

## REGISTRATION SYSTEMATIC WITHDRAWAL PLAN (SWP) FORM SYSTEMATIC TRANSFER PLAN (STP) FORM

DISTRIBUTOR INFORMATION											
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE^						
JAVAHAR.K.P.	A DAL	INTERNAL CODE	IDENTIFICATION NO. (EUIN)		ONLY FOR DIRECT INVESTMENT						
ARN - ARN 100121	ARN -		E035876								

ARN - ARN 10					E0358				
been intentionally left notwithstanding the ad	blank by me/us as this transa lvice of in-appropriateness, if	action is exec any, provide	cuted without any interacted by the employee/relation	tion or advice by t onship manager/sa	the employee, ales person of	relationshi) the distribu	o manager/sales persor tor/sub broker".	e hereby confirm that the EUIN box of the above distributor/sub broke	er c
Upfront commission sha For Direct investments,	all be paid directly by the inv please mention 'Direct' in the	estor to the <i>l</i> e column 'Nar	AMFI registered Distributo ne & Distributor Code'.	rs based on the ir	ivestors' asses	sment of va	rious factors including	the service rendered by the distribu	ito
^I/We, have invested in	the below mentioned scheme	of JM Financ	ial Mutual Fund under the	Direct Plan. I/We I	nereby give my	/our consen	t to share/provide the t	ransaction data feed / portfolio holdi	ing
/ NAV etc. in respect of t	his particular transaction, to	tne SEBI Keg	Isterea investment Aavisa	or (KIA) bearing th	e above ment	ionea regist	ration number.		
				1					
Signature of Sole/First Applicant/Guardian			Signature of Second Applicant				Signature of Third Applicant		
	LDER'S INFORMATION (					<u> </u>			
Folio No.									
1. APPLICANT'S DE	TAILS (It is mandatory to submit v	erified copy of	PAN proof for all investments fail	ling which application	will be rejected)				
Name (Capital Letters)							C	(Mandatory in case of minor	r)
Name of Guardian (if f	first applicant is a minor / <b>Contac</b>	<b>:t Person</b> for n	non individuals)					, , , , , , , , , , , , , , , , , , , ,	
Guardian's Relationsh	ip With Minor O Father C	O Mother		Proof of I	Oate of Birth	O Birth Cer	tificate O Passport O	Others (Please specify	/)
1st Applicant PAN									
2. STP/SWP Details	S								
I/We hereby apply for the follo	wing facility (PI tick only one from each	th column)							
Facilit	y (Please √)	Nam	ne of the Scheme /s (Please Mention)		Plan (Please √)		Option (Pls mention)	Sub-Option (Please √in case of IDC)	W)
From - JM		From - JM		O Direct	O Regular		O Payout O Reinvestment		
CTD		TO - JM							
STP		TO - <b>JM</b>			O Direct	O Regular		O Payout O Reinvestment	
SWP O FAW (Fix	xed Amount Withdrawal)	TO - JM			<u> </u>	O Regular O Regular		O Payout O Reinvestment O Payout O Reinvestment	
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