

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
85723			E098968	

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

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	Guardian	Second applicant	Third applicant
M A N D A T O R Y	M A N D A T O R Y	M A N D A T O R Y	M A N D A T O R Y
<input type="radio"/> KYC compliant	<input type="radio"/> KYC compliant	<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** 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* Yearly* Bonus* Annual Dividend* *as applicable

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from: Mr. / Ms. _____ Application no. _____

Application for units of: JPMorgan _____ Plan _____ AF

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

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

Drawn on bank _____ 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	
DD charges, if any, in figures (₹) (ii)		(Third party payment)	
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 Mr. Ms. M/s. _____	Date of birth (if nominee is minor) 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) _____ _____

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

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 (JPMAMIP) 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 JPMAMIP 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 JPMAMIP 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 JPMAMIP 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 JPMAMIP or its affiliates.

I / We represent and warrant to JPMF and / or JPMAMIP that: (a) no application moneys paid or transferred to JPMF and / or JPMAMIP 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 mean 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 acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [Fund / AMC / RTA] to disclose, share, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me 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 of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I 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 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 Foreign Company Information field along with your US Tax 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.

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; and2. 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; and2. 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; OR2. 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.