

ONE TIME MANDATE (OTM) FORM

OTM registration will be Folio based and will be available for Multiple SIPs.

Name of the Applicant	
PAN	Mobile No.
Email ID	
Bank Name	
Account No.	

I / We declare that the particulars furnished here are correct. I / We authorize JM Financial Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/ or any lumpsum payments through an Electronic Debit arrangement /NACH (NationalAutomated Clearing House) as per my request from time to time.

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 JM Financial Mutual Fund about any changes in my bank account.

I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form.

Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

I/We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of JM Financial Mutual Fund using this facility.

I/ We request you to make provisions for me/ us and/ or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/ or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from JM Financial Mutual Fund.

I give my consent to JM Financial Asset Management Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

 <i>Signature of Sole/First Applicant/Guardian</i>	 <i>Signature of Second Applicant</i>	 <i>Signature of Third Applicant</i>
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Date:




Place:

Applicable for Lumpsum Additional Purchases as well as SIP Registrations

DEBIT MANDATE FORM NACH

	UMRN : <input style="width: 100%;" type="text"/>	Date <input style="width: 100%;" type="text"/>
Tick (✓)	Sponsor Bank Code : <input style="width: 100%;" type="text"/>	Utility Code <input style="width: 100%;" type="text"/>
<input type="checkbox"/> CREATE	I/We hereby authorize : <input style="width: 100%; text-align: center; font-weight: bold;"/> JM Financial Mutual Fund to debit (tick ✓) <input style="width: 100%; text-align: center; font-weight: bold;"/> SB / CA / CC / SB-NRE / SB-NRO / Other	
<input type="checkbox"/> MODIFY	Bank a/c number : <input style="width: 100%;" type="text"/>	
<input type="checkbox"/> CANCEL		
with Bank <input style="width: 100%;" type="text"/>	IFSC <input style="width: 100%;" type="text"/>	or MICR <input style="width: 100%;" type="text"/>
an amount of Rupees <input style="width: 100%;" type="text"/>		₹ <input style="width: 100%;" type="text"/>
FREQUENCY <input type="checkbox"/> Mthly <input type="checkbox"/> Qtrly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		Debit Type <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
Reference 1 <input style="width: 100%; text-align: center; font-size: small;"/> Folio No: Optional		Phone No. <input style="width: 100%;" type="text"/>
Reference 2 <input style="width: 100%; text-align: center; font-weight: bold;"/> All Schemes of JM Financial Mutual Fund	Appln No: Optional	Email ID <input style="width: 100%; text-align: center; font-weight: bold;"/> 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 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> to <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> or <input type="checkbox"/> Until Cancelled	 <i>Signature of Account Holder</i> 1. <input style="width: 100%;" type="text"/> Name as in Bank Record	 <i>Signature of Account Holder</i> 2. <input style="width: 100%;" type="text"/> Name as in Bank Record	 <i>Signature of Account Holder</i> 3. <input style="width: 100%;" type="text"/> Name as in Bank Record
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- 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.