_\_\_\_ \* do hereby nominate the person more particularly described hereunder/and/cancel the nomination made by me/us on the \_\_\_\_\_ day of \_\_\_\_\_ in respect of the units bearing No. \_\_\_\_\_ . Payment of the sums to the nominee shall discharge the Mutual Fund of liabilities towards the estate of the deceased unitholder and his/her/their legal successor/legal heir(s). (\*strike out which is not applicable).

Name of Nominee \_\_\_\_\_

Address of Nominee \_\_\_\_\_

Name of Guardian \* \_\_\_\_\_

(In case Nominee is minor) \_\_\_\_\_

Date of Birth (of Minor) \_\_\_\_\_ Signature of Guardian : \_\_\_\_\_

Address of Guardian \* \_\_\_\_\_

##### 10. SIGNATURE(S)

FIRST / SOLE APPLICANT	
SECOND APPLICANT	
THIRD APPLICANT	

## REGISTRAR

### Computer Age Management Services (P) Limited

"Rayala Towers", 1st Floor, No.781-785, Anna Salai, Chennai 600 002.

Tel No.: (044) 2852 0516/ 0788 • Fax: (044) 28514071

**Note:** All future communication in connection with this application should be addressed to the Registrar at the address given above, quoting full name of First/Sole Applicant, the Application Serial Number, the name of the Scheme, the amount invested, date and the place of the Collecting Investor Service Centres Office where application was lodged.