COMMON APPLICATION FORM FOR DEBT & LIQUID SCHEMES (All fields marked with * are mandatory)

Peerless

MUTUAL FUND
for you, forever

Application No: Please refer to the instructions while filling the Application Form. Tick $\boxed{\checkmark}$ whichever is applicable. DISTRIBUTOR CODE/ARN SUB-BROKER CODE REGISTRAR /BANK SR NO DATE & TIME OF RECEIPT ARN-56003 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. EXISTING INVESTOR INFORMATION (Please fill in the sections 2,4,5,6,12) **Folio Number** Name of the First / Sole Applicant NEW INVESTOR INFORMATION (To be filled in Block Letters, please leave one box blank between two words Name of First / Sole Applicant Ms. M/s PAN # PAN Proof KYC Proof Date of Birth/Date of Incorporation Ms. M/s. Name of Guardian/Legal Guardian (In case of Minor) / Contact Person (In case of non individual applicant) PAN # PAN Proof Relationship Mailing Address of First/Sole Applicant (PO Box address is not sufficient.) City Pin Code State 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) Country Contact Details of First / Sole Applicant Telephone Mobile Email Mode of Holding Anyone or Survivor (s) (Default option in case of more than one applicant) Single Joint Occupation (of sole/first applicant) Business Service Professional House Wife Student Retired Agriculture Others Resident Individual Sole Proprietorship Society/Club Company NRI Repartriable Status Trust HUF (of First/ Sole Applicant) Partnership Firm On behalf of Minor NRI Non-Repartriable (NRO) Bank/Financial Institution Others Name of Second Applicant Ms. PAN KYC Proof Date of Birth / Date of Incorporation # PAN Proof Name of Third Applicant Mr. Ms. # PAN Proof KYC Proof Date of Birth / Date of Incorporation Name of 1st Alternative Child (Applicable only for Peerless MF Child Plan) Mr. Ms. PAN # PAN Proof KYC Proof * Date of Birth (Mandatory) Mr. Name of Power of Attorney (POA) Ms. PAN # PAN Proof KYC Proof Date of Birth / Date of Incorporation *BANK ACCOUNT DETAILS (Please attach cancelled cheque)(For registering Multiple Bank Accounts please fill up form *Regi Name of the Bank: Branch: Account Type (Please √) Current NRO NRE **FCNR** Account Number: Branch Address: City: Pin IFSC Code: MICR Code: AMC reserves the right to use any mode of paym # Refer instructions related to PAN & KYC Acknowledgment Slip (To be filled in by the investor) Folio No: Application No: Received from Mr./Ms./M/s. Collection Centre 's Stamp & Receipt An application for Scheme: Plan: Option: Date and Time 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

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



connect@peerlessmf.co.in



Scheme Name Plans/Sub Plans			est in the follow	ing schem	ne of Peerless N	lutual Fund									
Plans/Sub Plans															
Option															
Dividend Frequency															
Please see the Plan, Option and	Dividend poli	cy details in the	e SID/KIM hefor	e filling in	the above detail	le									
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