J.P.Morgan Asset Management

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-broker ARN co		Employee Unique Identifi	cation No. g	
				Lot office use	
Upfront commission shall be paid directly b	y the investor to the AMFI r	egistered Distributors based on	the investor's assessment of various	factors including th	e 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/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales					
					er/sales person of the distributor/sub broker.
Sole / First applicant Se		cond applicant	Third applicant	t l	Third party cheque issuer
Please read			& 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).					
O 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					
			Option O Growth (de	efault option)	O Dividend
Scheme name JPMorgan Option Growth (default option) Dividend					
Pla	an		O Yearly*	⊖ Bonus* ⊂) Annual Dividend* *as applicable
Each SIP instalment amount (₹)			Frequency O Mo	onthly (default)	O Quarterly
First SIP transaction via cheque no.			Cheque dated D D	M M Y Y	Amount (₹)
SIP date (Please ✓) [for ECS (debit clearing)]					
There must be at least 21 days gap between the first SIP cheque and subsequent due date of ECS (debit clearing).					
SIP period [for ECS (debit clearing)] Start from M Y Y End on 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					
Bank name					
Branch name					
Bank city					
Account number			Acco	ount type (Please ·	✓) ○ Savings ○ Current
9 digit MICR code*			NEFT - IFSC code		
* Please provide the MICR code of the bank branch from where the ECS is to be effected. MICR codes starting or ending with 00 are not valid for ECS.					
I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (debit clearing). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform JPMorgan Mutual Fund about any changes in my / our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.					
Date					
SIGNATURE(S)					
First account holder's signature (As	s in bank records)	Second account holder's	signature (As in bank records)	Third accou	Int holder's signature (As in bank records)
For office use only (not to be filled in by the investor)					
Recorded on			Scheme code		
Recorded on			Credit account number		
%%					
Authorisation of the bank account holder (to be signed by the Investor)					
This is to inform that I/we have registered for the RBI's Electronic Clearing Service (debit clearing) and that my payment towards my investment in JPMorgan Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/we authorise the representative carrying this ECS (debit clearing) mandate form to get it verified & executed. Bank account number SIGNATURE(S)					
First applicant		Second applicant			Third applicant