

COMMON APPLICATION FORM

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

Serial No: **ED**

DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY	
Name & ARN of Distributor / RIA Code	Internal Sub-Broker Code (as allotted by Distributor)	Employee Unique Identification No. (EUIIN)^	In-House number as per K-BOLT	Date, Time and Number as per Time Stamping Machine
ARN-118251				

^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
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"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	Option	Sub-Option
JM			

*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 write "Direct" under above column titled as "Plan".

1. TRANSACTION CHARGES (PLEASE REFER INSTRUCTIONS / KIM AND TICK ANY ONE) Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.

I/We am/are a **First Time Investor** in Mutual Fund Industry. (Rs 150 will be deducted.) I/We am/are an **Existing Investor** in Mutual Fund Industry. (Rs 100 will be deducted.)

2. EXISTING UNIT HOLDER'S INFORMATION (Please fill in your details mentioned below and proceed to section 4)

Folio No. KYC Identification Number (KIN)
(For C-KYC Compliant Investors)

3. APPLICANT INFORMATION (It is mandatory to submit verified copy of PAN proof for all investments failing which application will be rejected) (Pls Refer instruction no. 8)

(To be filled in block letters. Use one box for one alphabet, leaving one box blank between name and surname)

Full Name of Sole/1st Applicant/Minor/Non-individual: (As per Aadhar card)

	Date of Birth (Mandatory) <small>(Pls submit documentary proof in case of minor)</small>								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Full Name of Guardian (in case of Minor) / Contact Person (in case of non-individual investors) / Karta (in case of HUF) / Partner (in case of Partnership Firm): **Relationship with Minor [Pl. ✓] Pls submit documentary proof**

	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>
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Address (DO NOT REPEAT NAME) in full of Applicant/Parent OR Guardian of Minor. Indian address in case 1st Applicant is NRI/FII/PIO (Post Box No. alone is not sufficient)

Location/City Dist. Pin/Zip Code

State Country STD Code Tel.

Email-ID[§] *Require Hard Copy of Annual Report Yes No

Mobile No. [§] Date of Birth (Mandatory)

Full Name of Second Applicant

D	D	M	M	Y	Y	Y	Y
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Full Name of Third Applicant

D	D	M	M	Y	Y	Y	Y
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Permanent Account Number (PAN)/ KYC ref. no./PEKRAN (Mandatory) <small>Pls refer to Instruction/KIM for further details.</small>	KYC Copy attached <small>Pls refer Instructions / KIM for details. Pl.(✓)</small>	Verified Copy of PAN Card <small>enclosed Pl.(✓)</small>	Aadhaar No. (12 digits) (Pls attach proof of enrollment) <small>(Not Mandatory)</small>
1st Applicant	<input type="checkbox"/>	<input type="checkbox"/>	
Guardian (in case 1st applicant is minor)	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	
3rd Applicant	<input type="checkbox"/>	<input type="checkbox"/>	

4a. Status of Sole/1st applicant	Mode of Holding Pl.(✓)	4b. Occupation Details (please tick ✓)																												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. <input type="checkbox"/> Resident Individual (RI)</td> <td style="width: 33%;">7. <input type="checkbox"/> Banks</td> <td style="width: 33%;">13. <input type="checkbox"/> Partnership Firm</td> </tr> <tr> <td>2. <input type="checkbox"/> On behalf of minor <input type="checkbox"/> RI <input type="checkbox"/> NRI</td> <td>8. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted</td> <td>14. <input type="checkbox"/> Proprietorship Firm</td> </tr> <tr> <td>3. <input type="checkbox"/> NRI</td> <td>9. <input type="checkbox"/> Company</td> <td>15. <input type="checkbox"/> Society</td> </tr> <tr> <td>4. <input type="checkbox"/> PIO[®]</td> <td>10. <input type="checkbox"/> Financial Institution</td> <td>16. <input type="checkbox"/> Trust</td> </tr> <tr> <td>5. <input type="checkbox"/> HUF</td> <td>11. <input type="checkbox"/> FIs</td> <td>17. <input type="checkbox"/> Others[®] (pl.specify)</td> </tr> <tr> <td>6. <input type="checkbox"/> AOP/BOI</td> <td>12. <input type="checkbox"/> Government Body</td> <td></td> </tr> </table>	1. <input type="checkbox"/> Resident Individual (RI)	7. <input type="checkbox"/> Banks	13. <input type="checkbox"/> Partnership Firm	2. <input type="checkbox"/> On behalf of minor <input type="checkbox"/> RI <input type="checkbox"/> NRI	8. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	14. <input type="checkbox"/> Proprietorship Firm	3. <input type="checkbox"/> NRI	9. <input type="checkbox"/> Company	15. <input type="checkbox"/> Society	4. <input type="checkbox"/> PIO [®]	10. <input type="checkbox"/> Financial Institution	16. <input type="checkbox"/> Trust	5. <input type="checkbox"/> HUF	11. <input type="checkbox"/> FIs	17. <input type="checkbox"/> Others [®] (pl.specify)	6. <input type="checkbox"/> AOP/BOI	12. <input type="checkbox"/> Government Body		1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Joint* 3. <input type="checkbox"/> Either or Survivor/s <small>(* Default, in case of ambiguity when applicants are more than one)</small>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. <input type="checkbox"/> Agriculturist</td> <td style="width: 50%;">6. <input type="checkbox"/> Public Sector / Govt. service</td> </tr> <tr> <td>2. <input type="checkbox"/> Business</td> <td>7. <input type="checkbox"/> Retired</td> </tr> <tr> <td>3. <input type="checkbox"/> Housewife</td> <td>8. <input type="checkbox"/> Student</td> </tr> <tr> <td>4. <input type="checkbox"/> Professional</td> <td>9. <input type="checkbox"/> Others (pl. specify)</td> </tr> <tr> <td>5. <input type="checkbox"/> Private sector service</td> <td></td> </tr> </table>	1. <input type="checkbox"/> Agriculturist	6. <input type="checkbox"/> Public Sector / Govt. service	2. <input type="checkbox"/> Business	7. <input type="checkbox"/> Retired	3. <input type="checkbox"/> Housewife	8. <input type="checkbox"/> Student	4. <input type="checkbox"/> Professional	9. <input type="checkbox"/> Others (pl. specify)	5. <input type="checkbox"/> Private sector service	
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4c. Gross Annual Income (Please tick ✓)	4d. For Individuals / HUFs (Please tick ✓)^	4e. For Non-Individuals (Companies, Trust, Partnership etc.) (Please tick ✓)^
<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 "OR" Net Worth in (Mandatory for Non-Individuals) ₹ <input style="width: 100px;" type="text"/> as on <input type="text"/> / <input type="text"/> / <input type="text"/> (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

[®] US and Canada Investors are not permitted to invest in our Schemes. [^] In case, not ticked, it will be considered as Not Applicable. ⁺ In case, not ticked, it will be treated to have "opted out".

5. BANK PARTICULARS (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.

Bank Account No.!											Repeat Bank Account No.!																
MICR Code						IFSC Code						Account Type :	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR										
Bank Name																											
Branch Address																											
																City						Pin					

6. INVESTMENT AND PAYMENT DETAILS (Pls refer Instructions/ KIM especially Third Party) 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.

7. 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)\$S

National Security Depository Limited (NSDL) Central Depository Services (India) Limited (CDSL)

Depository Participant Name:

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

^{§§} 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.

8. 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 instruction no. 10)

9. FOR INVESTMENT BY NRI/PIO/FII (US and Canada Investors not permitted)

Overseas Address

City Country Pin/ZIP

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. Please attach foreign inward remittance certificate (FIRC) / account debit certificate in case of debit to NRE / NRO account or direct remittance from abroad. Please (4) Repatriation basis Non-Repatriation basis

10. 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 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)

11. LIST OF DOCUMENTS ATTACHED {pls mention below the details of documents (other than cheque & DD) attached with the form}

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

12. DECLARATION & SIGNATURES

Having read and understood the contents of the 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 Trustee 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 express authority from our constitutional documents to invest in the units of the Scheme and the AMC/ Trustee/Fund would not be responsible if the investment is ultravires thereto and the investment is contrary to the relevant constitutional documents. I/we authorise this Fund to reject the application, revert the units credited, restrain me/us from making any further investment in any of the schemes of the Fund, recover/debit my/our folio(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/payment instrument is/are returned unpaid by my/our bankers for any reason whatsoever. I/we hereby further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above. "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". JM Financial Services Pvt. Ltd. is affiliated to JM Financial Asset Management Pvt. 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. "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".

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/Auth. Signatory	Signature of Second Applicant /Auth. Signatory	Signature of Third Applicant/Auth. Signatory
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date : _____ Place : _____

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

13. SIP (through NACH) REGISTRATION CUM MANDATE FORM

- New Regular SIP:** First Installment of Regular SIP through a Cheque 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).
- New Special SIP:** First & subsequent installments of Special SIP via NACH or Direct Debit. Application should be submitted at least 30 days before the 1st SIP installment.

INVESTMENT DETAILS

SIP Installment Amount (Rs.) **Frequency** (please tick any one) : Monthly* Quarterly 1st of every month/quarter (* **Default Frequency**)

SIP Period : Start : **End :** OR Perpetual (i.e. until it is cancelled)

SIP Dates (Pl. ✓ any one) : 01st 05th 10th 15th 20th 25th of the month (**Note :** Minimum 30 days are required for 1st installment through auto debit to register and start)

14. SYSTEMATIC TRANSFER PLAN (STP) (Please refer to terms, conditions and instructions for STP) (Please fill up Separate form for from / to different scheme / plans / options / sub-options)

From	Scheme / Plan / Option / Sub-Option	To	Scheme / Plan / Option / Sub-Option
JM		JM	

STP installment amount **Enrolment Period:** From To OR Perpetual (i.e. until it is cancelled)

Frequency of Transfer ^① (Pl. 4 any one from the following)			
<input type="checkbox"/> Chhota STP/Combo SIP	<input type="checkbox"/> Weekly (pl. ✓ any one starting date)	<input type="checkbox"/> Fortnightly (pl. ✓ any one starting date)	<input type="checkbox"/> Monthly (pl. ✓ any one starting date)
<input checked="" type="checkbox"/> Daily	<input type="checkbox"/> 1 st <input type="checkbox"/> 8 th <input type="checkbox"/> 15 th <input type="checkbox"/> 22 nd of the month	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th of every month	<input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th of the month
	1st Business Day of the next month and subsequently on first of every quarter		

^① choice of multiple frequency under weekly/fortnightly/monthly STP through a single form will be rejected

15. SYSTEMATIC WITHDRAWAL PLAN (SWP) (Pls Refer to terms, conditions and instructions for SWP)

SWP Plan (Pl. ✓ any one): Fixed Amount Withdrawal (FAW) Capital Appreciation Withdrawal (CAW)

SWP Installment Amount under FAW: Rs.

Withdrawal Frequency * (Pl. ✓ any one): Monthly 1st 5th 10th 15th 20th 25th Quarterly (1st Business day of every quarter after the start)

Enrolment Period: From To OR Perpetual (i.e. until it is cancelled)

16. Name of Document Attached for MICRO SIP

1. Document Ref. No. _____ 2. Document Ref. No. _____ 3. Document Ref. No. _____

17. 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. If the transaction is delayed or not effected at all, for reasons of incomplete or incorrect information on my/our part or circumstances beyond the control of AMC/its service provider, I/we would not hold the Asset Management Company 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 monthly/quarterly 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 : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Tick (✓) CREATE MODIFY CANCEL	Sponsor Bank Code : ICIC0TREA00	Utility Code ICIC0026100001992
I/We hereby authorize : JM Financial Mutual Fund to debit (tick ✓) <input type="checkbox"/> SB/CA/CC/SB-NRE/SB-NRO/Other		
Bank a/c number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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an amount of Rupees <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
FREQUENCY <input type="checkbox"/> Mthly <input type="checkbox"/> Qtrly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	Debit Type <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Reference 1 <input type="text"/> Folio No: <input type="text"/> Optional	Phone No. <input type="text"/>	
Reference 2 <input type="text"/> Appln No: <input type="text"/> Optional	Email ID <input type="text"/> 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or <input type="checkbox"/> Until Cancelled	Signature of Account Holder <hr/> 1. Name as in Bank Record	Signature of Account Holder <hr/> 2. Name as in Bank Record	Signature of Account Holder <hr/> 3. Name as in Bank Record
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- 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.