EUIN DECLARATION FORM

(Please use separate EUIN declaration form for each Purchase/Switch/SIP/STP transaction)

JM FINANCIAL

To,

Date: _____

JM Financial Mutual Fund

Name of the first Investor:_____ Folio / Application No.:_____

TRANSACTION TYPE: ☐ Purchase (Fresh/Additional) ☐ Switch ☐ SIP/STP Registration

Scheme Name **JM** _____ Plan:_____ Option: _____

OR In Case of Switch/STP registration

Scheme From **JM** _____ Plan:_____ Option: _____

To **JM** _____ Plan:_____ Option: _____

Transaction Date: ☐☐☐☐ **2 0** ☐☐ Amount Rs.: _____ No of Units: _____

Please update the EUIN/EUIN Declaration against the above transaction as per the following details. Please (✓) any of the following two boxes.

☐ **(A)**

Employee Unique Identification No. (EUIN)	

OR

☐ **(B)**

"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."

Note:
1. As per SEBI, it is mandatory to furnish EUIN of every employee / relationship manager / sales person of the distributor for selling mutual fund products in case of all transactions (both Advisory and Execution).
2. This Declaration must be submitted within 30 days from the date of transaction.
3. Declaration must be signed by all applicants in case mode of holding is "Joint". AMC has the discretion to reject, in case the above declaration is found incomplete in any manner.

Signature of First / Sole Investor / Guardian	Signature of Second Investor	Signature of Third Investor

Name and ARN of the Distributor	Signature of the Distributor with Rubber Stamp
ARN:	
Name:	

·· Acknowledgement ··

Folio / Application No.:_____ Transaction Type :_____

ARN No.: _____ EUIN: _____ or EUIN Declaration furnished ☐

Scheme Name **JM** _____ Plan:_____ Option: _____

For JM Financial Mutual Fund

Date :_____ Place: _____

Authorised Signatory