

# COMMON APPLICATION FORM

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

<b>1</b>	<b>ARN CODE</b>	<b>Employee Unique Identification Number (EUN)*</b>	<b>SUB-BROKER CODE / AGENT CODE</b>	<b>DATE &amp; TIME OF RECEIPT</b>
	<b>ARN - 74461</b>	<b>E 063566</b>		FOR OFFICE USE ONLY

\*I/We hereby confirm that the EUN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

**Contact: Save Tax Get Rich**  
**+91 94 8300 8300**

Sole /1st Applicant/Guardian/Authorised Signatory/POA Holder

2nd Applicant/Authorised Signatory/POA Holder

3rd Applicant/Authorised Signatory/POA Holder

**2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)**

I confirm that I am a First Time Investor in Mutual Funds (Rs. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more) OR  I confirm that I am an Existing Investor in Mutual Funds (Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)

In case the purchase/subscription amount is Rs.10,000/- or more and your AMFI Registered Distributor has chosen 'opt in' option of charging Transaction Charges to their investor, the same are deductible as applicable from the purchase/subscription amount and payable to the distributor. Units will be issued against the balance amount invested.(refer General Information Point No. 11)

**3 EXISTING INVESTOR INFORMATION (if you have existing folio please fill in sections 3,6,9,11,12 and 17)**

**Unit Holding Options**  Demat Mode  Physical Mode **Folio Number**

**4 DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that, of the account held in depository participant. Demat Account details are compulsory, if demat mode is opted above.)**

NSDL Depository Participant Name Enclosures \_\_\_\_\_  
 CDSL DP ID Number \_\_\_\_\_  Client Master List  Delivery Instruction Slip  
Beneficiary Account Number \_\_\_\_\_  Transaction Cum Holding Statement

**5 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/PERN # \_\_\_\_\_  KYC Proof # \_\_\_\_\_ Date of Birth/Date of Incorporation D D M M Y Y

**Father's Name/Name of Guardian (in case of Minor) / Contact Person (in case of non individual applicant)**  Mr.  Ms.

PAN/PERN # \_\_\_\_\_  KYC Proof # \_\_\_\_\_ Relationship with Minor/Designation **MANDATORY**

**Mailing Address of First/Sole Applicant (PO Box address is not sufficient)**

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Country** \_\_\_\_\_ **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)  
"All Non Individual Investors have to mandatorily fill UBO Declaration form"

**Overseas Address** \_\_\_\_\_  
\_\_\_\_\_ **Country** \_\_\_\_\_

**6 FIRST/SOLE APPLICANT OTHER DETAILS**

**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  Professional  House Wife  Agriculture  Service  Student  Retired  Others

**Status (of first/sole Applicant)**  Resident Individual  Sole Proprietorship  Society/Club Company  NRI  Repartriable  Trust  HUF  
 Partnership Firm  On Behalf of Minor  Bank/Financial Institution  NRI  Non-Repartriable (NRO)  Others

**Gross Annual Income**  Below 1 Lac  5 - 10 Lacs  >25 Lacs - 1 Crore **Net-worth** \_\_\_\_\_  
 1 - 5 Lacs  10 - 25 Lacs  >1 Crore (Mandatory for Non-Individuals) Rs. \_\_\_\_\_ as on (Not older than 1 year) D D M M Y Y

**Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)**  I am PEP  I am Related to PEP  Not Applicable

**Non - Individual Investors involved/ providing any of the mentioned services**  Foreign Exchange / Money Changer Services  Money Lending / Pawning  
 Gaming / Gambling / Lottery / Casino Services  None of the Above

# Please attach proof. Refer instructions page point XII - PAN/PERN and KYC

**Acknowledgement Slip (To be filled in by the investor)**

Received from Mr./Ms./M/s. _____	Collection Centre's Stamp & Receipt Date and Time
An application for Scheme: _____ Plan: _____ Option: _____	
Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____	
Drawn on Bank and Branch : _____	
Please note : All Purchases are subject to realisation of Cheques/DD.	



**7 JOINT APPLICANT DETAILS**

**a NAME OF SECOND APPLICANT**  Mr.  Ms.

PAN/PERN #  KYC Proof # Date of Birth/Date of Incorporation  D  D  M  M  Y  Y

Gross Annual Income  Below 1 Lac  5 - 10 Lacs  >25 Lacs - 1 Crore  1 - 5 Lacs  10 - 25 Lacs  >1 Crore Politically Exposed Person (PEP) Status  I am PEP  I am Related to PEP  Not Applicable  
(Also applicable for authorised signatories / Promoters / Karta / Trustee / Whole time Directors)

**Father's Name**

**Occupation** (of first/sole Applicant)  Business  Professional  House Wife  Agriculture  Service  Student  Retired  Others

**b NAME OF THIRD APPLICANT**  Mr.  Ms.

PAN/PERN #  KYC Proof # Date of Birth/Date of Incorporation  D  D  M  M  Y  Y

Gross Annual Income  Below 1 Lac  5 - 10 Lacs  >25 Lacs - 1 Crore  1 - 5 Lacs  10 - 25 Lacs  >1 Crore Politically Exposed Person (PEP) Status  I am PEP  I am Related to PEP  Not Applicable  
(Also applicable for authorised signatories / Promoters / Karta / Trustee / Whole time Directors)

**Father's Name**

**Occupation** (of first/sole Applicant)  Business  Professional  House Wife  Agriculture  Service  Student  Retired  Others

**8 Power of Attorney (POA)**

**NAME OF POA**  Mr.  Ms.  M/s.

PAN/PERN #  KYC Proof # Date of Birth  D  D  M  M  Y  Y

**9 \*FATCA INFORMATION/ FOREIGN TAX LAWS (For Individual including Sole Proprietor) (For Non-individual, mandatory to fill up UBO form) (Refer instruction)**

The below information is required for all applicant(s)/ guardian

**Address Type:**  Residential or Business  Residential  Business  Registered Office  
(Address of tax residence would be taken as available in KRA database. In case of any changes please approach KRA & notify the changes)

**Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? (to be filled mandatorily)**  Yes  No

If Yes, please provide the following information [mandatory]  
Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (Including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency 1 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 2 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 3 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			

I / We have understood the information requirements of this form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.  
^ To also include USA, where the individual is a citizen/green card holder of the USA.  
\* In case Tax Identification Number is not available, kindly provide its functional equivalent.

# Please attach proof. Refer instructions page point XII - PAN/PERN and KYC

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**+91 94 8300 8300**



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



Toll Free : 1800 103 8999  
Non Toll Free : 022 61779922



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

# SYSTEMATIC INVESTMENT PLAN (SIP)

Contact: Save Tax Get Rich  
+91 94 8300 8300

**Peerless**  
MUTUAL FUND

## SIP NACH / AUTO DEBIT / ECS FORM

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

<b>1</b>	<b>DISTRIBUTOR / ARN CODE</b>	<b>Employee Unique Identification Number (EUIIN)*</b>	<b>SUB-BROKER CODE / AGENT CODE</b>	<b>DATE &amp; TIME OF RECEIPT</b>
	<b>ARN - 74461</b>	<b>E 063566</b>		FOR OFFICE USE ONLY
Upfront commission shall be paid directly by the Investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor				
* I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".				
Sole/1st applicant/Guardian/Authorised Signatory/POA Holder      2nd Applicant/Authorised Signatory/POA Holder      3rd Applicant/Authorised Signatory/POA Holder				
<b>2</b>	<b>REGISTRATION CUM MANDATE FORM FOR SIP THROUGH NACH, AUTO DEBIT OR ECS (Debit Clearing/Auto Debit)</b>			
(Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> New Registration* <input type="checkbox"/> Renewal of SIP <input type="checkbox"/> Change in Bank Details <input type="checkbox"/> Cancellation of SIP <input type="checkbox"/> Micro SIP * if you are a new investor kindly fill the common application form				
<b>3</b>	<b>TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)</b>			
<input type="checkbox"/> I confirm that I am a First Time Investor in Mutual Funds (Rs. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)      OR <input type="checkbox"/> I confirm that I am an Existing Investor in Mutual Funds (Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more) If the total commitment of investment through SIP (i.e. installments) amounts to Rs. 10,000/- or more and your AMFI registered Distributor has chosen 'opt in' option of charging transaction charge, the same are deductible as applicable (refer instruction related to SIP) from the installment amount and paid to the distributor. Transaction charges will be recoverable in 3 to 4 installments. Units will be issued against the balance amount invested.				
<b>4</b>	<b>INVESTOR AND INVESTMENT DETAILS</b>			
Sole/First Investor Name				
PAN/PERN <span style="float: right;"><input type="checkbox"/> KYC Proof</span>				
Folio/Application No. <span style="float: right;">Existing Investors please mention Folio No.</span>				
Scheme <b>Peerless Long Term Advantage Fund</b>				
Plan <input type="checkbox"/> Direct <input type="checkbox"/> Regular      Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend      Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout				
Dividend Frequency <input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly				
In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information. Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.				
<b>Individual Applicant must fill individual self certification under Fatca. All Non Individual Investors have to mandatorily fill UBO Declaration Form.</b>				
<b>5</b>	<b>SIP DETAILS (Please tick on any 1 SIP frequency only. In case the SIP frequency opted for is either Monthly, Quarterly or Half Yearly, please tick on any 1 SIP date only)</b>			
Each SIP Amount (Rs)				
First SIP Cheque No.      Cheque Amount (Rs)      Cheque Date :				
Frequency <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly      SIP Period      Start Date      M      M      Y      Y      End Date      M      M      Y      Y SIP Date      Every Alternate Wednesday <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th <input type="checkbox"/> Regular <input type="checkbox"/> Perpetual				
SIP Date should be either 1st / 7th / 10th / 15th / 20th / 25th (Note : Cheque should be drawn on bank details provided below. Please allow minimum one month for Auto Debit to register and start). Each of the SIP installment excluding initial cheque should be of the same amount & there should be a gap of 30 days between 1st & 2nd SIP installment. Please refer NACH instruction page for further clarification.				
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				
I/We hereby declare that the particulars given above are correct and express my willingness to make payment referred above through participation in NACH/ECS/Auto debit. If the transaction is delayed or not executed at all for any 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 resale price and agree to abide by terms, conditions, rules and regulation of the scheme (s).				
<b>6</b>	<b>FOR BANK USE ONLY</b>			
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				
<b>7</b>	<b>MANDATE INSTRUCTIONS FORM/NACH/ECS/DIRECT DEBIT/STANDING INSTRUCTION</b>			
UMRN      Date      D      D      M      M      Y      Y      Y      Y				
Sponsor Bank Code      Utility Code				
(Tick <input checked="" type="checkbox"/> )      CREATE      I/We hereby authorize      PEERLESS FUNDS MANAGEMENT COMPANY LIMITED      to debit (Tick <input checked="" type="checkbox"/> )      SB / CA / CC / SB-NRE / SB-NRO / Other				
MODIFY      Bank a/c number				
CANCEL      with Bank      Name of customers bank      IFSC      or MICR				
an amount of Rupees      Rs.				
Frequency <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input type="checkbox"/> As and when presented      DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount				
Unique ID.      Phone No.				
Reference 2      Email ID				
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.				
Period From				
To      Signature Primary Account holder      Signature of Account holder      Signature of Account holder				
Or <input type="checkbox"/> Until Cancelled      1. Name as in bank records      2. Name as in bank records      3. Name as in bank records				
<b>Declaration:</b> This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.				

Acknowledgment Slip (To be filled in by the investor)

SIP through NACH / ECS / Auto Debit Form

**Peerless**  
MUTUAL FUND

Received from Mr./Ms./M/s. \_\_\_\_\_

An application for Scheme : \_\_\_\_\_

Amount : \_\_\_\_\_

Frequency : \_\_\_\_\_

Plan : \_\_\_\_\_

Option : \_\_\_\_\_

Date of Commencement : \_\_\_\_\_

Collection Centre's Stamp & Receipt  
Date and Time