

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

Broker Name & ARN code	Sub-broker ARN code	Sub-broker code	Employee Unique Identification No.	For office use

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.
Declaration for "execution only" transaction (only where EUIN box is left blank) (Refer instruction 1(h) on page 57)
I/We hereby confirm that the EUIN 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.

Sole / First applicant	Second applicant	Third applicant	Third party cheque issuer
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Please read Terms & Conditions overleaf

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

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 Growth (default option) Dividend
 (Please ✓) Dividend reinvestment (default) Dividend payout
 Daily* Weekly* Fortnightly* Monthly*
 Yearly* Bonus* Annual Dividend* *as applicable

Plan

Each SIP instalment amount (₹) Frequency Monthly (default) Quarterly

First SIP transaction via cheque no. Cheque dated 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 End on (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

* 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)

First account holder's signature (As in bank records)	Second account holder's signature (As in bank records)	Third account holder's signature (As in bank records)
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For office use only (not to be filled in by the investor)

Recorded on <input type="text"/>	Scheme code <input type="text"/>
Recorded on <input type="text"/>	Credit account number <input type="text"/>



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)

First applicant	Second applicant	Third applicant
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1. DISTRIBUTOR INFORMATION (Please read the instructions before investing)

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Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.
Declaration for "execution only" transaction (only where EUIN box is left blank) (Refer instruction 1(h) on page 57)
 I/We hereby confirm that the EUIN 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.

Sole / First applicant	Second applicant	Third applicant
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Please read Terms & Conditions overleaf

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

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 Direct Debit (debit clearing). Please (✓) any one.

I / We hereby apply for Direct Debit 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 Direct Debit (debit clearing) (**change in bank account**).

I / We hereby apply for cancellation of Direct Debit (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 _____

Guardian (incase of minor) _____

Scheme name **JPMorgan** _____

Option (Please ✓) Growth (default option) Dividend Dividend reinvestment (default) Dividend payout

Daily* Weekly* Fortnightly* Monthly* Yearly* Bonus* Annual Dividend* *as applicable

Plan _____

PAN No. _____

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 Direct Debit (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 Direct Debit (debit clearing).

SIP period [for Direct Debit (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 Direct Debit (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 Direct Debit is to be effected. MICR codes starting or ending with 00 are not valid for Direct Debit.

Accountholder 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 Direct Debit (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)

First account holder's signature (As in bank records)	Second account holder's signature (As in bank records)	Third account holder's signature (As in bank records)
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For office use only (not to be filled in by the investor)

Recorded on _____	Scheme code _____
Recorded on _____	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 Auto Debit 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 Auto Debit mandate form to get it verified & executed.

Bank account number _____

SIGNATURE(S)

First applicant	Second applicant	Third applicant
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