

Whe hearby confirm that the EURU box has been interstinately left blank by me/he as this transaction is secured without any interaction or advice by the employer/feationable managerisals person of the above demployer/bottom/burburburburburburburburburburburburburb	<u>I.P.Morgar</u>	$\underline{\mathbf{l}}$ сомм	Application no.							
Bit roker Name & ARN code  Sub-broker ARN code  Sub-broker Carde  Third capplicant  Third capplicant  Third capplicant  Third capplicant  Third capplicant  Sub-broker Carde  Third capplicant  Third capplicant  Third capplicant  Third capplicant  Third capplicant  Sub-broker Carde	sset Managemen				AF					
Control commission shall be paid directly by the investor to the AMPI registed distributes based on the investor's assessment of various latturns indeding the service reviewed by the distribute.    Control commission shall be paid directly by the investor to the AMPI registed distributes based on the investor's assessment of various latturns indeding the service reviewed by the distribute.    Control commission shall be paid directly by the investor to the AMPI registed distributes based on the investor's assessment of various latturns indeding the service reviewed by the distribution of the property of the investor's address of the employee/relationship managery lates present of the above distributionship of the employee relationship managery lates present of the property of the investor's address of the employee relationship managery lates present of the property of the employee relationship managery lates present of the property of the employee relationship managery lates present of the present of the present of the property of the employee of it. Morphology with the present of t			<u> </u>							
Third applicant  Second applicant  Second applicant  Second applicant  Second applicant  Second applicant  Third applicant  T	Broker Name & ARN code	Sub-broker ARN code Sub-	broker code E	Employee Unique Identification No.	office use					
We hereby confirm that the EURN box has been intentionally left blank by marks as this transaction is esecuted without any interaction or advice by the employee/felationally managerisals general contributionals brown or an evaluational data and or in appropriate last and in a provided by the employee/felational provided provided and the provided of the provided provid										
2. INFORMATION OF EXISTING UNIT HOLDER (for existing investor, unless details in sections 3 - 4 have changed, please go directly to section 5. Note that applicant de and mode of holding will be as per existing fully number?  Figlion no.  3. APPLICANT INFORMATION  From Coaler (Fig. 1)	Declaration for "execution only" transaction (only where EUIN box is left blank) (Refer instruction 1(h) on page 57  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.									
and mode of holding will be as per existing follon number)  Follon no.	Sole / First applicant	Second applica	ant	Third applicant	Third party cheque issuer					
September   Sept			or. Unless details i	n sections 3 - 4 have changed, please go d	irectly to section 5. Note that applicant details					
First applicable (**): Periode Sector Service (**): Periode First against the sector Service (**): Periode Sector Secto	1			Employ  (for employees of J.P. Morga	n only)					
Reset tick if applicable (**): Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Coccupation   Person (PEP)   Private Sector Service   Public Sector Service   Dissinses   Professional   Agriculturist   Retired   Housewile   Student   Direct Pelace   Others   Please section   Professional   Agriculturist   Retired   Housewile   Student   Direct Pelace   Others   Please section   Professional   Agriculturist   Retired   Housewile   Student   Direct Pelace   Professional   Professional		ick (✔)] : ○ Below ₹ 1 Lac ○ ₹ 1-	5 Lacs							
December   Picked					Y					
Account type   One-Resident - Minor (Mon-Repatriable)   Fil   PPI   Sole-Proprietor   Private Limited Company   Optible Limited Company   Optible Limited Company   Optible Limited Company   Option   Op	ccupation [Please ✓] : O Private S	ector_Service O Public Sector Ser	rvice O Business	S O Professional O Agriculturist O F	Retired OHousewife OStudent ODocto					
Partnership Firm	tatus [Please ✓] : ○ Resident Indiv	idual O Resident Minor (through		Proprietor ( ) Private Limited Company (	Public Limited Company ( ) Body Corporat					
Confirm that I am a First time Investor across Mutual Funds (15.00 deductive as Transaction Charge and payable to the Distributor). (2.100 deductive as Transaction Charge and payable to the Distributor). (2.100 deductive as Transaction Charge and payable to the Distributor). (2.100 deductive as Transaction Charge and payable to the Distributor). (2.100 deductive as Transaction Charge and payable to the Distributor). (2.100 deductive as applicable from the investment amount and payable to the Distributor). (2.100 deductive as applicable from the investment amount and payable to the Distributor). (2.100 deductive as applicable from the investment amount and payable to the Distributor). (2.100 deductive as applicable from the investment amount and payable to the Distributor). (2.100 deductive this will be inside and the biance amount and payable to the Distributor to the Distributor). (2.100 deductive this will be be not be destined to the Distributor of the Distributor of the Contact person (in case of minor). (2.100 deductive applicant in Contact person (in case of institutional investors). (2.100 deductive applicant investors). (	) Partnership Firm	Ind of Fund \(\rightarrow\) Gratuity Fund \(\rightarrow\) Non Profit Organisation \(\rightarrow\) Global E	NPS Trust O Pe Development Netwo	ension and Retirement Fund O FIIs O ork O Others [Specify] ———— O Fo	AOP O Bank O Government Body O NG preign Nationals [Specify category]					
Name of irst applicant    Mis	) I confirm that I am a First time Inv (₹150 deductible as Transaction Ch	estor accross Mutual Funds arge and payable to the Distributor).		I confirm that I am an Existing investor (₹100 deductible as Transaction Charge	in Mutual Funds and payable to the Distributor).					
Relationship: Father Mother Legal Guardian  "In case whee PAN is not provided, providing date of birth is manifatory or else the application is labele to be a more of guardian (in case of minor)  Relationship: Father Mother Legal Guardian  "In case whee PAN is not provided, providing date of birth is manifatory or else the application is labele to be a more of second applicant (In case of institutional investors)  Mic. MS.  Lame of first applicant  Mic. MS.  Lame of first applicant (Please provide full address) (in case of NRIs/Fils please provide overseas address - Mandatory P.O. box no. may not be sufficient)  Laddress of sole / first applicant (Please provide full address) (in case of NRIs/Fils please provide overseas address - Mandatory P.O. box no. may not be sufficient)  Laddress of sole / first applicant (Please provide full address) (in case of NRIs/Fils please provide overseas address - Mandatory P.O. box no. may not be sufficient)  Laddress of sole / first applicant (Please provide full address) (in case of NRIs/Fils please provide overseas address - Mandatory P.O. box no. may not be sufficient)  Lame of third applicant (In case of NRIs/Fils please provide full address) (in case of NRIs/Fils please provide overseas address - Mandatory P.O. box no. may not be sufficient)  Lame of third applicant (In case of NRIs/Fils please provide full address) (In case of NRIs/Fils please provide full address (Please provide full address) (In case of NRIs/Fils please provide full address (Please full address (Pl		ore and your Distributor has opted to receive Transaction	on Charges, the same are dec	ductible as applicable from the investment amount and payable to	<u> </u>					
Mame of Contact person (in case of institutional investors)  Mr. Ms.  Sesignation of the contact person  In Ms. Ms.  In Ms.  I		Relationshin: O Father O Moth	ner O Legal Guar	rdian *In case where PAN is not provided, providing da						
Mr. Ms.  Designation of the contact person  Alame of second applicant  Mr. Ms.  Ms.	Mr. Ms.									
Adame of second applicant  Mr.   Ms.		stitutional investors) 								
Mame of third applicant  Mam of the bank)  Mam of third applicant  Mam of the bank)  Mam of third applicant  Mam of the bank  Mam o	- ·									
Address of sole / first applicant (Please provide full address) (In case of NRIs/Fils please provide overseas address - Mandatory P.O. box no. may not be sufficient)    City	Mr. Ms.									
City  State  Country  City  Pinode  Country  Pinode  Country  Fax no.  Fax no.  Fax no.  Fax no.  First applicant  New seletter  Oquarterly review & annual report  Other statutory information  Permanent Account Number (PAN) [Mandatory]  First applicant  M A N D A T O R Y OKYC compliant  Second applicant  M A N D A T O R Y OKYC compliant  Second applicant  M A N D A T O R Y OKYC compliant  Second applicant  M A N D A T O R Y OKYC compliant  City  As 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 5 lank particulars (Name of the bank)  Branch  Account type  City  Account type  Ocurrent  Savings  NRO  NRE  ORC  ORR  ORR  ORR  ORR  ORR  ORR  O										
State   Country    Diverseas address (Please provide full address. P.O. box no. may not be sufficient) (Mandatory for NRIs / FIIs / PIO)  City   Pincode   Country    Communication   Tel. (R) / Mobile no.   Tel. (O)   Fax no.    E-mail   R   E   Q   U   I   R   E   D    Account statement   Newsletter   Quarterly review & annual report   Other statutory information    First applicant   M   A   N   D   A   T   O   R   Y   O   KYC compliant    Second applicant   M   A   N   D   A   T   O   R   Y   O   KYC compliant    Second applicant   M   A   N   D   A   T   O   R   Y   O   KYC compliant    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 5 tank particulars (Name of the bank)    Branch   Stranch address   City    Account number   Account type   Current   Savings   NRO   NRE   O    REG ON NEFT - IFSC code   R   E   O   U   R   E   D    Significant   Savings   NRO   NRE   O   Significant   Savings   NRO   NRE   O    Stranch address   Stranch	ddress of sole / first applicant (Plea	se provide full address) (In case of NF	RIs/FIIs please prov	vide overseas address - <b>Mandatory</b> P.O. box	k no. may not be sufficient)					
State   Country    Diverseas address (Please provide full address. P.O. box no. may not be sufficient) (Mandatory for NRIs / FIIs / PIO)  City   Pincode   Country    Communication   Tel. (R) / Mobile no.   Tel. (O)   Fax no.    E-mail   R   E   Q   U   I   R   E   D    Account statement   Newsletter   Quarterly review & annual report   Other statutory information    First applicant   M   A   N   D   A   T   O   R   Y   O   KYC compliant    Second applicant   M   A   N   D   A   T   O   R   Y   O   KYC compliant    Second applicant   M   A   N   D   A   T   O   R   Y   O   KYC compliant    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 5 tank particulars (Name of the bank)    Branch   Stranch address   City    Account number   Account type   Current   Savings   NRO   NRE   O    REG ON NEFT - IFSC code   R   E   O   U   R   E   D    Significant   Savings   NRO   NRE   O   Significant   Savings   NRO   NRE   O    Stranch address   Stranch										
Diverseas address (Please provide full address, P.O. box no. may not be sufficient) (Mandatory for NRIs / FIIs / PIO)    City				Country						
Communication Tel. (R) / Mobile no.  E-mail R E O U I R E D Mode of holding [Please tick ( ✓ )]  Account statement Newsletter Quarterly review & annual report Other statutory information Single Joint Anyone or survivor (default)  Permanent Account Number (PAN) [Mandatory]  First applicant M A N D A T O R V O KYC compliant Guardian M A N D A T O R V O KYC compliant Third applicant M A N D A T O R V O KYC compliant Third applicant M A N D A T O R V O KYC compliant Third applicant M A N D A T O R V O KYC compliant Third applicant M A N D A T O R V O KYC compliant Account Number (PAN) [Mandatory]  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 5 Bank particulars (Name of the bank)  Branch  Caccount number Account type Current Savings NRO NRE O RETOR ON NET OR SAVINGS ON NOTHER OF SAVINGS ON NET OF SAVINGS ON NOTHER OF SAVINGS ON SAVINGS	Overseas address (Please provide full	address. P.O. box no. may not be suff	icient) (Mandatory	y for NRIs / FIIs / PIO)						
Tel. (R) / Mobile no.  E-mail R E Q U I I R E D Mode of holding [Please tick (*/)]  Account statement Newsletter Quarterly review & annual report Other statutory information Single Joint Anyone or survivor (default)  Permanent Account Number (PAN) [Mandatory]  First applicant M A N D A T O R Y NYC compliant Guardian M A N D A T O R Y NYC compliant Second applicant M A N D A T O R Y NYC compliant Third applicant M A N D A T O R Y NYC compliant Third applicant M A N D A T O R Y NYC compliant Paranch Account Number (PAN) [Mandatory]  A. 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 5 ank particulars (Name of the bank)  Branch Account type Current Savings NRO NRE OF Savings ON NET O	City	Pincode		Country						
//We would like to receive the following documents through post instead of e-mail (Kindly			l. (0)							
Account statement Newsletter Quarterly review & annual report Other statutory information Single Joint Anyone or survivor (default)  Permanent Account Number (PAN) [Mandatory]  First applicant M A N D A T O R Y	10 10	Q U								
First applicant M A N D A T O R Y OKYC compliant Guardian M A N D A T O R Y OKYC compliant Second applicant M A N D A T O R Y OKYC compliant Third applicant Third applicant Third appli		Quarterly review & annual rep	oort Other sta	atutory information   O Single O Jo	_					
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 5 Branch  Branch  Branch  Branch  City  Account number  RTGS or NEFT - IFSC code  R E Q U I R E D 9 digit MICR code	First applicant M A N		_		T O R Y OKYC compliant					
Branch address  City  Account number  RTGS or NEFT - IFSC code   R E Q U I R E D   9 digit MICR code			<u> </u>							
Account number		atory. The application will be rejected i	if this section is left b	•						
Account number         Account type         Current         Savings         NRO         NRE         OF INSTRUCTION           RTGS or NEFT - IFSC code         RTGS or NEFT - IFSC code         RTGS or NEFT - IFSC code         P digit MICR code         RTGS or NEFT - IFSC	ranch address				1					
RTGS or NEFT - IFSC code	ccount number									
· · · · · · · · · · · · · · · · · · ·	TGS or NEFT - IFSC code			9 digit MICR co	de					
Direct credit facility (please refer to the list of banks that offer direct credit facility on page 58). However, if you wish to receive a cheque payout, please tick here (🗸) Clectronic Clearing Services (ECS) facility is available for receiving dividends. If you wish to avail of this facility, please tick here (🗸)		y is available for receiving dividends	. If you wish to avai	il of this facility, please tick here (✔)	ayout, please tick here (✓)					
ACKNOWLEDGEMENT SLIP (To be filled in by the investor)  ACKNOWLEDGEMENT SLIP (To be filled in by the investor)  Application no.										
eceived from: Mr. / Ms	ceived from: Mr. / Ms	•								
pplication for units of : <b>JPMorgan</b>	otion (please ✓): O Growth O Di	vidend reinvestment O Dividend pa	yout O Daily* C	O Weekly*	AF					
O Fortnightly* O Monthly* O Yearly* O Bonus* O Annual Dividend* * as applicable neque / D.D. no for ₹	<i>o ,</i>			* *						

5. INVESTMENT DETAILS (Refer instruction no. 4 on page 58)  Scheme name: JPMorgan Plan										
Option (Please V)										
6. PAYMENT DETAILS (Refer instruction no. 5 on page 58) 6A. INITIAL INVESTMENT (Please note that investors have to fill out separate common application forms for Initial and SIP investments)										
<b>6A. INITIAL INVESTMENT</b> (Please r Cheque / DD no.	ote that investors have	to fill out separate commo		rms for Initial and SIP in wn on bank/	rvestments)					
Cheque / DD Ho.	DDDD	1		nch name						
Amount of cheque / DD in figures (₹) (i)	D D N	1 101   1 1		ount type (Please ✔)	O Savings O	Current O NRE O NRO O FCNR				
DD charges, if any, in figures (₹) (ii)			Rela	ationship with beneficiary						
Total amount in figures (₹) (i) + (ii)			(Thir	rd party payment)						
Rupees in words										
6B. SYSTEMATIC INVESTMENT PLAN (SIP) (Refer terms and conditions on page 64 and instructions for SIP on page 68)  ○ Please ✓ for MICRO SIP  Frequency (Please ✓ any one only)										
Monthly SIP (default) Quarterly S	2									
Payment mechanism (Please ✓ any one	only) 1. Cheque	es (Please provide the detai	ls below) 2.0	CECS debit facility (	Please complete the	e application form for ECS debit facility)				
First SIP transaction via Cheque no.			heque dated	D D M M Y Y	Y Y Amount	* * * * * * * * * * * * * * * * * * * *				
Instalment amount (₹)		No. of instalments			Total Amount (₹)	)				
Subsequent instalment From		From From			From					
cheque nos.		То			То					
Cheques drawn on Name	of bank			Branch						
7. DEMAT ACCOUNT DETAILS OF F	•	CANT(S) (Refer Instruc	tion 7)							
Depository Participan	(DP) ID Be	eneficiary Account Numbe	1	_ 1	rticipant (DP) ID	& Beneficiary Account Number				
NSDL	wided are not valid all	letment will be done in abu	OR CDSL (	$\circ$	n case of valid do	mat account details provided, the bank				
account details, joint holding details, mo	de of holding (joint / ar	iyone or survivor) in case o	f joint holdings,	address details and no	minee details as pe	er the demat account shall prevail over				
the corresponding details provided on th										
8. NOMINATION* DETAILS (Nominal)  I/We hereby nominate the undermention	•			The state of the s	co understand tha	t all navments and settlements made to				
such nominee and signature of the nomi						it all payments and settlements made to				
Tick here if you do not wish to nomin	ate ^									
Mr. Ms. M/s.			1 1 1			Date of birth (if nominee is minor)				
Address of nominee (Please provide full	address)					DDMMMYYYY				
					i i i					
						Pin code				
Name of the guardian (If nominee is mi	nor)				R	Relationship with nominee				
Address of guardian				1 1 1 1	Signatureofgu	uardian(mandatory)/nominee(optional)				
			B: 1		-					
* For multiple nominations please ensure	that the same details	given in this nomination see	Pin code	on a congrate cheet of		invectors' signatures				
^ Please note that if you do not tick the b										
9. DOCUMENTS ENCLOSED (Please	✓) APPLIC	ATIONS ENCLOSED (Ple	ease √)	Total No. of enclo	sures					
Corporate Documents	No Systematic In		Cheques	No. to be filled by	For office					
ASL O Yes O Ses O Yes O	1 ~ ′	ansfer Plan (STP) O E ithdrawal Plan (SWP)	ECS Debit Facility	applicant	use					
10. DECLARATION AND SIGNATUR	no   O Systematic III	tildrawarrian (5WF)								
Applicable to NRI / FII / PIO: I am / We are not U.S. or Canadiar		s) of the United States of America or Canada	a. I / We confirm that I am ,	/ We are Non-Resident(s) of Indian n	ationality / 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 un 1. Residential Status: O Resident (including not ordinarily resider				igh approved banking channels or fro	n funds in my / our NRE / FCN	R account. In case of non residents (please tick as appropriate):				
Corporate applicants only: A corporation should affix its company	stamp or seal, if any. I am / We are d	uly authorised to execute and deliver this Ma		The corporation is not organised or fo	med by U.S. Persons, residents	s in or citizens of the United States of America principally for the				
purposes of investing in securities not registered under the Securi I / We have read, understood and agree to the contents of the Ke			al Information and the Sch	neme Information Document of the at	ove Scheme(s) of JPMorgan M	lutual 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 here was a "person resident in India" for the purposes of the Foreign Exchange Management Act, 1999 and I / We am / are a unflorised 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 IPMorgan 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.										
1 / We hereby consent to and authorize JPMorgan Mutual Fund, its Investment Manager (or any of its delegates or service providers) to collect, process, store and transfer as necessary my / our 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: (a) processing, maintaining, administering, verifying my / our account or investment; (b) meeting any regulatory disclosure requirements; or (c) extending and offering and offering ancillary, incidental and additional services										
and support and I / We hereby consent to the sharing with and disclosure of the same to JPMorgan Mutual Fund's or its Investment Manager's associates/group companies/affiliates/agents, for the purpose of 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 it's 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 it's 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 Fu The ARN holder has disclosed to me/us all the commissions (in the										
I do not have any existing Micro SIPs which together with the curr	nt application will result in aggregate	investments exceeding ₹ 50,000 in a year. I	hereby declare that in case	e of third party payments, the paymen	its are covered under one of th	he 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 FII 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.)										
			SIGNATU	RE(S)						
	rst applicant	Second applica		Third appli		Third party cheque issuer				
# Please refer to Chapter III of the Scheme Note: Please refer to page 57 for instruct			Signature of a	ıll applicants is necessar	y in case a nominee	e has been mentioned in Section 8 above.				

## 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