

COMMON APPLICATION FORM FOR DEBT & LIQUID SCHEMES

Application No :

Please refer to the instructions while filling the Application Form. Tick whichever is applicable.

1	DISTRIBUTOR CODE/ARN	SUB-BROKER CODE	REGISTRAR /BANK SR NO	DATE & TIME OF RECEIPT
				FOR OFFICE USE ONLY

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 EXISTING INVESTOR INFORMATION (Please fill in the sections 2,6,7,8,11)

Folio Number _____ **Name of the First/Sole Applicant** _____

3 NEW INVESTOR INFORMATION (To be filled in Block Letters, please leave one box blank between two words)

Name of First/Sole Applicant Mr. Ms. M/s.

PAN _____ PAN Proof KYC Proof Date of Birth/Date of Incorporation D D M M Y Y

Name of Guardian (In case of Minor) / Contact Person (In case of non individual applicant) Mr. Ms. M/s.

PAN _____ PAN Proof KYC Proof Relationship _____

Mailing address of First/sole Applicant (PO Box address is not sufficient.)

City _____ State _____ Pin Code _____

Overseas Address (Mandatory in Case of NRI/FII-PO Box address is not sufficient. Investors residing overseas and with PO Box address please provide your Indian address)

Contact Details of First/Sole Applicant

Telephone _____ Mobile _____

Email _____

Mode of Holding Single Joint Anyone or Survivor (s) (Default option in case of more than one applicant)

Occupation (of First/Sole applicant) Business Services Professional House Wife Student Retired Agriculture Others _____ please specify _____

Status (of First/Sole applicant) Resident Individual Sole Proprietorship Society/Club Company NRI Repatriable Trust HUF Partnership Firm On behalf of Minor Bank/Financial Institution NRI Non-Repatriable (NRO) Others _____ please specify _____

Name of Second Applicant Mr. Ms. M/s.

PAN _____ PAN Proof KYC Proof Date of Birth D D M M Y Y

Name of Third Applicant Mr. Ms. M/s.

PAN _____ PAN Proof KYC Proof Date of Birth _____

Name of Power of Attorney (POA) Mr. Ms. M/s.

PAN _____ PAN Proof KYC Proof

City _____ State _____ Pin Code _____

4 DEMAT ACCOUNT DETAILS

Depository	Depository Participant Name	DP ID Number	Beneficiary Account Number
First Applicant		I N	
Second Applicant		I N	
Third Applicant		I I	


5 HOW DO YOU WISH TO RECEIVE THE DOCUMENT(S)

I/We wish to receive the following documents via email in lieu of physical document (s)

Annual Reports Other Statutory Information Account Statement

For those Unit holders who have provided an e-mail address, AMC will send the account statement by e-mail.

Acknowledgment Slip (To be filled in by the investor)

Folio No :	Application No :	 Peerless TM MUTUAL FUND <i>for you, forever</i>
Received from Mr./Ms./M/s. _____		
An application for Scheme : _____ Plan : _____ Option : _____		
Cheque/DD No.: _____ Dated : _____ Amount Rs.: _____		
Drawn on Bank and Branch : _____		
Please note : All Purchases are subject to realization of Cheques/DD.		Collection Centre 's Stamp & Receipt Date and Time

Customer Service Cell : Ground 03, Churchgate Chambers, Sir. Vithaldas Thackersay Marg, New Marine Lines, Mumbai - 400 020.



Web site www.peerlessmf.co.in



Toll Free : 1800 200 9995

Non Toll Free : 022 61779922



connect@peerlessmf.co.in

Communication in connection with this application should be addressed to the Registrar, Karvy Computershare Pvt. Ltd., (Unit: Peerless Mutual Fund), 8-2-596 Karvy Plaza, Avenue 4, Street No.1, Banjara Hills, Hyderabad 500034.

6 *BANK ACCOUNT DETAILS (Please attach cancelled cheque leaf)

Name of the Bank:						Branch:						
Account Type:	<input type="checkbox"/> SB	<input type="checkbox"/> CURRENT	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR							
Account Number:												
Branch Address:									Pin Code			
IFSC Code:							MICR Code					

AMC reserves the right to use any mode of payment as deemed appropriate. I/We understand that AMC shall not be responsible if transaction through DC/RTGS/NEFT could not be carried out because of incomplete or incorrect information.

7 *INVESTMENT DETAILS : I/We would like to invest in the following scheme of Peerless Mutual Fund

Scheme Name											
Plan/Sub Plan											
Option											
Dividend Frequency											

Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.

8 *PAYMENT DETAILS

Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> Others	Please specify								
Cheque/DD No.					Date	D	D	M	M	Y	Y	Y	Y
Gross Amount (Rs)	(A)				DD Charges (Rs)	(B)							
Net Amount (Rs)	(A-B)				Drawn on Bank								
Branch Name					City								
Account Type	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR								

9 NOMINATION DETAILS

I/We hereby nominate the under mentioned nominee to receive the amount to my/our credit in the event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be a valid discharge by the AMC/Mutual Fund/Trustee Company.

Name of Nominee				%	Date of Birth	If Nominee Is Minor
Name of Nominee				%	Date of Birth	If Nominee Is Minor
Name of Nominee				%	Date of Birth	If Nominee Is Minor
* Name of the Guardian	If Nominee Is Minor			Relationship with the Minor		

Address of the Nominee/Guardian

10 DOCUMENTS ENCLOSED

<input type="checkbox"/> Resolution/Authorisation to invest	<input type="checkbox"/> List of Authorized Signatories with Specimen Signatures	<input type="checkbox"/> Memorandum & Articles of Association
<input type="checkbox"/> Trust Deed	<input type="checkbox"/> Bye-laws	<input type="checkbox"/> Partnership Deed
<input type="checkbox"/> Copy of PAN Card	<input type="checkbox"/> KYC	<input type="checkbox"/> PIO Card
<input type="checkbox"/> Notarised POA	<input type="checkbox"/> Foreign Inward Remittance Certificate	<input type="checkbox"/> Special Product Form (SIP / STP / SWP)

11 *DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Statement of Additional Information (SAI) and Scheme Information Document (SID) of the Scheme (s). I/We hereby apply for units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme and to other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objective, investment pattern and risk factors applicable to Plan/Option under the Scheme (s). I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the scheme, then Peerless Funds Management Co Ltd, has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with KYC norms. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable law enacted by the Government of India or any Statutory Authority. I/We hereby declare that the particulars above are correct. I/We hereby, further agree that the Fund can directly credit all the dividend and redemption amount to my bank details given above. The ARN holder has disclosed to me/us all the commission (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. For NRIs : 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 my/our Non-resident External/Ordinary Account/FCNR/NRSR Account.

1st/Sole applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder
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All fields marked with * are mandatory

CHECKLIST (Please submit the following documents with application (where applicable). All documents should be original/true copies certified by a Director/Trustee/Company Secretary/Authorised signatory/Notary Public.

Documents	Individual	Companies	Societies	Partnership Firm	Investment through POA	Trust	NRI	FII's
Resolution/Authorisation to invest		✓	✓	✓		✓		✓
List of Authorized Signatories with Specimen Signatures		✓	✓	✓	✓	✓		✓
Memorandum & Articles of Association		✓						
Trust Deed						✓		
Bye-laws			✓					
Partnership Deed				✓				
Notarised POA					✓			
Copy of PAN Card	✓	✓	✓	✓	✓	✓	✓	✓
KYC in case of investment >=50,000/-	✓	✓	✓	✓	✓	✓	✓	✓
Foreign Inward Remittance Certificate							✓	✓
Copy of cancelled cheque	✓	✓	✓	✓	✓	✓	✓	✓

Special Product Form

SIP (Post Dated Cheques) / SWP/STP form

1 INVESTOR AND INVESTMENT DETAILS

First/Sole Applicant Name												
Folio/Application No.												Existing Investors please mention Folio No. New applicants please mention the application form No.
Scheme												
Plan												
Option												

2 SYSTEMATIC INVESTMENT PLAN (SIP) THROUGH POST DATED CHEQUES (Investor subscribing to SIP through ECS/Direct Debit must fill up the SIP Auto Debit Form)

Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	No. of Installments											
SIP Date	<input type="checkbox"/> 1st	<input type="checkbox"/> 7th	<input type="checkbox"/> 10th	<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th								
SIP Period	SIP From	M	M	Y	Y	Y	Y	SIP To	M	M	Y	Y	Y	Y
Cheque(s) Details	SIP Amount in (figures)						Cheque Nos.							
	Cheque(s) drawn on													

New Investors are requested to fill in the Common Application Form

3 SYSTEMATIC WITHDRAWAL PLAN (SWP)

Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	SWP from				M	M	Y	Y	SWP To				M	M	Y	Y
Amount per Withdrawal (Rs)	No of Installments																	

4 SYSTEMATIC TRANSFER PLAN (STP)

From Scheme	Plan	Option	To Scheme	Plan	Option											
STP Dates <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th																
Frequency		<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	STP from		M	M	Y	Y	STP To		M	M	Y	Y
Amount Per Installment (Rs)		No of Installments														

Please see the Plans & Options and Dividend policy details in the Scheme Information Document before filling in the above details.

5 DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Scheme (s). I/We hereby apply for units of the scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme and to other statutory requirements of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable from time to time. I/We confirm to have understood the investment objective, investment pattern and risk factors applicable to Plan/Options under the Scheme (s). I/We agree that in case my/our investment in the Scheme is equal to or more than 25% of the corpus of the scheme, then Peerless Funds Management Co Ltd, has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with KYC norms. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable law enacted by the Government of India or any Statutory Authority. I/We hereby declare that the particulars above are correct. I/We hereby, further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above 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 my/our Non-resident External/Ordinary Account/FCNR/NRSR Account. The ARN holder has disclosed to me/us all the commission (in the form of train 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.

Sole/1st Applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder

Acknowledgment Slip (To be filled in by the investor)		SIP / SWP / STP		 for you, forever
Received from Mr./Ms./M/s.				
An application for Scheme :	Plan :	Option :	Collection Centre 's Stamp & Receipt Date and Time	
To Scheme:	Plan :	Option :		
Amount :	Frequency:	Date of Commencement:		

SYSTEMATIC INVESTMENT PLAN (SIP) SIP AUTO DEBIT/ECS FORM

New Investors are requested to fill in the Application form.
First SIP Cheque and subsequent via Auto Debit in selected cities only.

1 REGISTRATION CUM MANDATE FORM FOR SIP THROUGH AUTO DEBIT OR ECS

(Please) New Registration Renewal of SIP Change in Bank Details

2 INVESTOR AND INVESTMENT DETAILS

First/Sole Applicant Name												
Folio/Application No.												Existing Investors please mention Folio No. New applicants please mention the application form No.
Scheme												
Plan												
Option												

3 SIP DETAILS

Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	SIP Date	<input type="checkbox"/> 1st	<input type="checkbox"/> 7th	<input type="checkbox"/> 10th	<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th					
SIP Period	SIP From	M	M	Y	Y	Y	Y	SIP To	M	M	Y	Y	Y	Y
First SIP Cheque No.	Cheque/SIP Amount (Rs)						Cheque Dated							

(Note: First SIP Cheque should be drawn on bank details provided below also each of the SIP installment including the initial cheque should be of the same amount. There should be a gap of 30 days between the 1st & 2nd SIP installment.)

I/We hereby, authorise Peerless Mutual Fund and their authorised service providers, to debit my/our following bank account ECS (Debit Clearing) /Auto debit to account for collection of SIP payment

4 BANK DETAILS (please attach a copy of the cheque of below mentioned bank account)

Account Holder Name													
Bank Name	Bank Account No.												
Branch Name	City												
Account Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> Others	Please Specify							
MICR Code							IFSC code						

MICR code starting or ending with 000 are not valid for ECS.

I/We hereby declare that the particulars given above are correct and express my willingness to make payment referred above through participation in ECS/Auto debit. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will inform Peerless Mutual Fund about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We have read and understood the contents of SID/KIM, I/We hereby apply for the respective units of Peerless Mutual Fund scheme at NAV based the resale price and agree to abide by terms, conditions, rules and regulation of the scheme (s).

First Account Holder (As in Bank Records)	Second Account Holder (As in Bank Records)	Third Account Holder (As in Bank Records)
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Place : _____ Date : DD/MM/YY

FOR BANK USE ONLY

I/We hereby certify that the particulars furnished above are correct as per our records and we hereby declare that the copy of this form, duly completed, has been submitted to us.

Recorded On _____ Recorded By _____

Mandate reference No. _____

Branch : _____ Date : DD/MM/YY

Signature of the authorised official from the bank	Bank Stamp
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AUTHORISATION OF THE BANK ACCOUNT HOLDER

This is to inform that I/We have registered for the RBI's Electronics Clearing Service (Debit clearing)/ Auto debit facility and that my payment towards my SIP installments of Peerless Mutual Fund shall be made from my/our above mention bank account with your bank. I/We authorise the representative carrying this ECS/Auto debit form to get it verified and executed. I/We hereby authorise you to debit verification charges if any from my account.

First Account Holder (As in Bank Records) Second Account Holder (As in Bank Records) Third Account Holder (As in Bank Records)

Acknowledgment Slip (To be filled in by the investor) SIP through ECS /Auto Debit Form

Received from Mr./Ms./M/s. _____

An application for Scheme : _____ Plan : _____ Option : _____

Amount _____ Frequency _____ Date of Commencement _____

Collection Centre 's Stamp & Receipt
Date and Time



Web site www.peerlessmf.co.in



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Non Toll Free : 022 61779922



connect@peerlessmf.co.in