

COMMON APPLICATION FORM

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

1	DISTRIBUTOR/ARN CODE	EMPLOYEE'S CODE	SUB-BROKER CODE	REGISTRAR/ BANK SR NO	DATE & TIME OF RECEIPT
	ARN-97821				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.

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) <small>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 (refer General Information Point No. 12) from the purchase/subscription amount and payable to the distributor. Units will be issued against the balance amount invested. 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.</small>				

3	EXISTING INVESTOR INFORMATION (Please fill in the sections 3,6,7,8,13)		Folio Number										
	Unit Holding Options	<input type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode											

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 _____ DP ID Number _____ <input type="checkbox"/> CDSL Beneficiary Account Number _____										Enclosures <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction Cum Holding Statement <input type="checkbox"/> Delivery Instruction Slip				

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	
	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 _____ Pin Code _____																
	Overseas Address (Mandatory in case of NRI/FIL/PO Box address is not sufficient. Investors residing overseas and with PO Box address please provide your Indian address)																
	Country _____																
	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)																
	Occupation (of first/sole 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																
	Status (of first/sole 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/PERN _____										<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/PERN _____										<input type="checkbox"/> # KYC Proof		Date of Birth/Date of Incorporation			D D M M Y Y	
	Name of 1st Alternative Child (Applicable only for Peerless MF Child Plan) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.																
	PAN/PERN _____										<input type="checkbox"/> # KYC Proof		*Date of Birth (Mandatory)			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/PERN _____										<input type="checkbox"/> # KYC Proof		Date of Birth/Date of Incorporation			D D M M Y Y	

Please refer instructions on page no. 8, point XII

Acknowledgment Slip (To be filled in by the investor)

ARN-97821

Folio No :		Application No :	
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 realisation of Cheques/DD.			


Peerless
 MUTUAL FUND
for you, forever
Collection Centre's Stamp & Receipt
Date and TimeWeb site www.peerlessmf.co.inToll Free : 1800 103 8999
Non Toll Free : 022 61779922connect@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.

