

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

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

Broker code NJ India Invest / ARN-0155	Sub-broker code	For office use
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Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

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

Folio no. _____

3. APPLICANT INFORMATION

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

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) _____ *In case where PAN 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/FIs please provide overseas address - **Mandatory** P.O. box no. may not be sufficient)

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

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

 City _____ Pin code _____ Country _____

Communication
 Tel. (R) / Mobile no. _____ Tel. (O) _____ Fax no. _____
 E-mail _____

I/We would like to receive the following documents through e-mail instead of post (Kindly ✓)
 Account statement Newsletter Quarterly review & annual report Other statutory information

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

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

*Please refer to instruction no.2(d) and 2(e) on page 20

4. BANK ACCOUNT DETAILS (Mandatory. The application will be rejected if this section is left blank. Please provide the details of the sole / first applicant). (Refer instruction no. 3 on page 21)

Bank particulars (Name of the bank) _____ Branch _____
 Branch address _____ City _____
 Account number _____ Account type Current Savings NRO NRE FCNR
 RTGS or NEFT - IFSC code _____ R E Q U I R E D _____ 9 digit MICR code _____
 Direct credit facility (please refer to the list of banks that offer direct credit facility on page 21). However, if you wish to receive a cheque payout, please tick here (✓)
 Electronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (✓)

5. ANNUAL INCOME [Please tick (✓)]

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

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from: _____
 Mr. / Ms. _____
 Application for units of : **JPMorgan India** _____ Plan _____
Option (please ✓) : Growth (default) Dividend reinvestment Daily dividend reinvestment (as applicable) Weekly dividend reinvestment (as applicable) Fortnightly dividend reinvestment (as applicable) Monthly dividend reinvestment (as applicable) Dividend payout
 Cheque / D.D. no. _____ for Rs. _____ dated _____
 Drawn on bank _____

Office Signature, stamp & date

6. INVESTMENT DETAILS (Refer instruction no. 4 on page 21)

Scheme name JPMorgan India		Plan (Please <input checked="" type="radio"/>) <input type="radio"/> Retail* <input type="radio"/> Institutional <input type="radio"/> Super Institutional*			
Option (Please <input checked="" type="radio"/>) <input type="radio"/> Dividend <input type="radio"/> Growth (default)	<input type="radio"/> Dividend reinvestment (default) <input type="radio"/> Weekly dividend reinvestment*	<input type="radio"/> Dividend payout <input type="radio"/> Fortnightly dividend reinvestment*	<input type="radio"/> Daily dividend reinvestment* <input type="radio"/> Monthly dividend reinvestment*		
*as applicable *default for JPMorgan India Active Bond Fund *default for JPMorgan India Liquid Fund and JPMorgan India Liquid Plus Fund					

7. PAYMENT DETAILS (Refer instruction no. 5 on page 21)

7A. INITIAL INVESTMENT (Please note that investors have to fill out separate common application forms for Initial and SIP investments)

Cheque / DD no.		Cheque / DD date	D D M M Y Y Y Y
Amount of cheque / DD in figures (Rs.) (i)		Drawn on bank/	
DD charges, if any, in figures (Rs.) (ii)		Branch name	
Total amount in figures (Rs.) (i) + (ii)		Account type (Please <input checked="" type="radio"/>)	<input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR
Rupees in words			

7B. SYSTEMATIC INVESTMENT PLAN (Refer terms and conditions on page 26 and instructions for SIP on page 28)

Frequency (Please <input checked="" type="radio"/> any one only)	<input type="radio"/> Monthly SIP (default) <input type="radio"/> Quarterly SIP	Enrolment period	Dates <input type="radio"/> 1 st (default) <input type="radio"/> 10 th <input type="radio"/> 15 th <input type="radio"/> 25 th <input type="radio"/> All dates (for ECS facility only)
		Start Date	No. of instalments _____ (default as per SID)
Payment mechanism (Please <input checked="" type="radio"/> 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 (Rs.) _____
Instalment amount (Rs.)		No. of instalments	Total amount (Rs.) _____
Subsequent instalment cheque nos.	From _____ To _____	From _____ To _____	From _____ To _____
Cheques drawn on Name of bank _____ Branch _____			

8. NOMINATION* DETAILS (Optional)

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.

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** _____

_____ **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.

9. DOCUMENTS ENCLOSED (Please <input checked="" type="radio"/>)		APPLICATIONS ENCLOSED (Please <input checked="" type="radio"/>)		TOTAL NO. OF ENCLOSURES		
Corporate Documents <input type="radio"/> Yes <input type="radio"/> No	Micro SIP	<input type="radio"/> Systematic Investment Plan (SIP)	<input type="radio"/> MICRO SIP Document	No. to be filled by applicant	For office use	
ASL <input type="radio"/> Yes <input type="radio"/> No	Alternate Document: _____	<input type="radio"/> Cheques	<input type="radio"/> Systematic Transfer Plan (STP)			
BR <input type="radio"/> Yes <input type="radio"/> No	Document Number: _____	<input type="radio"/> ECS Debit Facility	<input type="radio"/> Systematic Withdrawal Plan (SWP)			

10. DECLARATION AND SIGNATURES

Applicable to NRI / FII / 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 non 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 and understood the contents of the Key Information Memorandum (including the 'General section' and the Offer Document of the above Schemel(s) of JPMorgan Mutual Fund including the sections on "Who cannot invest", "Note on Anti Money Laundering, Know-Your-Customer and Investor Protection" and "How to Apply?".

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 Schemel(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) / JP Morgan 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.

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 Rs. 50,000 in a year. (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 _____

SIGNATURE(S)		
Sole / First applicant	Second applicant	Third applicant

*Please refer to Chapters XI and XX of the Offer Document.

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
Kalpataru Synergy, 3rd Floor, West Wing, Santacruz (East), Mumbai - 400 055. Tel.: 022 - 6783 7016 Fax : 022 - 6783 7001
E-mail india.investors@jpmorgan.com Toll free no. 1-800-22-5763 (JPMF) MTNL landline 022 - 2281 7222

Registrar & Transfer Agent : Deutsche Investor Services Private Limited, 2nd Floor, Tower 1, Logitech Park, M.V. Road, Saki Naka, Andheri (E), Mumbai 400 072
Tel. 022 - 6714 6000 Fax 022 - 6714 6902 E-mail investor.jpm@db.com