

JM MIDCAP FUND

(An open ended equity scheme predominantly investing in mid cap stocks)

NFO OPENS : October 31, 2022

NFO CLOSES : November 14, 2022



<p>This Product is suitable for investors who are seeking*</p> <ul style="list-style-type: none"> • Long Term wealth creation • An open ended equity scheme that aims for capital appreciation by investing in diversified mid cap companies. <p>*Investors should consult their financial advisers if in doubt about whether the product is suitable for them. †The Product labeling assigned during the NFO is based on internal assessment of the scheme characteristics or model portfolio and the same may vary post NFO when actual investments are made.</p>	<p>Scheme Risk-o-meter[‡]</p> <p>Investor understand that their principal will be at very high risk</p>
---	---

DISTRIBUTOR INFORMATION				FOR OFFICE USE ONLY	
Name & ARN of Distributor / RIA Code*	Internal Sub-Broker Code (as allotted by Distributor)	Sub-Broker ARN Code No.	Employee Unique Identification No. (EUIIN)^	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine
24952			E E347831		

^Mandatory: Furnishing of EUIIN 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 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."

*RIA/Declaration: I/We hereby give you my/our consent to share/provide the transactions data feed/portfolio holdings/NAV etc. in respect of my/our investments under Direct Plan of all schemes managed by you to the above mentioned SEBI registered investment adviser/RIA.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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".

INVESTMENT DETAILS (Pls Refer instruction No. 5)*??

Scheme Name	Plan (Pls tick ✓)	Option	Sub-Option
JM MIDCAP FUND	<input type="radio"/> Direct <input type="radio"/> Regular	<input type="radio"/> Growth <input type="radio"/> IDCW	<input type="radio"/> Payout <input type="radio"/> Re-Investment

*In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information.

?? Investor desirous of investing directly with the AMC without availing the services of any Distributor/Broker, will have to clearly tick "Direct" under above column titled as "Plan".

EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 5)	TRANSACTION CHARGES (Please refer to instructions / KIM and tick any one) (Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.)
Folio No. <input type="text"/>	<input type="checkbox"/> I/We am/are the First Time Investor in Mutual Fund Industry. (Rs 150 will be deducted.) <input type="checkbox"/> I/We am/are the Existing Investor in Mutual Fund Industry. (Rs 100 will be deducted.)

1. FIRST APPLICANT'S DETAILS (It is mandatory to submit verified copy of PAN proof for all investments failing which application will be rejected) (Pls Refer instructions)

Name (Capital Letters) DOB/DOI
 (Please write the name as per PAN) (Mandatory in case of minor)

LEI No. (Legal Entity Identifier) of Non-Individual Investor (Mandatory): **Valid Upto** ___/___/202__

Note : In case the first applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form.

Name of Guardian (if first applicant is a minor) / Contact Person for non individuals

Guardian's Relationship With Minor Father Mother Court Appointed Guardian **Proof of Date of Birth** Birth Certificate Passport Others _____ (Please specify)

STATUS^ Resident Individual NRI AOP/BOI Bank Company/Body Corporate Partnership Firm FI FII Government Body HUF PIO* PSU
 On behalf of Minor (RI) On behalf of Minor (NRI) Society Sole Proprietor Trust /Charities / NGOs Mutual Funds Others (if specify) _____

2. MODE OF HOLDING (Please tick ✓) **Occupation of the 1st Applicant(Please tick ✓)**

Single Joint* Either or Survivor Private sector service Professional Housewife Student Others (pl. specify)
 (* Default, in case of ambiguity when applicant are more than one) Public Sector / Govt. service Business Retired Agriculturist

3. SECOND APPLICANT'S DETAILS

Name (Capital Letters)
 (Please write the name as per PAN)

4. THIRD APPLICANT'S DETAILS

Name (Capital Letters)
 (Please write the name as per PAN)

	PAN/PEKRN please attach certified PAN copy	CKYC Details (KIN Number)	Gross Annual Income of Applicant (Please tick ✓)	Politically Exposed Person (please tick (✓))
1st Applicant /Minor			For Individual <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> > 25 Lacs - 1Crore <input type="checkbox"/> > 1 Crore Net Worth (Mandatory for Non-Individuals) ₹ _____ as on ___/___/____ (Not older than 1 year)	<input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am related to Politically Exposed Person <input type="checkbox"/> Not Applicable
2nd Applicant			For Individual <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> > 25 Lacs - 1Crore <input type="checkbox"/> > 1 Crore Occupation (Please specify) _____	<input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am related to Politically Exposed Person <input type="checkbox"/> Not Applicable
3rd Applicant			For Individual <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> > 25 Lacs - 1Crore <input type="checkbox"/> > 1 Crore Occupation (Please specify) _____	<input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am related to Politically Exposed Person <input type="checkbox"/> Not Applicable

5. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Please note that your local address details will be updated as per your KYC records with CKYC / KRA)													
Correspondence Address							Overseas Address (Mandatory for NRI / FPI Applicants)**						
City/ Town			State				City/ Town			State			
Country			Pin Code				Country			Pin Code			

FIRST APPLICANT DETAILS													
Mobile No. [§]							Tel. No.						
							S T D C O D E						
Mobile no. specified above belongs to <input type="checkbox"/> Self or family, due to investor being (Please tick any one option from below)													
<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent on Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA													
Email ID. [§]							*Require Hard Copy of Annual Report Yes <input type="checkbox"/> No <input type="checkbox"/>						
Email id specified above belongs to <input type="checkbox"/> Self or family, due to investor being (Please tick any one option from below)													
<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent on Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA													
[§] SMS and/ Email ID will be used as the default mode of communication if the mobile no. and/or Email ID is furnished. + In case, not ticked, it will be treated to have "opted out".													

SECOND APPLICANT DETAILS													
Mobile No.							Tel. No.						
							S T D C O D E						
Mobile no. specified above belongs to <input type="checkbox"/> Self or family, due to investor being (Please tick any one option from below)													
<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent on Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA													
Email ID. [§]													
Email id specified above belongs to <input type="checkbox"/> Self or family, due to investor being (Please tick any one option from below)													
<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent on Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA													

THIRD APPLICANT DETAILS													
Mobile No.							Tel. No.						
							S T D C O D E						
Mobile no. specified above belongs to <input type="checkbox"/> Self or family, due to investor being (Please tick any one option from below)													
<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent on Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA													
Email ID. [§]													
Email id specified above belongs to <input type="checkbox"/> Self or family, due to investor being (Please tick any one option from below)													
<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent on Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA													

For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)^															
<input type="checkbox"/> Foreign Exchange / Money Changer Services				<input type="checkbox"/> Gamin / Gambling / Lottery / Casino Services				<input type="checkbox"/> Money Lending / Pawning				<input type="checkbox"/> Not Applicable			

6. BANK ACCOUNT DETAILS (It is mandatory to furnish bank particulars failing which application shall be rejected. Pls submit documentary proof of the bank mandate depicting the name of the 1st / sole applicant) Investor may furnish multiple bank details through a separate stipulated form. Pls refer Instruction / KIM for further details including Auto Direct Credit Facility.													
Account No.:							Repeat Bank Account No.:						
Name of Bank							A/c. Type (✓): <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR						
Branch Address													
IFSC Code							MICR Code						
Please ensure the name in this application form and in your bank account is the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode into your Bank Account.													

7. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form								
# Please indicate the Country in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.								
Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country#	Tax Payer Ref. ID No®	Identification Type	Country#	Tax Payer Ref. ID No®	Identification Type	Country#	Tax Payer Ref. ID No®	Identification Type
Country of Birth			Country of Birth			Country of Birth		
Country of Nationality			Country of Nationality			Country of Nationality		
# In case, the Country of Tax Residence is only India then the details of Country of Birth & Nationality need not be provided. @ In case the Tax Identification Number is not available, kindly provide its functional equivalent								

8. INVESTMENT AND PAYMENT DETAILS (Pls refer Instructions/ KIM) For each application and for each plan/option separate cheque / DD to be submitted.						
Cheque/DD No.	Cheque/DD Amount (Rs.)	DD Charges (Rs.)	Gross Total Amount (Rs.)	Bank Account Number	Bank & Branch	Account Type® (SB/CA/NRE/NRO/FCNR)

[®]For NRI(s)/PIO: Source of Fund: NRE NRO FCNR Direct Remittances from abroad. Pls attach documentary evidence for the source of funds.
Please mention the application no. on the reverse of the Cheque / DD. The details of the bank account provided above pertain to my / our bank account in my / our name Yes No
If No, my relationship with the bank account holder is Spouse Child Parent Relative Others. Application form without this information is liable to be rejected.
Documents Attached to avoid Third Party Payment Rejection, where applicable: Bank Certificate, for DD Third Party Declarations

IN CASE OF PAYMENT BY 1ST APPLICANT (Please ✓)	
I. I / We hereby declare that the above mentioned cheque/Demand Draft^^ has been issued:	
<input type="checkbox"/> from/by debit to my personal/my joint Bank Account with other IInd/IIIRD Applicant. <input type="checkbox"/> against cash (in case of demand draft) upto Rs. 50,000/-.	
II. ^^In case of Demand Draft, Banker's certificate about the source of funds is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No (In case, the answer is "No", the application will be rejected)	

9. PERMITTED THIRD PARTY'S (WHO IS ISSUING THE CHEQUE) DETAILS (Pls refer para on Third Party Payment)

The relationship of 1st Applicant with the issuer of Third party Payment instrument is as [Please ✓]

 Parent/Grand Parent/Relative in case of 1st Applicant being a minor Employer (in case of deduction from salary) Custodian on behalf of FI/Client.

Full Name of Third Party

PAN No. of Third Party

[Please ✓] **KYC Compliant** Yes No (Please attach KYC acknowledgement & Refer instructions)**10. 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).Do you want units in Demat Form (Please ✓) Yes No (if yes, please provide the below details)⁵⁵ **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.

⁵⁵ 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.

POA / Custodian Name:

KYC [Please ✓] Proof attached

POA / Custodian CKYC ID No. (KIN)

POA / Custodian PAN

11. NOMINATION DETAILS (Mandatory) (Pls Refer instruction / KIM for details)

NOMINEE (OPT-IN) Details or OPT-OUT Declaration is Mandatory to process the application. Please tick (✓) from below Option A or Option B as appropriate.

A. **FOR NOMINATION OPT-IN:** I/We hereby nominate the under mentioned person(s) to receive the amount lying to my/our credit in the event of my/our death in proportion to the percentage(%) indicated against the Name(s) of the Nominee(s). I/We also understand that all payments and settlements made to such nominee(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee.

No.	Name & Address of the Nominee /s (upto 3 Nos.)	Date of Birth (in case of Minor)	Relationship with the first holder	Share (%) (in multiple of 1%)	Age of the Nominee
1					
2					
3					

Guardian Name (in case of Minor)

Relationship

Address: Same as above


City:


Pin:

Signature of Nominee / Guardian (Not mandatory)

B. **FOR NOMINATION OPT-OUT:** (Please tick (✓) if the unit holder does not wish to nominate anyone)

I/We hereby confirm that I / We do not wish to appoint my nominee(s) for my Mutual Fund units held in my/our Mutual Fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the Mutual Fund folio.

 Signature of Sole/First Applicant

 Signature of Sole/Second Applicant



 Signature of Sole/Third Applicant

12. LIST OF DOCUMENTS ATTACHED (Mandatory) {Pls mention below the details of documents (other than cheque & DD) attached with the form} Verified PAN Copy(ies) FATCA/CRS/UBO Declaration for all holders Memorandum & Articles of Association Trust Deed KYC Compliance Status Proof Resolution / Authorisation to invest Bye-Laws Power of Attorney Certificate of Incorporation List of Authorised Signatories with Specimen Signature(s) Partnership Deed Others (Pls Specify) _____**13. DECLARATION & SIGNATURES**

Having read and understood the contents of the Statement of Additional Information / 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 Trustees 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/Trustees/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.

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 through direct remittances from abroad.

Signature of Sole/First Applicant/Guardian/Auth. Signatory	Signature of Second Applicant /Auth. Signatory	Signature of Third Applicant/Auth. Signatory
<input checked="" type="checkbox"/> 		

Date :

Place :

Note: In case the First Applicant is a Non Individual, please attach FATCA, CRS & UBO Self Certification Form ^** The application is liable for rejection if the name does not match with PAN copy. It is mandatory for investors to be KYC compliant prior to investing in JM Financial Mutual Fund. ® US and Canada Investors are not permitted to invest in our Schemes. ^ In case, not ticked, it will be considered as Not Applicable. Please attach foreign inward remittance certificate (FIRC) / account debit certificate in case of debit to NRE / NRO account or direct remittance from abroad. Please (✓) Repatriation basis Non-Repatriation basis.