



**JM FINANCIAL MUTUAL FUND**  
**Application for Agency**  
(Only AMFI Certification Test Cleared Eligible)



Validity of ARN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NAME (Block Letters)** : \_\_\_\_\_

**ADDRESS (Block Letters)** : \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

**TEL NO. (Office)** : \_\_\_\_\_ Residence \_\_\_\_\_ Mobile No \_\_\_\_\_

**AMFI REGD. NO.** : \_\_\_\_\_ Age \_\_\_\_\_ Years \_\_\_\_\_

**EDUCATION** : \_\_\_\_\_

**FAX NO** : \_\_\_\_\_

**EMAIL ID** : \_\_\_\_\_

**STATUS (Please ✓)** :  Resident  Non - Resident

**CURRENT OCCUPATION (Please ✓)**  Financial Services  Business  Service  Professional

Housewife  Retired

**EXPERIENCE IN MARKETING**  Equity Shares  Fixed Deposits

**FINANCIAL PRODUCTS (Please ✓)**  Mutual Funds  Bonds  Insurance  Others

**EMPANELLED WITH (Please ✓)**  UTI MF  TEMPLETON MF  BIRLA MF  SBI MF

FIDELITY  KOTAK MF  LIC MF  DSP MF  TATA MF  HDFC MF

ING MF  PRINCIPAL MF  ABN AMRO MF  SUNDARAM MF  CANBANK MF  RELIANCE MF

CHOLAMANDALAM MF  OTHERS (PI specify)

DETAILS OF MF SCHEMES / OTHER	AMOUNT MOBILISED
Equity	
Debt	
Liquid	

**BANK PARTICULARS: (Mandatory)**

Name of the Bank and Branch Address \_\_\_\_\_

Bank Account  Saving Account  Current Account

Bank Account No. \_\_\_\_\_ MICR Code: \_\_\_\_\_

I want the brokerage amount to be credited through  Direct Credit  ECS (If and when start by the AMC)

**PAN DETAILS: (Please mention your Pan number)**

Individual : \_\_\_\_\_ Sole Proprietary : \_\_\_\_\_

Public Ltd : \_\_\_\_\_ Private Limited : \_\_\_\_\_

Partnership : \_\_\_\_\_

**DECLARATION**

I hereby declare that the information furnished herein is true and correct to the best of my knowledge and belief. I undertake to abide by the terms and conditions which JM Financial Mutual Fund has at present or which may be formulated in future regarding operations of agents. I hereby declare that I am not an employee of JM Financial Asset Management Pvt Ltd. I further indemnify the AMC / Mutual Fund for any direct / indirect or consequential loss caused due to any error / omission, fraud, negligence or misrepresentation by my actions or me.

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

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

\_\_\_\_\_  
Signature