

COMMON APPLICATION FORM

Peerless
MUTUAL FUNDPlease refer to the instructions while filling the Application Form. Tick ☒ whichever is applicable.

1	ARN CODE	Employee Unique Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
				FOR OFFICE USE ONLY
*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	
2	TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)			
	<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)			
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	<input type="checkbox"/> Demat Mode <input type="checkbox"/> 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.)			
	<input type="checkbox"/> NSDL Depository Participant Name	Enclosures		
	<input type="checkbox"/> CDSL DP ID Number	<input type="checkbox"/> Client Master List <input type="checkbox"/> Delivery Instruction Slip		
	Beneficiary Account Number	<input type="checkbox"/> 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 <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			
	PAN/PERN #	<input type="checkbox"/> 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) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.			
	PAN/PERN #	<input type="checkbox"/> 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	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (s)(Default option in case of more than one Applicant)	
	Occupation (of first/sole Applicant)	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Agriculture <input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others		
	Status (of first/sole Applicant)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Society/Club Company <input type="checkbox"/> NRI <input type="checkbox"/> 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 <input type="checkbox"/> Non-Repatriable (NRO) <input type="checkbox"/> Others		
	Gross Annual Income	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >1 Crore	Net-worth	(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) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable			
	Non - Individual Investors involved/ providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> 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)

Peerless
MUTUAL FUND

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.	

Web site www.peerlessmf.co.inToll Free : 1800 103 8999
Non Toll Free : 022 61779922connect@peerlessmf.co.inCommunication in connection with this application should be addressed to the Registrar,
Karvy Computershare Pvt. Ltd. KARVY SELENIUM, Plot number 31 & 32, Tower B, Survey No. 115/22, 115/24 & 115/25, Financial District, Gachibowli, Nanakramguda, Serlingampally Mandal Hyderabad - 500032 Telangana

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

(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

☐ I am PEP☐ I am Related to PEP☐ Not Applicable

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

(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

☐ I am PEP☐ I am Related to PEP☐ Not Applicable

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

Web site www.peerlessmf.co.inToll Free : 1800 103 8999
Non Toll Free : 022 61779922connect@peerlessmf.co.in

10 *BANK ACCOUNT DETAILS (Please attach copy of cancelled cheque) For registering Multiple Bank Accounts please fill up "Registration of Multiple Bank Account" Form

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

AMC reserves the right to use any mode of payment 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.

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

Scheme :Peerless				Plan		<input type="checkbox"/> Regular		<input type="checkbox"/> Direct			
Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend				Sub-Option		<input type="checkbox"/> Dividend Payout		<input type="checkbox"/> Dividend Reinvestment (default)			
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.											
Dividend Frequency				<input type="checkbox"/> Daily		<input type="checkbox"/> Weekly		<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly	

12 *PAYMENT DETAILS (In case of DD, please provide us specific declaration)

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)				DD Charges (Rs)		Net Amount (Rs)							
Drawn on Bank & Branch						Account Type		<input type="checkbox"/> SB		<input type="checkbox"/> Current		<input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	

13 SYSTEMATIC INVESTMENT PLAN (SIP) PAYMENT TYPES (Please select any one option)

☐ SIP through Post Dated Cheques (Please fill & submit with this attached form) ☐ SIP through Auto Debit (ECS) (Please fill up enclosed SIP Auto Debit (ECS) Form & submit with this form)

14 NOMINATION DETAILS (Please refer to Instructions page, point no VII) In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nomination Required <input type="checkbox"/> YES <input type="checkbox"/> NO							
Nominee Name	Relationship with Nominee	Date of Birth of Minor	Guardian Name (in case Nominee is Minor)	Allocation (%)	Sign of Guardian	Sign of Nominee	Sign of Applicants
							1st App.
							2nd App.
							3rd App.

Please note that if you do not furnish any nomination details, it is deemed to be assumed that you do not wish to nominate anyone.

15 HOW DO YOU WISH TO RECEIVE THE DOCUMENT(S) (Please ☒)

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"/> Account Statement <input type="checkbox"/> Other Statutory Information				<input type="checkbox"/> English (Default option) <input type="checkbox"/> Bengali <input type="checkbox"/> Malayalam			

16 DOCUMENTS ENCLOSED (Please ☒)

<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"/> Foreign Inward Remittance Certificate	<input type="checkbox"/> Special Product Form (SIP / STP / SWP / AEP)	<input type="checkbox"/> Overseas Auditor Certificate
<input type="checkbox"/> Notarised POA	<input type="checkbox"/> Copy of cancelled cheque	

17 *DECLARATION AND SIGNATURES

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 this 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 authorise 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 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/INRSR Account.

Sole/1st 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 wherever 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	Flis
Resolution/Authorisation to invest		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
List of Authorised Signatories with Specimen Signatures		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Memorandum & Articles of Association		<input checked="" type="checkbox"/>						
Trust Deed						<input checked="" type="checkbox"/>		
Bye-laws			<input checked="" type="checkbox"/>					
Partnership Deed				<input checked="" type="checkbox"/>				
Notarised POA					<input checked="" type="checkbox"/>			
PAN/PERN Proof	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
KYC in case of Investment of any Amount	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign Inward Remittance Certificate		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Cancelled Cheque	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ultimate Beneficial Ownership (UBO)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>