

COMMON APPLICATION FORM

Please read Product labeling details available on cover page before filling this Form.
(Please refer to instructions carefully on pages 95-98 and 130 before filling out this form)

Application no.

AF

J.P.Morgan
Asset Management

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
ARN-15114			E023534	

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 95

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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2. INFORMATION OF EXISTING UNIT HOLDER (For existing investor. Unless details in sections 3 - 4 have changed, please go directly to section 5. Note that applicant details and mode of holding will be as per existing folio number)

Folio no.	Employee SID (for employees of J.P. Morgan only)
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3. APPLICANT INFORMATION

Status (Please ✓): Resident Individual Resident Minor (through Guardian) HUF Non-Resident (Repatriable) Non-Resident (Non-Repatriable) Non-Resident - Minor (Repatriable) Non-Resident - Minor (Non-Repatriable) FII FPI Sole-Proprietor Private Limited Company Public Limited Company Body Corporate Partnership Firm Trust Fund of Fund Gratuity Fund NPS Trust Pension and Retirement Fund FIs AOP Bank Government Body NGO BOI Society LLP PIO Non Profit Organisation Global Development Network Others [Specify] _____ Foreign Nationals [Specify category] _____

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY [Please refer instruction 1(l) on page 95 and (✓) any one]

I confirm that I am a **First time** Investor across Mutual Funds I confirm that I am an **Existing** investor in Mutual Funds
(₹ 150 deductible as Transaction Charge and payable to the Distributor). (₹ 100 deductible as Transaction Charge and payable to the Distributor).

In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the investment amount and payable to the Distributor. Units will be issued against the balance amount invested.

Name of first applicant _____ Date of Birth* _____
Mr. Ms. M/s. _____ D D M M Y Y Y Y Y Y

Name of guardian (in case of minor) **Relationship:** Father Mother Legal Guardian *In case where PAN / PEKRN is not provided, providing date of birth is mandatory or else the application is liable to be rejected.
Mr. Ms. _____

Name of Contact person (In case of institutional investors)
Mr. Ms. _____

Designation of the contact person _____

Name of second applicant
Mr. Ms. _____

Name of third applicant
Mr. Ms. _____

Address of sole / first applicant (Please provide full address) (In case of NRIs/FIIs please provide overseas address - **Mandatory** P.O. box no. may not be sufficient)

City _____ Pin _____

State _____ Country _____

Overseas address (Please provide full address. P.O. box no. may not be sufficient) (**Mandatory for NRIs / FIIs / PIO**)

City _____ Pincode _____ Country _____

Communication

Tel. (R) / Mobile no. _____ Tel. (O) _____ Fax no. _____

E-mail _____

I/We would like to receive the following documents through post instead of e-mail (Kindly ✓)

Account statement Newsletter Quarterly review & annual report Other statutory information

Mode of holding [Please tick (✓)]
 Single Joint Anyone or survivor (default)

Permanent Account Number (PAN) / PAN Exempt KYC Reference Number (PEKRN) [Mandatory]

First applicant	M A N D A T O R Y	<input type="radio"/> KYC compliant	Guardian	M A N D A T O R Y	<input type="radio"/> KYC compliant
Second applicant	M A N D A T O R Y	<input type="radio"/> KYC compliant	Third applicant	M A N D A T O R Y	<input type="radio"/> KYC compliant

4. BANK ACCOUNT DETAILS (Mandatory. The application will be rejected if this section is left blank. Please provide the details of the sole / first applicant). (Refer instruction no. 3 on page 96)

Bank particulars (Name of the bank) _____ Branch _____

Branch address _____ City _____

Account number _____ **Account type** Current Savings NRO NRE FCNR

RTGS or NEFT - IFSC code _____ 9 digit MICR code _____

Direct credit facility (please refer to the list of banks that offer direct credit facility on page 96). However, if you wish to receive a cheque payout, please tick here (✓)

Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓)

5. INVESTMENT DETAILS (Refer instruction no. 4 on page 96)

Scheme name: JPMorgan _____ **Plan** _____

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

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from: Mr. / Ms. _____

Application for units of: **JPMorgan** _____ **Plan** _____

Option (please ✓): Growth Dividend reinvestment Dividend payout Daily* Weekly* Fortnightly* Monthly* Bonus* Annual Dividend* * as applicable

Cheque / D.D. no. _____ for ₹ _____ dated _____

Drawn on bank _____

Application no.

AF

Office Signature, stamp & date

6. PAYMENT DETAILS (Refer instruction no. 5 on page 96)

6A. INITIAL INVESTMENT (Please note that investors have to fill out separate common application forms for Initial and SIP investments)

Cheque / DD no.		Drawn on bank/ Branch name	
Cheque / DD date	D D M M Y Y Y Y	Account type (Please ✓)	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
Amount of cheque / DD in figures (₹) (i)		Relationship with beneficiary (Third party payment)	
DD charges, if any, in figures (₹) (ii)			
Total amount in figures (₹) (i) + (ii)			
Rupees in words			

6B. SYSTEMATIC INVESTMENT PLAN (SIP) (Refer terms and conditions on page 126 and instructions for SIP on page 130) Please ✓ for MICRO SIP

Frequency (Please ✓ any one only) <input type="radio"/> Monthly SIP (default) <input type="radio"/> Quarterly SIP	Enrolment period Start Date M M Y Y	Dates <input type="radio"/> 1st (default) <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All dates (for ECS facility only)	No. of instalments (default as per SID)
Payment mechanism (Please ✓ any one only)	1. <input type="radio"/> Cheques (Please provide the details below) 2. <input type="radio"/> ECS debit facility (Please complete the application form for ECS debit facility)		
First SIP transaction via Cheque no.	Cheque dated	D D M M Y Y Y Y	Amount (₹)
Instalment amount (₹)	No. of instalments	Total Amount (₹)	
Subsequent instalment cheque nos.	From To	From To	From To
Cheques drawn on	Name of bank	Branch	

7. DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S) (Refer Instruction 7)

NSDL <input type="radio"/>	Depository Participant (DP) ID	Beneficiary Account Number	OR	CDSL <input type="radio"/>	Depository Participant (DP) ID & Beneficiary Account Number
<p>Please note that : 1. If demat details provided are not valid, allotment will be done in physical / statement of account mode. 2. In case of valid demat account details provided, the bank account details, joint holding details, mode of holding (joint / anyone or survivor) in case of joint holdings, address details and nominee details as per the demat account shall prevail over the corresponding details provided on the application form.</p>					

8. NOMINATION* DETAILS (Nominations will not be permitted in case of folios held on behalf of a minor)

I/We hereby nominate the undermentioned nominee to receive the amounts to my/our credit in the event of my / our death. I / We also understand that all payments and settlements made to such nominee and signature of the nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. Tick here if you do not wish to nominate ^

Name of the nominee	Date of birth (if nominee is minor)
Mr. Ms. M/s.	D D M M Y Y Y Y
Address of nominee (Please provide full address)	
Pin code	
Name of the guardian (if nominee is minor)	Relationship with nominee
Address of guardian	Signature of guardian (mandatory) / nominee (optional)
Pin code	

* For multiple nominations please ensure that the same details given in this nomination section are sent in on a separate sheet of paper, with all the investors' signatures.

^ Please note that if you do not tick the box nor furnish any nomination details, it is deemed to be assumed that you do not wish to nominate anyone.

9. DOCUMENTS ENCLOSED (Please ✓)

Corporate Documents <input type="radio"/> Yes <input type="radio"/> No	Systematic Investment Plan (SIP) <input type="radio"/> Cheques <input type="radio"/>	Total No. of enclosures	No. to be filled by applicant	For office use
ASL <input type="radio"/> Yes <input type="radio"/> No	Systematic Transfer Plan (STP) <input type="radio"/> ECS Debit Facility <input type="radio"/>			
BR <input type="radio"/> Yes <input type="radio"/> No	Systematic Withdrawal Plan (SWP) <input type="radio"/>			

10. DECLARATION AND SIGNATURES

Applicable to NRI / FI / PIO: I am / We are not U.S. or Canadian person(s) or resident(s) in or citizen(s) of the United States of America or Canada. I / We confirm that I am / We are Non-Resident(s) of Indian nationality / origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR account. I / We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE / FCNR account. In case of non residents (please tick as appropriate): 1. Residential Status: Resident (including not ordinarily resident) Non-resident. 2. The units issued to me / us will be held as investment business asset#.

Corporate applicants only: A corporation should affix its company stamp or seal, if any. I am / We are duly authorised to execute and deliver this Master Account Agreement. The corporation is not organised or formed by U.S. Persons, residents in or citizens of the United States of America principally for the purposes of investing in securities not registered under the Securities Act of 1933 of the United States of America.

I / We have read, understood and agree to the contents of the Key Information Memorandum (including the "General section"), Statement of Additional Information and the Scheme Information Document of the above Scheme(s) of JPMorgan Mutual Fund including the sections on "Who cannot invest", "Note on Anti Money Laundering, Know-Your-Customer and Investor Protection", "How to Apply?", "Fax Instructions" and any indemnities provided therein.

I / We shall make our own independent decisions whether to subscribe for Units acting upon our own judgment and such independent advice as I / We consider appropriate. I / We hereby apply for allotment / purchase of Units in the Scheme(s) and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that I / We am / are a "person resident in India" for the purposes of the Foreign Exchange Management Act, 1999 and I / We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I / We hereby authorise JPMorgan Mutual Fund, its Investment Manager and / or its agents to disclose details of my investment to my bank(s) / JPMorgan Mutual Fund's bank(s) and / or any relevant distributor / broker / investment advisor, as appropriate. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the information given in this application form is correct, complete and truly stated.

I / We hereby consent to and authorize JPMorgan Mutual Fund, its Investment Manager (or any of its delegates or service providers) to collect, process, store and transfer as necessary my / our personal information or sensitive personal data or information and to use all such information, including without limitation personal information / sensitive personal data or information provided by me/us, for: (a) processing, maintaining, administering, verifying my / our account or investment; (b) meeting any regulatory disclosure requirements; or (c) extending and offering ancillary, incidental and additional services and support and I / We hereby consent to the sharing with and disclosure of the same to JPMorgan Mutual Fund's or its Investment Manager's associates/group companies/affiliates/agents, for the purpose of offering any ancillary or incidental services and products.

I / We shall immediately notify JPMorgan Mutual Fund and / or its Investment Manager of any change in the particulars provided by me / us in this application form.

I / We further acknowledge and accept that all my / our dealings will be subject to applicable laws and regulations, including without limitation, those relating to market timing, anti-money laundering, counter terrorism financing, as well as the internal procedures of JPMorgan Mutual Fund (JPMF) and / or its Investment Manager JPMorgan Asset Management India Private Limited (JPMAMPI) and its affiliates, and that the process of subscription and / or redemption instructions including payment and transfer of moneys may be delayed and / or declined due to requirements of these laws regulations and / or procedures and policies. I / We agree and accept that in these circumstances, JPMF and / or JPMAMPI may take such further action as it, in its absolute discretion, may deem appropriate or necessary (including without limitation freezing my / our folios, rejecting any application(s) / allotment of Units, delaying or withholding processing / payout of redemption proceeds and / or effect forced redemption of Units). JPMF and / or JPMAMPI shall have no liability or responsibility to the applicant or any other person for any losses, damages or any other claims whatsoever in relation to the delay or rejection of instructions in these circumstances.

I / We agree to provide such information and documentation from time to time as JPMF and / or JPMAMPI may request for purposes of its compliance with anti-money laundering, counter terrorism financing, know-your-client and other legal and regulatory requirements applicable to JPMF and / or JPMAMPI or its affiliates.

I / We represent and warrant to JPMF and / or JPMAMPI that: (a) no application moneys paid or transferred to JPMF and / or JPMAMPI are or may be proceeds from, and it has not and will not use its Folio in furtherance of, any criminal activity or conduct (including but not limited to tax crimes such as intentional and fraudulent tax evasion); and (b) it has never committed or been investigated for or convicted of any tax crime whether in India or elsewhere. I / We agree that I / We shall be deemed to repeat the above representations and warranties at each time when I / We transact via my / our Folio. The above would deem to apply for transactions carried out by Guardian or POA Holder in case of transactions submitted on behalf of Individual Investors and by Authorized Signatories in case of transactions submitted for Non-individual Investors. 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.

I do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. I hereby declare that in case of third party payments, the payments are covered under one of the following: Payment by Parents/ Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding ₹ 50,000/- (each regular purchase or per SIP installment) or Payment by Employer on behalf of employee through Payroll deductions or Custodian on behalf of an FI or a client.

(These signatures will be matched against the signatures in the repurchase or other transactions and in case of improper match or difference in the signatures, investors will be requested to get their signature verified by their banks.)

SIGNATURE(S)				
Date	Sole / First applicant	Second applicant	Third applicant	Third party cheque issuer

Please refer to Chapter III of the Scheme Information Document.

Note: Please refer to page 95 for instruction on Transaction Charges.

Signature of all applicants is necessary in case a nominee has been mentioned in Section 8 above.

JPMorgan Mutual Fund

Note: All future communications in connection with this application should be addressed to the nearest JPMorgan Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the Scheme, the amount invested, date and the place of the Customer Service Centre where the application was lodged.

Asset Management Company
 : JPMorgan Asset Management India Private Limited
 J. P. Morgan Tower, Off C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400 098. Tel.: 022 - 6157 3000 Fax : 022 - 6157 4170
 E-mail: india.investors@jpmorgan.com Toll free no.: 1-800-200-5763 (JPMF)

Registrar & Transfer Agent
 : Computer Age Management Services Private Limited, Unit: JPMorgan Mutual Fund, 3rd Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002.
 E-mail: enq_jpm@camsonline.com

COMMON APPLICATION FORM

Please read Product labeling details available on cover page before filling this Form.
(Please refer to instructions carefully on pages 95-98 and 130 before filling out this form)

Application no.

AF

J.P.Morgan
Asset Management

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
ARN-15114			E023534	

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 95)

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
------------------------	------------------	-----------------	---------------------------

2. INFORMATION OF EXISTING UNIT HOLDER (For existing investor. Unless details in sections 3 - 4 have changed, please go directly to section 5. Note that applicant details and mode of holding will be as per existing folio number)

Folio no.	Employee SID (for employees of J.P. Morgan only)
-----------	--

3. APPLICANT INFORMATION

Status [Please ✓]: Resident Individual Resident Minor (through Guardian) HUF Non-Resident (Repatriable) Non-Resident (Non-Repatriable) Non-Resident - Minor (Repatriable) Non-Resident - Minor (Non-Repatriable) FII FPI Sole-Proprietor Private Limited Company Public Limited Company Body Corporate Partnership Firm Trust Fund of Fund Gratuity Fund NPS Trust Pension and Retirement Fund FIs AOP Bank Government Body NGO BOI Society LLP PIO Non Profit Organisation Global Development Network Others [Specify] _____ Foreign Nationals [Specify category] _____

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY [Please refer instruction 1(l) on page 95 and (✓) any one]

I confirm that I am a **First time** Investor across Mutual Funds I confirm that I am an **Existing** investor in Mutual Funds
(₹ 150 deductible as Transaction Charge and payable to the Distributor). (₹ 100 deductible as Transaction Charge and payable to the Distributor).

In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the investment amount and payable to the Distributor. Units will be issued against the balance amount invested.

Name of first applicant	Date of Birth*
Mr. Ms. M/s.	D D M M Y Y Y Y Y Y

Name of guardian (in case of minor)	Relationship: <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian	*In case where PAN / PEKRN is not provided, providing date of birth is mandatory or else the application is liable to be rejected.
Mr. Ms.		

Name of Contact person (In case of institutional investors)
Mr. Ms.

Designation of the contact person

Name of second applicant
Mr. Ms.

Name of third applicant
Mr. Ms.

Address of sole / first applicant (Please provide full address) (In case of NRIs/FIIs please provide overseas address - Mandatory P.O. box no. may not be sufficient)	
City	Pin
State	Country

Overseas address (Please provide full address. P.O. box no. may not be sufficient) (Mandatory for NRIs / FIIs / PIO)		
City	Pincode	Country

Communication		
Tel. (R) / Mobile no.	Tel. (O)	Fax no.
E-mail		

I/We would like to receive the following documents through post instead of e-mail (Kindly ✓)	Mode of holding [Please tick (✓)]
<input type="radio"/> Account statement <input type="radio"/> Newsletter <input type="radio"/> Quarterly review & annual report <input type="radio"/> Other statutory information	<input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Anyone or survivor (default)

Permanent Account Number (PAN) / PAN Exempt KYC Reference Number (PEKRN) [Mandatory]	
First applicant M A N D A T O R Y <input type="radio"/> KYC compliant	Guardian M A N D A T O R Y <input type="radio"/> KYC compliant
Second applicant M A N D A T O R Y <input type="radio"/> KYC compliant	Third applicant M A N D A T O R Y <input type="radio"/> KYC compliant

4. BANK ACCOUNT DETAILS (Mandatory. The application will be rejected if this section is left blank. Please provide the details of the sole / first applicant). (Refer instruction no. 3 on page 96)	
Bank particulars (Name of the bank)	Branch
Branch address	City
Account number	Account type <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR
RTGS or NEFT - IFSC code	9 digit MICR code
Direct credit facility (please refer to the list of banks that offer direct credit facility on page 96). However, if you wish to receive a cheque payout, please tick here (✓) <input type="radio"/>	Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓) <input type="radio"/>

5. INVESTMENT DETAILS (Refer instruction no. 4 on page 96)	
Scheme name: JPMorgan	Plan
Option (Please ✓)	<input type="radio"/> Dividend reinvestment (default) <input type="radio"/> Dividend payout
<input type="radio"/> Dividend <input type="radio"/> Growth	<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly* <input type="radio"/> Monthly* <input type="radio"/> Bonus* <input type="radio"/> Annual Dividend* *as applicable

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)	Application no.
Received from: Mr. / Ms.	AF
Application for units of: JPMorgan	Plan
Option (please ✓): <input type="radio"/> Growth <input type="radio"/> Dividend reinvestment <input type="radio"/> Dividend payout	
<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly* <input type="radio"/> Monthly* <input type="radio"/> Bonus* <input type="radio"/> Annual Dividend* * as applicable	
Cheque / D.D. no. _____ for ₹ _____ dated _____	
Drawn on bank _____	Office Signature, stamp & date

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)	Application no.
Received from: Mr. / Ms.	AF
Application for units of: JPMorgan	Plan
Option (please ✓): <input type="radio"/> Growth <input type="radio"/> Dividend reinvestment <input type="radio"/> Dividend payout	
<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly* <input type="radio"/> Monthly* <input type="radio"/> Bonus* <input type="radio"/> Annual Dividend* * as applicable	
Cheque / D.D. no. _____ for ₹ _____ dated _____	
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Option (please ✓): <input type="radio"/> Growth <input type="radio"/> Dividend reinvestment <input type="radio"/> Dividend payout	
<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly* <input type="radio"/> Monthly* <input type="radio"/> Bonus* <input type="radio"/> Annual Dividend* * as applicable	
Cheque / D.D. no. _____ for ₹ _____ dated _____	
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Received from: Mr. / Ms.	AF
Application for units of: JPMorgan	Plan
Option (please ✓): <input type="radio"/> Growth <input type="radio"/> Dividend reinvestment <input type="radio"/> Dividend payout	
<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly* <input type="radio"/> Monthly* <input type="radio"/> Bonus* <input type="radio"/> Annual Dividend* * as applicable	
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Option (please ✓): <input type="radio"/> Growth <input type="radio"/> Dividend reinvestment <input type="radio"/> Dividend payout	
<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly* <input type="radio"/> Monthly* <input type="radio"/> Bonus* <input type="radio"/> Annual Dividend* * as applicable	
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Cheque / D.D. no. _____ for ₹ _____ dated _____	
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6. PAYMENT DETAILS (Refer instruction no. 5 on page 96)

6A. INITIAL INVESTMENT (Please note that investors have to fill out separate common application forms for Initial and SIP investments)

Cheque / DD no.		Drawn on bank/ Branch name	
Cheque / DD date	D D M M Y Y Y Y	Account type (Please ✓)	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
Amount of cheque / DD in figures (₹) (i)		Relationship with beneficiary (Third party payment)	
DD charges, if any, in figures (₹) (ii)			
Total amount in figures (₹) (i) + (ii)			
Rupees in words			

6B. SYSTEMATIC INVESTMENT PLAN (SIP) (Refer terms and conditions on page 126 and instructions for SIP on page 130) Please ✓ for MICRO SIP

Frequency (Please ✓ any one only) <input type="radio"/> Monthly SIP (default) <input type="radio"/> Quarterly SIP	Enrolment period Start Date M M Y Y	Dates <input type="radio"/> 1st (default) <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All dates (for ECS facility only)	No. of instalments (default as per SID)
Payment mechanism (Please ✓ any one only) 1. <input type="radio"/> Cheques (Please provide the details below) 2. <input type="radio"/> ECS debit facility (Please complete the application form for ECS debit facility)			
First SIP transaction via Cheque no.	Cheque dated	D D M M Y Y Y Y	Amount (₹)
Instalment amount (₹)	No. of instalments	Total Amount (₹)	
Subsequent instalment cheque nos.	From To	From To	From To
Cheques drawn on	Name of bank	Branch	

7. DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S) (Refer Instruction 7)

NSDL <input type="radio"/>	Depository Participant (DP) ID	Beneficiary Account Number	OR	CDSL <input type="radio"/>	Depository Participant (DP) ID & Beneficiary Account Number
Please note that : 1. If demat details provided are not valid, allotment will be done in physical / statement of account mode. 2. In case of valid demat account details provided, the bank account details, joint holding details, mode of holding (joint / anyone or survivor) in case of joint holdings, address details and nominee details as per the demat account shall prevail over the corresponding details provided on the application form.					

8. NOMINATION* DETAILS (Nominations will not be permitted in case of folios held on behalf of a minor)

I/We hereby nominate the undermentioned nominee to receive the amounts to my/our credit in the event of my / our death. I / We also understand that all payments and settlements made to such nominee and signature of the nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. Tick here if you do not wish to nominate ^

Name of the nominee	Date of birth (if nominee is minor)
Mr. Ms. M/s.	D D M M Y Y Y Y
Address of nominee (Please provide full address)	
Pin code	
Name of the guardian (if nominee is minor)	Relationship with nominee
Address of guardian	Signature of guardian (mandatory) / nominee (optional)
Pin code	

* For multiple nominations please ensure that the same details given in this nomination section are sent in on a separate sheet of paper, with all the investors' signatures.

^ Please note that if you do not tick the box nor furnish any nomination details, it is deemed to be assumed that you do not wish to nominate anyone.

9. DOCUMENTS ENCLOSED (Please ✓)

Corporate Documents <input type="radio"/> Yes <input type="radio"/> No	Systematic Investment Plan (SIP) <input type="radio"/> Cheques <input type="radio"/>	Total No. of enclosures	No. to be filled by applicant	For office use
ASL <input type="radio"/> Yes <input type="radio"/> No	Systematic Transfer Plan (STP) <input type="radio"/> ECS Debit Facility <input type="radio"/>			
BR <input type="radio"/> Yes <input type="radio"/> No	Systematic Withdrawal Plan (SWP) <input type="radio"/>			

10. DECLARATION AND SIGNATURES

Applicable to NRI / FI / PIO: I am / We are not U.S. or Canadian person(s) or resident(s) in or citizen(s) of the United States of America or Canada. I / We confirm that I am / We are Non-Resident(s) of Indian nationality / origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR account. I / We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE / FCNR account. In case of non residents (please tick as appropriate): 1. Residential Status: Resident (including not ordinarily resident) Non-resident. 2. The units issued to me / us will be held as investment business asset#.

Corporate applicants only: A corporation should affix its company stamp or seal, if any. I am / We are duly authorised to execute and deliver this Master Account Agreement. The corporation is not organised or formed by U.S. Persons, residents in or citizens of the United States of America principally for the purposes of investing in securities not registered under the Securities Act of 1933 of the United States of America.

I / We have read, understood and agree to the contents of the Key Information Memorandum (including the "General section"), Statement of Additional Information and the Scheme Information Document of the above Scheme(s) of JPMorgan Mutual Fund including the sections on "Who cannot invest", "Note on Anti Money Laundering, Know-Your-Customer and Investor Protection", "How to Apply?", "Fax Instructions" and any indemnities provided therein.

I / We shall make our own independent decisions whether to subscribe for Units acting upon our own judgment and such independent advice as I / We consider appropriate. I / We hereby apply for allotment / purchase of Units in the Scheme(s) and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that I / We am / are a "person resident in India" for the purposes of the Foreign Exchange Management Act, 1999 and I / We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I / We hereby authorise JPMorgan Mutual Fund, its Investment Manager and / or its agents to disclose details of my investment to my bank(s) / JPMorgan Mutual Fund's bank(s) and / or any relevant distributor / broker / investment advisor, as appropriate. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the information given in this application form is correct, complete and truly stated.

I / We hereby consent to and authorize JPMorgan Mutual Fund, its Investment Manager (or any of its delegates or service providers) to collect, process, store and transfer as necessary my / our personal information or sensitive personal data or information and to use all such information, including without limitation personal information / sensitive personal data or information provided by me/us, for: (a) processing, maintaining, administering, verifying my / our account or investment; (b) meeting any regulatory disclosure requirements; or (c) extending and offering ancillary, incidental and additional services and support and I / We hereby consent to the sharing with and disclosure of the same to JPMorgan Mutual Fund's or its Investment Manager's associates/group companies/affiliates/agents, for the purpose of offering any ancillary or incidental services and products.

I / We shall immediately notify JPMorgan Mutual Fund and / or its Investment Manager of any change in the particulars provided by me / us in this application form.

I / We further acknowledge and accept that all my / our dealings will be subject to applicable laws and regulations, including without limitation, those relating to market timing, anti-money laundering, counter terrorism financing, as well as the internal procedures of JPMorgan Mutual Fund (JPMF) and / or its Investment Manager JPMorgan Asset Management India Private Limited (JPMAMIL) and its affiliates, and that the process of subscription and / or redemption instructions including payment and transfer of moneys may be delayed and / or declined due to requirements of these laws regulations and / or procedures and policies. I / We agree and accept that in these circumstances, JPMF and / or JPMAMIL may take such further action as it, in its absolute discretion, may deem appropriate or necessary (including without limitation freezing my / our folios, rejecting any application(s) / allotment of Units, delaying or withholding processing / payout of redemption proceeds and / or effect forced redemption of Units). JPMF and / or JPMAMIL shall have no liability or responsibility to the applicant or any other person for any losses, damages or any other claims whatsoever in relation to the delay or rejection of instructions in these circumstances.

I / We agree to provide such information and documentation from time to time as JPMF and / or JPMAMIL may request for purposes of its compliance with anti-money laundering, counter terrorism financing, know-your-client and other legal and regulatory requirements applicable to JPMF and / or JPMAMIL or its affiliates.

I / We represent and warrant to JPMF and / or JPMAMIL that: (a) no application moneys paid or transferred to JPMF and / or JPMAMIL are or may be proceeds from, and it has not and will not use its Folio in furtherance of, any criminal activity or conduct (including but not limited to tax crimes such as intentional and fraudulent tax evasion); and (b) it has never committed or been investigated for or convicted of any tax crime whether in India or elsewhere. I / We agree that I / We shall be deemed to repeat the above representations and warranties at each time when I / We transact via my / our Folio . The above would deem to apply for transactions carried out by Guardian or POA Holder in case of transactions submitted on behalf of Individual Investors and by Authorized Signatories in case of transactions submitted for Non-individual Investors. 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.

I do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. I hereby declare that in case of third party payments, the payments are covered under one of the following: Payment by Parents/ Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding ₹ 50,000/- (each regular purchase or per SIP installment) or Payment by Employer on behalf of employee through Payroll deductions or Custodian on behalf of an FI or a client.

(These signatures will be matched against the signatures in the repurchase or other transactions and in case of improper match or difference in the signatures, investors will be requested to get their signature verified by their banks.)

SIGNATURE(S)				
Date	Sole / First applicant	Second applicant	Third applicant	Third party cheque issuer

Please refer to Chapter III of the Scheme Information Document.

Note: Please refer to page 95 for instruction on Transaction Charges.

Signature of all applicants is necessary in case a nominee has been mentioned in Section 8 above.

JPMorgan Mutual Fund

Note: All future communications in connection with this application should be addressed to the nearest JPMorgan Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the Scheme, the amount invested, date and the place of the Customer Service Centre where the application was lodged.

Asset Management Company

: JPMorgan Asset Management India Private Limited
J. P. Morgan Tower, Off C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400 098. Tel.: 022 - 6157 3000 Fax : 022 - 6157 4170
E-mail: india.investors@jpmorgan.com Toll free no.: 1-800-200-5763 (JPMF)

Registrar & Transfer Agent

: Computer Age Management Services Private Limited, Unit: JPMorgan Mutual Fund, 3rd Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002.
E-mail: enq_jpm@camsonline.com

COMMON APPLICATION FORM

Please read Product labeling details available on cover page before filling this Form.
(Please refer to instructions carefully on pages 95-98 and 130 before filling out this form)

Application no.

AF

J.P.Morgan
Asset Management

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
ARN-15114			E023534	

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 95)

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

2. INFORMATION OF EXISTING UNIT HOLDER (For existing investor. Unless details in sections 3 - 4 have changed, please go directly to section 5. Note that applicant details and mode of holding will be as per existing folio number)

Folio no.		Employee SID (for employees of J.P. Morgan only)	
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3. APPLICANT INFORMATION

Status (Please ✓): Resident Individual Resident Minor (through Guardian) HUF Non-Resident (Repatriable) Non-Resident (Non-Repatriable) Non-Resident - Minor (Repatriable) Non-Resident - Minor (Non-Repatriable) FII FPI Sole-Proprietor Private Limited Company Public Limited Company Body Corporate Partnership Firm Trust Fund of Fund Gratuity Fund NPS Trust Pension and Retirement Fund FIs AOP Bank Government Body NGO BOI Society LLP PIO Non Profit Organisation Global Development Network Others [Specify] _____ Foreign Nationals [Specify category] _____

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY [Please refer instruction 1(l) on page 95 and (✓) any one]

I confirm that I am a **First time** Investor across Mutual Funds I confirm that I am an **Existing** investor in Mutual Funds
(₹ 150 deductible as Transaction Charge and payable to the Distributor). (₹ 100 deductible as Transaction Charge and payable to the Distributor).

In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the investment amount and payable to the Distributor. Units will be issued against the balance amount invested.

Name of first applicant		Date of Birth*	
Mr. Ms. M/s.		D D M M Y Y Y Y Y Y	

Name of guardian (in case of minor)	Relationship: <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian	*In case where PAN / PEKRN is not provided, providing date of birth is mandatory or else the application is liable to be rejected.
Mr. Ms.		

Name of Contact person (In case of institutional investors)	
Mr. Ms.	

Designation of the contact person	
Name of second applicant	
Mr. Ms.	

Name of third applicant	
Mr. Ms.	

Address of sole / first applicant (Please provide full address) (In case of NRIs/FIIs please provide overseas address - Mandatory P.O. box no. may not be sufficient)	
--	--

City	Pin
State	Country

Overseas address (Please provide full address. P.O. box no. may not be sufficient) (Mandatory for NRIs / FIIs / PIO)	
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City	Pincode	Country
------	---------	---------

Communication	
Tel. (R) / Mobile no.	Tel. (O)
E-mail	Fax no.

I/We would like to receive the following documents through post instead of e-mail (Kindly ✓)
 Account statement Newsletter Quarterly review & annual report Other statutory information

Mode of holding [Please tick (✓)]
 Single Joint Anyone or survivor (default)

Permanent Account Number (PAN) / PAN Exempt KYC Reference Number (PEKRN) [Mandatory]			
First applicant	M A N D A T O R Y	<input type="radio"/> KYC compliant	Guardian
Second applicant	M A N D A T O R Y	<input type="radio"/> KYC compliant	Third applicant
			M A N D A T O R Y
			<input type="radio"/> KYC compliant

4. BANK ACCOUNT DETAILS (Mandatory. The application will be rejected if this section is left blank. Please provide the details of the sole / first applicant). (Refer instruction no. 3 on page 96)

Bank particulars (Name of the bank)	Branch

Branch address	City

Account number	Account type <input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR
RTGS or NEFT - IFSC code	9 digit MICR code

Direct credit facility (please refer to the list of banks that offer direct credit facility on page 96). However, if you wish to receive a cheque payout, please tick here (✓)
 Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓)

5. INVESTMENT DETAILS (Refer instruction no. 4 on page 96)

Scheme name: JPMorgan	Plan
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Option (Please ✓)	<input type="radio"/> Dividend reinvestment (default) <input type="radio"/> Dividend payout
<input type="radio"/> Dividend <input type="radio"/> Growth	<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly* <input type="radio"/> Monthly* <input type="radio"/> Bonus* <input type="radio"/> Annual Dividend* *as applicable

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from: Mr. / Ms. _____

Application for units of: **JPMorgan** _____ Plan _____

Option (please ✓): Growth Dividend reinvestment Dividend payout
 Daily* Weekly* Fortnightly* Monthly* Bonus* Annual Dividend* * as applicable

Cheque / D.D. no. _____ for ₹ _____ dated _____

Drawn on bank _____

Application no.

AF

Office Signature, stamp & date

6. PAYMENT DETAILS (Refer instruction no. 5 on page 96)

6A. INITIAL INVESTMENT (Please note that investors have to fill out separate common application forms for Initial and SIP investments)

Cheque / DD no.		Drawn on bank/ Branch name	
Cheque / DD date	D D M M Y Y Y Y	Account type (Please ✓)	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
Amount of cheque / DD in figures (₹) (i)		Relationship with beneficiary (Third party payment)	
DD charges, if any, in figures (₹) (ii)			
Total amount in figures (₹) (i) + (ii)			
Rupees in words			

6B. SYSTEMATIC INVESTMENT PLAN (SIP) (Refer terms and conditions on page 126 and instructions for SIP on page 130) Please ✓ for MICRO SIP

Frequency (Please ✓ any one only) <input type="radio"/> Monthly SIP (default) <input type="radio"/> Quarterly SIP	Enrolment period Start Date M M Y Y	Dates <input type="radio"/> 1st (default) <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All dates (for ECS facility only)	No. of instalments (default as per SID)
Payment mechanism (Please ✓ any one only)	1. <input type="radio"/> Cheques (Please provide the details below) 2. <input type="radio"/> ECS debit facility (Please complete the application form for ECS debit facility)		
First SIP transaction via Cheque no.	Cheque dated	D D M M Y Y Y Y	Amount (₹)
Instalment amount (₹)	No. of instalments	Total Amount (₹)	
Subsequent instalment cheque nos.	From To	From To	From To
Cheques drawn on	Name of bank	Branch	

7. DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S) (Refer Instruction 7)

NSDL <input type="radio"/>	Depository Participant (DP) ID	Beneficiary Account Number	OR	CDSL <input type="radio"/>	Depository Participant (DP) ID & Beneficiary Account Number
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Please note that : 1. If demat details provided are not valid, allotment will be done in physical / statement of account mode. 2. In case of valid demat account details provided, the bank account details, joint holding details, mode of holding (joint / anyone or survivor) in case of joint holdings, address details and nominee details as per the demat account shall prevail over the corresponding details provided on the application form.

8. NOMINATION* DETAILS (Nominations will not be permitted in case of folios held on behalf of a minor)

I/We hereby nominate the undermentioned nominee to receive the amounts to my/our credit in the event of my / our death. I / We also understand that all payments and settlements made to such nominee and signature of the nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. Tick here if you do not wish to nominate ^

Name of the nominee	Date of birth (if nominee is minor)
Mr. Ms. M/s.	D D M M Y Y Y Y
Address of nominee (Please provide full address)	Pin code
Name of the guardian (if nominee is minor)	Relationship with nominee
Address of guardian	Signature of guardian (mandatory) / nominee (optional)
Pin code	

* For multiple nominations please ensure that the same details given in this nomination section are sent in on a separate sheet of paper, with all the investors' signatures.

^ Please note that if you do not tick the box nor furnish any nomination details, it is deemed to be assumed that you do not wish to nominate anyone.

9. DOCUMENTS ENCLOSED (Please ✓)

Corporate Documents <input type="radio"/> Yes <input type="radio"/> No	Systematic Investment Plan (SIP) <input type="radio"/> Cheques <input type="radio"/>	Total No. of enclosures	No. to be filled by applicant	For office use
ASL <input type="radio"/> Yes <input type="radio"/> No	Systematic Transfer Plan (STP) <input type="radio"/> ECS Debit Facility <input type="radio"/>			
BR <input type="radio"/> Yes <input type="radio"/> No	Systematic Withdrawal Plan (SWP) <input type="radio"/>			

10. DECLARATION AND SIGNATURES

Applicable to NRI / FI / PIO: I am / We are not U.S. or Canadian person(s) or resident(s) in or citizen(s) of the United States of America or Canada. I / We confirm that I am / We are Non-Resident(s) of Indian nationality / origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR account. I / We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE / FCNR account. In case of non residents (please tick as appropriate): 1. Residential Status: Resident (including not ordinarily resident) Non-resident. 2. The units issued to me / us will be held as investment business asset#.

Corporate applicants only: A corporation should affix its company stamp or seal, if any. I am / We are duly authorised to execute and deliver this Master Account Agreement. The corporation is not organised or formed by U.S. Persons, residents in or citizens of the United States of America principally for the purposes of investing in securities not registered under the Securities Act of 1933 of the United States of America.

I / We have read, understood and agree to the contents of the Key Information Memorandum (including the "General section"), Statement of Additional Information and the Scheme Information Document of the above Scheme(s) of JPMorgan Mutual Fund including the sections on "Who cannot invest", "Note on Anti Money Laundering, Know-Your-Customer and Investor Protection", "How to Apply?", "Fax Instructions" and any indemnities provided therein.

I / We shall make our own independent decisions whether to subscribe for Units acting upon our own judgment and such independent advice as I / We consider appropriate. I / We hereby apply for allotment / purchase of Units in the Scheme(s) and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that I / We am / are a "person resident in India" for the purposes of the Foreign Exchange Management Act, 1999 and I / We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I / We hereby authorise JPMorgan Mutual Fund, its Investment Manager and / or its agents to disclose details of my investment to my bank(s) / JPMorgan Mutual Fund's bank(s) and / or any relevant distributor / broker / investment advisor, as appropriate. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the information given in this application form is correct, complete and truly stated.

I / We hereby consent to and authorize JPMorgan Mutual Fund, its Investment Manager (or any of its delegates or service providers) to collect, process, store and transfer as necessary my / our personal information or sensitive personal data or information and to use all such information, including without limitation personal information / sensitive personal data or information provided by me/us, for: (a) processing, maintaining, administering, verifying my / our account or investment; (b) meeting any regulatory disclosure requirements; or (c) extending and offering ancillary, incidental and additional services and support and I / We hereby consent to the sharing with and disclosure of the same to JPMorgan Mutual Fund's or its Investment Manager's associates/group companies/affiliates/agents, for the purpose of offering any ancillary or incidental services and products.

I / We shall immediately notify JPMorgan Mutual Fund and / or its Investment Manager of any change in the particulars provided by me / us in this application form.

I / We further acknowledge and accept that all my / our dealings will be subject to applicable laws and regulations, including without limitation, those relating to market timing, anti-money laundering, counter terrorism financing, as well as the internal procedures of JPMorgan Mutual Fund (JPMF) and / or its Investment Manager JPMorgan Asset Management India Private Limited (JPMAMIL) and its affiliates, and that the process of subscription and / or redemption instructions including payment and transfer of moneys may be delayed and / or declined due to requirements of these laws regulations and / or procedures and policies. I / We agree and accept that in these circumstances, JPMF and / or JPMAMIL may take such further action as it, in its absolute discretion, may deem appropriate or necessary (including without limitation freezing my / our folios, rejecting any application(s) / allotment of Units, delaying or withholding processing / payout of redemption proceeds and / or effect forced redemption of Units). JPMF and / or JPMAMIL shall have no liability or responsibility to the applicant or any other person for any losses, damages or any other claims whatsoever in relation to the delay or rejection of instructions in these circumstances.

I / We agree to provide such information and documentation from time to time as JPMF and / or JPMAMIL may request for purposes of its compliance with anti-money laundering, counter terrorism financing, know-your-client and other legal and regulatory requirements applicable to JPMF and / or JPMAMIL or its affiliates.

I / We represent and warrant to JPMF and / or JPMAMIL that: (a) no application moneys paid or transferred to JPMF and / or JPMAMIL are or may be proceeds from, and it has not and will not use its Folio in furtherance of, any criminal activity or conduct (including but not limited to tax crimes such as intentional and fraudulent tax evasion); and (b) it has never committed or been investigated for or convicted of any tax crime whether in India or elsewhere. I / We agree that I / We shall be deemed to repeat the above representations and warranties at each time when I / We transact via my / our Folio . The above would deem to apply for transactions carried out by Guardian or POA Holder in case of transactions submitted on behalf of Individual Investors and by Authorized Signatories in case of transactions submitted for Non-individual Investors. 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.

I do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. I hereby declare that in case of third party payments, the payments are covered under one of the following: Payment by Parents/ Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding ₹ 50,000/- (each regular purchase or per SIP installment) or Payment by Employer on behalf of employee through Payroll deductions or Custodian on behalf of an FI or a client.

(These signatures will be matched against the signatures in the repurchase or other transactions and in case of improper match or difference in the signatures, investors will be requested to get their signature verified by their banks.)

SIGNATURE(S)				
Date	Sole / First applicant	Second applicant	Third applicant	Third party cheque issuer

Please refer to Chapter III of the Scheme Information Document.

Note: Please refer to page 95 for instruction on Transaction Charges.

Signature of all applicants is necessary in case a nominee has been mentioned in Section 8 above.

JPMorgan Mutual Fund

Note: All future communications in connection with this application should be addressed to the nearest JPMorgan Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the Scheme, the amount invested, date and the place of the Customer Service Centre where the application was lodged.

Asset Management Company

: JPMorgan Asset Management India Private Limited
J. P. Morgan Tower, Off C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400 098. Tel.: 022 - 6157 3000 Fax : 022 - 6157 4170
E-mail: india.investors@jpmorgan.com Toll free no.: 1-800-200-5763 (JPMF)

Registrar & Transfer Agent

: Computer Age Management Services Private Limited, Unit: JPMorgan Mutual Fund, 3rd Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002.
E-mail: enq_jpm@camsonline.com

COMMON APPLICATION FORM

Please read Product labeling details available on cover page before filling this Form.
(Please refer to instructions carefully on pages 95-98 and 130 before filling out this form)

Application no.

AF

J.P.Morgan
Asset Management

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
ARN-15114			E023534	

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 95)

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

2. INFORMATION OF EXISTING UNIT HOLDER (For existing investor. Unless details in sections 3 - 4 have changed, please go directly to section 5. Note that applicant details and mode of holding will be as per existing folio number)

Folio no.	Employee SID (for employees of J.P. Morgan only)
-----------	--

3. APPLICANT INFORMATION

Status (Please ✓): Resident Individual Resident Minor (through Guardian) HUF Non-Resident (Repatriable) Non-Resident (Non-Repatriable) Non-Resident - Minor (Repatriable) Non-Resident - Minor (Non-Repatriable) FII FPI Sole-Proprietor Private Limited Company Public Limited Company Body Corporate Partnership Firm Trust Fund of Fund Gratuity Fund NPS Trust Pension and Retirement Fund FIs AOP Bank Government Body NGO BOI Society LLP PIO Non Profit Organisation Global Development Network Others [Specify] _____ Foreign Nationals [Specify category] _____

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY [Please refer instruction 1(l) on page 95 and (✓) any one]

I confirm that I am a **First time** Investor across Mutual Funds I confirm that I am an **Existing** investor in Mutual Funds
(₹ 150 deductible as Transaction Charge and payable to the Distributor). (₹ 100 deductible as Transaction Charge and payable to the Distributor).

In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the investment amount and payable to the Distributor. Units will be issued against the balance amount invested.

Name of first applicant _____ Date of Birth* _____
Mr. Ms. M/s. _____ D D M M Y Y Y Y Y Y

Name of guardian (in case of minor) Relationship: Father Mother Legal Guardian *In case where PAN / PEKRN is not provided, providing date of birth is mandatory or else the application is liable to be rejected.
Mr. Ms. _____

Name of Contact person (In case of institutional investors)
Mr. Ms. _____

Designation of the contact person _____

Name of second applicant
Mr. Ms. _____

Name of third applicant
Mr. Ms. _____

Address of sole / first applicant (Please provide full address) (In case of NRIs/FIIs please provide overseas address - **Mandatory** P.O. box no. may not be sufficient)

City _____ Pin _____
State _____ Country _____

Overseas address (Please provide full address. P.O. box no. may not be sufficient) (**Mandatory for NRIs / FIIs / PIO**)

City _____ Pincode _____ Country _____

Communication
Tel. (R) / Mobile no. _____ Tel. (O) _____ Fax no. _____
E-mail _____

I/We would like to receive the following documents through post instead of e-mail (Kindly ✓)
 Account statement Newsletter Quarterly review & annual report Other statutory information

Mode of holding [Please tick (✓)]
 Single Joint Anyone or survivor (default)

Permanent Account Number (PAN) / PAN Exempt KYC Reference Number (PEKRN) [Mandatory]

First applicant	M A N D A T O R Y	<input type="radio"/> KYC compliant	Guardian	M A N D A T O R Y	<input type="radio"/> KYC compliant
Second applicant	M A N D A T O R Y	<input type="radio"/> KYC compliant	Third applicant	M A N D A T O R Y	<input type="radio"/> KYC compliant

4. BANK ACCOUNT DETAILS (Mandatory. The application will be rejected if this section is left blank. Please provide the details of the sole / first applicant). (Refer instruction no. 3 on page 96)

Bank particulars (Name of the bank) _____ Branch _____

Branch address _____ City _____

Account number _____ Account type Current Savings NRO NRE FCNR

RTGS or NEFT - IFSC code _____ 9 digit MICR code _____
Direct credit facility (please refer to the list of banks that offer direct credit facility on page 96). However, if you wish to receive a cheque payout, please tick here (✓)
Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓)

5. INVESTMENT DETAILS (Refer instruction no. 4 on page 96)

Scheme name: **JPMorgan** _____ Plan _____

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

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from: Mr. / Ms. _____

Application for units of: **JPMorgan** _____ Plan _____

Option (please ✓): Growth Dividend reinvestment Dividend payout Daily* Weekly* Fortnightly* Monthly* Bonus* Annual Dividend* * as applicable

Cheque / D.D. no. _____ for ₹ _____ dated _____

Drawn on bank _____

Application no.

AF

Office Signature, stamp & date

6. PAYMENT DETAILS (Refer instruction no. 5 on page 96)

6A. INITIAL INVESTMENT (Please note that investors have to fill out separate common application forms for Initial and SIP investments)

Cheque / DD no.		Drawn on bank/ Branch name	
Cheque / DD date	D D M M Y Y Y Y	Account type (Please ✓)	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
Amount of cheque / DD in figures (₹) (i)		Relationship with beneficiary (Third party payment)	
DD charges, if any, in figures (₹) (ii)			
Total amount in figures (₹) (i) + (ii)			
Rupees in words			

6B. SYSTEMATIC INVESTMENT PLAN (SIP) (Refer terms and conditions on page 126 and instructions for SIP on page 130) Please ✓ for MICRO SIP

Frequency (Please ✓ any one only) <input type="radio"/> Monthly SIP (default) <input type="radio"/> Quarterly SIP	Enrolment period Start Date M M Y Y	Dates <input type="radio"/> 1st (default) <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All dates (for ECS facility only)	No. of instalments (default as per SID)
Payment mechanism (Please ✓ any one only)	1. <input type="radio"/> Cheques (Please provide the details below) 2. <input type="radio"/> ECS debit facility (Please complete the application form for ECS debit facility)		
First SIP transaction via Cheque no.	Cheque dated	D D M M Y Y Y Y	Amount (₹)
Instalment amount (₹)	No. of instalments	Total Amount (₹)	
Subsequent instalment cheque nos.	From To	From To	From To
Cheques drawn on	Name of bank	Branch	

7. DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S) (Refer Instruction 7)

NSDL <input type="radio"/>	Depository Participant (DP) ID	Beneficiary Account Number	OR	CDSL <input type="radio"/>	Depository Participant (DP) ID & Beneficiary Account Number
<p>Please note that : 1. If demat details provided are not valid, allotment will be done in physical / statement of account mode. 2. In case of valid demat account details provided, the bank account details, joint holding details, mode of holding (joint / anyone or survivor) in case of joint holdings, address details and nominee details as per the demat account shall prevail over the corresponding details provided on the application form.</p>					

8. NOMINATION* DETAILS (Nominations will not be permitted in case of folios held on behalf of a minor)

I/We hereby nominate the undermentioned nominee to receive the amounts to my/our credit in the event of my / our death. I / We also understand that all payments and settlements made to such nominee and signature of the nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. Tick here if you do not wish to nominate ^

Name of the nominee	Date of birth (if nominee is minor)
Mr. Ms. M/s.	D D M M Y Y Y Y
Address of nominee (Please provide full address)	
Pin code	
Name of the guardian (if nominee is minor)	Relationship with nominee
Address of guardian	Signature of guardian (mandatory) / nominee (optional)
Pin code	

* For multiple nominations please ensure that the same details given in this nomination section are sent in on a separate sheet of paper, with all the investors' signatures.

^ Please note that if you do not tick the box nor furnish any nomination details, it is deemed to be assumed that you do not wish to nominate anyone.

9. DOCUMENTS ENCLOSED (Please ✓)

Corporate Documents <input type="radio"/> Yes <input type="radio"/> No	Systematic Investment Plan (SIP) <input type="radio"/> Cheques <input type="radio"/>	Total No. of enclosures	No. to be filled by applicant	For office use
ASL <input type="radio"/> Yes <input type="radio"/> No	Systematic Transfer Plan (STP) <input type="radio"/> ECS Debit Facility <input type="radio"/>			
BR <input type="radio"/> Yes <input type="radio"/> No	Systematic Withdrawal Plan (SWP) <input type="radio"/>			

10. DECLARATION AND SIGNATURES

Applicable to NRI / FI / PIO: I am / We are not U.S. or Canadian person(s) or resident(s) in or citizen(s) of the United States of America or Canada. I / We confirm that I am / We are Non-Resident(s) of Indian nationality / origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR account. I / We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE / FCNR account. In case of non residents (please tick as appropriate): 1. Residential Status: Resident (including not ordinarily resident) Non-resident. 2. The units issued to me / us will be held as investment business asset#.

Corporate applicants only: A corporation should affix its company stamp or seal, if any. I am / We are duly authorised to execute and deliver this Master Account Agreement. The corporation is not organised or formed by U.S. Persons, residents in or citizens of the United States of America principally for the purposes of investing in securities not registered under the Securities Act of 1933 of the United States of America.

I / We have read, understood and agree to the contents of the Key Information Memorandum (including the "General section"), Statement of Additional Information and the Scheme Information Document of the above Scheme(s) of JPMorgan Mutual Fund including the sections on "Who cannot invest", "Note on Anti Money Laundering, Know-Your-Customer and Investor Protection", "How to Apply?", "Fax Instructions" and any indemnities provided therein.

I / We shall make our own independent decisions whether to subscribe for Units acting upon our own judgment and such independent advice as I / We consider appropriate. I / We hereby apply for allotment / purchase of Units in the Scheme(s) and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that I / We am / are a "person resident in India" for the purposes of the Foreign Exchange Management Act, 1999 and I / We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I / We hereby authorise JPMorgan Mutual Fund, its Investment Manager and / or its agents to disclose details of my investment to my bank(s) / JPMorgan Mutual Fund's bank(s) and / or any relevant distributor / broker / investment advisor, as appropriate. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the information given in this application form is correct, complete and truly stated.

I / We hereby consent to and authorize JPMorgan Mutual Fund, its Investment Manager (or any of its delegates or service providers) to collect, process, store and transfer as necessary my / our personal information or sensitive personal data or information and to use all such information, including without limitation personal information / sensitive personal data or information provided by me/us, for: (a) processing, maintaining, administering, verifying my / our account or investment; (b) meeting any regulatory disclosure requirements; or (c) extending and offering ancillary, incidental and additional services and support and I / We hereby consent to the sharing with and disclosure of the same to JPMorgan Mutual Fund's or its Investment Manager's associates/group companies/affiliates/agents, for the purpose of offering any ancillary or incidental services and products.

I / We shall immediately notify JPMorgan Mutual Fund and / or its Investment Manager of any change in the particulars provided by me / us in this application form.

I / We further acknowledge and accept that all my / our dealings will be subject to applicable laws and regulations, including without limitation, those relating to market timing, anti-money laundering, counter terrorism financing, as well as the internal procedures of JPMorgan Mutual Fund (JPMF) and / or its Investment Manager JPMorgan Asset Management India Private Limited (JPMAMIL) and its affiliates, and that the process of subscription and / or redemption instructions including payment and transfer of moneys may be delayed and / or declined due to requirements of these laws regulations and / or procedures and policies. I / We agree and accept that in these circumstances, JPMF and / or JPMAMIL may take such further action as it, in its absolute discretion, may deem appropriate or necessary (including without limitation freezing my / our folios, rejecting any application(s) / allotment of Units, delaying or withholding processing / payout of redemption proceeds and / or effect forced redemption of Units). JPMF and / or JPMAMIL shall have no liability or responsibility to the applicant or any other person for any losses, damages or any other claims whatsoever in relation to the delay or rejection of instructions in these circumstances.

I / We agree to provide such information and documentation from time to time as JPMF and / or JPMAMIL may request for purposes of its compliance with anti-money laundering, counter terrorism financing, know-your-client and other legal and regulatory requirements applicable to JPMF and / or JPMAMIL or its affiliates.

I / We represent and warrant to JPMF and / or JPMAMIL that: (a) no application moneys paid or transferred to JPMF and / or JPMAMIL are or may be proceeds from, and it has not and will not use its Folio in furtherance of, any criminal activity or conduct (including but not limited to tax crimes such as intentional and fraudulent tax evasion); and (b) it has never committed or been investigated for or convicted of any tax crime whether in India or elsewhere. I / We agree that I / We shall be deemed to repeat the above representations and warranties at each time when I / We transact via my / our Folio . The above would deem to apply for transactions carried out by Guardian or POA Holder in case of transactions submitted on behalf of Individual Investors and by Authorized Signatories in case of transactions submitted for Non-individual Investors. 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.

I do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. I hereby declare that in case of third party payments, the payments are covered under one of the following: Payment by Parents/ Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding ₹ 50,000/- (each regular purchase or per SIP installment) or Payment by Employer on behalf of employee through Payroll deductions or Custodian on behalf of an FI or a client.

(These signatures will be matched against the signatures in the repurchase or other transactions and in case of improper match or difference in the signatures, investors will be requested to get their signature verified by their banks.)

SIGNATURE(S)				
Date	Sole / First applicant	Second applicant	Third applicant	Third party cheque issuer

Please refer to Chapter III of the Scheme Information Document.

Note: Please refer to page 95 for instruction on Transaction Charges.

Signature of all applicants is necessary in case a nominee has been mentioned in Section 8 above.

JPMorgan Mutual Fund

Note: All future communications in connection with this application should be addressed to the nearest JPMorgan Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the Scheme, the amount invested, date and the place of the Customer Service Centre where the application was lodged.

Asset Management Company

: JPMorgan Asset Management India Private Limited
J. P. Morgan Tower, Off C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400 098. Tel.: 022 - 6157 3000 Fax : 022 - 6157 4170
E-mail: india.investors@jpmorgan.com Toll free no.: 1-800-200-5763 (JPMF)

Registrar & Transfer Agent

: Computer Age Management Services Private Limited, Unit: JPMorgan Mutual Fund, 3rd Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002.
E-mail: enq_jpm@camsonline.com

COMMON APPLICATION FORM

Please read Product labeling details available on cover page before filling this Form.
(Please refer to instructions carefully on pages 95-98 and 130 before filling out this form)

Application no.

AF

J.P.Morgan
Asset Management

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
ARN-15114			E023534	

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 95)

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

2. INFORMATION OF EXISTING UNIT HOLDER (For existing investor. Unless details in sections 3 - 4 have changed, please go directly to section 5. Note that applicant details and mode of holding will be as per existing folio number)

Folio no.	Employee SID (for employees of J.P. Morgan only)

3. APPLICANT INFORMATION

Status (Please ✓): Resident Individual Resident Minor (through Guardian) HUF Non-Resident (Repatriable) Non-Resident (Non-Repatriable) Non-Resident - Minor (Repatriable) Non-Resident - Minor (Non-Repatriable) FII FPI Sole-Proprietor Private Limited Company Public Limited Company Body Corporate Partnership Firm Trust Fund of Fund Gratuity Fund NPS Trust Pension and Retirement Fund FIs AOP Bank Government Body NGO BOI Society LLP PIO Non Profit Organisation Global Development Network Others [Specify] _____ Foreign Nationals [Specify category] _____

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please refer instruction 1(l) on page 95 and (✓) any one)

I confirm that I am a **First time** Investor across Mutual Funds I confirm that I am an **Existing** investor in Mutual Funds
(₹ 150 deductible as Transaction Charge and payable to the Distributor). (₹ 100 deductible as Transaction Charge and payable to the Distributor).

In case the purchase / subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the investment amount and payable to the Distributor. Units will be issued against the balance amount invested.

Name of first applicant	Date of Birth*
Mr. Ms. M/s.	D D M M Y Y Y Y Y Y

Name of guardian (in case of minor)	Relationship:	*In case where PAN / PEKRN is not provided, providing date of birth is mandatory or else the application is liable to be rejected.
Mr. Ms.	<input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Legal Guardian	

Name of Contact person (In case of institutional investors)
Mr. Ms.

Designation of the contact person

Name of second applicant
Mr. Ms.

Name of third applicant
Mr. Ms.

Address of sole / first applicant (Please provide full address) (In case of NRIs/FIIs please provide overseas address - Mandatory P.O. box no. may not be sufficient)	
City	Pin
State	Country

Overseas address (Please provide full address. P.O. box no. may not be sufficient) (Mandatory for NRIs / FIIs / PIO)		
City	Pincode	Country

Communication		
Tel. (R) / Mobile no.	Tel. (O)	Fax no.
E-mail		

I/We would like to receive the following documents through post instead of e-mail (Kindly ✓)
 Account statement Newsletter Quarterly review & annual report Other statutory information

Mode of holding (Please tick (✓))
 Single Joint Anyone or survivor (default)

Permanent Account Number (PAN) / PAN Exempt KYC Reference Number (PEKRN) [Mandatory]			
First applicant	M A N D A T O R Y	Guardian	M A N D A T O R Y
<input type="radio"/> KYC compliant		<input type="radio"/> KYC compliant	
Second applicant	M A N D A T O R Y	Third applicant	M A N D A T O R Y
<input type="radio"/> KYC compliant		<input type="radio"/> KYC compliant	

4. BANK ACCOUNT DETAILS (Mandatory. The application will be rejected if this section is left blank. Please provide the details of the sole / first applicant). (Refer instruction no. 3 on page 96)

Bank particulars (Name of the bank)	Branch

Branch address	City

Account number	Account type
	<input type="radio"/> Current <input type="radio"/> Savings <input type="radio"/> NRO <input type="radio"/> NRE <input type="radio"/> FCNR

RTGS or NEFT - IFSC code	9 digit MICR code

Direct credit facility (please refer to the list of banks that offer direct credit facility on page 96). However, if you wish to receive a cheque payout, please tick here (✓)
 Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓)

5. INVESTMENT DETAILS (Refer instruction no. 4 on page 96)

Scheme name: JPMorgan	Plan

Option (Please ✓)	Dividend reinvestment (default)	Dividend payout
<input type="radio"/> Dividend <input type="radio"/> Growth	<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly*	<input type="radio"/> Monthly* <input type="radio"/> Bonus* <input type="radio"/> Annual Dividend*
		*as applicable

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from: Mr. / Ms. _____

Application for units of: **JPMorgan** _____ Plan _____

Option (please ✓): Growth Dividend reinvestment Dividend payout
 Daily* Weekly* Fortnightly* Monthly* Bonus* Annual Dividend* * as applicable

Cheque / D.D. no. _____ for ₹ _____ dated _____

Drawn on bank _____

Application no.

AF

Office Signature, stamp & date

6. PAYMENT DETAILS (Refer instruction no. 5 on page 96)

6A. INITIAL INVESTMENT (Please note that investors have to fill out separate common application forms for Initial and SIP investments)

Cheque / DD no.		Drawn on bank/ Branch name	
Cheque / DD date	D D M M Y Y Y Y	Account type (Please ✓)	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
Amount of cheque / DD in figures (₹) (i)		Relationship with beneficiary (Third party payment)	
DD charges, if any, in figures (₹) (ii)			
Total amount in figures (₹) (i) + (ii)			
Rupees in words			

6B. SYSTEMATIC INVESTMENT PLAN (SIP) (Refer terms and conditions on page 126 and instructions for SIP on page 130) Please ✓ for MICRO SIP

Frequency (Please ✓ any one only) <input type="radio"/> Monthly SIP (default) <input type="radio"/> Quarterly SIP	Enrolment period Start Date M M Y Y	Dates <input type="radio"/> 1st (default) <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th <input type="radio"/> All dates (for ECS facility only)	No. of instalments (default as per SID)
Payment mechanism (Please ✓ any one only)	1. <input type="radio"/> Cheques (Please provide the details below) 2. <input type="radio"/> ECS debit facility (Please complete the application form for ECS debit facility)		
First SIP transaction via Cheque no.	Cheque dated	D D M M Y Y Y Y	Amount (₹)
Instalment amount (₹)	No. of instalments	Total Amount (₹)	
Subsequent instalment cheque nos.	From To	From To	From To
Cheques drawn on	Name of bank	Branch	

7. DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S) (Refer Instruction 7)

NSDL <input type="radio"/>	Depository Participant (DP) ID	Beneficiary Account Number	OR	CDSDL <input type="radio"/>	Depository Participant (DP) ID & Beneficiary Account Number
<p>Please note that : 1. If demat details provided are not valid, allotment will be done in physical / statement of account mode. 2. In case of valid demat account details provided, the bank account details, joint holding details, mode of holding (joint / anyone or survivor) in case of joint holdings, address details and nominee details as per the demat account shall prevail over the corresponding details provided on the application form.</p>					

8. NOMINATION* DETAILS (Nominations will not be permitted in case of folios held on behalf of a minor)

I/We hereby nominate the undermentioned nominee to receive the amounts to my/our credit in the event of my / our death. I / We also understand that all payments and settlements made to such nominee and signature of the nominee acknowledging receipt thereof, shall be a valid discharge by the AMC / Mutual Fund / Trustees. Tick here if you do not wish to nominate ^

Name of the nominee	Date of birth (if nominee is minor)
Mr. Ms. M/s.	D D M M Y Y Y Y
Address of nominee (Please provide full address)	
Pin code	
Name of the guardian (if nominee is minor)	Relationship with nominee
Address of guardian	Signature of guardian (mandatory) / nominee (optional)
Pin code	

* For multiple nominations please ensure that the same details given in this nomination section are sent in on a separate sheet of paper, with all the investors' signatures.

^ Please note that if you do not tick the box nor furnish any nomination details, it is deemed to be assumed that you do not wish to nominate anyone.

9. DOCUMENTS ENCLOSED (Please ✓)

Corporate Documents <input type="radio"/> Yes <input type="radio"/> No	Systematic Investment Plan (SIP) <input type="radio"/> Cheques <input type="radio"/>	Total No. of enclosures	No. to be filled by applicant	For office use
ASL <input type="radio"/> Yes <input type="radio"/> No	Systematic Transfer Plan (STP) <input type="radio"/> ECS Debit Facility <input type="radio"/>			
BR <input type="radio"/> Yes <input type="radio"/> No	Systematic Withdrawal Plan (SWP) <input type="radio"/>			

10. DECLARATION AND SIGNATURES

Applicable to NRI / FI / PIO: I am / We are not U.S. or Canadian person(s) or resident(s) in or citizen(s) of the United States of America or Canada. I / We confirm that I am / We are Non-Resident(s) of Indian nationality / origin and that I / We have remitted funds from abroad through approved banking channels or from funds in my / our NRE / FCNR account. I / We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE / FCNR account. In case of non residents (please tick as appropriate): 1. Residential Status: Resident (including not ordinarily resident) Non-resident. 2. The units issued to me / us will be held as investment business asset#.

Corporate applicants only: A corporation should affix its company stamp or seal, if any. I am / We are duly authorised to execute and deliver this Master Account Agreement. The corporation is not organised or formed by U.S. Persons, residents in or citizens of the United States of America principally for the purposes of investing in securities not registered under the Securities Act of 1933 of the United States of America.

I / We have read, understood and agree to the contents of the Key Information Memorandum (including the "General section"), Statement of Additional Information and the Scheme Information Document of the above Scheme(s) of JPMorgan Mutual Fund including the sections on "Who cannot invest", "Note on Anti Money Laundering, Know-Your-Customer and Investor Protection", "How to Apply?", "Fax Instructions" and any indemnities provided therein.

I / We shall make our own independent decisions whether to subscribe for Units acting upon our own judgment and such independent advice as I / We consider appropriate. I / We hereby apply for allotment / purchase of Units in the Scheme(s) and agree to abide by the terms and conditions applicable thereto. I / We hereby declare that I / We am / are a "person resident in India" for the purposes of the Foreign Exchange Management Act, 1999 and I / We am / are authorised to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. I / We hereby authorise JPMorgan Mutual Fund, its Investment Manager and / or its agents to disclose details of my investment to my bank(s) / JPMorgan Mutual Fund's bank(s) and / or any relevant distributor / broker / investment advisor, as appropriate. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the information given in this application form is correct, complete and truly stated.

I / We hereby consent to and authorize JPMorgan Mutual Fund, its Investment Manager (or any of its delegates or service providers) to collect, process, store and transfer as necessary my / our personal information or sensitive personal data or information and to use all such information, including without limitation personal information / sensitive personal data or information provided by me/us, for: (a) processing, maintaining, administering, verifying my / our account or investment; (b) meeting any regulatory disclosure requirements; or (c) extending and offering ancillary, incidental and additional services and support and I / We hereby consent to the sharing with and disclosure of the same to JPMorgan Mutual Fund's or its Investment Manager's associates/group companies/affiliates/agents, for the purpose of offering any ancillary or incidental services and products.

I / We shall immediately notify JPMorgan Mutual Fund and / or its Investment Manager of any change in the particulars provided by me / us in this application form.

I / We further acknowledge and accept that all my / our dealings will be subject to applicable laws and regulations, including without limitation, those relating to market timing, anti-money laundering, counter terrorism financing, as well as the internal procedures of JPMorgan Mutual Fund (JPMF) and / or its Investment Manager JPMorgan Asset Management India Private Limited (JPMAMPI) and its affiliates, and that the process of subscription and / or redemption instructions including payment and transfer of moneys may be delayed and / or declined due to requirements of these laws regulations and / or procedures and policies. I / We agree and accept that in these circumstances, JPMF and / or JPMAMPI may take such further action as it, in its absolute discretion, may deem appropriate or necessary (including without limitation freezing my / our folios, rejecting any application(s) / allotment of Units, delaying or withholding processing / payout of redemption proceeds and / or effect forced redemption of Units). JPMF and / or JPMAMPI shall have no liability or responsibility to the applicant or any other person for any losses, damages or any other claims whatsoever in relation to the delay or rejection of instructions in these circumstances.

I / We agree to provide such information and documentation from time to time as JPMF and / or JPMAMPI may request for purposes of its compliance with anti-money laundering, counter terrorism financing, know-your-client and other legal and regulatory requirements applicable to JPMF and / or JPMAMPI or its affiliates.

I / We represent and warrant to JPMF and / or JPMAMPI that: (a) no application moneys paid or transferred to JPMF and / or JPMAMPI are or may be proceeds from, and it has not and will not use its Folio in furtherance of, any criminal activity or conduct (including but not limited to tax crimes such as intentional and fraudulent tax evasion); and (b) it has never committed or been investigated for or convicted of any tax crime whether in India or elsewhere. I / We agree that I / We shall be deemed to repeat the above representations and warranties at each time when I / We transact via my / our Folio. The above would deem to apply for transactions carried out by Guardian or POA Holder in case of transactions submitted on behalf of Individual Investors and by Authorized Signatories in case of transactions submitted for Non-individual Investors. 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.

I do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. I hereby declare that in case of third party payments, the payments are covered under one of the following: Payment by Parents/ Grand-Parents/related persons on behalf of a minor in consideration of natural love and affection or as gift for a value not exceeding ₹ 50,000/- (each regular purchase or per SIP installment) or Payment by Employer on behalf of employee through Payroll deductions or Custodian on behalf of an FI or a client.

(These signatures will be matched against the signatures in the repurchase or other transactions and in case of improper match or difference in the signatures, investors will be requested to get their signature verified by their banks.)

SIGNATURE(S)				
Date	Sole / First applicant	Second applicant	Third applicant	Third party cheque issuer

Please refer to Chapter III of the Scheme Information Document.

Note: Please refer to page 95 for instruction on Transaction Charges.

Signature of all applicants is necessary in case a nominee has been mentioned in Section 8 above.

JPMorgan Mutual Fund

Note: All future communications in connection with this application should be addressed to the nearest JPMorgan Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the Scheme, the amount invested, date and the place of the Customer Service Centre where the application was lodged.

Asset Management Company

: JPMorgan Asset Management India Private Limited
J. P. Morgan Tower, Off C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400 098. Tel.: 022 - 6157 3000 Fax : 022 - 6157 4170
E-mail: india.investors@jpmorgan.com Toll free no.: 1-800-200-5763 (JPMF)

Registrar & Transfer Agent

: Computer Age Management Services Private Limited, Unit: JPMorgan Mutual Fund, 3rd Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002.
E-mail: enq_jpm@camsonline.com

**SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS -
SELF CERTIFICATION FORM FOR INDIVIDUALS (EACH APPLICANT)**

(Please seek appropriate advice from your professional tax advisor on your tax residency and related FATCA & CRS guidance)

A. FATCA & CRS INFORMATION (SELF CERTIFICATION)																							
PAN													Folio										
Name																							
Type of Address given at KRA	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential / Business <input type="radio"/> Registered Office																						
Nationality								Gender						Date of Birth	D	D	M	M	Y	Y	Y	Y	
Place of Birth								Country of Birth															
Father's Name																							
Spouse's Name																							
Documents required (PEKRA Investor)	<input type="radio"/> Passport <input type="radio"/> Election ID Card <input type="radio"/> Govt. ID Card <input type="radio"/> Driving License <input type="radio"/> UIDAI Card <input type="radio"/> NREGA Card <input type="radio"/> Others (Please specify) _____																						
Identification No. of the Document provided																							
Is the applicant's Country of Birth / Citizenship / Nationality / Tax Residency other than India?												<input type="radio"/> Yes <input type="radio"/> No											
If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below:																							
S. No.	Country of Tax Residency [#]							Tax Payer Identification Number [^]							Identification Type [TIN or Other, please specify]								
1.																							
2.																							
3.																							

[#] to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA.

[^] In case Tax Identification Number is not available, kindly provide its functional equivalent ~.

B. ADDITIONAL KYC INFORMATION												
Occupation Details [Please tick (✓)]	<input type="radio"/> Service <input type="radio"/> Private Sector <input type="radio"/> Public Sector <input type="radio"/> Government Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Agriculture <input type="radio"/> Proprietorship <input type="radio"/> Mariner <input type="radio"/> Others (Please specify) _____											
Gross Annual Income (Rs.) [Please tick (✓)]	<input type="radio"/> Below 1 Lac <input type="radio"/> 1 - 5 Lacs <input type="radio"/> 5 - 10 Lacs <input type="radio"/> 10 - 25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore											
Politically Exposed Person (PEP) Status	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable											

C. DECLARATION														
<p>I / We acknowledge and confirm that the information provided above is true and correct to the best of my / our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I / We aware that I / we may liable for it. I / We hereby authorize you [Fund / AMC / RTA other participating entities] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me / us, including all changes, updates to such information as and when provided by me / us to Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees / RTAs ('the Authorized Parties') or any Indian or Foreign governmental or Statutory or Judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me / us of the same. Further, I / we authorize to share the given information to other SEBI Registered Intermediaries / any regulated intermediaries registered with SEBI / RBI / RDA / PFRDA to facilitate single submission / updation & for other relevant purposes. I / We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Funds end. As may be required by domestic or overseas regulators / tax authorities, I / we authorize Fund / AMC / RTA to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.</p>														
Place :														
Date :	D	D	M	M	Y	Y	Y	Y						Applicant / Guardian's Signature

DETAILS UNDER FATCA & CRS

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the folio(s) or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 14 days.

Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any question about your tax residency, please contact your Tax Advisor. If you are a US citizen or resident or green card holder, please include United States in the Country of Tax Residency Information field along with your US Tax Payer Identification Number.

~ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

**SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS -
SELF CERTIFICATION FORM FOR INDIVIDUALS (EACH APPLICANT)**

(Please seek appropriate advice from your professional tax advisor on your tax residency and related FATCA & CRS guidance)

A. FATCA & CRS INFORMATION (SELF CERTIFICATION)																						
PAN												Folio										
Name																						
Type of Address given at KRA	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential / Business <input type="radio"/> Registered Office																					
Nationality								Gender				Date of Birth	D	D	M	M	Y	Y	Y	Y		
Place of Birth								Country of Birth														
Father's Name																						
Spouse's Name																						
Documents required (PEKRA Investor)	<input type="radio"/> Passport <input type="radio"/> Election ID Card <input type="radio"/> Govt. ID Card <input type="radio"/> Driving License <input type="radio"/> UIDAI Card <input type="radio"/> NREGA Card <input type="radio"/> Others (Please specify) _____																					
Identification No. of the Document provided																						
Is the applicant's Country of Birth / Citizenship / Nationality / Tax Residency other than India?											<input type="radio"/> Yes <input type="radio"/> No											
If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below:																						
S. No.	Country of Tax Residency [#]							Tax Payer Identification Number [^]							Identification Type [TIN or Other, please specify]							
1.																						
2.																						
3.																						

[#] to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA.

[^] In case Tax Identification Number is not available, kindly provide its functional equivalent ~.

B. ADDITIONAL KYC INFORMATION																				
Occupation Details [Please tick (✓)]	<input type="radio"/> Service <input type="radio"/> Private Sector <input type="radio"/> Public Sector <input type="radio"/> Government Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Agriculture <input type="radio"/> Proprietorship <input type="radio"/> Mariner <input type="radio"/> Others (Please specify) _____																			
Gross Annual Income (Rs.) [Please tick (✓)]	<input type="radio"/> Below 1 Lac <input type="radio"/> 1 - 5 Lacs <input type="radio"/> 5 - 10 Lacs <input type="radio"/> 10 - 25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore																			
Politically Exposed Person (PEP) Status	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable																			

C. DECLARATION																						
I / We acknowledge and confirm that the information provided above is true and correct to the best of my / our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I / We aware that I / we may liable for it. I / We hereby authorize you [Fund / AMC / RTA other participating entities] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me / us, including all changes, updates to such information as and when provided by me / us to Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees / RTAs ('the Authorized Parties') or any Indian or Foreign governmental or Statutory or Judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me / us of the same. Further, I / we authorize to share the given information to other SEBI Registered Intermediaries / any regulated intermediaries registered with SEBI / RBI / RDA / PFRDA to facilitate single submission / updation & for other relevant purposes. I / We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Funds end. As may be required by domestic or overseas regulators / tax authorities, I / we authorize Fund / AMC / RTA to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.																						
Place :																						
Date :	D	D	M	M	Y	Y	Y	Y														
								Applicant / Guardian's Signature														

DETAILS UNDER FATCA & CRS

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the folio(s) or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 14 days.

Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

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~ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

**SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS -
SELF CERTIFICATION FORM FOR INDIVIDUALS (EACH APPLICANT)**

(Please seek appropriate advice from your professional tax advisor on your tax residency and related FATCA & CRS guidance)

A. FATCA & CRS INFORMATION (SELF CERTIFICATION)																							
PAN													Folio										
Name																							
Type of Address given at KRA	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential / Business <input type="radio"/> Registered Office																						
Nationality								Gender						Date of Birth	D	D	M	M	Y	Y	Y	Y	
Place of Birth								Country of Birth															
Father's Name																							
Spouse's Name																							
Documents required (PEKRA Investor)	<input type="radio"/> Passport <input type="radio"/> Election ID Card <input type="radio"/> Govt. ID Card <input type="radio"/> Driving License <input type="radio"/> UIDAI Card <input type="radio"/> NREGA Card <input type="radio"/> Others (Please specify) _____																						
Identification No. of the Document provided																							
Is the applicant's Country of Birth / Citizenship / Nationality / Tax Residency other than India?												<input type="radio"/> Yes <input type="radio"/> No											
If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below:																							
S. No.	Country of Tax Residency [#]							Tax Payer Identification Number [^]							Identification Type [TIN or Other, please specify]								
1.																							
2.																							
3.																							

[#] to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries especially of USA.

[^] In case Tax Identification Number is not available, kindly provide its functional equivalent ~.

B. ADDITIONAL KYC INFORMATION												
Occupation Details [Please tick (✓)]	<input type="radio"/> Service <input type="radio"/> Private Sector <input type="radio"/> Public Sector <input type="radio"/> Government Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Agriculture <input type="radio"/> Proprietorship <input type="radio"/> Mariner <input type="radio"/> Others (Please specify) _____											
Gross Annual Income (Rs.) [Please tick (✓)]	<input type="radio"/> Below 1 Lac <input type="radio"/> 1 - 5 Lacs <input type="radio"/> 5 - 10 Lacs <input type="radio"/> 10 - 25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore											
Politically Exposed Person (PEP) Status	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable											

C. DECLARATION														
<p>I / We acknowledge and confirm that the information provided above is true and correct to the best of my / our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I / We aware that I / we may liable for it. I / We hereby authorize you [Fund / AMC / RTA other participating entities] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me / us, including all changes, updates to such information as and when provided by me / us to Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees / RTAs ('the Authorized Parties') or any Indian or Foreign governmental or Statutory or Judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me / us of the same. Further, I / we authorize to share the given information to other SEBI Registered Intermediaries / any regulated intermediaries registered with SEBI / RBI / RDA / PFRDA to facilitate single submission / updation & for other relevant purposes. I / We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Funds end. As may be required by domestic or overseas regulators / tax authorities, I / we authorize Fund / AMC / RTA to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.</p>														
Place :														
Date :	D	D	M	M	Y	Y	Y	Y						Applicant / Guardian's Signature

DETAILS UNDER FATCA & CRS

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**SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS -
SELF CERTIFICATION FORM FOR INDIVIDUALS (EACH APPLICANT)**

(Please seek appropriate advice from your professional tax advisor on your tax residency and related FATCA & CRS guidance)

A. FATCA & CRS INFORMATION (SELF CERTIFICATION)																							
PAN													Folio										
Name																							
Type of Address given at KRA	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential / Business <input type="radio"/> Registered Office																						
Nationality								Gender						Date of Birth	D	D	M	M	Y	Y	Y	Y	
Place of Birth								Country of Birth															
Father's Name																							
Spouse's Name																							
Documents required (PEKRA Investor)	<input type="radio"/> Passport <input type="radio"/> Election ID Card <input type="radio"/> Govt. ID Card <input type="radio"/> Driving License <input type="radio"/> UIDAI Card <input type="radio"/> NREGA Card <input type="radio"/> Others (Please specify) _____																						
Identification No. of the Document provided																							
Is the applicant's Country of Birth / Citizenship / Nationality / Tax Residency other than India?												<input type="radio"/> Yes <input type="radio"/> No											
If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below:																							
S. No.	Country of Tax Residency [#]							Tax Payer Identification Number [^]							Identification Type [TIN or Other, please specify]								
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2.																							
3.																							

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[^] In case Tax Identification Number is not available, kindly provide its functional equivalent ~.

B. ADDITIONAL KYC INFORMATION												
Occupation Details [Please tick (✓)]	<input type="radio"/> Service <input type="radio"/> Private Sector <input type="radio"/> Public Sector <input type="radio"/> Government Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Agriculture <input type="radio"/> Proprietorship <input type="radio"/> Mariner <input type="radio"/> Others (Please specify) _____											
Gross Annual Income (Rs.) [Please tick (✓)]	<input type="radio"/> Below 1 Lac <input type="radio"/> 1 - 5 Lacs <input type="radio"/> 5 - 10 Lacs <input type="radio"/> 10 - 25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore											
Politically Exposed Person (PEP) Status	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable											

C. DECLARATION														
<p>I / We acknowledge and confirm that the information provided above is true and correct to the best of my / our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I / We aware that I / we may liable for it. I / We hereby authorize you [Fund / AMC / RTA other participating entities] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me / us, including all changes, updates to such information as and when provided by me / us to Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees / RTAs ('the Authorized Parties') or any Indian or Foreign governmental or Statutory or Judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me / us of the same. Further, I / we authorize to share the given information to other SEBI Registered Intermediaries / any regulated intermediaries registered with SEBI / RBI / RDA / PFRDA to facilitate single submission / updation & for other relevant purposes. I / We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Funds end. As may be required by domestic or overseas regulators / tax authorities, I / we authorize Fund / AMC / RTA to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.</p>														
Place :														
Date :	D	D	M	M	Y	Y	Y	Y						Applicant / Guardian's Signature

DETAILS UNDER FATCA & CRS

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the folio(s) or any proceeds in relation thereto.

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~ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

For CRS only

In case investor has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country (other than USA), investor to provide relevant Curing Documents as mentioned below:

CRS Indicia	Documentation required for Cure of CRS indicia
Residence / mailing address in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the account holder is not a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p><i>If no Indian telephone number is provided</i></p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is not a tax resident of any country other than India; and 2. Documentary evidence (refer list below) <p><i>If Indian telephone number is provided along with a foreign country telephone number</i></p> <ol style="list-style-type: none"> 1. Self-certification (in attached format) that the account holder is not a tax resident for tax purposes of any country other than India; OR 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
 2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)
- * Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

**SUPPLEMENTARY KNOW YOUR CLIENT (KYC), FATCA & CRS -
SELF CERTIFICATION FORM FOR ENTITY (NON-INDIVIDUALS)**

(Please seek appropriate advice from your professional tax advisor on your tax residency and related FATCA & CRS guidance)

A. FATCA & CRS INFORMATION (SELF CERTIFICATION)																						
PAN												Folio										
Name of the Entity																						
Date of Incorporation	D	D	M	M	Y	Y	Y	Y														
Type of Address given at KRA	<input type="radio"/> Residential <input type="radio"/> Business <input type="radio"/> Residential / Business <input type="radio"/> Registered Office																					
Place of Incorporation																Country of Incorporation						
Is the Entity's Country of Tax Residency other than India?																<input type="radio"/> Yes <input type="radio"/> No						
If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.																						
S. No.	Country of Tax Residency [#]	Tax Payer Identification Number [^]	Identification Type [TIN or Other, please specify]																			
1.																						
2.																						
3.																						

[#] to include all countries other than India, where investor is Tax Resident in those respective countries especially of USA.

[^] In case Tax Identification Number is not available, kindly provide its functional equivalent and Global Intermediary Identification Number (GIIN).

In case the Entity's Country of Incorporation / Tax residence is US but the Entity is not a Specified US Person, mention Entity's exemption Code here _____

B. ADDITIONAL KYC INFORMATION									
Gross Annual Income (Rs.) [Please tick (✓)]	<input type="radio"/> Below 1 Lac <input type="radio"/> 1 - 5 Lacs <input type="radio"/> 5 - 10 Lacs <input type="radio"/> 10 - 25 Lacs <input type="radio"/> >25 Lacs - 1 Crore <input type="radio"/> >1 Crore								
OR									
Net-worth (Mandatory)	Rs. _____ as on <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year)	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Is the entity involved in any of the following services?									
<input type="radio"/> Foreign Exchange / Money Changer Services <input type="radio"/> Gaming / Gambling / Lottery / Casino Services <input type="radio"/> Money Laundering / Pawning <input type="radio"/> None of the above									

C. [TO BE FILLED BY FINANCIAL INSTITUTIONS OR DIRECT REPORTING NFFES]																											
We are a <input type="radio"/> Financial Institution / FFI <i>[refer instructions a.]</i> <input type="radio"/> Direct Reporting NFFE <i>[refer instructions b.]</i>	GIIN (Global Intermediary Identification Number): <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</p> Name of the sponsoring Entity <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table> <p>GIIN not available [tick (✓) any one]:</p> <input type="radio"/> Applied For <input type="radio"/> Not required to apply for - specify sub-category code <table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table> <i>[refer instructions c.]</i> <input type="radio"/> Not obtained - Non-participating FFI																										

D. [FILL ANY ONE AS APPLICABLE - TO BE FILLED BY NFFES OTHER THAN DIRECT REPORTING NFFES]

1	Is the entity is a listed company [whose shares are regularly traded on a recognized stock exchange] <i>[refer instructions d.]</i>	Yes <input type="radio"/> <i>(Please specify the name of the Stock Exchange(s) where it is traded regularly)</i> 1. _____ 2. _____
2	Is the entity a 'Related Entity' of a listed company [whose shares are regularly traded on a recognized stock exchange] <i>[refer instructions e.]</i>	Yes <input type="radio"/> <i>(Please specify the name of the listed company, name of the Stock Exchange(s) where it is traded regularly)</i> Name of the listed company : _____ Name of the Stock Exchange : _____
3	Is the entity an Active NFFE?	Yes <input type="radio"/> Nature of business _____ Please specify sub-category of Active NFFE <input type="text"/> <input type="text"/> <i>[refer instructions g.]</i>
4	Is the entity a Passive NFFE? <i>[refer instructions h.]</i>	Yes <input type="radio"/> Nature of business _____ Also submit UBO Form <i>[provided separately]</i>

E. DECLARATION

/ We acknowledge and confirm that the information provided above is true and correct to the best of my / our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I / We am / are aware that I / We may liable for it. I / We hereby authorize you [Fund / AMC / RTA / Other participating entities] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me / us, including all changes, updates to such information as and when provided by me / us to Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees / RTAs ('the Authorized Parties') or any Indian or Foreign Governmental or Statutory or Judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I / We authorize to share the given information to other SEBI Registered Intermediaries or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I / We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund's end. As may be required by domestic or overseas regulators / tax authorities, I / We authorize Fund / AMC / RTA to withhold and pay out any sums from your account or close or suspend your account(s) without any obligation of advising me of the same.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
Place :	Date :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DETAILS UNDER FATCA & CRS

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income Tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the folio(s) or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 14 days.

Please note that you may receive more than one request for information if you have multiple relationships with us or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any question about your tax residency, please contact your Tax Advisor. If you are a US citizen or resident or green card holder, please include United States in the Country of Tax Residency Information field along with your US Tax Payer Identification Number.

Instructions for FATCA & CRS Declaration

a. Financial Institution / Foreign Financial Institution [FFI] - Means any non-US financial institutions that is a -

- (1) Depository institution - accepts deposits in the ordinary course of banking or similar business;
- (2) Custodian institution - as a substantial portion of its business, hold financial assets for the accounts of others;
- (3) Investment entity - conducts a business or operates for or on behalf of a customer for any of the activities like trading in money market instruments, foreign exchange, foreign currency, etc. or individual or collective portfolio management or investing, administering or managing funds, money or financial assets on behalf of other persons; or an entity managed by this type of entity; or
- (4) Insurance company -
entity issuing insurance products i.e. life insurance;
- (5) Holding or Treasury company -
entity that is part of an expanded affiliate group that includes a depository, custodian, specified insurance company or investment entity

b. Direct Reporting NFFE -

a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS

c. GIIN not required category:

Code	Sub-Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors and Investment Managers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

d. Listed Company -

A company is publicly traded if its stock are regularly traded on one or more established securities markets (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)

e. Related Entity -

an entity is a "Related Entity" of another entity if one controls the other, or the two entities are under common control (where control means direct or indirect ownership of more than 50% of the vote or value in an entity)

f. Non-financial Foreign Entity [NFFE] -

Non-US entity that is not a financial institution (including a territory NFFE). Following NFFEs are excluded from FATCA reporting -

- (a) Publicly traded corporation / listed companies;
- (b) Related Entity of a listed company; and
- (c) Active NFFE

g. Active NFFE - Any one of the following -

Code	Sub-Category
01	Less than 50% of the NFFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and < 50% of the assets held by NFFE are assets that produce or are held for the production of passive income;
02	The NFFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFFE;
05	The NFFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFFE is a 'non for profit' organization which meets all of the following requirements: <ul style="list-style-type: none"> ● It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; ● It is exempt from income tax in India; ● It has no shareholders or members who have a proprietary or beneficial interest in its income or assets; ● The applicable laws of the NFFE's jurisdiction of residence or the NFFE's formation documents do not permit any income or assets of the NFFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFFE has purchased; and ● The applicable laws of the NFFE's jurisdiction of residence or the NFFE's formation documents require that, upon the NFFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFFE's jurisdiction of residence or any political subdivision thereof.

h. Passive NFFE - means any NFFE that is not

- (i) an Active NFFE or listed / publicly traded entity or entity related to the listed / publicly traded entity, or

- (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations or
 - (iii) the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity - (Note: Foreign persons having controlling interest in a passive NFFE are liable to be reported for tax information compliance purposes).
- i. Passive Income -
- portion of gross income that consists of dividends, interest, rents and royalties (other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFFE), income equivalent to interest / amount received from pool of insurance contracts, annuities, excess of gains over losses from the sale or exchange of property / from transactions (including futures, forwards or similar transactions) in any commodities but not including:
- (i) any commodity hedging transaction, determined by treating the entity as a controlled foreign corporation or
 - (ii) active business gains or losses from the sale of commodities but only if substantially all the foreign entity's commodities are property, excess of foreign currency gains over losses, net income from notional principal contracts, amounts received under cash value insurance contracts, amounts earned by insurance company in connection with its reserves for insurance and annuity contracts.
- j. Controlling Persons means the natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations.
- k. Non-Participating FFIs [NPFIs] -
- an FFI other than participating FFI, a deemed-complaint FFI, or an exempt beneficial owner
- l. Specified US Persons -
- Any US Person other than
- i). A publicly traded corporation;
 - ii). A corporation that is a member of the same expanded affiliate group;
 - iii). A tax exempt organization;
 - iv). an individual retirement plan;
 - v). the United States or an agency or instrumentality of the United States;
 - vi). Any state [including District of Columbia and United States possession] or State Authorities;
 - vii). A bank,
 - viii). A real estate investment trust;
 - ix). A regulated investment company;
 - x). an entity registered with the SEC under the Investment Company Act of 1940;
 - xi). A common trust fund;
 - xii). A tax exempt trust;
 - xiii). A registered dealer;
 - xiv). A registered broker

- m. Expanded affiliated group -
- One or more chains of members connected through ownership (50% or more, by vote or value) by a common parent entity if the common parent entity owns stock or other equity interests meeting the requirements in at least one of the other members
- n. Owner documented FFI -
- AN FFI meeting the following requirements -
- (a) FFI is an FFI solely because it is an investment entity;
 - (b) FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company;
 - (c) FFI does not maintain a financial account for any non-participating FFI;
 - (d) FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in the circumstances, and
 - (e) The designated withholding agent agrees to report to the IRS (or, in case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any US specified persons and (2) Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a US person, an exempt beneficial owner, or an exempted NFFE
- o. Exemption Code for US persons -

Code	Sub-Category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

DECLARATION

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax advisors, read & understood the FATCA terms and conditions. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees / associated parties / RTAs ('the Authorized Parties') or any Indian or Foreign Governmental or Statutory or Judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, I/We, authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information / documentary proof as may be required at your end.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory								
Place _____	Date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

Instructions on Controlling Persons / Ultimate Beneficial Owner

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No. CIR/MIRSD/2/2013 dated January 24, 2013, non- individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs / UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and / or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of / entitlement to:
 - more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies. Intermediaries dealing with foreign investors; viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client

D. KYC requirements

Beneficial Owner(s) is / are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the listed Beneficial Owner(s).

E. Controlling Person Type [CP / UBO] Codes:

CP / UBO Code	Description	CP / UBO Code	Description
C01	CP of legal person-ownership	C08	CP of legal arrangement-trust-other
C02	CP of legal person-other means	C09	CP of legal arrangement-trust-other-settlor equivalent
C03	CP of legal person-senior managing official	C10	CP of legal arrangement-trust-other-trustee-equivalent
C04	CP of legal arrangement-trust-settlor	C11	CP of legal arrangement-trust-other-protector equivalent
C05	CP of legal arrangement-trust-trustee	C12	CP of legal arrangement-trust-other-beneficiary-equivalent
C06	CP of legal arrangement-trust-protector	C13	CP of legal arrangement-trust-other-other-equivalent
C07	CP of legal arrangement-trust-beneficiary	C14	Unknown

**ECS REGISTRATION CUM MANDATE AND
CANCELLATION APPLICATION FORM (ECS MANDATE FACILITY)**

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
ARN-15114			E023534	

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 95)
 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** _____

Plan _____

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

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

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 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 **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 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 **R E O U I R E D**

* 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 _____ 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 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 _____

ECS : TERMS AND CONDITIONS

Please read this form in conjunction with the SIP terms and conditions mentioned on the reverse of the SIP / SWP enrolment form before applying.

1. The first cheque should be drawn on the same bank account which is to be registered for ECS (debit clearing). Alternatively, the cheque may be drawn on any bank, but provide a photocopy of the cheque of the bank / branch for which ECS (debit clearing) is registered.
2. First SIP cheque and subsequent SIP instalments via ECS (debit clearing) should be of the same amount.
3. Please submit the following documents at least 21 days gap before the first SIP date for ECS (debit clearing) :
 - Application form for the respective Scheme(s)
 - SIP ECS facility form
 - First SIP cheque
4. Investors will not hold JPMorgan Mutual Fund / JPMorgan Asset Management India Private Limited, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to local holidays or any other reason.
5. JPMorgan Mutual Fund / JPMorgan Asset Management India Private Limited, its registrars and other service providers shall not be responsible and liable for any damages, compensation for any loss, damage, etc., incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
6. JPMorgan Mutual Fund / JPMorgan Asset Management India Private Limited reserves the right to reject any application without assigning any reason thereof.
7. Please refer to the Key Information Memorandum / SID of the respective Scheme(s) for applicable NAV, Risk factors, Load and other information.
8. You can choose to change your bank account or discontinue this facility by giving 15 days written notice to any of our Investor Service Centres.

* If the investor chooses this option, the mandate will be carried out for all four dates specified.

JPMorgan Mutual Fund

Note: All future communications in connection with this application should be addressed to the nearest JPMorgan Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the scheme, the amount invested, date and the place of the Customer Service Centre where the application was lodged.

Asset Management Company : JPMorgan Asset Management India Private Limited
J. P. Morgan Tower, Off C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400 098. **Tel.:** 022 - 6157 3000 **Fax :** 022 - 6157 4170
E-mail: india.investors@jpmorgan.com **Toll free no.:** 1-800-200-5763 (JPMF)

Registrar & Transfer Agent : Computer Age Management Services Private Limited, Unit: JPMorgan Mutual Fund, 3rd Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002.
E-mail: enq.jpm@camsonline.com

DIRECT DEBIT FACILITY MANDATE AND CANCELLATION APPLICATION FORM

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

Broker Name & ARN code ARN-15114	Sub-broker ARN code	Sub-broker code	Employee Unique Identification No. E023534	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 95)
 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** _____
 Plan _____
 PAN / PEKRN No. _____

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

Each SIP instalment amount (₹) _____
 First SIP transaction via cheque no. _____
 Frequency Monthly (default) Quarterly
 Cheque dated 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 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 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.

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 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)
---	--	---

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
-----------------	------------------	-----------------

Direct Debit : TERMS AND CONDITIONS

Please read this form in conjunction with the SIP terms and conditions mentioned on the reverse of the SIP / SWP enrolment form before applying.

1. The first cheque should be drawn on the same bank account which is to be registered for Direct Debit (debit clearing). Alternatively, the cheque may be drawn on any bank, but provide a photocopy of the cheque of the bank / branch for which Direct Debit (debit clearing) is registered.
2. First SIP cheque and subsequent SIP instalments via Direct Debit (debit clearing) should be of the same amount.
3. Please submit the following documents at least 30 days before the first SIP date for Direct Debit (debit clearing) :
 - Application form for the respective scheme(s)
 - SIP Direct Debit facility form
 - Copy of cancelled cheque
4. Investors will not hold JPMorgan Mutual Fund / JPMorgan Asset Management India Private Limited, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to local holidays or any other reason.
5. JPMorgan Mutual Fund / JPMorgan Asset Management India Private Limited, its registrars and other service providers shall not be responsible and liable for any damages, compensation for any loss, damage, etc., incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
6. JPMorgan Mutual Fund / JPMorgan Asset Management India Private Limited reserves the right to reject any application without assigning any reason thereof.
7. Please refer to the Key Information Memorandum / SID of the respective Scheme(s) for applicable NAV, Risk factors, Load and other information.
8. You can choose to change your bank account or discontinue this facility by giving 15 days written notice to any of our Investor Service Centres.
9. This facility is available to account holders of Core Banking branches of the following banks- Axis Bank, Bank of Baroda, Bank of India, Citibank N.A, IDBI Bank, Kotak Mahindra Bank, Punjab National Bank, State Bank of India, Union Bank of India, Corporation Bank.
10. The list of banks and branches may be modified/ updated / changes / removed at any time in future at the discretion of the AMC without assigning any reasons or prior notice.
11. To avail SIP in separate schemes / plans via Direct Debit, an investor will have to fill separate form(s). A single form cannot be used for different schemes simultaneously.

* If the investor chooses this option, the mandate will be carried out for all four dates specified.

JPMorgan Mutual Fund

Note: All future communications in connection with this application should be addressed to the nearest JPMorgan Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the scheme, the amount invested, date and the place of the Customer Service Centre where the application was lodged.

Asset Management Company : JPMorgan Asset Management India Private Limited
J. P. Morgan Tower, Off C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400 098. **Tel.:** 022 - 6157 3000 **Fax :** 022 - 6157 4170
E-mail: india.investors@jpmorgan.com **Toll free no.:** 1-800-200-5763 (JPMF)

Registrar & Transfer Agent : Computer Age Management Services Private Limited, Unit: JPMorgan Mutual Fund, 3rd Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002.
E-mail: enq.jpm@camsonline.com

STP / SWP ENROLMENT FORM

(Please read instructions overleaf)

Enrolment form no.

ST

J.P.Morgan
Asset Management

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

Broker code	Sub-broker code	For office use
ARN-15114		

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. Investors should mention the EUIIN 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 EUIIN box has been intentionally left blank by me/us as this is an "execution only transaction" without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction."

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.

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 overleaf. I / We hereby apply for enrolment under the STP / SWP of the following scheme(s) / plan(s) / option(s) and agree to abide by the terms and conditions of the following scheme(s) / plan(s) / option(s).

2. APPLICANT INFORMATION

Folio no. (for existing Unit holder) / Application no. (for new investor)			
Name of sole / first applicant			
Mr. Ms. M/s.			
PAN / PEKRN No.	M A N D A T O R Y	Mandatory	Please tick (✓) <input type="radio"/> KYC compliant
Name of guardian (in case First / Sole applicant is a minor)			
Mr. Ms. M/s.			
PAN / PEKRN No.	M A N D A T O R Y	Mandatory	Please tick (✓) <input type="radio"/> KYC compliant
Name of second applicant			
Mr. Ms. M/s.			
PAN / PEKRN No.	M A N D A T O R Y	Mandatory	Please tick (✓) <input type="radio"/> KYC compliant
Name of third applicant			
Mr. Ms. M/s.			
PAN / PEKRN No.	M A N D A T O R Y	Mandatory	Please tick (✓) <input type="radio"/> KYC compliant

3. SYSTEMATIC TRANSFER PLAN (STP) DETAILS (This application form needs to accompany the application form of the scheme in case a new applicant opts for Systematic Transfer Plan)

From Scheme JPMorgan	Option (Please ✓)	<input type="radio"/> Growth (default option)	<input type="radio"/> Dividend
		<input type="radio"/> Dividend reinvestment (default)	<input type="radio"/> Dividend payout
		<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly* <input type="radio"/> Monthly*	<input type="radio"/> Bonus* <input type="radio"/> Annual Dividend* *as applicable
To Scheme JPMorgan	Option (Please ✓)	<input type="radio"/> Growth (default option)	<input type="radio"/> Dividend
		<input type="radio"/> Dividend reinvestment (default)	<input type="radio"/> Dividend payout
		<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly* <input type="radio"/> Monthly*	<input type="radio"/> Bonus* <input type="radio"/> Annual Dividend* *as applicable
1st STP date			
Frequency (Please ✓ any one only)	<input type="radio"/> Daily STP <input type="radio"/> Weekly STP <input type="radio"/> Fortnightly STP <input type="radio"/> Monthly STP (default)	Fixed Amount per instalment (₹)	
Enrolment period	From M M Y Y To M M Y Y	No. of instalments	
			Total amount of transfer (₹)

4. SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS (This application form needs to accompany the application form of the scheme in case a new applicant opts for Systematic Withdrawal Plan)

Scheme JPMorgan	Option (Please ✓)	<input type="radio"/> Growth (default option)	<input type="radio"/> Dividend
		<input type="radio"/> Dividend reinvestment (default)	<input type="radio"/> Dividend payout
		<input type="radio"/> Daily* <input type="radio"/> Weekly* <input type="radio"/> Fortnightly* <input type="radio"/> Monthly*	<input type="radio"/> Bonus* <input type="radio"/> Annual Dividend* *as applicable
SWP dates (Please ✓)	<input type="radio"/> 1st (default) <input type="radio"/> 10th <input type="radio"/> 15th <input type="radio"/> 25th	Amount of withdrawal per instalment (₹)	
Frequency (Please ✓ any one only)	<input type="radio"/> Monthly SWP (default) <input type="radio"/> Quarterly SWP	No. of instalments	
Enrolment period	From M M Y Y To M M Y Y	Total withdrawal amount (₹)	

5. DECLARATION AND SIGNATURES

Applicable to NRI / FII / PIO : I am / we are not U.S. or Canadian person(s) or resident(s) or citizen(s) of the United States of America or Canada. I / We confirm that I am / we are Non-Resident(s) of Indian nationality / origin and that I/we have remitted funds and undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE / FCNR account.

In case of non residents (please tick as appropriate): The units issued to me / us will be held as a) investment b) business asset

Corporate applicants only : (A corporation should affix its company stamp or seal, if any.) I am / we are duly authorised to execute and deliver this Master Account Agreement. The corporation is not organised or incorporated under the laws of the United States of America.

By signing this form, I / we explicitly warrant that I / we remain in full compliance with all the declarations set out in section 10 of the Common Application Form previously completed by me / us and these declarations are deemed repeated in full for this and all future transactions in JPMorgan Mutual Fund.

If you have any doubt as to the content of these declarations, please contact 1800-200-5763 (JPMF) before signing this form.

(These signatures will be matched against the signatures in the repurchase or other transactions and in case of improper match or difference in the signatures, investors will be requested to get their signature verified by their banks.)

Date _____

SIGNATURE(S)		
Sole / First applicant	Second applicant	Third applicant

Please note : Signature(s) should be as they appear in the application form and in the same order. In case the mode of holding is joint, all applicants are required to sign.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Enrolment form no.

ST

Received from: Mr. / Ms. / M/S. _____ (please ✓)

STP From Scheme JPMorgan _____

To Scheme JPMorgan _____

SWP From Scheme JPMorgan _____

Total STP / SWP amount (₹) _____ on Daily Weekly Fortnightly Monthly (default) Bonus Annual Dividend basis.

Office Signature, stamp & date

SYSTEMATIC INVESTMENT PLAN (SIP) : INSTRUCTIONS (Please read the Scheme Information Document for more details)

Please note that the investor has to fill out a common application form for lumpsum and SIP investments

- SIP is available to investors in all the schemes of JPMorgan Mutual Fund.
- The SIP application form should be completed in English and in block letters only. Please tick (✓) in the appropriate circle. The SIP application form, complete in all respects, should be submitted at any of the Investor Service Centres (ISCs) of Computer Age Management Services Private Limited as designated by the AMC from time to time.
- New investors who wish to enroll for SIP are required to fill the scheme application form. New investors are advised to read the Scheme Information Document of the scheme(s) before investing. The Scheme Information Document / Key Information Memorandum(s) of the scheme(s) is available with the ISCs, brokers/distributors and also displayed at the JPMorgan Mutual Fund website i.e. www.jpmorganmf.com.
 - New investors need not have an existing folio for investments into respective schemes / options. Such investors can start a folio with an SIP. However, in case of SIP investments an investor can enter the scheme(s) with a minimum SIP amount.
- The application is liable to be rejected if any of the following are not provided:
 - Bank details.
 - FIRC certificate for NRI (or cheque copy).
 - Investor name & address.
 - Date of birth of minor.
 - Overseas address for NRI.
 - Unsigned application.
 - Corporate documents, including Authorised Signatory List (ASL) as applicable.
 - All SIP investments must be of equal amounts including the first instalment.
- SIP offers investors the following two Plans: (i) Monthly Systematic Investment Plan (MSIP) and (ii) Quarterly Systematic Investment Plan (QSIP).
- The investor must submit post-dated cheques for each month/quarter. There should be a gap of one month / one quarter between two cheques.
 - Minimum amount per cheque for each scheme under MSIP and QSIP is ₹ 1,000/-, and ₹ 500/- for JPMorgan India Tax Advantage Fund.
 - Total minimum number of cheques / instalments under MSIP (default) and QSIP is 6 and 18 for JPMorgan India Tax Advantage Fund.
- All SIP cheques (non-ECS) must be dated 1st, 10th, 15th or 25th of a month. All SIP cheques under MSIP and QSIP should be of the same amount and same date. For example, if an investor is enrolling for MSIP for the period July - December for a total amount of ₹ 60,000/- he will be required to issue six cheques all bearing the same date (except for the first SIP cheque which could be of any date) and same amount. It may, however, be noted that the first SIP cheque could be of any date, but all subsequent cheques should be dated either 1st, 10th, 15th or 25th. The first SIP cheque (of any date) and the subsequent cheque should not fall in the same month for the MSIP and should not fall in the same quarter for the QSIP. Please note that there should be minimum gap of 21 days for the ECS mandate to take effect. For post dated cheques to take effect, there should be a minimum of 15 days.
For NRIs / NREs, please provide a copy of the cheque leaf or FIRC certificate.
- Units will be allotted on the above applicable date. In case the date falls on a non-business day or falls during a book closure period, the immediate next business day will be considered for the purpose of determining the applicability of NAV subject to the realization of cheques.
- Cheques should be drawn in favour of the respective "scheme name", for example, for JPMorgan India Equity Fund the cheque should be drawn in favour of "JPMorgan India Equity Fund" and crossed "A/c Payee Only". Unit holders must write the SIP enrolment/ application form number on the reverse of the cheques accompanying the forms.
- Payment may be made by cheques drawn on any bank which is situated at, and is a member of, the bankers' clearing house located at the place where the SIP application is submitted. Outstation cheques will not be accepted and applications accompanied by such cheques are liable to be rejected. No cash, money order or postal orders will be accepted.
- Investors / Unit holders may also enroll for SIP ECS enrolment facility through Electronic Clearing Service (debt clearing) of the Reserve Bank of India. Investors / Unit holders may also enroll for SIP direct debt facility available with banks / branches which may be included from time to time in order to enroll for this facility. However, the first instalment will be by way of a cheque. Please fill up the application form for SIP ECS enrolment, if you are opting for this facility.
- Returned cheque(s) may not be presented again for collection. In case returned cheques are presented again, the necessary charges are liable to be debited to the investor.**
- An Account Statement will be issued by mail or by e-mail (if opted by the unit holder) to the unit holder within 10 working days for the first investment through SIP. The subsequent account statements will be despatched once every quarter ending March, June, September and December within 10 working days of the end of the respective quarter. In the case of a specific request received from investors, the Mutual Fund will provide the account statement to investors within five working days from receipt of such a request without any charges. Further, a soft copy of the account statement shall be mailed to investors under SIP to their e-mail address on a monthly basis, if so mandated.
AMCs shall allot Units to the applicants whose application has been accepted and also send confirmations specifying the number of Units allotted to the applicant by way of email and/or SMS's to the applicant's registered email address and/or mobile number as soon as possible but not later than 5 (five) Business Days from the date of closure of the allotment and/or from the date of receipt of the specific request for account statement from the Unit Holders. For ongoing period, Common Account Statement (CAS) for each calendar month to the Unit Holder(s) in whose folio(s) transaction(s) has/have taken place during that calendar month shall be sent on or before 10th of the succeeding calendar month. CAS, Account Statement, Annual Reports or other information etc. may be sent to unit holders by e-mail to the Unit holders whose e-mail address is available, unless a specific request is made to receive the same in physical. The AMC / Mutual Fund / Registrars & Transfer Agents are not responsible for the e-mail not reaching the investor and for all consequences thereof. The investor shall from time to time intimate the Fund / its transfer agents about any changes in the e-mail address. In case of a large document, a suitable link would be provided and investors can download, save and print these documents. For the purpose of sending CAS, common investors across mutual funds shall be identified by their PAN / PEKRN. The CAS shall not be received by the Unit Holders for the folio(s) not updated with PAN / PEKRN details. The Unit Holders are therefore requested to ensure that the folio(s) are updated with their PAN / PEKRN. Further, the CAS detailing holdings across all schemes of all mutual funds at the end of every 6 (six) calendar months (i.e. September/ March), shall be sent by mail/e-mail on or before the 10th day of succeeding calendar month, to all such Unit Holders in whose folios no transaction has taken place during that period. The half yearly CAS will be sent by e-mail to the Unit Holders whose e-mail address is available, unless a specific request is made to receive the same in physical form.
All communications shall be done in accordance with SEBI & AMFI guidelines.
- Unit holders will have the right to discontinue the SIP facility at any time by sending a written request to the ISC. Notice of such discontinuance should be received at least 15 days prior to the due date of the next cheque. On receipt of such a request, the SIP facility will be terminated and the balance post dated cheque(s) will be returned to the unit holder.
- The Trustee reserves the right to change/modify the terms and conditions of the SIP.
- Redemption of Units including units issued under dividend reinvestment option from JPMorgan India Tax Advantage Fund can be made only after a lock-in period of 3 (three) years has expired from the date of allotment of Units proposed to be redeemed.

SYSTEMATIC TRANSFER PLAN (STP) INSTRUCTIONS (Please read the Scheme Information Document for more details)

- The transfer will commence from the start date that is provided by the applicant in the STP form.
- Please clearly tick the frequency of the STP (daily or weekly or fortnightly or monthly).
- The STP request should be received at an Investor Service Centre at least 5 business days before the first transfer date.
- The AMC should be given clear instructions of discontinuance of at least 5 business days in the case of an STP.
- The transaction needs to be supported by a copy of the PAN / PEKRN proof (PAN card / PAN allotment letter).
- In case the date that is chosen for the STP falls on a non-business day, the transaction will take effect from the following business day.
- The STP application form needs to accompany the application form of the scheme in case a new applicant opts for Systematic Transfer Plan.
- For selection of multiple STP dates under the same folio, a multiple number of STP forms are to be filled in.
- The transfers under this facility can be made on a daily / weekly / fortnightly / monthly basis.
- Units transferred into JPMorgan India Tax Advantage Fund will be locked in for a period of 3 (three) years from the date of allotment of Units. Units transferred out of the Scheme are required to have completed the lock-in period. STP will be subject to meeting the minimum redemption and purchase criteria of each of the respective schemes.

SYSTEMATIC WITHDRAWAL PLAN (SWP) INSTRUCTIONS (Please read the Scheme Information Document for more details)

Please note that the investor has to fill out a common application form for lumpsum and SIP investments

- The request for an SWP should be received at an Investor Service Centre at least 15 days before the first due date for withdrawal.
- The AMC should be given clear instructions of discontinuance of at least 15 days in the case of an SWP.
- The withdrawal will commence from the withdrawal start date that is mentioned in the SWP form.
- The SWP application form needs to accompany the application form of the scheme in case a new applicant opts for Systematic Withdrawal Plan.
- For selection of multiple SWP dates under the same folio, a multiple number of SWP forms are to be filled in.
- Systematic withdrawal of Units from JPMorgan India Tax Advantage Fund can be made only after completion of the lock-in period of 3 (three) years from the date of allotment of Units proposed to be withdrawn under the SWP facility.

- New standing instructions like SIP, SWP, STP in a minor's folio shall only be registered till the date on which the minor attains majority, even if the instructions may be for a period beyond that date.
- In case of existing standing instructions including STP, SIP and SWP registered prior to the minor attaining majority, an advance notice shall be sent to the guardian and the minor, advising, that the existing standing instructions will continue to be processed beyond the date of the minor attaining majority till the time an instruction is received from the major, by the mutual fund to terminate the standing instruction. It is also clarified that the standing instruction shall be terminated within 30 days from the date of receiving the instruction.

D	DIVIDEND
T	TRANSFER
P	PLAN

Enrolment Form / Cancellation Form

(Please refer Product labeling available on cover page of the KIM and Terms and Conditions overleaf)

J.P.Morgan
Asset Management

The Application Form should be completed in ENGLISH and in BLOCK LETTERS only. Please tick in the appropriate box wherever applicable and strike off the section(s) not in use.

Date

D	D	M	M	Y	Y	Y	Y
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Enrolment Form No.

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KEY PARTNER / AGENT INFORMATION (Investors applying under Direct Plan must mention "Direct" in ARN column.)				FOR OFFICE USE ONLY		
Broker Name & ARN code	Sub-broker ARN code	Sub-broker code	Employee Unique Identification No.	Date of Receipt	Folio No. of Source Scheme	ISC Name & Stamp
ARN -15114			E023534			

Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors by the ARN Holder

EUIN Declaration (only where EUIN box is left blank) (Refer Item No. 12)

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.

Sign Here	Sign Here	Sign Here
First / Sole Unit holder / Guardian	Second Unit holder	Third Unit holder

I / We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & conditions mentioned overleaf of Dividend Transfer Plan and of the relevant Scheme(s) and hereby apply for enrolment under the DTP of the following Scheme(s) / Plan(s) / Option(s) (New Registration).

Please fill up items appearing under (A) and (B) below. Please (✓) any one only

- I / We hereby apply for enrolment under the DTP of the following Scheme(s) / Plan(s) / Option(s) and agree to abide by the terms and conditions of the respective Scheme(s) / Plan(s) / Option(s). **(New Registration)**.
- I / We hereby apply for cancellation of Enrolment of DTP under the following Scheme(s) / Plan(s) / Option(s). **(Cancellation)**. Please fill up items appearing under (A) [Except PAN details] and (C) below.

(A)	Name of the Applicant	PAN #or PEKRN #	KYC is Mandatory # (Please ✓)
	First / Sole Applicant		Proof Attached <input type="radio"/>
	Guardian (in case First / Sole Applicant is a minor)		Proof Attached <input type="radio"/>
	Second Applicant		Proof Attached <input type="radio"/>
	Third Applicant		Proof Attached <input type="radio"/>

Please attach proof. If PAN / PEKRN / KYC is already validated, please don't attach any proof. Refer Item No. 10 and 11.

(B)	Particulars (If your investment is to or from Direct Plan of the Scheme(s), please mention so clearly.)	
	1. Folio No. of 'Source' Scheme / Plan / Option (for existing Unit holder) / Application No. (for new investor)	
	2. Name of 'Source' Scheme	JPMorgan India Tax Advantage Fund
	3. Plan / Option	
	4. Name of 'Target' Scheme	
	5. Plan / Option	

(C)	CANCELLATION OF DTP	
	1. Folio No. of 'Source' Scheme	
	2. Name of 'Source' Scheme	JPMorgan India Tax Advantage Fund
	3. Plan / Option	

In case of insufficient space, please fill up separate Enrolment Forms.

SIGNATURE(S)	_____	_____	_____
	First / Sole Unit holder / Guardian	Second Unit holder	Third Unit holder

Please note : Signature(s) should be as it appears on the Application Form and in the same order. In case the mode of holding is joint, all Unit holders are required to sign.



ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Enrolment Form No.

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Received from Mr./Ms./M/s. _____

ISC Stamp & Signature

'DTP' application for transfer and investment of Dividend; from **JPMorgan India Tax Advantage Fund**
Plan / Option _____ to Scheme / Plan / Option _____

ISC Stamp & Signature

TERMS & CONDITIONS FOR DIVIDEND TRANSFER PLAN (DTP)

1. Dividend Transfer Plan (DTP) is a facility wherein unit holder(s) of JPMorgan India Tax Advantage Fund (Regular Plan and Direct Plan) [hereinafter referred to as “**Source Scheme**”] can opt to automatically invest the dividend (as reduced by the amount of applicable statutory levy) declared by the Scheme into any open ended schemes of JPMorgan Mutual Fund [hereinafter referred to as “**Target Scheme(s)**”]. The DTP Facility is available only for units held / to be held in Non-demat Mode in the source and the target Scheme.
2. The enrolment for DTP facility should be for all units under the respective Dividend Option of the Source Scheme. Instructions for part Dividend Transfer and part Dividend Payout will not be accepted. The dividend amount will be invested in the Target Scheme under the same folio. Accordingly, the unit holder(s) details and mode of holding in the Target Scheme will be same as in the Source Scheme.
3. Under DTP, dividend declared (as reduced by the amount of applicable statutory levy) in the Source Scheme will be automatically invested into the Target Scheme, as opted by the unit holder, on the immediate next Business Day after the Record Date at the applicable NAV of the Target Scheme, subject to applicable load as specified under point 6 below and accordingly equivalent units will be allotted in the Target Scheme, subject to the terms and conditions of the respective Target Scheme. For example: If the Dividend Record Date of the Source Scheme is December 21 (Friday) and the next Business Day of the Target Scheme (non-Liquid scheme) is December 24 (Monday), the unit holder will be allotted units in the Target Scheme at the closing NAV of December 24 (Monday).
4. The provision for ‘**Minimum Application Amount**’ specified in the respective Target Scheme’s Scheme Information Document will not be applicable under DTP. e.g. the minimum application amount for new investors in JPMorgan India Equity Fund - Growth Plan is Rs. 5,000/-. However in case of DTP, an Unit Holder can avail of the facility irrespective of the amount of dividend.
5. **Load Structure (Target Scheme):**
Load structure on units invested in target Scheme via DTP will be Nil.
6. Unitholders who wish to enroll for DTP facility are required to fill DTP Enrolment Form available with the ISCs, distributors/agents and also displayed on the website www.jpmmorganmf.com. The DTP Enrolment Form should be completed in English in Block Letters only. Please tick (✓) in the appropriate box (□), where boxes have been provided. The DTP Enrolment Form complete in all respects should be submitted at any of the Official Points of Acceptance of JPMorgan Mutual Fund.
7. The request for enrolment for DTP must be submitted at least 10 days prior to the Record Date for the dividend. In case of the condition not being met, the enrolment would be considered valid from the immediately succeeding Record Date of the dividend, provided the difference between the date of receipt of a valid application for enrolment under DTP and the next Record Date for dividend is not less than 10 days.
8. Unitholder(s) are advised to read the Scheme Information Documents of Target Scheme(s) carefully before investing. The Scheme Information Documents / Key Information Memorandum(s) of the respective Scheme(s) are available with the ISCs of JPMorgan Mutual Fund, brokers / distributors and also displayed on the Fund’s website i.e. - www.jpmmorganmf.com
9. Unit holders will have the right to discontinue the DTP facility at any time by sending a written request to the ISC. Notice of such discontinuance should be received at least 10 days prior to the Dividend Record Date. On receipt of such request, the DTP facility will be terminated. At the time of discontinuation of DTP facility, the Unit holders should note that the

default option will be dividend payout after discontinuation of DTP’. Once the request for DTP is registered, then it shall remain in force unless it is terminated as aforesaid.

10. **Permanent Account Number (PAN):**

SEBI has made it mandatory for all applicants (in the case of application in joint names, each of the applicants) to mention his/ her permanent account number (PAN) {Except as mentioned below} irrespective of the amount of investment. Where the applicant is a minor, and does not possess his / her own PAN, he / she shall quote the PAN of his / her father or mother or the guardian, as the case may be. Applications not complying with the above requirement may not be accepted / processed. PAN card copy is not required separately if KYC acknowledgement letter is made available. For further details, please refer to Statement of Additional Information available on our website www.jpmmorganmf.com

PAN Exempt Investments

PAN Exempt KYC Reference Number (PEKRN) holders may enroll for this facility. For further details on PAN exempt Investments, refer Instructions of Scheme Application Form or Statement of Additional Information. However, if the amount per transfer is Rs. 50,000 or more, in accordance with the extant Income Tax rules, investors will be required to furnish a copy of PAN to the Mutual Fund.

11. **Know Your Customer (KYC) Compliance:**

Investors should note that it is mandatory for all registrations for DTP to quote the KYC Compliance Status of each applicant (guardian in case of minor) in the application and attach proof of KYC Compliance viz. KYC Acknowledgement Letter. For more details, please refer to the Statement of Additional Information (‘SAI’) available on our website www.jpmmorganmf.com

12. **Investment through Distributors:**

Distributors / Agents are not entitled to distribute units of mutual funds unless they are registered with Association of Mutual Funds in India (AMFI). Every employee / relationship manager/ sales person of the distributor of mutual fund products to quote the Employee Unique Identification Number (EUIN) obtained by him/her from AMFI in the Application Form. Individual ARN holders including senior citizens distributing mutual fund products are also required to obtain and quote EUIN in the Application Form. Hence, if your investments are routed through a distributor, please ensure that the EUIN is correctly filled up in the Application Form. However, in case of any exceptional cases where there is no interaction by the employee / sales person / relationship manager of the distributor/sub broker with respect to the transaction and EUIN box is left blank, you are required to provide the duly signed declaration to the effect as given in the form. For further details on EUIN you may kindly refer to the instructions of the Scheme Application Form or Statement of Additional Information.

These requirements do not apply to Overseas Distributors.

Direct Investments

Investors applying under Direct Plan must mention “Direct” in ARN column. In case Distributor code is mentioned in the application form, but “Direct Plan” is indicated against the Scheme name, the Distributor code will be ignored and the application will be processed under Direct Plan.

13. JPMorgan Mutual Fund / JPMorgan Asset Management India Private Limited reserves the right to change/modify the terms and conditions of the DTP. For the updated terms and conditions of DTP, contact the nearest ISC or visit our website www.jpmmorganmf.com

JPMorgan Mutual Fund

Note: All future communications in connection with this application should be addressed to the nearest JPMorgan Customer Service Centre, quoting full name of the first applicant, the application serial number, the name of the Scheme, the amount invested, date and the place of the Customer Service Centre where the application was lodged.

Asset Management Company : JPMorgan Asset Management India Private Limited, J. P. Morgan Tower, Off C.S.T. Road, Kalina, Santacruz (East), Mumbai - 400 098.

Tel.: 022 - 6157 3000 **Fax:** 022 - 6157 4170 **E-mail:** india.investors@jpmmorgan.com **Toll free no.:** 1-800-200-5763 (JPMF)

Registrar & Transfer Agent : Computer Age Management Services Private Limited, 3rd Floor, Rayala Towers, 158, Anna Salai, Chennai - 600 002. **E-mail:** enq.jpmm@camsonline.com

Form for Nomination / Cancellation of Nomination

(To be filled in by individual(s) applying singly or jointly)

(Nominations will not be permitted in case of folios held on behalf of a minor)

Scheme name **JPMorgan**

Rn

Option (✓)

- Growth (default) Dividend
 Dividend reinvestment (default) Dividend payout
 Daily* Weekly* Fortnightly* Monthly* Bonus* Annual Dividend* *as applicable

I/we _____ and _____

do hereby nominate the person(s) more particularly described hereunder / and / cancel the nomination made by me / us on the _____ day of _____ in respect of the Folio No. _____

1. FIRST NOMINEE

Name of the nominee		Date of Birth (if nominee is minor)
Mr. Ms. M/s.		D D M M Y Y Y Y
Address of nominee (Please provide full address)		Percentage of allocation / share
Pin code		
Name of the guardian (if nominee is minor)		Relationship with nominee
Mr. Ms. M/s.		
Address of guardian		Signature of guardian (mandatory) / nominee (optional)
Pin code		

2. SECOND NOMINEE

Name of the nominee		Date of Birth (if nominee is minor)
Mr. Ms. M/s.		D D M M Y Y Y Y
Address of nominee (Please provide full address)		Percentage of allocation / share
Pin code		
Name of the guardian (if nominee is minor)		Relationship with nominee
Mr. Ms. M/s.		
Address of guardian		Signature of guardian (mandatory) / nominee (optional)
Pin code		

3. THIRD NOMINEE

Name of the nominee		Date of Birth (if nominee is minor)
Mr. Ms. M/s.		D D M M Y Y Y Y
Address of nominee (Please provide full address)		Percentage of allocation / share
Pin code		
Name of the guardian (if nominee is minor)		Relationship with nominee
Mr. Ms. M/s.		
Address of guardian		Signature of guardian (mandatory) / nominee (optional)
Pin code		

NAME AND SIGNATURE(S) OF APPLICANT(S)

First applicant	Mr. Ms. M/s.
Second applicant	Mr. Ms. M/s.
Third applicant	Mr. Ms. M/s.

Date	Sole / First applicant	Second applicant	Third applicant
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Signature of all applicants is necessary.
The address as per our records, under the folio, is applicable for this form.

For Office Use