

JM CORPORATE BOND FUND

(An open ended debt scheme predominantly investing in AA+ and above rated corporate bonds). A relatively high interest rate risk and moderate credit risk.

NFO OPENS : February 24, 2022

NFO CLOSES : March 07, 2022



(Please ✓) as per your status Resident Non-Resident

JM FINANCIAL MUTUAL FUND PAN: AAATJ2314G LEI No.: 335800YFXW7UNW4NBA67 (Valid Upto 12/04/2022)

This Product is suitable for investors who are seeking*	Scheme	Potential Risk Class			
<ul style="list-style-type: none"> Income over Short to Medium Term. To generate income / capital appreciation through investments predominantly in AA+ and above rated corporate bonds. <p>*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.</p>	<p>Riskometer of the Scheme Investor understand that their principal will be at moderate risk</p>	Credit Risk →	Relatively Low (Class A)	Moderate (Class B)	Relatively High (Class C)
		Interest Rate Risk ↓			
		Relatively Low (Class I)			
		Moderate (Class II)			
		Relatively High Class (Class III)		BIII	

DISTRIBUTOR INFORMATION				FOR OFFICE USE ONLY	
Name & ARN of Distributor / RIA Code	Internal Sub-Broker Code (as allotted by Distributor)	Sub-Broker ARN Code No.	Employee Unique Identification No. (EUIIN)^	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine
			E		

^Mandatory: Furnishing of EUIIN is mandatory for all transactions (Purchase/Switch/SIP/STP) or following declaration should be signed by the investor (Please ✓ the box).
 Declaration: "I/We hereby confirm that the EUIIN 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."

Signature of Sole/First Applicant/Guardian _____ Signature of Second Applicant _____ Signature of Third Applicant _____

"Upfront commission shall be paid directly by the investor to the AMFI registered Distributor based on the investor's assessment of various factors including the service rendered by the distributor".
 INVESTMENT DETAILS (Pls Refer instruction No. 5)*??

Scheme Name	Plan (Pls tick ✓)	Option	Sub-Option
JM CORPORATE BOND FUND	<input type="radio"/> Direct <input type="radio"/> Regular		

*In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information.
 ?? Investor desirous of investing directly with the AMC without availing the services of any Distributor/Broker, will have to clearly tick "Direct" under above column titled as "Plan".

EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 5)	TRANSACTION CHARGES (Please refer to instructions / KIM and tick any one) (Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.)
Folio No. _____	<input type="checkbox"/> I/We am/are the First Time Investor in Mutual Fund Industry. (Rs 150 will be deducted.) <input type="checkbox"/> I/We am/are the Existing Investor in Mutual Fund Industry. (Rs 100 will be deducted.)

1. FIRST APPLICANT'S DETAILS (It is mandatory to submit verified copy of PAN proof for all investments failing which application will be rejected) (Pls Refer instructions)

Name (Capital Letters) _____ DOB _____ (Mandatory in case of minor)

PAN / PEKRN*** _____ KYC Identification Number (KIN) (For C-KYC Compliant Investors) _____

LEI No. (Legal Entity Identifier) of Non-Individual Investor (Mandatory): _____ Valid Upto ____/____/202__

Name of Guardian (if first applicant is a minor / Contact Person for non individuals)

Guardian's Relationship With Minor Father Mother Court Appointed Guardian **Proof of Date of Birth** Birth Certificate Passport Others _____ (Please specify)

TAX Resident Individual AOP/BOI Bank Company/Body Corporate Defence Establishment FI FII Government Body HUF PIO⁶

STATUS^ On behalf of Minor RI NRI PSU Partnership Firm Society Sole Proprietor Trust /Charities / NGOs Others (if specify) _____

2. Mode of Holding (Please tick ✓) Single Joint* Either or Survivor
 (* Default, in case of ambiguity when applicant are more than one)

Occupation of the 1st Applicant (Please tick ✓)^
 Private sector service Professional Housewife Student Others (pl. specify)
 Public Sector / Govt. service Business Retired Agriculturist

3. SECOND APPLICANT'S DETAILS

Name (Capital Letters) _____ DOB _____

PAN / PEKRN*** _____ C-KYC Id*** _____ Status^: Resident Individual NRI

4. THIRD APPLICANT'S DETAILS

Name (Capital Letters) _____ DOB _____

PAN / PEKRN*** _____ C-KYC Id*** _____ Status^: Resident Individual NRI

5. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Please note that your local address details will be updated as per your KYC records with CKYC / KRA)

Correspondence Address _____ Overseas Address (Mandatory for NRI / FPI Applicants) _____

City/Town	State	City/Town	State
Country	Pin Code	Country	Pin Code

Mobile No. ⁵ _____ Tel. No. _____ S T D C O D E _____

Email ID. ⁵ _____ *Require Hard Copy of Annual Report Yes No

⁵ SMS and/ Email ID will be used as the default mode of communication if the mobile no. and/or Email ID is furnished. + In case, not ticked, it will be treated to have "opted out".

Gross Annual Income of 1st Applicant (Please tick ✓)	For Individuals / HUFs (Please tick ✓)^	For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)^
For Individual <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> > 25 Lacs - 1Crore <input type="checkbox"/> > 1 Crore Net Worth (Mandatory for Non-Individuals) ₹ _____ as on ____/____/____ (Not older than 1 year)	<input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am related to Politically Exposed Person <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gamin / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> Not Applicable

6. BANK ACCOUNT DETAILS (It is mandatory to furnish bank particulars failing which application shall be rejected. Pls submit documentary proof of the bank mandate depicting the name of the 1st / sole applicant) Investor may furnish multiple bank details through a separate stipulated form. Pls refer Instruction / KIM for further details including Auto Direct Credit Facility.

Account No.:		Repeat Bank Account No.:	
Name of Bank		A/c. Type (✓):	<input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR
Branch Address			
IFSC Code		MICR Code	

Please ensure the name in this application form and in your bank account is the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode into your Bank Account.

7. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form

Please indicate the Country in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country#	Tax Payer Ref. ID No#	Identification Type	Country#	Tax Payer Ref. ID No#	Identification Type	Country#	Tax Payer Ref. ID No#	Identification Type
Country of Birth			Country of Birth			Country of Birth		
Country of Nationality			Country of Nationality			Country of Nationality		

In case, the Country of Tax Residence is only India then the details of Country of Birth & Nationality need not be provided. @ In case the Tax Identification Number is not available, kindly provide its functional equivalent

8. INVESTMENT AND PAYMENT DETAILS (Pls refer Instructions/ KIM) For each application and for each plan/option separate cheque / DD to be submitted.

Cheque/DD No.	Cheque / DD Amount (Rs.)	DD Charges (Rs.)	Gross Total Amount (Rs.)	Bank Account Number	Bank & Branch	Account Type# (SB/CA/NRE/NRO/FCNR)

#For NRI(s)/PIO: Source of Fund: NRE NRO FCNR Direct Remittances from abroad. Pls attach documentary evidence for the source of funds.

Please mention the application no. on the reverse of the Cheque / DD. The details of the bank account provided above pertain to my / our bank account in my / our name Yes No

If No, my relationship with the bank account holder is Spouse Child Parent Relative Sibling Friend Others. Application form without this information is liable to be rejected.

Documents Attached to avoid Third Party Payment Rejection, where applicable: Bank Certificate, for DD Third Party Declarations

IN CASE OF PAYMENT BY 1ST APPLICANT (Please ✓)

I. I / We hereby declare that the above mentioned cheque/Demand Draft^^ has been issued:

from/by debit to my personal/my joint Bank Account with other IInd/IIIRD Applicant. against cash (in case of demand draft) upto Rs. 50,000/-.

II. ^^In case of Demand Draft, Banker's certificate about the source of funds is attached. Yes No (In case, the answer is "No", the application will be rejected)

9. DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that of the Demat Account held with your Depository Participant).

Do you want units in Demat Form (Please ✓) Yes No (if yes, please provide the below details)⁵⁵

National Security Depository Limited (NSDL)

Central Depository Services (India) Limited (CDSL)

Depository Participant's Name:

DP ID No. IN	Beneficiary Account No.	Target ID No.

⁵⁵ in case of any ambiguity, AMC is at its discretion to either allot units as per Demat information or in physical mode. Kindly refer Statement of Additional Information and Scheme Information Document for details.

10. POWER OF ATTORNEY (PoA) HOLDER'S / PERMITTED THIRD PARTY'S (WHO IS ISSUING THE CHEQUE) DETAILS (Pls refer para on Third Party Payment)

The relationship of 1st Applicant with the issuer of Third party Payment instrument is as [Please ✓]

Parent/Grand Parent/Relative in case of 1st Applicant being a minor Employer (in case of deduction from salary) Custodian on behalf of FII/Client.

Full Name of PoA / Third Party

PAN No. of PoA / Third Party [Please ✓] KYC Compliant Yes No (Please attach KYC acknowledgement & Refer instructions)

11. NOMINATION DETAILS (Pls Refer instruction / KIM for details)

I / We _____ at present do not wish to register nominee/s against the above folio.

I/We _____ hereby nominate the under mentioned person(s) to receive the amount lying to my/our credit in the event of my/our death in proportion to the percentage(%) indicated against the Name(s) of the Nominee(s). I/We also understand that all payments and settlements made to such nominee(s) shall be a valid discharge by the AMC / Mutual Fund / Trustee.

No.	Name & Address of the Nominee /s (upto 3 Nos.)	Date of Birth (in case of Minor)	Relationship with the first holder	Share (%) (in multiple of 1%)	Age of the Nominee
1					
2					
3					

Guardian Name (in case of Minor) Relationship

Address:

City: Pin: Signature of Nominee/Guardian (Not mandatory)

12. LIST OF DOCUMENTS ATTACHED (Mandatory) (Pls mention below the details of documents (other than cheque & DD) attached with the form)

<input type="checkbox"/> Verified PAN Copy(ies)	<input type="checkbox"/> FATCA/CRS/UBO Declaration for all holders	<input type="checkbox"/> Memorandum & Articles of Association	<input type="checkbox"/> Trust Deed
<input type="checkbox"/> KYC Compliance Status Proof	<input type="checkbox"/> Resolution / Authorisation to invest	<input type="checkbox"/> Bye-Laws	<input type="checkbox"/> Power of Attorney
<input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)	<input type="checkbox"/> Partnership Deed	<input type="checkbox"/> Others (Pls Specify) _____

13. DECLARATION & SIGNATURES

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the scheme for investment and subsequent amendments thereto including the section on "Prevention of Money Laundering", I/we hereby apply to the Trustees of JM Financial Mutual Fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We have not received and will not receive nor will be induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, rules, regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time. It is expressly understood that we have the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. JM Financial Services Ltd. is affiliated to JM Financial Asset Management Ltd (JM Financial AMC), which is the Investment Manager to the schemes of JM Financial Mutual Fund. It would receive commission/distribution fees from JM Financial AMC for distributing the mutual fund units of the schemes launched by JM Financial AMC. **Consent for sharing Information** :- I/We hereby consent to the disclosure/sharing of my/our personal information to the Judicial /Statutory/ Regulatory Authorities for the compliance of legal obligation of JM Financial AMC/JM Financial Mutual Fund/JM Financial Trustee Co. Pvt. Ltd. I/We also consent to the sharing of the transaction feed of my/our Investment in the above Scheme of JM Financial Mutual Fund with the Registered Investment Advisor (RIA)/Distributor whose RIA/ARN Code is mentioned above. **"Applicable to NRIs only** : I / We* confirm that I am / we* are Non-Resident of Indian Nationality / Origin and I / We* hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my / our* Non-Resident External / Ordinary Account / FCNR Account through direct remittances from abroad.

Signature of Sole/First Applicant/Guardian/Auth. Signatory	Signature of Second Applicant /Auth. Signatory	Signature of Third Applicant/Auth. Signatory

Date : _____

Place : _____

Note: In case the First Applicant is a Non Individual, please attach FATCA, CRS & UBO Self Certification Form ^** The application is liable for rejection if the name does not match with PAN copy. It is mandatory for investors to be KYC compliant prior to investing in JM Financial Mutual Fund. * US and Canada Investors are not permitted to invest in our Schemes. ^ In case, not ticked, it will be considered as Not Applicable. Please attach foreign inward remittance certificate (FIRC) / account debit certificate in case of debit to NRE / NRO account or direct remittance from abroad. Please (✓) Repatriation basis Non-Repatriation basis.

PART B: TO BE USED BY INVESTORS ONLY IN CASE OF SIP/STP/SWP

14. SIP (through NACH) / STP / SWP REGISTRATION CUM MANDATE FORM

Regular SIP: First Installment of Regular SIP through a Cheque/Electronic transfer and subsequent investments via National Automated Clearing House (NACH).

Micro SIP: First Installment of Regular SIP through a Cheque and subsequent investments via National Automated Clearing House (NACH).

I/We hereby apply for the following facility under Systematic Investment Facilities (Pl tick only one from each column)

Facility (Please ✓)	Name of the Scheme /s (Please Mention)	Plan (Please ✓)	Option (Pls mention)	Sub-Option (Please ✓ in case of IDCW)
<input type="checkbox"/> SIP	JM CORPORATE BOND FUND	<input type="radio"/> Direct <input type="radio"/> Regular		<input type="radio"/> Payout <input type="radio"/> Reinvestment
<input type="checkbox"/> STP	From - JM	<input type="radio"/> Direct <input type="radio"/> Regular		<input type="radio"/> Payout <input type="radio"/> Reinvestment
	TO - JM CORPORATE BOND FUND	<input type="radio"/> Direct <input type="radio"/> Regular		<input type="radio"/> Payout <input type="radio"/> Reinvestment
<input type="checkbox"/> SWP <input type="radio"/> FAW (Fixed Amount Withdrawal) <input type="radio"/> CAW (Capital Appreciation Withdrawal)	JM CORPORATE BOND FUND	<input type="radio"/> Direct <input type="radio"/> Regular		<input type="radio"/> Payout <input type="radio"/> Reinvestment

Please select and tick any of the due dates from the below table against the facility being chosen by you.

Facility (Please ✓)	Daily (Please ✓)	Weekly (Please ✓)	Fortnightly (Please ✓)	Monthly** (Please ✓)	Quarterly (Please ✓)
<input type="checkbox"/> SIP	Not Available	<input type="radio"/> 1st <input type="radio"/> 8th <input type="radio"/> 15th	<input type="radio"/> 1st	<input type="radio"/> 1st <input type="radio"/> 5th	<input type="radio"/> 1st of next month & every quarter thereafter
<input type="checkbox"/> STP	Daily (Chhota STP/Combo SIP)	<input type="radio"/> 22nd of the month	<input type="radio"/> 15th of the month	<input type="radio"/> 10th <input type="radio"/> 15th	
<input type="checkbox"/> SWP	Not Available	Not Available	Not Available	<input type="radio"/> 20th <input type="radio"/> 25th of the month	

Installment Amount *	Rs.	Enrolement Period	From	To	<input type="radio"/> or Perpetual (i.e until it is cancelled)
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*Not Applicable for SWP under CAW since capital appreciation will automatically be withdrawn as per terms & conditions of this facility.** First of the month will be the default frequency if not ticked.

15. Name of Document Attached for MICRO SIP

1. Document Ref. No.

2. Document Ref. No.

3. Document Ref. No.

16. DECLARATION & SIGNATURES (Please strike out whichever is not applicable.)

Applicable for SIP Investors only: I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in NACH /Direct Debit or Standing Instruction Clearance. In case the transaction is delayed or not effected, for reasons of incomplete or incorrect information on my/our part or circumstances beyond the control of the AMC/its service provider, I/we would not hold the Asset Management Company or its associates/vendors responsible in any manner. I/We hereby authorize JM Financial Mutual Fund and their authorised service providers, to get my/our above bank account debited by NACH /Direct Debit/Standing Instructions towards the collection of payments on due SIP dates as opted by me/us. In the event of any changes in the bank particulars, I/we will submit a fresh mandate along with a cancellation request for the earlier mandate well in advance. I/We have read and agreed to the terms and conditions mentioned in KIM / Scheme Information Document of the scheme.

Consent for sharing Information :- I/We hereby consent to the disclosure/sharing of my/our personal information to the Judicial /Statutory/ Regulatory Authorities for the compliance of legal obligation of JM Financial AMC/JM Financial Mutual Fund/JM Financial Trustee Co. Pvt. Ltd. I/We also consent to the sharing of the transaction feed of my/our investment in the above Scheme of JM Financial Mutual Fund with the Registered Investment Advisor (RIA)/Distributor whose RIA/ARN Code is mentioned above.

Signature of Sole/First Applicant/Guardian	Signature of Second Applicant	Signature of Third Applicant

Date : _____

Place : _____

Applicable for Lumpsum Additional Purchases as well as SIP Registrations

DEBIT MANDATE FORM NACH

UMRN : _____ Date _____ 2 0 2

Tick (✓)
 CREATE
 MODIFY
 CANCEL

Sponsor Bank Code : **ICICOTREA00** Utility Code **ICIC0026100001992**

I/We hereby authorize : **JM Financial Mutual Fund** to debit (tick ✓) **SB / CA / CC / SB-NRE / SB-NRO / Other**

Bank a/c number : _____

with Bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ ₹

FREQUENCY Mthly Qtrly H-Yrly Yrly As & when presented Debit Type Fixed Amount Maximum Amount

Reference 1 _____ Folio No: Optional Phone No. _____

Reference 2 _____ Appln No: Optional Email ID _____ IN CAPITAL

I/We agree for the debit of mandate processing charges by the bank whom I am/we are authorizing to debit my/our account as per latest schedule of charges of the bank.

PERIOD
 From _____
 to _____
 or Until Cancelled

Signature of Account Holder
 1. Name as in Bank Record 2. Name as in Bank Record 3. Name as in Bank Record

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am/We are authorizing the user entity / corporate to debit my/our account.
- I/We have understood that I am/we are authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I/We have authorized the debit.