



|   |  |  |  |  |  |  |  |                           |  |
|---|--|--|--|--|--|--|--|---------------------------|--|
| 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)  |  |  |  |  |  |  |  |                           |  |
| Bank particulars (Name of the bank)   |  |  |  |  |  |  |  | Branch                    |  |
| Branch address  |  |  |  |  |  |  |  | City                      |  |
| Account number  |  |  |  | Account type   |  | 9 digit MICR code  |  |                           |  |
| RTGS or NEFT - IFSC code  |  |  |  | Current Savings NRO NRE FCNR   |  |  |  |                           |  |
| Direct credit facility (please refer to the list of banks that offer direct credit facility). However, if you wish to receive a cheque payout, please tick here (✓) <input type="radio"/>   |  |  |  |  |  |  |  |                           |  |
| Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓) <input type="radio"/>   |  |  |  |  |  |  |  |                           |  |
| 5. APPLICATION SUPPORTED BY BLOCKED AMOUNTS [ASBA] (please ✓ below)   |  |  |  |  |  |  |  |                           |  |
| Application through ASBA (Please ✓): <input type="radio"/> Yes <input type="radio"/> No Name of ASBA Bank   |  |  |  |  |  |  |  |                           |  |
| Depository Name (Please ✓)  |  | <input type="radio"/> National Securities Depository Limited |  |  |  | <input type="radio"/> Central Depository Services (India) Limited  |  |                           |  |
| Depository Participant Name   |  |  |  |  |  |  |  |                           |  |
| DPID  |  |  |  |  |  |  |  |                           |  |
| Beneficiary Account Number  |  | (16 Digit Beneficiary Account to be mentioned above)         |  |  |  |  |  |                           |  |
| 6. INVESTMENT DETAILS (Refer instruction no. 4)   |  |  |  |  |  |  |  |                           |  |
| Scheme name : JPMorgan India Economic Resurgence Fund   |  |  |  | Plan (Please ✓) <input type="radio"/> Regular <input type="radio"/> Direct (default) <input type="radio"/> Payout <input type="radio"/> Reinvestment (default) |  | Option (Please ✓) <input type="radio"/> Growth (default) <input type="radio"/> Dividend  |  |                           |  |
| 7. PAYMENT DETAILS (Refer instruction no. 5)  |  |  |  |  |  |  |  |                           |  |
| Cheque / DD no.   |  |  |  | Cheque / DD date   |  | D D M M Y Y Y Y  |  |                           |  |
| Amount of cheque / DD in figures (₹) (i)  |  |  |  | Drawn on bank /  |  |  |  |                           |  |
| DD charges, if any, in figures (₹) (ii)   |  |  |  | Branch name  |  |  |  |                           |  |
| Total amount in figures (₹) (i) + (ii)  |  |  |  | Account type (Please ✓)  |  | <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR |  |                           |  |
| Rupees in words   |  |  |  |  |  |  |  |                           |  |
| 8. DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S) (Refer instruction 7)  |  |  |  |  |  |  |  |                           |  |
| Depository Participant (DP) ID  |  | Beneficiary Account Number                                   |  | Depository Participant (DP) ID & Beneficiary Account Number  |  |  |  |                           |  |
| NSDL <input type="radio"/>  |  |  |  | OR CDSL <input type="radio"/>  |  |  |  |                           |  |
| 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.   |  |  |  |  |  |  |  |                           |  |
| 9. 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.  |  |  |  |  |  |  |  |                           |  |
| <input type="radio"/> Tick here if you do not wish to nominate ^  |  |  |  |  |  |  |  |                           |  |
| Name of the nominee   |  |  |  | Date of birth (if nominee is minor)  |  |  |  |                           |  |
| Mr. Ms. M/s.  |  |  |  | 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)   |  |  |  |                           |  |
|   |  |  |  |  |  |  |  |                           |  |
|   |  | Pin code   |  |  |  |  |  |                           |  |
| * 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.   |  |  |  |  |  |  |  |                           |  |
| 10. DOCUMENTS ENCLOSED (Please ✓)   |  |  |  | APPLICATIONS ENCLOSED (Please ✓)   |  | Total No. of enclosures  |  |                           |  |
| Corporate Documents   |  | <input type="radio"/> Yes <input type="radio"/> No           |  | <input type="radio"/> ASBA Application Form  |  | No. to be filled by applicant  |  | For office use            |  |
| ASL   |  | <input type="radio"/> Yes <input type="radio"/> No           |  | BR <input type="radio"/> Yes <input type="radio"/> No  |  |  |  |                           |  |
| 11. 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: <input type="radio"/> Resident (including not ordinarily resident) <input type="radio"/> Non-resident. 2. The units issued to me / us will be held as <input type="radio"/> investment <input type="radio"/> 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 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 extending and offering services and support requested for and to share with and disclose the same to JPMorgan Mutual Fund's or its Investment Manager's associates / group companies / affiliates / agents, for 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 and anti-money laundering, as well as the internal procedures and policies of JPMorgan Mutual Fund and / or its Investment Manager 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, JPMorgan Mutual Fund and / or its Investment Manager shall be free to 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) and that JPMorgan Mutual Fund and / or its Investment Manager shall not be held responsible to the me / us or any other person if it delays execution or declines to execute instructions in these circumstances.   |  |  |  |  |  |  |  |                           |  |
| 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 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.)  |  |  |  |  |  |  |  |                           |  |
| Date  |  | Sole / First applicant                                       |  | Second applicant   |  | Third applicant  |  | Third party cheque issuer |  |

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

## ANNEXURE – I FOR INDIVIDUALS

### A. FATCA INFORMATION

Do you have any non-Indian Country [ies] of Birth / Citizenship / Nationality and Tax Residency - Yes / No

If Yes, you must specify all non-Indian countries of birth, citizenship, nationality and/or tax residency below [mandatory]

| Category   | First Applicant / Guardian                                       | Second Applicant   | Third Applicant  |
|--|--|--|--|
| PAN  |  |  |  |
| Country of Birth   |  |  |  |
| Country of Citizenship / Nationality<br><i>[please specify the country if you hold any citizenship other than India]</i> |  |  |  |
| Are you a Specified US Person?   | Yes / No.<br>If 'Yes', please provide Tax Payer Id.<br>No. _____ | Yes / No.<br>If 'Yes', please provide Tax Payer Id.<br>No. _____ | Yes / No.<br>If 'Yes', please provide Tax Payer Id.<br>No. _____ |
| Country of Tax Residency 1#@   |  |  |  |
| Tax Payer Ref. ID No. 1  |  |  |  |
| Country of Tax Residency 2#@   |  |  |  |
| Tax Payer Ref. ID No. 2  |  |  |  |
| Country of Tax Residency 3#@   |  |  |  |
| Tax Payer Ref. ID No. 3  |  |  |  |

# to include all countries other than India, where investor is Citizen / Resident / Green Card Holder / Tax Resident in those respective countries

@ in case of applicant being resident and tax payer in more than one country, tax payer details/tax residency of other countries to be specified

### B. DECLARATION

I/We acknowledge and confirm that the information provided is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals.

I/We hereby consent and authorize you to store and use in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us and disclose, share, remit such information to any of the 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), or any Indian and foreign tax / revenue authorities (including without limitation the US Internal Revenue Service and the UK HM Revenue & Customs) and other investigation agencies, or to any other local or foreign persons or entities as required or directed by applicable laws, regulations, practices or guidelines or deemed necessary by you, without any obligation of advising me/us of the same.

I/We, authorize you to disclose, share, remit the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I/We am/are aware that the potential consequences for provision of false/untrue/misleading information, or failure to comply with requests for tax information or failure to respond to requests for waivers or consents for tax information disclosure include, but are not limited to: (a) you having the right to carry out actions which are necessary to comply with the any local or foreign tax reporting obligations; (b) you having the ability to withhold taxes that may be due from certain payments made to my/our account; (c) you having the right to pay relevant taxes to the appropriate tax authority; (d) you having the right to refuse to provide certain services; and (e) you having the discretion to close my/our accounts. I/We also undertake to keep you informed in writing about any changes / modification to the above information within 30 days and also undertake to provide any other additional information / documentary proof as may be required at your end Signature:

|                            |                  |                 |
|----------------------------|------------------|-----------------|
| First Applicant / Guardian | Second Applicant | Third Applicant |
|----------------------------|------------------|-----------------|

Details under FATCA / Foreign laws: Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with the relevant tax authority. If you have any questions about your tax residency, please contact your tax advisor. Further if you are a citizen or resident or green card holder or tax resident other than India, please include all such countries in the tax resident country information field along with your Tax Identification Number or any other relevant reference ID / Number. If there is any change in the information provided, promptly intimate the same to us within 30 days.

## ANNEXURE - II FOR NON-INDIVIDUALS

## PART I : INVESTOR DETAILS:

[illegible]

**PART II: FATCA INFORMATION :** *[Please seek appropriate advice from a tax professional on FATCA related information]*

| S No | Category   | First Applicant |
|------|--|-----------------|
| 1    | Incorporation/Formation in India   | Yes / No        |
| 2    | If no, please specify the Country(ies) of Incorporation/Formation/Tax residency  | 1<br>2<br>3     |
| 3    | If a Country of Incorporation/Formation/Tax residency is other than India, provide relevant Taxpayer Identification Number |                 |
| 4    | Are you a Specified US Person? If yes, please provide Taxpayer Identification Number                                       |                 |

Other information:

| S No | Information  | Additional Information to be provided  |
|------|--|--|
| 1    | We are a financial institution<br>[including an FFI] <b>[Refer instructions a]</b>         | <p>Yes / No</p> <p>If yes, please provide the following information:</p> <p>A. We are a [tick any one]</p> <p>a. Financial Institution incorporated in India [    ]</p> <p>b. Financial Institution incorporated in another country that has an intergovernmental agreement (IGA) with the US on FATCA [    ]</p> <p>c. FFI in a country without an IGA that has registered to obtain a GIIN [    ]</p> <p>d. others _____ <i>[please complete]</i></p> <p>B. GIIN: _____</p> <p>(Global Intermediary Identification Number)</p> <p>If GIIN not available [tick any one]:</p> <p>i. Applied for on _____ <i>[insert date]</i></p> <p>ii. Not required to apply/not obtained for the following reasons</p> <p>(i) We are a Non-participating FFI [    ]</p> <p>(ii) We are a Non-reporting India Financial Institution under Annexure II of the Indian IGA because we are _____ <i>[please describe]</i></p> <p>(iii) We are a Certified deemed-compliant FFI under U.S. Treasury Regulations [    ]</p> <p>(iv) We are an Exempt beneficial owner under U.S. Treasury Regulations [    ]</p> <p>(v) We have another reason: _____ <i>[please describe]</i></p> |
| 2    | We are a listed company [whose shares are regularly traded on a recognized stock exchange] | <p>Yes / No</p> <p>If Yes, specify the name of the Stock Exchange(s) where it is traded regularly:</p> <p>1. _____</p> <p>2. _____</p>   |

| S No | Information   | Additional Information to be provided   |
|------|---|---|
| 3    | We are 'Related Entity' of a listed company <b>[Refer instructions b]</b>   | Yes / No<br>If Yes, specify the name of the listed company<br><br>Specify the name of the Stock Exchange(s) where it is traded regularly:<br>1. _____<br>2. _____   |
| 4    | We are an Active NFFE <b>[Refer instructions c &amp; d]</b><br><b>Note:</b> Details of Controlling Persons will not be considered for FATCA purpose   | Yes / No<br>If Yes, specify the nature of business<br><br>_____   |
| 5    | We are an Passive NFFE <b>[Refer instructions f]</b><br><b>Note:</b> Details of Controlling Persons will be considered for FATCA purpose  | Yes / No<br>If Yes, please provide:<br>1. Nature of business<br><br>_____<br>2. For all Controlling Persons who are citizens/tax residents/green card holders of a country other than India [regardless of whether they are also Indian Citizens / Tax Residents], provide their Name, Address, Taxpayer Identification Number and Percentage of Holding by filling UBO Form & enclose additionally |
| 6    | Are you a any one of the following:<br><input type="radio"/> Participating FFI <input type="radio"/> Deemed Compliant FFI <input type="radio"/> Exempt Beneficial Owner <input type="radio"/> Non-Participating Financial Institution |   |

I/We (on behalf of the entity investor) declare that I/we have: (a) examined the information provided, and the relevant US IRS forms and to the best of my/our knowledge and belief it is true, correct, and complete; and (b) duly notified as required by any applicable laws and regulations, and obtained all necessary consent and waiver from, all equity holders and third parties whose information may (i) appear in the information provided and any US IRS forms and attachments to these forms; and (ii) in any way be stored, used and disclosed by you.

I/We (on behalf of the entity investor) consent and authorize you to store and use in any form, mode or manner, all / any of the information provided by me/ us in relation to the entity investor and the entity investor's account(s), including all changes, updates to such information as and when provided by me/ us, any US IRS forms and attachments to these forms, and which may include personal information of certain equity holders and third parties; and for such information to be disclosed, shared or remitted to any of the 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), or any Indian and foreign tax / revenue authorities (including without limitation the US Internal Revenue Service and the UK HM Revenue & Customs) and other investigation agencies, or to any other local or foreign persons or entities as required or directed by applicable laws, regulations, practices or guidelines or deemed necessary by you, without any obligation of advising me/us of the same.

I/We, (on behalf of the entity investor) authorize you to disclose, share, remit the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I/We am/are aware that the potential consequences for provision of false/untrue/misleading information, or failure to comply with requests for tax information or failure to respond to requests for waivers or consents for tax information disclosure include, but are not limited to: (a) you having the right to carry out actions which are necessary to comply with the any local or foreign tax reporting obligations; (b) you having the ability to withhold taxes that may be due from certain payments made to the entity investor's account(s); (c) you having the right to pay relevant taxes to the appropriate tax authority; (d) you having the right to refuse to provide certain services to the entity investor; and (e) you having the discretion to close the entity investor's account(s). I/We also undertake (on behalf of the entity investor) to keep you informed in writing about any changes / modification to the above information within 30 days and also undertake to provide any other additional information / documentary proof as may be required at your end.

I/We certify that I have the capacity to sign for and on behalf of the entity investor.

**Signature with relevant seal:**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Authorized Signatory | Authorized Signatory | Authorized Signatory |
|----------------------|----------------------|----------------------|

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place : \_\_\_\_\_

(Mandatory for Non-individuals)

[illegible]

|                        |  |
|------------------------|--|
| We hereby declare that |  |
| <input type="radio"/>  | Our company is a Listed Company listed in (    ) NSE (    ) BSE (    ) Others _____ [Please specify] |
| <input type="radio"/>  | Our company is a subsidiary of a Listed Company [ _____ <Specify the name of the Listed Company > ]  |
| <input type="radio"/>  | Our company is controlled by a Listed Company [ _____ <Specify the name of the Listed Company > ]    |
| <input type="radio"/>  | None of the above  |

**PART III : NON-INDIVIDUALS OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY**

Category [tick applicable category]:

|  |   |
|--|---|
| <input type="radio"/> Unlisted Company                                 | <input type="radio"/> Partnership Firm / Limited Liability Partnership Company                    |
| <input type="radio"/> Unincorporated association / body of individuals | <input type="radio"/> Public Charitable Trust <input type="radio"/> Religious Trust               |
| <input type="radio"/> Private Trust                                    | <input type="radio"/> Trust created by a Will <input type="radio"/> Others _____ [please specify] |

Category [tick applicable category]:

☐ Unlisted Company  
☐ Unincorporated association / body of individuals  
☐ Private Trust

☐ Partnership Firm / Limited Liability Partnership Company  
☐ Public Charitable Trust  
☐ Trust created by a Will

☐ Religious Trust  
☐ Others \_\_\_\_\_ [please specify]

**Details of Ultimate Beneficiary Owners**

| S. No | Name of UBO [Mandatory] Along with Designation / Position wherever applicable | PAN / Taxpayer Identification Number / any other valid ID proof for those where PAN is not applicable#1<br>[Mandatory if KYC proof is not enclosed] | Date of Birth / Incorporation | Country of Tax Residency [CTR] / Citizenshi / Nationality [COCN] / Country of Birth [COB] | UBO Code [Refer instruction E] | Percentage of Holding #2 (%)<br>[Enclose appropriate proof] | KYC (Yes/No) #3<br>[Please attach KYC acknowledgement copy / address proof] |
|-------|---|---|-------------------------------|---|--------------------------------|---|---|
|       |   |   |                               | CTR:<br>COCN:<br>COB:   |                                |   |   |
|       |   |   |                               | CTR:<br>COCN:<br>COB:   |                                |   |   |
|       |   |   |                               | CTR:<br>COCN:<br>COB:   |                                |   |   |
|       |   |   |                               | CTR:<br>COCN:<br>COB:   |                                |   |   |
|       |   |   |                               | CTR:<br>COCN:<br>COB:   |                                |   |   |

\*Note that some of the Mutual Funds may call for additional information/documentation wherever required or if the given information is not clear / incomplete / incorrect and you may have provide the same as and when solicited

**PART IV: DECLARATION**

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We 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 end.

**Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Authorized Signatory | Authorized Signatory | Authorized Signatory |
|----------------------|----------------------|----------------------|

Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place : \_\_\_\_\_

**INSTRUCTIONS:**

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No.CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such UBOS. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

**A. For Investors other than individuals or trusts:**

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
  - more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
  - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
  - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

**B. For Investors which is a trust:**

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

**C. Exemption in case of listed companies / foreign investors**

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client

**D. KYC requirements**

Beneficial Owner(s) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the listed Beneficial Owner(s).

**E. UBO Codes:**

| UBO Code | Description   |
|----------|---|
| UBO-1    | Controlling ownership interest of more than 25% of shares or capital or profits of the juridical person [Investor], where the juridical person is a company   |
| UBO-2    | Controlling ownership interest of more than 15% of the capital or profits of the juridical person [Investor], where the juridical person is a partnership   |
| UBO-3    | Controlling ownership interest of more than 15% of the property or capital or profits of the juridical person [Investor], where the juridical person is an unincorporated association or body of individuals  |
| UBO-4    | Natural person exercising control over the juridical person through other means exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under clause 4 (a) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests] |
| UBO-5    | Natural person who holds the position of senior managing official [In case no natural person cannot be identified as above]   |
| UBO-6    | The settlor(s) of the trust   |
| UBO-7    | Trustee(s) of the Trust   |
| UBO-8    | The Protector(s) of the Trust [if applicable].  |
| UBO-9    | The beneficiaries with 15% or more interest in the trust if they are natural person(s)  |
| UBO-10   | Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership  |

# JPMorgan India Economic Resurgence Fund

(An open-ended Equity Scheme)

## ECS REGISTRATION CUM MANDATE AND CANCELLATION APPLICATION FORM

(ECS MANDATE FACILITY)

**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 |
|------------------------|---------------------|-----------------|------------------------------------|----------------|
|                        |                     |                 |                                    |                |

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 12).

I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this is an "execution only transaction" without any interaction or advice by the employee / relationship manager / sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any provided by the employee / relationship manager / sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

| Sole / First applicant | Second applicant | Third applicant | Third party cheque issuer |
|------------------------|------------------|-----------------|---------------------------|
|                        |                  |                 |                           |

### 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 Scheme and the terms & conditions of SIP ECS (debit clearing). I / We hereby apply for ECS under the SIP (debit clearing) of the following plan(s) / option and agree to abide by the terms and conditions of the plan / option

### INVESTOR AND SIP DETAILS

Folio no. (for existing unit holder) / Application no. (for new investor)

Sole / First applicant name

Scheme name **JPMorgan India Economic Resurgence Fund**

Plan (Please ✓) ☒ Regular ☐ Direct (default)

Option (Please ✓) ☒ Growth (default) ☐ Dividend

☐ Payout ☐ Reinvestment (default)

Each SIP instalment amount (₹)

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)] ☐ 1st (default) ☐ 10th ☐ 15th ☐ 25th ☐ All dates\* (see overleaf)

**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 M Y Y** End on **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

Bank name

Branch name

Bank City

Account number

Account type (Please ✓) ☐ Savings ☐ Current

9 digit MICR code\*

RTGS or NEFT- IFSC code **R E O U I R E D**

\* 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.

Account holder name as in bank account

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 in bank records) | Second account holder's signature (As in bank records) | Third account holder's signature (As in bank records) |

### For office use only (not to be filled in by the investor)

|             |  |                       |  |
|-------------|--|-----------------------|--|
| Recorded on |  | Scheme code           |  |
| Recorded by |  | 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 |
| First applicant  | Second applicant | Third applicant     |



## ECS : TERMS AND CONDITIONS

Please read this form in conjunction with the SIP terms and conditions mentioned on the reverse of the SIP enrolment form before applying.

1. The first cheque should be drawn on the same bank account which is to be registered for ECS (debit clearing). Alternatively, the cheque may be drawn on any bank, but provide a photocopy of the cheque of the bank / branch for which ECS (debit clearing) is registered.
2. First SIP cheque and subsequent SIP instalments via ECS (debit clearing) should be of the same amount.
3. Please submit the following documents at least 21 days gap before the first SIP date for ECS (debit clearing) :
  - Application form
  - SIP ECS facility form
  - First SIP cheque
4. Investors will not hold JPMorgan Mutual Fund / JPMorgan Asset Management India Private Limited, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to local holidays or any other reason.
5. JPMorgan Mutual Fund / JPMorgan Asset Management India Private Limited, its registrars and other service providers shall not be responsible and liable for any damages, compensation for any loss, damage, etc., incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
6. JPMorgan Mutual Fund / JPMorgan Asset Management India Private Limited reserves the right to reject any application without assigning any reason thereof.
7. Please refer to the Key Information Memorandum / SID for applicable NAV, risk factors, load and other information.
8. You can choose to change your bank account or discontinue this facility by giving 15 days written notice to any of our Investor Service Centres.

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\* If the investor chooses this option, the mandate will be carried out for all four dates specified.

### 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 (CIN : U65999MH2006PTC164773)  
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