## SYSTEMATIC INVESTMENT PLAN (SIP THROUGH AUTO DEBIT) Please attach the scheme application form duly filled & signed



Name Signature	ARN-978	21	er code	AKN				)	ib-Agei	IU DIOKE	code				U	nique	NO. OI	DISCIE	utor					
Leve Special SIP-First S. subsequent installments of Special SP pink IS SO Take Chebit Application should be administed at least 30 days before the 1st SP installment.						AUTO DI	EBIT (E	CS / DIRE	CT DE	BIT) RE	GISTI	RATION CL	M MAI	NDATE	FORM									
INVESTMENT DETAILS   INVESTMENT DETAILS   Application No. (for new Applicant)   INVESTMENT DETAILS   Application No. (for new Applicant)   Application No. (for new Application)   Application No. (for new Ap	New Regular SIP:	First Installmen	t of Reg	ular SIP thi	rough a C	heque and	subseque	ent investm	ents via E	Electronic (	Clearing	g Services (EC	(for all E	Banks in s	elect di	ties on	ly) / Dir	ect Debi	t (for s	elect E	Banks o	nly) as pe	r overl	leaf.
INVESTMENT DETAILS  Application No. (for new Applicant)  Application No. (for new App															IP insta	llment	t.							
Application No. (for new Applicant) Minor/Non-individual Mr./Nos./M/s.  mail ID Capital Letters):  Mente   M	Renewal/Continu	ation of existi	ing SIP	only if last	SIP instal	llment as p	er current	t registratio					llowing o	olumns).										
ame of Sole/ 1st Applicant/Minor/Non-individual Mr./Ns./M/s.  mail ID (Capital Letters):									INVE	STMEN	T DET	AILS												
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Plant I Final Plant	ame of Sole/1st Ap	plicant/Min	or/Nor	n-individ	ual Mr./	/Ms./M/s.																		
Plans :																								
P Installment Amount (BL)  Frequency (please bid, any one): Monthly * Quarterly (* Perhalf Frequency)  P Parter (P 2 amy one):	-mail ID (Capital Lette	ers):													Mobi	ile No	).:							T
P Period: Start:    P Pates   Start	cheme : JM								Plan	:							0	otion						
IP Dates (PL 3 any one):	IP Installment Amo	ount (Rs.)							Frequ	uency (pl	lease ti	ick any one)	Month	ly*	Qua	rterly		(* De	fault	Freq	uency	)		
The ARIX holder has disclosed to me'vs at 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 with a Scheme being recommended to me'vs.    BANK ACCOUNT DETAILS	IP Period : Start :		M	MY	Y	YY			End:	M N	A Y	YY	Y 0	R Per	oetual(i	i.e. un	ıtil it is	cancelle	ed)					
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BANK ACCOUNT DETAILS  BEANK ACCOUNT DETAILS  BEANK ACCOUNT DETAILS  ACCOUNT Number   Savings   Current   NRE   NRO   FON   Account Number   Savings   Current   NRE   NRO   FON   Account Type : Savings   Current   NRE   NRO   FON   Account Type : Savings   Current   NRE   NRO   FON   Account Type : Savings   Current   NRE   NRO   FON   Account Number   Savings   Current   NRE   NRO   FON   Fon   NRE   NRO   Fon   NRE   NRE   Fon   NRE   NRO   Fon   NRE   NRO   Fon   NRE   NRO   Fon   NRE	The ARN holder has d	isclosed to me	/us all t	the comm	issions (i	in the form	n of trail (	commissio	n or any	other mo	de), pa	ayable to him	for the d	lifferent	compe	ting S	cheme	s of vari	ous M	lutual	Funds	from an	ongst	twh
The Branch Manager ank Name & :    PIN Code   PIN Code	e Scheme is being re	commended	to me/u	JS".																				
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Mandatory Enclosures    Blank Cancelled Cheque   Copy of Cheque			. F	++		-	₩		DAD MI	CD Code		id for FCC o	J				- 1		L	'	WILL _	INNO		CIVI
isis to informyouthat I/we'the bank account holder's have registered with Minancial Mutual Frand through their authorised service provider for the RBIS Dectronic Clearing Service (Debit Clearing). Direct Debit Facility and that the payment tow ear hove investment in Minancial Mutual Frand blue made from mylour above mentioned account with above bank & branch. Further, I/we authorize be registered with Minancial Mutual Frand through AITO DEBIT (through Electronic Clearing Service (DBECT Clear Clearing Service ) DBECT DEBIT for cliar the same verificated accounted on the state in mining the currency of SIP, I/we authorize the registered with Minancial Mutual Frand Signature of the scheme at any point of time during the currency of SIP, I/we authorize you to cancel mylour SIP mandate on receipt of such a request from JM Financial AMC to stop debiting mylour account for subsequent installments. I/We, also authorize you to cancel mylour SIP mandate on receipt of such a request from JM Financial AMC to stop debiting mylour account for subsequent installments. I/We, also authorize you to cancel mylour SIP mandate on receipt of such a request from JM Financial AMC to stop debiting mylour account for subsequent installments.    Name	-aigit Mick Code (	mandatory)	: _			<u> Ш</u>	<u>Ш</u>	(A	C PAK MI	CK Code I	not vai	Id for ECS - e	g MICK C	ode star	ting an	a / or	enain	g with o	00)					
re above investment in M Financial Mutual Fund'all bemade from my/our above mentioned account with above bank & boards. Further, l/we authorize the representative anying this ECS/Direct Debit/Standing Instruction mandat it became writing and executed. Whe hereby authorize you to debit my/our account for making payment to JM Financial Mutual Fund through Beltonio (Dearing Service/ DIRECT DEBIT for Collection or promotions) as per the details furnished as above.  **Ratro Debit (Direct Debit) Cares — In case, the SIP is not considered as a valid SIP by the JM Financial AMC as per the provisions of the scheme at any point of time during the currency of SIP, L/we authorize you to cancel my/our SIP mandate on receipt of such a request from JM Financial AMC to stop debiting my/our account for subsequent installments.  **Name/s & Signature/s in Order & mode of operation as per Bank's Records**  **Name/s & Signature/s in Order & mode of operation as per JM Financial AMC to stop debiting my/our account for subsequent installments.  **Name/s & Signature/s in Order & mode of operation as per JM Financial AMC to stop debiting my/our account for subsequent installments.  **Name/s & Signature/s in Order & mode of operations as per JM Financial AMC to stop debiting my/our account for subsequent installments.  **FOR OFFICE USE ONLY (Not to be filled in by Investor)*  **FOR OFFICE USE ONLY (Not to be filled in by Investor)*  **Scheme Code**  **Credit Account Number**  Investor Ref. / Folio No.  **Banker's Attestation for ECS/ Direct Debit**  **Certified that Signature of account holder(s) and the details of Bank Account are correct as per records.	Mandatory End	dosures		Blank Ca	ancelled	Cheque	Co	py of Cheq	ue															
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Second Holder  Name  Signature  Name  Signature  Name  FOR OFFICE USE ONLY (Not to be filled in by Investor)  Scheme Code  Banker's Attestation for ECS/ Direct Debit  Folio No. of JM Financial Mutual Fund  Certified that Signature of account holder(s) and the details of Bank Account are correct as per records	Seek Cala baldan	Signature																						
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