

# COMMON APPLICATION FORM FOR DEBT & LIQUID SCHEMES

(All fields marked with \* are mandatory)

Please refer to the instructions while filling the Application Form. Tick ☒ whichever is applicable. Application No. :

1	<b>DISTRIBUTOR CODE/ARN</b>	<b>SUB-BROKER CODE</b>	<b>REGISTRAR /BANK SR NO</b>	<b>DATE &amp; TIME OF RECEIPT</b>
	ARN-29333			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	<b>EXISTING INVESTOR INFORMATION</b> (Please fill in the sections 2,4,5,6,12)			
	Folio No.		Name of First / Sole Applicant	

3	<b>NEW INVESTOR INFORMATION</b> (To be filled in Block Letters, please leave one box blank between two words)			
	Name of First / Sole Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			

PAN		<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Proof	Date of Birth/Date of Incorporation	D	D	M	M	Y	Y
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Name of Guardian (In case of Minor) / Contact Person (In case of non individual applicant) <input type="checkbox"/> Mrs. <input type="checkbox"/> M/s.										
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PAN		<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Proof	Relationship	
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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	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Anyone or Survivor (s) (Default option in case of more than one applicant)							
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Occupation (of sole/first applicant)	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> House Wife	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Others	please specify	
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Status (of first applicant)	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Society/Club	<input type="checkbox"/> Company	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> Trust	<input type="checkbox"/> HUF
	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> On behalf of Minor	<input type="checkbox"/> Bank/Financial Institution	<input type="checkbox"/> NRI Non-Repatriable (NRO)	<input type="checkbox"/> Others	please specify	

Name of Second Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.										
PAN		<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Proof	Date of Birth/Date of Incorporation	D	D	M	M	Y	Y

Name of Third Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.										
PAN		<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Proof	Date of Birth/Date of Incorporation	D	D	M	M	Y	Y

Name of Power of Attorney (POA) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.										
PAN		<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Proof	Date of Birth/Date of Incorporation	D	D	M	M	Y	Y

Address										
City										
State										
Pin Code										

4	<b>* BANK ACCOUNT DETAILS</b> (Please attach copy of cancelled cheque) (For registering Multiple Bank Accounts please fill up form "Registration of Multiple Bank Accounts".)									

Name of the Bank:										
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:										
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.

## Acknowledgment Slip (To be filled in by the investor)

Folio No. :	Application No. :		<b>Peerless</b> MUTUAL FUND for you, forever  Collection Centre's Stamp & Receipt Date and Time
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.			

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



Web site [www.peerlessmf.co.in](http://www.peerlessmf.co.in)



Toll Free : 1800 200 9995  
Non Toll Free : 022 61779922



[connect@peerlessmf.co.in](mailto:connect@peerlessmf.co.in)

<b>5</b>	<b>*INVESTMENT DETAILS : I/We would like to invest in the following scheme of Peerless Mutual Fund</b>									
Scheme Name										
Plans/Sub Plans										
Option										
Dividend Frequency										
Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.										
<b>6</b>	<b>*PAYMENT DETAILS (In case of DD, Please provide us specific declaration)</b>									
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								
Gross Amount (Rs)						DD Charges (Rs)				
Net Amount (Rs)						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				
<b>7</b>	<b>SYSTEMATIC INVESTMENT PLAN (SIP) PAYMENT TYPES (Please select any one option)</b>									
<input type="checkbox"/> SIP through Post Dated Cheques (Please fill attached Special Product Form & submit with this form,										
<input type="checkbox"/> SIP through Auto Debit (ECS) (Please fill up enclosed SIP Auto Debit (ECS) Form & submit with this form)										
<b>8</b>	<b>DEMAT ACCOUNT DETAILS</b>									
Depository		Depository Participant Name			DP ID Number			Beneficiary Account Number		
<b>9</b>	<b>NOMINATION DETAILS</b>									
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										
<b>10</b>	<b>HOW DO YOU WISH TO RECEIVE THE DOCUMENT(S) (Please <input checked="" type="checkbox"/> )</b>									
I/We wish to receive the following documents via email in lieu of physical document (s)					I/We wish to receive the Account Statement in (any one)					
<input type="checkbox"/> Annual Reports <input type="checkbox"/> Other Statutory Information					<input type="checkbox"/> English (Default option ) <input type="checkbox"/> Bengali <input type="checkbox"/> Malayalam					
<b>11</b>	<b>DOCUMENTS ENCLOSED (Please <input checked="" type="checkbox"/> )</b>									
<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"/> Overseas Auditor Certificate		<input type="checkbox"/> Notarised POA <input type="checkbox"/> Copy of cancelled cheque						
<input type="checkbox"/> Copy of PAN Card <input type="checkbox"/> KYC		<input type="checkbox"/> PIO Card <input type="checkbox"/> Foreign Inward Remittance Certificate		<input type="checkbox"/> Special Product Form (SIP / STP / SWP)						
<b>12</b>	<b>*DECLARATION AND SIGNATURES</b>									
I/We have read and understood the contents of the Statement of Additional Information and Scheme Information Document 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 of 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 these investments. I/We undertake that these investments are on my/our own account and in event Know Your Customer process is not completed by me/us to the satisfaction of the Mutual Fund, I/ We hereby authorize the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of redemption 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/NRSL Account.										
Sole/1st applicant/Guardian/Authorised Signatory/POA Holder			2nd Applicant/Authorised Signatory/POA Holder				3rd Applicant/Authorised Signatory/POA Holder			

**CHECKLIST** (Please submit the following documents with application (where applicable). All documents should be submitted before redemption of units.

Documents	Individual	Companies	Societies	Partnership Firm	Investment through POA	Trust	NRI	FIs
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 of any amount	✓	✓	✓	✓	✓	✓	✓	✓
Foreign Inward Remittance Certificate							✓	✓
Copy of cancelled cheque	✓	✓	✓	✓	✓	✓	✓	✓