## SIP ENROLLMENT CUM ONE TIME DEBIT MANDATE FORM

Sub-Broker Code

**Employee Unique** 

E-Code



(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form) (all points marked \* are mandatory)

Sub-Broker Code

ARN -

DISTRIBUTOR INFORMATION
Distributor Code

ARN - 116800

MUTUAL FUND

RIA CODE

*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIN box has been intentionally left blan 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". Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of a various factors including the service rendered by the distributor. For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'														s, if any,																	
	SOLE / FIRST APPLICANT										S	ECOND /	ICANT									THIRD APPLICANT									
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INVESTMENT DETAILS JM																															
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy).																															
IDCW (Transfer) to Scheme																															
Installment Period : From Date D D M M Y Y Y Y To Date Perpetual (99 years) (Default) or 10 yrs or 5 yrs or D D M M Y Y Y Y																															
Amount Per Installment : Amount in words :																															
1st Installment Cheque Details : Cheque / DD No. Amount (₹)																															
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We hereby authorize JM Financial Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing / Auto Debit for collection of SIP Payments. Note: Please allow 1 month Auto Debit to register and start																															
SIP DETAILS OTM Ref No. (Please mention if already registered)															d)																
Regular SIP: First Installment of Regular SIP through a Cheque/Electronic transfer and subsequent investments via National Automated Clearing House (NACH).  Micro SIP: First Installment of Regular SIP through a Cheque and subsequent investments via National Automated Clearing House (NACH).																															
Micro SIP: First Installment of Regular SIP through a Cheque and subsequent investments via National Automated Clearing House (NACH).  We hereby apply for the following facility under Systematic Investment Facilities (PI tick only one from each column)																															
Facility (Please ✓												PI	an (	(Please	<b>√</b> )		0pti	ion (l	Sub-Option (Please √ in case of IDCW)												
SIP	JM						C	ODirect ORegula				T								ayout											
	use select and tick any of the due dates from the below table against the facility bein								y you.																						
Facility (Please ✓	()	Weekly (Please ✓)							Fortnightly (Please $\checkmark$ )					M						onthly**					Quarterly (Please ✓)						
							○ 1st ○ 15th of the month					any date from 1st to 28th											1st of next month & every quarter thereafter								
O 22rid of the month																															
Installment Amount Rs. Enrolement Period  ** First of the month will be the default frequency if not ticked.												From To										or <b>Perpetual</b> (i.e until it is cancelled)									
DECLARATIO		quency if not	ticked.																												
Applicable for SIP Investors only: I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in NACH /Direct Debit or Standing Instruction Clearance. In case the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part or circumstances beyond the control of the AMC/fts service provider, I/we would not hold the Asset Management Company or its associates/vendors responsible in any manner. I/We hereby authorize JM Financial Mutual Fund and their authorised service providers, to get my/our above bank account debited by NACH /Direct Debit/Standing Instructions towards the collection of payments on due SIP dates as opted by me/us. In the event of any changes in the bank particulars, I/we will submit a fresh mandate along with a cancellation request for the earlier mandate well in advance. I/We understand and agree to the current terms & conditions for SIP Pause facility in case I/We opt for the same anytime. I/We have read and agreed to the terms and conditions mentioned in XIM / Scheme Information Document of the scheme.  Consent for sharing Information: I /We hereby consent to the disclosure/sharing of my/our personal information to the Judicial /Statutory/ Regulatory (Rell/Distributor whose RIA/ARN Code is mentioned above.															tual Fund long with ent of the																
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