

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	-brok	ker A	RN coc	le S	ub-	brok	ker (code	e Ei	Employee Unique Identification No.							0.	e nse														
Bonanza - 0186																						For office use											
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor. Declaration for "execution only" transaction (only where EUIN box is left blank) (Refer instruction 1(h) on page 57 I/We hereby confirm that the EUIN box has been intentionally left blank by me/sus as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the 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.																																	
person of the above distributor/sub brol	er or no	twiths	standi	ng the a	dvice o	f in-	appro	pria	tenes	s, if ar	ny,	pro	vided	by t	he	empl	oye	e/rela	atio	nshi	p ma	anag	er/s	ales	pers	on of	the	dist	ribu	tor/s	ub t	roke	r.
Sole / First applicant	Sole / First applicant							econd applicant					Third applicant								Third party cheque is:						issu	er					
		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).																																	
O 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) 	UII IIU.	• (101 I I	ilew iliv	estor)	ı		1			_			1						1				1	_	1	1	1		ı	1	1	- 1
Scheme name												Or	otion		\vdash	Grov	wth	(dof-	ault	ontic) (uc				\perp	hivid	lond						_
Scheme name	PMorg	an _									_				\simeq							Dividend t (default) Dividend payout											
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Each SIP instalment amount (₹)				1	1		1			1	_	Er	00110	nev			_′	_				_	A	iiiuo	_			.,		asi	αρρι	ιταυ	-
							1				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)]																																	
SIP period (for ECS (debit clearing)) Start from M M M Y Y End on M 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	IT													-									_										
Bank name		Ш													L												\perp	\Box		\perp			_
Branch name																											\perp	\perp					_
Bank city															L												\perp	\perp					\rfloor
Account number															_		A	ccou	nt t	ype (Ple	ase	✓)		0	Savir	ngs	\subset) Cı	ırren	t		
9 digit MICR code*	<u></u>			LUICD		J I	1			or NEI					L	R		Е		Q)		u	_	l l			R		E	16.)
Accountholder name as in	Piease į	orovia:	e tne ı ı	MICR co	oae or i	ine c	оапк I	oran 1	CN Tr	om wr	ner ı	re tn I	e EC	.S 15 T 1	0 [ie em	ect	ea. N	IICK I	l COO	es s	start 1	ing	or er	nainį I	I WIT	n u	ט are ו	no	: vaii	a 10	r EC:	۰.
I/We hereby declare that the particula is delayed or not effected at all for real	isons of	incom	nplete	or inco	rrect i	nfori	matio	n, I/	we w	ould r	101	t hol	d th	e use	r ir	ıstitu																	
any changes in my / our bank account	. I/We n	ave re	eao ar	io agree	ea to tr	ie te	rms a	ana c	conai	tions i	me	entic	nea	over	iea	Τ.																	
Date	_								SIGN	IATU	ΡF	-(5)																					_
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First account holder's signature (A					Sec	ond a	accou	nt ho	older	's signa	atı	ure (As in	bank	rec	ords,)	_		Thi	rd a	ıccoı	ınt r	iolde	r's s	ignat	ure	(As ir	ı ba	ak re	cord	S)	_
For office use only (not to be fil	iea in t	y the	inve	stor)				1			_,								,						,						,		
Recorded on		<u></u>						_					COC							_			<u>. </u>			_		<u></u>	Ļ	<u>.</u>			_
Recorded on										Cr	rec	dit a	CCOL	ınt n	um	nber														\perp			
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Authorisation of the bank acco	unt ho	ılder	(to b	o ciano	d by t	he I	nvec	tor)																									
This is to inform that I/we have register				_	-					ring) a	an	d tha	at my	/ payı	me	nt																	П
towards my investment in JPMorgan M bank. I/we authorise the representative	utual Fu	ind sha	all be	made fro	om my	our/	belov	v me	entior	ned ba	nk	acc	ount	with	уо	ur						Ra	ınk :	acco	unt	num	iher	,					
oana if we admonse the representativ	c curryl	יים נווו:	2 2 6 5	VACUIL C	.cui III}	₀ / 1110	anual			NATUI				CACU	مدح	u.						50			ant		.JCI						_
First applicant									Seco	nd apı	pli	cani	t					Third applicant															



DIRECT DEBIT FACILITY MANDATE AND CANCELLATION APPLICATION FORM

1. DISTRIBUTOR INFORMATION	(Please read the inst	uctions be	fore inve	sting)															
Broker Name & ARN code	Sub-broker ARN	code S	ub-brok	er code	En	nploy	ee Uni	que Id	entif	ication No.	nse								
										For office use									
Upfront commission shall be paid directly be Declaration for "execution only" transact								ment of	variou	s factors includin	g the ser	vice rer	ndered b	y the distr	ibutor.				
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.														ger/sales broker.					
Sole / First applica			Second	d app	licant				Third applicant										
	d Terms	& Ca	onditi	ons ov	erleaf	:													
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.																			
1 / 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).																			
O Please change my / our bank account for Direct Debit (debit clearing) (change in bank account).																			
O 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	J I I I	l l l			1	1 1		1 1						, , , , , , , l					
Guardian (incase of minor)					1														
					1		0	. (\	tl - (-l-fltt				Start days of					
Scheme name JPMorgan Option ○ Growth (default option) ○ Dividend (Please ✓) ○ Dividend reinvestment (default) ○ Dividend payou											avout								
_						-	,		Dai	ly* O Weel	kly*	For	tnightly	/*	Ionthly*				
PAN No.	lan	1 1 1	1			-		() Yea	rly* () Bonu	ıs* () Ann	iual Div	idend*	*as ap	plicable			
					ı	I	F		\bigcirc	Manthly (dafay	14)		0	a ali i					
Each SIP instalment amount (₹)					1]	Frequ	•		Monthly (defau	IT)	, I	Quarte	•					
First SIP transaction via cheque no. Cheque dated D D M M Y Y Amount (₹)																			
SIP date (Please ✓) [for Direct Debit (debit clearing)]																			
SIP period (for Direct Debit (debit clearing)) Start from M M Y Y Y End on M M Y Y Y (default - as per SID)																			
I/We hereby, authorise JPMorgan Muti	ual Fund and its author	ised service	e provider	s, to debi	t my/o	our fol	owing b	ank ac	count	by Direct Debit	(debit cl	learing) for co	llection of	SIP pay	ments.			
PARTICULARS OF BANK ACCOUNT Bank name	IT _ _																		
Branch name																			
Bank city																			
Account number									Acc	ount type (Plea	se ✔)	\circ	Saving	s Oc	urrent				
9 digit MICR code*				RTGS c				R		E Q	U		1	R	E	D			
Accountholder name as in	Please provide the MICR (ode of the b	ank branch	n from whe	re the	Direct	Debit is	to be ef	fected.	MICR codes start	ing or en	nding wi	th 00 ar	e not valid	for Direc	t Debit.			
bank account I/We hereby declare that the particula	urs given above are ser	roct and ov	proce my	willingpo	c to r	mako r	avmont	r rofor	rod ab	ove through pa	rticipati	on in D	iroct D	abit (dabit	cloarin	r) If the			
transaction is delayed or not effected																			
Fund about any changes in my / our b	ank account. I/We have	e read and a	agreed to	the terms	and	condit	ons me	ntioned	l overl	eaf.									
				SIGN	ATUF	RE(S)													
First account holder's signature (A			nd accoun	t holder's	signa	ture (A	s in banl	record	s)	Third a	ank recor	ds)							
For office use only (not to be fil	led in by the investo	r)																	
Recorded on	_	Scl	heme	code															
Recorded on		Credit account number																	
%									_		— —	- —		>\$-		— —			
Authorisation of the bank acco	unt holder (to be si	gned hv tl	ne Invest	or)															
This is to inform that I/we have registere		•			y inve	stmen	in JPM	organ											
Mutual Fund shall be made from my/our carrying this Auto Debit mandate form	account with								Bank account number										
car. 119 till Acto Depit Mandate 10/111	to bet it verified & exer			SIGN	ATUF	RE(S)					Jun a	ceouiii	· namb						
First applicant			Secon	d ann	licant				Third applicant										
i ii se applicant		1		555011	~PP	unit							- ~PPIIC						