COMMON APPLICATION FORM



	o mondonono	while filling the Ap	phoduotri otti.	Trust Trinoner	от по передолительной	Application No:			_	tor you,	,.,
DISTRIBUTOR	VARN CODE	EMPLOY	EE'S CODE	SUB-BROK	(ER CODE	REGISTRAR/ BANK SR	NO I	DATE & 1	TME OF	RECE	IP'
ARN-9782	1					FOR (OFFICE USE	ONLY			
Hofront commissionic	n chall ha naid die	moths by the Inventor	r to the AMEI maint	torod dietributore basad	Lon the investor's ass				ad by the	diatributa	
						essment of various factors Inc se tick any one of the below)	auding the sen	rice renden	ed by the	distributo	ж.
I confirm (Rs. 150) In case th (refer Ger been inter	m that I am a Fir f-will be deducted be purchase/subsofp neral Information Po- ntionally left blank by	rst Time Investor i as transaction charg biton amount is Rs. 10,0 bint No. 12) from the px y me'us as this is an "e	in Mutual Funds ges for transaction of 000/- or more and you urchase/subsofption : execution-only transac	OR of Rs. 10,000/- and more in AMFI Registered Distribut amount and payable to the ction without any interaction	I confirm b) (Rs. 100/- ttor has chosen 'opt in' opt e distributor, Units will be n or advice by the employ	that I am an Existing Inve will be deducted as transaction ion of charging Transaction Chargins the balance amo elireationship manager/sales pe	n charges for t ges to their invest unt invested. I/V rson of the abov	tran saction tor, the same We hereby co e distributor o	are deduce nfirm that or notwiths	tible as ap the EUIN t tanding the	pplic box e ad
		MATION (Please fil			Folio Numbe	or and the distributor has no	t charged any	advisory	lees on I	this trans	ac
Unit Holding	Options	Dema	t Mode	Physical Mode							
DEMAT ACCOU		(Please ensure that to details are compulson			he application form ma	atches with that, of the accoun	nt held in depo	sitory parti	ipant De	emat Acc	our
NSDL	Depository Par		ory, ir demarmode	15 op 25 doors. y		Enclosure	5				
	DP ID Number					CI	ient Master	List			
CDSL	Beneficiary Acc					Tr	ansaction (Cum Hold	ling Sta	tement	t
						De	elivery Instr	uction SI	ip		
NEW INVESTOR	RINFORMATIC	ON (To be filled in Bl	lock Letters, please	e leave one box blank b	etween two words)						
NAME OF FIRS	T/SOLE APPL	ICANT		Mr. Ms. I	M/s.						
PAN/PERN				# KYC Proof		Date of Birth/Date of Inc	orporation	D D	M	M N	Y
				_							
Name of Guar	dian (in case	of Minor)/Con	itact Person (i	in case of non indivi	dual applicant)	Mr. Ms.					
PAN/PERN				#KYC Proof	F	Relationship with Minor/De	esignation	MA	NDATO	RY	
Mailing Address	of First/Colo	Applicant (DO)	Dan address is and								
Mailing Address	3 OI FIISUSOIE	Applicant (POE	sox address is not	sunidentij							_
, ,											
City			State			Pin Code					
Overseas Addre	ss (Mandatory i	n case of NRI/FII.F	PO Box address i	s not sufficient. Inver	stors residing overse	as and with PO Box addre	ss please pro	vide vour	Indian a	ddress))
Contact Details	of First/Sole Ap	pplicant Teleph	ione			Mobile					
Email											
Mode of Holding	Sin	gleJoint	Anyone o	r Survivor (s) (De	fault option in cas	se of more than one ap	plicant)				
Occupation (of first/sole Application	ant) Bus	siness Serv	vice Profes	sional House	Wife Student	Retired Agri	culture	Others	plea	ise spe	ci
		sident Individua	Colo Pror	orietorship Soc	ciety/Club Co	mpany NRI Reparti	ioble T	rust	HUF		_
Status (of first/sole Applica	ant)				nk/Financial Instit					plana	
		rtnership Firm			ik/Financiai msut	ution NRI Non-Re	partiriable (i	NRO)	Others	please	
NAME OF SEC	OND APPLICA	ANT	Mr.	Ms. M/s.							
PAN/PERN				# KYC Proof		Date of Birth/Date of Inc	orporation	D D	M	M	Y
NAME OF THIS	DAPPLICAN	Т	Mr.	Ms. M/s.							
PAN/PERN				# KYC Proof		Date of Birth/Date of Inc	orporation	D D	M	M 3	Y
		4 (Anninghia anh f	Too Donaless ME C					2 2			_
Name of 1st Alt	ernative Child	(Applicable only f	or Feerless MF C	inu Fian)	Mr	Ms. M/s.					
PAN/PERN				# KYC Proof		*Date of Birth (M	andatory)	D D	M	M Y	1
Name of Power	of Attorney (POA)		Mr. Ms. M	Ns.						
				#KYC Proof		Date of Birth/Date of Inc	orporation	D D	M	M	v
PAN/PERN	structions on a	ane no 8 noint VI	<u> </u>				- po. acron	5 5	101	101	_
PAN/PERN											
# Please refer in:	o (lo be filled	in by the invest	or)		Application No.	ARN-9782	Τ.			Pe	ee
# Please refer in	(A	Application No :					forg	1.00
# Please refer in:											,
# Please refer in							Collect	tion Centr	e's Star	mp & Re	ece
# Please refer in: wiledgment Slip to :	M/s		P	lan:	Optic	on:	Collect		e's Star and Tir		ece
# Please refer in: wwiedgment Slip lo: ed from Mr./Ms./l	M/s	Dated :		lan:	Optic	on:	Collect				ece

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



connect@peerlessmf.co.in

ARN-97821

6	*BANK ACCOUNT DETA	ILS (Please attach copy of can	celled chequ	Je) For registerir	ng Multiple Bar	nk Accounts please fill	up "Registration of Multiple Ban	k Account"	Form					
	Name of the Bank:													
	Account Type (Please 🗹)	SB Current NRO	NRE	FCNR Acc	ount Numbe	r:								
	Branch Address :				(City:	Pin							
	IFC Code :					MICR Code :								
	AMC reserves the right to use any mode	of payment deemed appropriate. I/We und	erstand that AMC s	shall not be responsi	ible if transaction t		uld not be carried out because of incom	plete or income	d inform	nation.				
7		I/We would like to invest in the												
	Scheme Name	Plan		Option			Sub-Option							
	Peerless	1 1011		Орион			Cub option							
		plete information, the default plan /	ontion / sub-on	tion will be applic	cable as nor the	a schama's Kay Informs	ation Memorandum Schame Infr	rmation Do	cument	2				
	Statement of Additional Information		орионт вар-ор	пол ил ос аррис	able as per an	o screme s rey mionic	alon memorandam, ochome and	a maron bo	Jamoin					
	Dividend Frequency													
		and Dividend policy details in			in the above	details. Default Plar	n is Retail.							
8	*PAYMENT DETAILS (In case of DD, please provide us specific declaration)													
	Mode of Payment	Cash Cheq	ue	DD	Fu	nd Transfer	Others Please	Please specify Y Y NRE FCNR (ECS) Form & submit with this form)						
	Cheque/DD No.			Da	ate D	D M	M Y Y	Y	FCNR nit with this form)					
	Gross Amount (Rs)		DD Charges	(Rs)		Net Amou	int (Rs)							
	_			,	_									
	Drawn on Bank & Branch				Account Ty	pe SB	Current NRO N	RE FO	CNR					
9	SYSTEMATIC INVESTME	NT PLAN (SIP) PAYMENT	TYPES (Ple	ase select any	one option)									
	CID through Doot Dated Change	- (Diagon fill attached Special Decision F	and Resident	th this form)	D through Auto	Dabit (ECC) (Diagon 611 un	analogad SID Auto Dabit (ECS) Fo	en P euberit		f\				
40			Offit & Submit Wi	ui uis ioiii)Si	r iniougnaub i	Dedit (ECS) (Please III up	renclosed SIP Auto Dedit (ECS) Fo	iiii & subiiiii v	WIGH GIIS	Killiy				
10	NOMINATION DETAILS	_												
	Please 🗸 and sign 🔃 I/We wish	h to nominate I/We do not wish t	o nominate											
	Cala Mat A an	licont		2nd Appl	in a m t		2 ad A police	and .						
	Sole/1 st App I/We hereby nominate the under m	entioned nominee to receive the amo	unt to my/our cr	2nd Appli redit in the event of	of my/our death	. I/We also understand to	3rd Applica hat all payments and settlements	made to such	Nomir	nee				
	shall be a valid discharge by the All	MC/Mutual Fund/Trustee Company. P	lease note that	if you do not furnis	sh any nomina t	ion details, it is deemed	to be assumed that you do not wis	sh to nominal	te anyo	ne.				
	Name of the Nominee		Date	of Birth	D/MM/YY	YY Relationship	with the 1st Applicant							
	Address of the Nominee													
	If the Nominee is a Minor	: Name of the Guardian				Relationship	with the Nominee							
	Note: Nomination is mandatory	for opting the insurance facility.												
11	HOW DO YOU WISH TO	RECEIVE THE DOCUMEN	IT(S) (Pleas	e √)										
		owing documents via email in l			s) I/We		Account Statement in (any	,						
	Annual Reports	Account Statement Ot	her Statutory	Information		English (Default	option) Bengali M	alayalam						
12	DOCUMENTS ENCLOSE	D (Please √)												
	Resolution/Authorisation	n to invest List of Auth	orized Signa	tories with Spe	ecimen Signa	atures M	emorandum & Articles of As	sociation						
	Trust Deed	Bye-laws Partnership			seas Auditor			of cancelle		que				
40	Copy of PAN Card	KYC PIO Card	Fore	eign Inward Re	emittance Ce	ertificate Sp	pecial Product Form (SIP / S	STP / SWP	')					
13	*DECLARATION AND SI	GNATURES contents of the Statement of Additional In	oformation and C	ohomo Information	Document of the	Sohomo (o) IM(o horoby	amply for units of the echams on inc	looted about	and our	roo to				
	abide by the terms and conditions, ru	iles and regulations of the Scheme and to	o other statutory r	requirements of SE	BIAMFI, Preven	tion of Money Laundering	Act, 2002 and such other regulations	as may be ap	plicable	from				
		nderstood the investment objective, inves rpus of the scheme, then Peerless Fund												
		dy or indirectly in making this investment We hereby authorise the Mutual Fund to r												
	such other action with such funds the	at may be required by the law. I/We deck	are that the amou	int invested in the S	Scheme is throug	th legitimate sources only	and is not designed for the purpose of	ofcontraventio	on or ev	asion				
		applicable law enacted by the Governme demption amount to my bank details give												
		ous Mutual Funds from amongst which the cription have been remitted from a												
	Sole/1 st applicant/Guardian/	Authorised Signatory/POA Holder	2nd	d Applicant/Autho	rised Signatory	/POA Holder	3rd Applicant/Authorised Signal	tory//POA Ho	older					
	All fields marked with * are	mandatory												
	CHECK DET IN							N	- 241					
		ng documents with application wherever a							-					
	Documents Resolution/Authorisation to inv	est	Individual	Companies	Societies	Partnership Firm	Investment through POA	Trust	NRI	FIIs				
	List of Authorised Signatories v			√	1	1	√	1		1				
-	Memorandum & Articles of Ass Trust Deed	ociation						1						
	Bye-laws				✓									
	Partnership Deed					-/								
						· ·	4							
	Notarised POA PAN/PERN Proof		V	√	1	√ ·	√ √	1	1	1				
	Notarised POA	-	√ √	- 	√ √	4	√ √	1	1	1				