

(Please refer to instructions carefully on pages 32, 33 and 34 before filling out this form)

### 1. DISTRIBUTOR INFORMATION (Please read the instructions before investing)

Broker code <b>ARN-56003</b>	Sub-broker code	For office use
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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.

### 2. INFORMATION OF EXISTING UNIT HOLDER (For existing investor. Unless details in sections 3 - 6 have changed, please go directly to section 6. Note that applicant details and mode of holding will be as per existing folio number)

Folio no.	Employee SID (for employees of J.P. Morgan only)
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### 3. APPLICANT INFORMATION

Occupation [Please tick (✓)]	Status [Please tick (✓)]
<input type="radio"/> Agriculture <input type="radio"/> Student <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Professional <input type="radio"/> Service <input type="radio"/> Housewife <input type="radio"/> Others _____	<input type="radio"/> Minor <input type="radio"/> NRI <input type="radio"/> Resident Individual <input type="radio"/> HUF <input type="radio"/> Company/BC <input type="radio"/> Trust <input type="radio"/> FIs <input type="radio"/> Bank / FI <input type="radio"/> Partnership <input type="radio"/> AOP / BoI <input type="radio"/> Club/Society <input type="radio"/> PIO <input type="radio"/> Sole proprietor <input type="radio"/> Others (pl. specify) _____

Name of first applicant	Date of birth*
Mr. Ms. M/s.	D D   M M   Y Y   Y Y

\*In case where PAN is not provided, providing date of birth is mandatory or else the application is liable to be rejected.

Name of guardian (in case of minor)	Relationship: <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian
Mr. Ms.	

Name of Contact person (In case of institutional investors)
Mr. Ms.

Designation of the contact person
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Name of second applicant
Mr. Ms.

Name of third applicant
Mr. Ms.

Address of sole / first applicant (Please provide full address) (In case of NRIs/FIIs please provide overseas address - Mandatory P.O. box no. may not be sufficient)		
City	Pin code	M A N D A T O R Y
State	Country	

Overseas address (Please provide full address. P.O. box no. may not be sufficient) (Mandatory for NRIs / FIIs / PIO)		
City	Pin code	Country

Communication		
Tel. (R) / Mobile no.	Tel. (O)	Fax no.
E-mail		

I/We would like to receive the following documents through e-mail instead of post (Kindly ✓)	Mode of holding [Please tick (✓)]
<input type="radio"/> Account statement <input type="radio"/> Newsletter <input type="radio"/> Quarterly review & annual report <input type="radio"/> Other statutory information	<input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Anyone or survivor (default)

Permanent Account Number (PAN) [Mandatory]			
First applicant	<input type="radio"/> KYC compliant	Guardian	<input type="radio"/> KYC compliant
Second applicant	<input type="radio"/> KYC compliant	Third applicant	<input type="radio"/> KYC compliant

### 4. BANK ACCOUNT DETAILS (Mandatory. The application will be rejected if this section is left blank. Please provide the details of the sole / first applicant). (Refer instruction no. 3 on page 32)

Bank particulars (Name of the bank)	Branch
Branch address	City
Account number	Account type <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR
RTGS or neft - IFSC code	9 digit MICR code
Direct credit facility (please refer to the list of banks that offer direct credit facility on page 32). However, if you wish to receive a cheque payout, please tick here (✓) <input type="radio"/>	
Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓) <input type="radio"/>	

### 5. ANNUAL INCOME [Please tick (✓)]

<input type="radio"/> Upto ₹ 5,00,000	<input type="radio"/> ₹ 5,00,001 to ₹ 25,00,000	<input type="radio"/> ₹ 25,00,001 to ₹ 1,00,00,000	<input type="radio"/> ₹ 1,00,00,001 to ₹ 5,00,00,000	<input type="radio"/> ₹ 5,00,00,001 and above
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### 6. INVESTMENT DETAILS (Refer instruction no. 4 on page 33)

Scheme name JPMorgan	Plan (Please ✓) <input type="radio"/> Retail <input type="radio"/> Institutional <input type="radio"/> Super Institutional
Option (Please ✓) <input type="radio"/> Dividend <input type="radio"/> Growth (default)	<input type="radio"/> Dividend reinvestment (default) <input type="radio"/> Dividend payout <input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly* <input type="radio"/> Monthly*

### ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from: Mr. / Ms. \_\_\_\_\_

Application for units of : JPMorgan \_\_\_\_\_ Plan \_\_\_\_\_

Option (please ✓) :  Growth (default)  Dividend reinvestment  Daily (as applicable)  Weekly (as applicable)  Fortnightly (as applicable)  Monthly (as applicable)  Dividend payout

Cheque / D.D. no. \_\_\_\_\_ for ₹ \_\_\_\_\_ dated \_\_\_\_\_

Drawn on bank \_\_\_\_\_

Application no.

T

Office Signature, stamp & date

**7. PAYMENT DETAILS (Refer instruction no. 5 on page 33)**

**7A. INITIAL INVESTMENT** (Please note that investors have to fill out separate common application forms for Initial and SIP investments)

Cheque / DD no.		Drawn on bank/	
Cheque / DD date	D   D   M   M   Y   Y   Y   Y	Branch name	
Amount of cheque / DD in figures (₹) (i)		Account type (Please ✓)	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
DD charges, if any, in figures (₹) (ii)		Relationship with beneficiary	
Total amount in figures (₹) (i) + (ii)		(Third party payment)	
Rupees in words			

**7B. SYSTEMATIC INVESTMENT PLAN** (Refer terms and conditions on page 38 and instructions for SIP on page 40)

<b>Frequency</b> (Please ✓ any one only) <input type="radio"/> Monthly SIP (default) <input type="radio"/> Quarterly SIP	<b>Enrolment period</b> Start Date M   M   Y   Y	<b>Dates</b> <input type="radio"/> 1st (default) <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All dates (for ECS facility only)
<b>Payment mechanism</b> (Please ✓ any one only) 1. <input type="radio"/> Cheques (Please provide the details below) 2. <input type="radio"/> ECS debit facility (Please complete the application form for ECS debit facility)		<b>No. of instalments</b> _____ (default as per SID)
<b>First SIP transaction via Cheque no.</b>	<b>Cheque dated</b> D   D   M   M   Y   Y	<b>Amount (₹)</b> _____
<b>Instalment amount (₹)</b>	<b>No. of instalments</b>	<b>Total Amount (₹)</b>
<b>Subsequent instalment cheque nos.</b>	From _____ To _____	From _____ To _____
<b>Cheques drawn on</b>	Name of bank _____	Branch _____

**8. DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S)** (Refer Instruction 7)

<b>Depository Participant (DP) ID</b>	<b>Beneficiary Account Number</b>	<b>Depository Participant (DP) ID &amp; Beneficiary Account Number</b>
NSDL <input type="radio"/>		OR CDSL <input type="radio"/>
Please note that : 1. If demat details provided are not valid, allotment will be done in physical / statement of account mode. 2. In case of valid demat account details provided, the bank account details, joint holding details, mode of holding (joint / anyone or survivor) in case of joint holdings, address details and nominee details as per the demat account shall prevail over the corresponding details provided on the application form.		

**9. NOMINATION\* DETAILS (Nominations will not be permitted in case of folios held on behalf of a minor)**

I/We hereby nominate the undermentioned nominee to receive the amounts to my/our credit in the event of my/our death. I/We also understand that all payments and settlements made to such nominee and signature of the nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees.

Tick here if you do not wish to nominate ^

<b>Name of the nominee</b>	<b>Date of birth</b> (if nominee is minor)
Mr. Ms. M/s.	D   D   M   M   Y   Y   Y   Y
<b>Address of nominee</b> (Please provide full address)	
Pin code	
<b>Name of the guardian</b> (if nominee is minor)	<b>Relationship with nominee</b>
<b>Address of guardian</b>	<b>Signature of guardian (mandatory) / nominee (optional)</b>
Pin code	

\* For multiple nominations please ensure that the same details given in this nomination section are sent in on a separate sheet of paper, with all the investors' signatures.

^ Please note that if you do not tick the box nor furnish any nomination details, it is deemed to be assumed that you do not wish to nominate anyone.

10. DOCUMENTS ENCLOSED (Please ✓)		APPLICATIONS ENCLOSED (Please ✓)		Total No. of enclosures	
Corporate Documents <input type="radio"/> Yes <input type="radio"/> No	<b>Micro SIP</b>	<input type="radio"/> Systematic Investment Plan (SIP)	<input type="radio"/> MICRO SIP Document	No. to be filled by applicant	For office use
ASL <input type="radio"/> Yes <input type="radio"/> No	Alternate Document: _____	<input type="radio"/> Cheques	<input type="radio"/> Systematic Transfer Plan (STP)		
BR <input type="radio"/> Yes <input type="radio"/> No	Document Number: _____	<input type="radio"/> ECS Debit Facility	<input type="radio"/> Systematic Withdrawal Plan (SWP)		

**11. DECLARATION AND SIGNATURES**

**Applicable to NRI / FII / PIO:** I am / We are not U.S. or Canadian person(s) or resident(s) in or citizen(s) of the United States of America or Canada. I / We confirm that I am / We are Non-Resident(s) of Indian nationality / origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR account. I / We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE / FCNR account. **In case of non residents** (please tick as appropriate): 1. Residential Status:  Resident (including not ordinarily resident)  Non-resident. 2. The units issued to me / us will be held as  investment  business asset#.

**Corporate applicants only:** A corporation should affix its company stamp or seal, if any. I am / We are duly authorised to execute and deliver this Master Account Agreement. The corporation is not organised or formed by U.S. Persons, residents in or citizens of the United States of America principally for the purposes of investing in securities not registered under the Securities Act of 1933 of the United States of America.

I / We have read, understood and agree to the contents of the Key Information Memorandum (including the "General section"), Statement of Additional Information and the Scheme Information Document of the above Scheme(s) of JPMorgan Mutual Fund including the sections on "Who cannot invest", "Note on Anti Money Laundering, Know-Your-Customer and Investor Protection", "How to Apply?", "Fax Instructions" and any indemnities provided therein.

I / We shall make our own independent decisions whether to subscribe for Units acting upon our own judgment and such independent advice as I / We consider appropriate. I / We hereby apply for allotment / purchase of Units in the Scheme(s) and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that I / We am / are a "person resident in India" for the purposes of the Foreign Exchange Management Act, 1999 and I / We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I / We hereby authorise JPMorgan Mutual Fund, its Investment Manager and / or its agents to disclose details of my investment to my bank(s) / JPMorgan Mutual Fund's bank(s) and / or any relevant distributor / broker / investment advisor, as appropriate. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the information given in this application form is correct, complete and truly stated.

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. I do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. I hereby declare that in case of third party payments, the payments are covered under one of the following- Payment by Parents/Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding ₹ 50,000/- (each regular purchase or per SIP instalment) or Payment by Employer on behalf of employee through Payroll deductions or Custodian on behalf of an FII or a client.

(These signatures will be matched against the signatures in the repurchase or other transactions and in case of improper match or difference in the signatures, investors will be requested to get their signature verified by their banks.)

**Date** \_\_\_\_\_

SIGNATURE(S)			
<b>Sole / First applicant</b>	<b>Second applicant</b>	<b>Third applicant</b>	<b>Third party cheque issuer</b>

# Please refer to Chapter III of the Scheme Information Document.

Signature of all applicants is necessary in case a nominee has been mentioned in Section 8 above.

**JPMorgan Mutual Fund**

**Note:** All future communications in connection with this application should be addressed to the nearest JPMorgan Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the scheme, the amount invested, date and the place of the Customer Service Centre where the application was lodged.

**Asset Management Company**

: JPMorgan Asset Management India Private Limited  
J. P. Morgan Tower, Off C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400 098. **Tel.:** 022 - 6157 3000 **Fax :** 022 - 6157 4170  
**E-mail** india.investors@jpmorgan.com **Toll free no.** 1-800-22-5763 (JPMF)

**Registrar & Transfer Agent**

: Deutsche Investor Services Private Limited, Nirilon Knowledge Park, 4th Floor, Block 1, Western Express Highway, Goregaon (East), Mumbai - 400 063, Maharashtra - India. **Tel. :** 022 - 6670 6900 **E-mail :** investor.jpm@db.com

**Please read Terms & Conditions overleaf**

**First SIP cheque** and subsequent SIP via **ECS (debit clearing)** in select banks.

**ARN-56003**

The Trustee

**JPMorgan Mutual Fund India Private Limited**

I / We have read and understood the contents of the Scheme Information Document of the following scheme(s) and the terms & conditions of SIP ECS (debit clearing).

Please (✓) any one.

- I / We hereby apply for ECS under the SIP (debit clearing) of the following scheme(s) / option and agree to abide by the terms and conditions of the following scheme(s) / plan / option **(new registration)**.
- Please change my / our bank account for ECS (debit clearing) **(change in bank account)**.
- I / We hereby apply for cancellation of ECS (debit clearing) facility for SIP of the following scheme / option **(cancellation)**.

**INVESTOR AND SIP DETAILS**

**Folio no.** (for existing unit holder) / **Application no.** (for new investor)

**Sole / First investor name**

**Scheme name**

JPMorgan

**Option**  
(Please ✓)

- Growth** (default option)
  - Dividend reinvestment** (default)
  - Daily\***
  - Weekly\***
  - Fortnightly\***
  - Monthly\***
- \*as applicable

- Dividend**
- Dividend payout**

**Plan** (Please ✓)

- Retail**
- Institutional**
- Super Institutional**

**Each SIP instalment amount (₹)**

**Frequency**

- Monthly (default)
- Quarterly

**First SIP transaction via cheque no.**

**Cheque dated**

D D M M Y Y

**Amount (₹)**

**SIP date** (Please ✓) [for ECS (debit clearing)]

- 1st (default)
- 10th
- 15th
- 25th
- All dates\* (see overleaf)

**There must be at least 21 days gap between the first SIP cheque and subsequent due date of ECS (debit clearing).**

**SIP period** [for ECS (debit clearing)]

Start from

M M Y Y

End on

M M Y Y

(default - as per SID)

I/We hereby, authorise JPMorgan Mutual Fund and its authorised service providers, to debit my/our following bank account by ECS (debit clearing) for collection of SIP payments.

**PARTICULARS OF BANK ACCOUNT**

**Bank name**

**Branch name**

**Bank city**

**Account number**

**Account type** (Please ✓)

- Savings
- Current

**9 digit MICR code\***

**RTGS or neft - IFSC code**

R E Q U I R E D

\* Please provide the MICR code of the bank branch from where the ECS is to be effected. MICR codes starting or ending with 00 are not valid for ECS.

**Account holder name as in bank account**

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (debit clearing). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform JPMorgan Mutual Fund about any changes in my / our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

**Date** \_\_\_\_\_

**SIGNATURE(S)**

<b>First account holder's signature</b> (As in bank records)	<b>Second account holder's signature</b> (As in bank records)	<b>Third account holder's signature</b> (As in bank records)

**For office use only (not to be filled in by the investor)**

Recorded on

\_\_\_\_\_

Scheme code

\_\_\_\_\_

Recorded by

\_\_\_\_\_

Credit account number

\_\_\_\_\_



**Authorisation of the bank account holder (to be signed by the Investor)**

This is to inform that I/we have registered for the RBI's Electronic Clearing Service (debit clearing) and that my payment towards my investment in JPMorgan Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/we authorise the representative carrying this ECS (debit clearing) mandate form to get it verified & executed.

**Bank account number**

**SIGNATURE(S)**

<b>First applicant</b>	<b>Second applicant</b>	<b>Third applicant</b>