

(Please refer to instructions carefully on pages 20 and 21 before filling out this form)

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

Broker code	Sub-broker code	for office use	
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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.

2. INFORMATION OF EXISTING UNIT HOLDER (For existing investor. Unless details in sections 3 - 6 have changed, please go directly to section 6. Note that applicant details and mode of holding will be as per existing folio number)

Folio no. _____

3. APPLICANT INFORMATION

Occupation [Please tick (✓)]			Status [Please tick (✓)]				
<input type="radio"/> Agriculture	<input type="radio"/> Professional	<input type="radio"/> Student	<input type="radio"/> Minor	<input type="radio"/> NRI	<input type="radio"/> Resident Individual	<input type="radio"/> HUF	<input type="radio"/> Company/BC
<input type="radio"/> Business	<input type="radio"/> Retired	<input type="radio"/> Service	<input type="radio"/> Trust	<input type="radio"/> Partnership	<input type="radio"/> FIs	<input type="radio"/> Bank / FI	<input type="radio"/> AOP / BoI
<input type="radio"/> Housewife	<input type="radio"/> Others _____		<input type="radio"/> Club/Society	<input type="radio"/> PIO	<input type="radio"/> Sole proprietor	<input type="radio"/> Others (pl. specify) _____	

Name of first applicant _____ Date of birth*

D	D	M	M	Y	Y	Y	Y
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Name of guardian (in case of minor) _____ *In case where PAN is not provided, providing date of birth is mandatory or else the application is liable to be rejected.

Name of Contact person (In case of institutional investors) _____

Designation of the contact person _____

Name of second applicant _____

Name of third applicant _____

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

City _____ State _____ Country _____ Pin code _____ **M A N D A T O R Y**

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

City _____ Pin code _____ Country _____

Communication

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

E-mail _____

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

Account statement Newsletter Quarterly review & annual report Other statutory information

Permanent Account Number (PAN) [Mandatory]^ (^Please refer instruction 2 (e) on pg. 20)

Applicant	PAN	Mode of holding [Please tick (✓)]
First applicant	M A N D A T O R Y	<input type="radio"/> Single <input type="radio"/> Joint <input type="radio"/> Anyone or survivor (default)
Guardian	M A N D A T O R Y	
Second applicant	M A N D A T O R Y	
Third applicant	M A N D A T O R Y	

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 21)

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 21). 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. ANNUAL INCOME [Please tick (✓)]

Upto Rs. 5,00,000 Rs. 5,00,001 to Rs. 25,00,000 Rs. 25,00,001 to Rs. 1,00,00,000 Rs. 1,00,00,001 to Rs. 5,00,00,000 Rs. 5,00,00,001 and above

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from: _____ Mr. / Ms. _____

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

Option (please ✓): Growth (default) Dividend reinvestment Daily dividend reinvestment (as applicable) Weekly dividend reinvestment (as applicable) Fortnightly dividend reinvestment (as applicable) Monthly dividend reinvestment (as applicable) Dividend payout

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

Drawn on bank _____ Office Signature, stamp & date _____

