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Branch Address :					City:			Pin:		
IFSC Code :						MICR Cod	-			
	any mode of payment deemed appr			•			ld not be carried o	ut because of incomplet	e or incorrect information	۱.
	AILS I/We would like to	invest in the folio	owing scheme of	Plan	uai Fund	Scneme :				
Scheme :Peerless Option Gro	wth Dividend			Sub-Option						
·	ty / incomplete information, the	he default plan / opti	on / sub ontion wil		per the sch	omo's Kay Inf	ormation Memo	orandum Scheme	Information Docume	ant 8
Statement of Additional		ne deladit plan / Opti	on / sub-option wil	ii be applicable as	per trie scri	enie's Key inii	ormation wemi	orandum, Scheme	illioillation Docume	ent o
Dividend Frequency	/ Daily		Weekly			Monthly		Qu	arterly	
Please see the Plan,	Option and Dividend polic	cy details in the SID	D/KIM before fillir	ng in the above	details.					
*PAYMENT DETAIL	S (In case of DD, pleas	se provide us spe	cific declaration	1)						
Mode of Payment	Cash	Cheque		DD	Fund T	ransfer	Othe	ers Ple	ease specify	
Cheque/DD No.						Date	D D	M M	YYY	′
Gross Amount (Rs)		D	D Charges (Rs)		Net /	Amount (Rs)	.		
Jnique No.(In case of c	ash transaction)			,						
•					Acc	ount Type	SB	Current NR	O NRE	FC
Drawn on Bank & B	ranch STMENT PLAN (SIP) F	DAVMENT TYPE	c (Dlesse sele	ot any ana anti	20)					
	ated Cheques (Please fill & s		<u> </u>	<u> </u>		(Please fill ur	enclosed SIP	Auto Debit (ECS) I	Form & submit with	this
	AILS (Please refer to Page 1		<u> </u>			· ·		, ,		
Nomination Required	•	NO	<u> </u>							
Applicant Details	Nominee Name	Relationship	Date of Birth	Guardian N		Allocation	Sign of	Sign of	Sign of	
Applicant Details	- INOITHINEE INAITHE	with Nominee	of Minor	(in case Nominee	is Minor)	(%)	Guardian	Nominee	Applicants	3
1st App Name:									1st App.	
2nd App Name:									2nd App.	
Ord Ann Name:									Ord Ann	
3rd App Name:									3rd App.	
	ou do not furnish any nom			assumed that y	ou do not v	visn to nomii	nate anyone.			
	he following documents vi	. , ,		nt (s)	I/We wis	h to receive	the Account S	Statement in (any	v one)	
Annual Reports	Account Stateme		r Statutory Inforr	* *		English (Defa		Bengali	Malayalam	
<u> </u>	LOSED (Please √)		, ,			3 . (,			
Resolution/Autho	· ' ' '	List of Authoriz	ed Signatories v	vith Specimen S	gnatures		Memorano	lum & Articles of	Association	
Trust Deed	Bye-laws	Partnership De	_	Overseas A	-	ificate	Notarised		opy of cancelled c	heq
Copy of PAN Car		PIO Card		ward Remittanc	e Certificat	e	-		/STP/SWP/AE	P)
*DECLARATION A	ND SIGNATURES							•		
agree to abide by the ten be applicable from time t investment in the scheme We have not received no process is not completed on the date of such reder designed for the purpose are correct. I/We hereby, form of trail commission c that I am/We are Non-res	erstood the contents of the Starms and conditions, rules and re o time. I/We confirm to have ut is equal to or more than 25% or been induced by any rebate o by me/us to the satisfaction of the properties of the satisfaction of the properties of contravention or evasion of further agree that the Fund can or any other mode), payable to I called the full dian Nationality/Origridinary Account/FCNFI/NRSR A	egulations of the Sche inderstood the investm of the corpus of the sci or gifts, directly or indir he Mutual Fund, I/We I er action with such fun any Act, Regulations o on directly credit all the him for the different co gin and I/We hereby co	eme and to other sta- nent objective, invest heme, then Peerless ectly in making this hereby authorise the dids that may be requirany other applicable dividend and reder impeting Schemes of	atutory requirements then the pattern and is Funds Manageme investments. I/We is the Mutual Fund to recuired by the law. I/Me le law enacted by the mption amount to more fivarious Mutual Funds for the pattern amount to more fivarious Mutual Funds from the pattern and the pattern amount to more fivarious Mutual Funds from the pattern and the pattern	s of SEBI.AM risk factors a ent Co. Ltd. handertake tha eem the fund 'e declare tha e Governmer y bank detail ands from am	FI, Prevention pplicable to Pla as full right to re t these investments invested in that the amount int of India or an is given above. ongst which the	of Money Launo in/Option under effund the excess ents are on my/ e scheme, in fav invested in the Si y Statutory Auth The ARN holde e Scheme is bei	lering Act, 2002 and the Scheme (s). I/W is to me/us to bring mour own account and oour of the applicant a cheme is through legority. I/We hereby de r has disclosed to m g recommended to	such other regulation /e agree that in case /y/our investment beld in event Know Your at the applicable NAV jitimate sources only iclare that the particul /e/us all the commissi me/us. For NRIs: IW	of mow 25 Custo prevo and i ars a on (in/e co
Sole/1st applicant/Gu All fields marked with	nardian/Authorised Signate * are mandatory	ory/POA Holder	2nd Applica	ant/Authorised S	ignatory/P0	OA Holder	3rd Ap	plicant/Authorised	d Signatory//POA	Hold
HECKLIST (Please su	bmit the following documents with	application wherever as	onlicable). All docume	nts should be original	true copies es	rtified by a Direc	tor/Trustee/Comp	any Secretary/Authoric	sed Signatory/Notary Pr	hlic
Documents		Individual	Companies	Societies		Firm Investme		Trust	NRI	FIIs
	es with Specimen Signatures		√ √	√ √			√	√ √		√ √
Memorandum & Articles of Trust Deed	Association		√ ·							
Bye-laws Partnership Deed								·		
hatais a DOA										

Documents	Individual	Companies	Societies	Partnership Firm	Investment through POA	Trust	NRI	FIIs
Resolution/Authorisation to invest		√	√.	_		√		
List of Authorised Signatories with Specimen Signatures		√	√	√	√	√		√
Memorandum & Articles of Association		√						
Trust Deed						√		
Bye-laws			✓					
Partnership Deed				√				
Notarised POA					√			
PAN/PERN Proof	√ /	√.	√.	√.	√.	√	√	√
KYC in case of Investment of any Amount	√	√	√	√	√	√	✓	
Foreign Inward Remittance Certificate							√	√
Copy of Cancelled Cheque	√	√	√	√	√	√	√	√
Ultimate Beneficial Ownership (UBO)		√	√	√	√	√		✓
FATCA & CRS Annexure for Individual Accounts								

SYSTEMATIC INVESTMENT PLAN (SIP)

SIP AUTO DEBIT FORM / 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.



DISTRIBUTOR / A	ARN CODE	Employee Unique Indentification Nu	mber (EUIN)* SUB-BROKI	ER CODE / AGENT CODE	DATE & TIME OF RECEIPT
ARN-9992					FOR OFFICE USE ONLY
		AMFI registered distributors based on the invi nik by me/us as this is an "execution-only" transac by the employee/relationship manager/sales p			
Sole/1 st applicant/Guardian	/Authorised Signatory/PO	A Holder 2nd Applicant/A	Authorised Signatory/POA Holder	3rd Applicant/Autho	orised Signatory/POA Holder
		R SIP THROUGH AUTO DEBIT (
(Please 🔽)	New Registrati		Change in Bank De		tion of SIP Micro SIP
I confirm that I am a Fin (Rs. 150/-will be deducted as	st Time Investor in Mutual transaction charges for transaction the through SIP (i.e. installments		OR I confirm that I am an (Rs. 100/- will be deducted of the I registered Distributor has chosen 'oot in	Existing Investor in Mutual F as transaction charges for transaction of charging transaction of	ounds on of Rs. 10,000/- and more) harge, the same are deductible as applicable
INVESTOR AND INVES Sole/First Investor Name		to the distributor. Transaction charges will be re	ecoverable in 3 to 4 installments. Offits will	be issued against the balance am	ount invested.
PAN/PERN				KYC Proof	
Folio/Application No.			Existing Investors please me		please mention the application form No
Scheme			Existing investors please me	THOTT OILD NO. New applicants	please mention the application form No
Plan					
Option/ Sub Option					
For FATCA declaration : P	lease fill in the Annexur	e I for individuals, Annexure II for no	on-individuals		
Please refer instructions on p	age No. 12 for Micro SIP				
	on any 1 SIP frequency	only. In case the SIP frequency opted for	or is either Monthly, Quarterly or Ha	If Yearly, please tick on any	1 SIP date only)
Each SIP Amount (Rs) :		<u> </u>			D-4
First SIP Cheque No. :		Cheque Amou		Cheque	
Frequency	☐ Fortnightly ☐ Mo	onthly Quarterly	Half Yearly SIP Period	te IVI IVI Y	Y End M M Y Y
SIP Date	Wednesday 1st	: □ 7th □ 10th □ 15th □ 2	20th 25th	Regular Perpe	
		: Cheque should be drawn on bank details prov gap of 30 days between 1st & 2nd SIP installme			start). Each of the SIP installment excluding
I/We hereby, authorise Peerles	ss Mutual Fund and their a	authorised service providers, to debit my	/our following bank account ECS (E	Debit Clearing)/Auto Debit to	account for collection of SIP Paymen
BANK DETAILS (please	attach a copy of the	e cheque of below mentioned b	ank account)		
Account Holder Name					
Bank Name			Bank A/c No.		
Branch Name			(City	
Account Type	Saving	Current NRO	NRE Othe	rs	
incomplete or incorrect information,	. I/We would not hold the user i e have read and understood the	nd express my willingness to make payment ref nstitution responsible. I/We will inform Peerless e contents of SID/KIM, I/We hereby apply for the	Mutual Fund about any changes in my bar	nk account. I/We have read and a	greed to the terms and
rules and regulation or the scheme	(9).				
Place :	ignature (As in Bank Reco	ords) Second Account Holder S	ignature (As in Bank Records)		Signature (As in Bank Records) e: DD / MM / YY
I/We hereby certify that the	narticulars furnished a	bove are correct as per our records	and we hereby declare that the	copy of this form duly cor	nnleted has been submitted to us
Recorded On Mandate reference No.	, particulare rarrier e	2010 d. 0 0011001 d0 p01 0d1 10001 d0	Recorded By	30p) 0. a.io 10 aai, 00.	
Branch :				Date :	DD / MM / YY
Signature of the authoris	ed official from the ba	ank		Bank Stamp	
AUTHORISATION OF T This is to inform that I/We hav Fund shall be made from my/ authorise you to debit verifica	ve registered for the RBI's our above mentioned ban	Electronics Clearing Service (Debit Cle k account with your bank. I/We authoris	aring) / Auto Debit facility and that n e the representative carrying this EC	ny payment towards my SIP SS/Auto Debit form to get it v	installments of Peerless Mutual verified and executed. I/We hereby
First Account Holder S	ignature (As in Bank Reco	ords) Second Account Holder	Signature (As in Bank Records)	Third Account Holde	r Signature (As in Bank Records)
Acknowledgment Slip (T	o be filled in by the inve	estor) SIP through EC	CS /Auto Debit Form		Peerless MUTUAL FUND
Received from Mr./Ms./M/s			Option :	0.8	tion Controls Otana 2 Days 1
An application for Scheme		Plan :	Οριίοπ.	Collec	tion Centre's Stamp & Receipt Date and Time
Amount :	Frequency:	Date of Commen	cement :		-
	www.neerlessmf.co	Toll Free	: 1800 103 8999	connect@n	and an order



Non Toll Free : 022 61779922



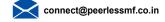
SWP/STP/AEP & SIP (with post dated cheques)



een intentionally left blank by me/us as this is seness, if any, provided by the employee/relatives of the provided by the p	an "execution-only" transaction without a ationship manager/sales person of the 2nd Applicant/Authorised: SH DISTRIBUTORS/AGENT and more) OR of installments) amounts to Rs. 10,000- of installments amounts to Rs. 10,000- of it and paid to the distributor. Transaction of the distributor of the d	distributor and the distributor has not charge Signatory/POA Holder 3rd A FS ONLY (Please tick any one I am an Existing Investor in Mutual (Rs. 100/- will be deducted as transaction or more and your AMFI Registered Distributor ha Charges will be recovered in 3 to 4 installments. It KYC Investors please mention Folio No. New SIP from M M Y SIP Ar ys from the date of receipt of request) To Scheme	ship manager/sales person of the above distributor or d any advisory fees on this transaction*. Applicant/Authorised Signatory/POA Holder of the below) Funds larges for transaction of Rs. 10,000/- and more) s chosen 'opt in' option of charging Transaction Charge, the linits will be issued against the balance amount invested. Proof y applicants please mention the application form No.
een intentionally left blank by me/us as this is seness, if any, provided by the employee/relations, if any, provided by the employee/relations and provided by the employee/relation and provided by the provided	an "execution-only" transaction without a ationship manager/sales person of the 2nd Applicant/Authorised set of the set	I am an Existing Investor in Mutual (Rs. 100/- will be deducted as transaction of or more and your AMFI Registered Distributor has had been covered in 3 to 4 installments. Using the subscribing to SIP through ECS/Dires. SIP from M. M. Y. SIP Ar. To Scheme M. M. Y. M. Y. M. Y. M. Y. M. Y. M. M. Y. M. Y. M. Y. M. M. Y. M. Y. M. M. M. Y. M. M. Y. M. M. M. M. Y. M. M. M. M. M. M. M. Y. M. M. M. M. M. M. M. Y. M. M. M. M. M. M. M.	ship manager/sales person of the above distributor or d any advisory fees on this transaction*. Applicant/Authorised Signatory/POA Holder of the below) Funds larges for transaction of Rs. 10,000/- and more) s chosen 'opt in' option of charging Transaction Charge, the Junits will be issued against the balance amount invested. Proof applicants please mention the application form No. Ct Debt must fill up the SIP Auto Debit SIP Period Y SIP to M M Y Y Inount (in figures) Plan Option STP Period
DR APPLICATIONS THROUGH The Investor in Mutual Funds Section charges for transaction of Rs. 10,000/- is SIP (i.e. installment amount multiplied by No. cition in Page 10) from the installment amount DETAILS SIP In the Annexure I for individual in the Annexure I f	and more) OR of installments) amounts to Rs. 10,000/- or it and paid to the distributor. Transaction of it and paid to	I am an Existing Investor in Mutual (Rs. 100/- will be deducted as transaction of or more and your AMFI Registered Distributor hatcharges will be recovered in 3 to 4 installments. UKYC investors please mention Folio No. New Juals SIP from M. M. Y. SIP Ar SIP A	of the below) Funds arges for transaction of Rs. 10,000/- and more) s chosen 'opt in' option of charging Transaction Charge, the Inits will be issued against the balance amount invested. Proof r applicants please mention the application form No. ct Debt must fill up the SIP Auto Debit SIP Period Y SIP to M M Y Y mount (in figures) Plan Option STP Period
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nesday Wednesday 🔲 15		,	STP to M M Y Y
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LAN (SWP)		, ,	No of Installments
		DECLARATION AND	SIGNATURES
ion/Sub Option			
☐ Monthl	ly ☐ Quarterly SWP from		SWP to M M Y Y
policy details in the Scheme Information Doci	ument before filling in the above details.	NO OI INSTAILINE	HILS
AN (AEP) - Available only for	Growth Option		
tion/Sub Option			
arterly Half Yearly	AEP date : 1st Business Day	(Min	mum Rs.500/- for AEP option)
RES			
e, investment pattern and risk factors applic nent Co Ltd, has full right to refund the exce se investments are on my/our own accoun- heme, in favour of the applicant at the appli hrough legitimate sources only and is not de the particulars above are correct. I/We her of Indian Nationality/ Origin and I/We hereby to ARN holder has disclosed to me/us all it	cable to Plan/Options under the Scheme ses to me/us to bring my/our investment it and in event Know Your Customer pro- icable NAV prevailing on the date of suc- lesigned for the purpose of contravention preby, further agree that the Fund can di y confirm that the funds for subscription	(s). I/We agree that in case my/our investment below 25%. I/We have not received nor been ocess is not completed by me/us to the satisfa h redemption and undertake such other action n or evasion of any Act, Regulations or any ott irectly credit all the dividend payouts and remitted from abroad through appr have been remitted from abroad through appr	in the Scheme is equal to or more than 25% of the corpus of induced by any rebate or gifts, directly or indirectly in making iction of the Mutual Fund. If We hereby authorise the Mutual with such funds that maybe required by the law. I/We declare ier applicable law enacted by the Government of India or any mption amount to my bank details given above NRIs only: I yoed banking channels or from my/our Non-resident External/
sed Signatory/POA Holder	2nd Applicant/Authorised Signat	tory/POA Holder 3r	d Applicant/Authorised Signatory/POA Holder
i	policy details in the Scheme Information Doc LAN (AEP) - Available only for otion/Sub Option larterly Half Yearly RES ts of the Scheme Information Document ar of the Scheme and to other statutory requir e, investment pattern and risk factors applic ment Co Ltd, has full right to refund the exc ses investments are on my/our own account cheme, in favour of the applicant at the appl through legitimate sources only and is not at the particulars above are correct. J/We he of Indian Nationality/ Origin and I/We hereby	RES Its of the Scheme Information Document and Statement of Additional Information of the Scheme and to other statutory requirements of SEBI. AMFI, Prevention of Me, investment pattern and risk factors applicable to Plan/Options under the Scheme ment Co Ltd, has full right to refund the excess to merus to bring my/our investment see investments are on my/our own account and in event Know Your Customer protheme, in favour of the applicant at the applicable NAV prevailing on the date of such through legitimate sources only and is not designed for the purpose of contravention at the particulars above are correct. I/We hereby, further agree that the Fund can of Indian Nationality Origin and I/We hereby confirm that the funds for subscription he ARN holder has disclosed to me/us all the commission (in the form of trail comecommended to me/us. 2nd Applicant/Authorised Signal and I/We in the I/We I/We I/We I/We I/We I/We I/We I/W	No of Installme policy details in the Scheme Information Document before filling in the above details. LAN (AEP) - Available only for Growth Option policy details in the Scheme Information Document and Statement of Additional Information of the Scheme(s). I/We hereby apply for units of the Scheme Information Document and Statement of Additional Information of Money Laundering Act, 2002 and such other reg (e. investment pattern and risk factors applicable to Plan/Options under the Scheme(s). I/We hereby apply for units of the Scheme and to other statutory requirements of SEBI. AMFI, Prevention of Money Laundering Act, 2002 and such other reg (e. investment pattern and risk factors applicable to Plan/Options under the Scheme(s). I/We here that in case my/our investment nent 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 see investments are on my/our own account and in event Know Your Customer process is not completed by me/us to the satisfacheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption and undertake such other action through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any oth at the particulars above are correct. I/We hereby, further agree that the Fund can directly credit all the dividend payouts and rede of indian Nationality/ Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through apprine ARRN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him fector members are applied to the commended to me/us. 2nd Applicant/Authorised Signatory/POA Holder 2nd Applicant/Authorised Signatory/POA Holder 3nd

Web site www.peerlessmf.co.in

(((1))) Toll Free : 1800 103 8999 Non Toll Free : 022 61779922



FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)
(Please consult your professional tax advisor for further guidance on your tax residency. if required)



Annexure I

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NAME																									П					
GENDER	IVI	F	0						PAN											occ	UPA	TION	TYPE	SEF	VICE	ЕВ	USINE	SS	ОТН	ERS
FATHER'S	NAME																													
CUSTOME	R ID /	FOLIC	O NO																											
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DATE OF E	BIRTH	D	D	M	М	Υ	Υ	Υ	Υ	PL	ACE (OF BIF	RTH												T					
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NATIONAL																														
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If yes, plea	se ina	icate a	all COL	intries	s in wi	nich ye	ou are	e resid	ient to	rtax	ourpos	ses ar	ia tne	asso	ciated	iaxi	D Nul	mber	s beid	ow.		ID	-NI-	-11-17	> A T	ION	TVE	\F		
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NATIONAL	ITY																													
Are you a t										Yes			No																	
If yes, plea	se ind	icate a	all cou	ıntries	in wl	hich yo	ou are	e resid	lent fo	r tax ¡	ourpo	ses ar	nd the	asso	ciated	Tax I	D Nui	mber	s belo	w.										
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FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)
(Please consult your professional tax advisor for further guidance on your tax residency. if required)



THIRD APPLICANT				
NAME				
GENDER M F O	PAN		OCCUPATION TYPE SERVICE	BUSINESS OTHERS
FATHER'S NAME				
CUSTOMER ID / FOLIO NO				
Address of tax residence would be taken as a	available in KRA database. In cas	e of any change please approach KF	RA & notify the changes	
		Residential Business	Registered Office	
				EGA Job Card Others
DATE OF BIRTH D D M M Y	Y Y Y PLACE OF B		IVING Election Old/II Gala IVIII	STORE GATE
·	T PLACE OF BI	IKIT		
COUNTRY OF BIRTH				
NATIONALITY				
Are you a tax resident of any country other	than India Yes	No		
If yes, please indicate all countries in which y	ou are resident for tax purposes a	and the associated Tax ID Numbers	below.	
COUNTRY *	TAY IDENTIFE	CATION NUMBER *	IDENTIFICATION	
COUNTRY	TAX IDENTIFI	CATION NUMBER	(TIN or Other, plea	ise specify)
* To also include USA, where the individual is				
* In case Tax Identification Number is not ava	ilable, kindly provide its functional	Il equivalent \$		
CERTIFICATION				
	iromonto of this Form (road along	with the EATCA & CDS Instructions	and haraby confirm that the information	a provided by me/ue on
I / We have understood the information requithis Form is true, correct and complete. I/We				
Signatures				
First / Sole Applicant / Guardian		Second Applicant	Third App	olicant
	V V			
Date: D D M M Y Y	<u>Y Y</u>	Place :		
FATCA & CRS Terms & Condi	tions			
Details under FATCA & CRS: The Central institutions such as the Bank to seek addition				
cases, information will have to be reported t	to tax authorities / appointment ag	gencies. Towards compliance, we ma	ay also be required to provide information	
as withholding agents for the purpose of en	suring appropriate withholding fror	m the account or any proceeds in rel	lation thereto.	
Should there be any change in any informat	ion provided by you, please ensur	re you advice us promptly, i.e., withir	n 30 days.	
Please note that you may receive more than			sert FI's name) or its group entities. The	erefore, it is important that
you respond, even if you believe you have a	lready supplied any previously re	quested information.		



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



Details of Ultimate Beneficial Owner Declaration including additional FATCA and CRS information

(Mandatory for Non-Individual Applicants / Investor)



Annexure II

NAME OF THE ENTITY	
TYPE OF ADDRESS GIVEN AT KRA Residential or Business Res	sidential Business Registered Office
"Address of tax residence would be taken as available in KRA database. In case of	f any change please approach KRA & notify the changes"
CUSTOMER ID / FOLIO NO	
PAN	DATE OF INCORPORATION D D / M M / Y Y Y Y
CITY OF INCORPORATION	
COUNTRY OF INCORPORATION	
	ivate Limited Company Public Limited Company Society AOP /BOI
Please tick as appropriate Trust H Liquidator Limited Liability	
PLEASE TICK THE APPLICABLE TAX RESIDENT DEC	LARATION
Is "Entity" a tax resident of any country other than India Yes	No
(If yes, please provide country/ies in which the entity is a resident for tax purposes	
COUNTRY * TAX IDENTIFICA	TION NUMBER # IDENTIFICATION TYPE
COUNTRY * TAX IDENTIFICA	(TIN or Other, please specify)
* In case Tax Identification Number is not available, kindly provide its functional equ	
In case TIN or its functional equivalent is not available, please provide Company Id	lentification number or Global Entity Identification Number or GIIN, etc.
In case the Entity's Country of Incorporation / Tax residence is U.S. but E	Entity is not a Specified U.S. Person, mention Entity's exemption code here
FATCA & CRS Declaration	
LEATUA & URS Declaration	
Please consult your professional tax advisor for further guidance on FATCA 8	CRS classification)
	CRS classification)
Please consult your professional tax advisor for further guidance on FATCA 8 PART A (to be filled by Financial Institutions or Direct Reporting NFEs)	CRS classification)
Please consult your professional tax advisor for further guidance on FATCA & PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution f	
Please consult your professional tax advisor for further guidance on FATCA & PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution f	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate
Please consult your professional tax advisor for further guidance on FATCA & PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 Note: If you do not have a GIIN but	
Please consult your professional tax advisor for further guidance on FATCA 8 PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 or Direct reporting NFE 7	
Please consult your professional tax advisor for further guidance on FATCA 8 PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 or Direct reporting NFE 7 (please tick as appropriate) Note: If you do not have a GIIN but your sonsor's name below Name of the sponsoring entity	
Please consult your professional tax advisor for further guidance on FATCA 8 PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 or Direct reporting NFE 7 (please tick as appropriate) Note: If you do not have a GIIN but your sonsor's name below Name of the sponsoring entity GIIN not available (please tick as applicable) Applied for	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate
Please consult your professional tax advisor for further guidance on FATCA 8 PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 or Direct reporting NFE 7 (please tick as appropriate) Note: If you do not have a GIIN but your sonsor's name below Name of the sponsoring entity	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate Decify 2 digits sub - category 10
Please consult your professional tax advisor for further guidance on FATCA 8 PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate pecify 2 digits sub - category 10
Please consult your professional tax advisor for further guidance on FATCA 8 PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 or Direct reporting NFE 7 (please tick as appropriate) GIIN Note: If you do not have a GIIN but your sonsor's name below Name of the sponsoring entity GIIN not available (please tick as applicable) Applied for if the entity is a financial institution, Not required to apply for - please sp Not obtained - Non - participating FI PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs)	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate pecify 2 digits sub - category 10 rect Reporting NFEs)
Please consult your professional tax advisor for further guidance on FATCA 8 PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 GIIN Note: If you do not have a GIIN but your sonsor's name below Name of the sponsoring entity GIIN not available (please tick as applicable) Applied for if the entity is a financial institution, Not required to apply for - please sponsoring FI	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate pecify 2 digits sub - category 10 rect Reporting NFEs) Yes (if yes, please specify any one stock exchange on which the stock is regularly traded)
Please consult your professional tax advisor for further guidance on FATCA 8 PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 or Direct reporting NFE 7 (please tick as appropriate) Roll Note: If you do not have a GIIN but your sonsor's name below Name of the sponsoring entity Compared to apply for - please sponsoring form of the entity is a financial institution, Not required to apply for - please sponsoring form of the entity is a financial institution, Not obtained - Non - participating FI PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Part of the entity a publicly traded company (that is, a company whose shares)	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate elecify 2 digits sub - category 10 rect Reporting NFEs) Yes (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange
Please consult your professional tax advisor for further guidance on FATCA 8 PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 GIIN Note: If you do not have a GIIN but your sonsor's name below Name of the sponsoring entity GIIN not available (please tick as applicable) Applied for if the entity is a financial institution, Not required to apply for - please spond Not obtained - Non - participating FI PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Part B is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate pecify 2 digits sub - category 10 rect Reporting NFEs) Yes (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange Yes (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)
Please consult your professional tax advisor for further guidance on FATCA 8 PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 GIIN Note: If you do not have a GIIN but your sonsor's name below Name of the sponsoring entity GIIN not available (please tick as applicable) Applied for if the entity is a financial institution, Not required to apply for - please sponsoring FI PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct regularly traded on an established securities market)	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate pecify 2 digits sub - category 10 rect Reporting NFEs) Yes (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange Yes (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company
Please consult your professional tax advisor for further guidance on FATCA 8 PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 or Direct reporting NFE 7 (please tick as appropriate) GIIN Note: If you do not have a GIIN but your sonsor's name below Name of the sponsoring entity GIIN not available (please tick as applicable) Applied for if the entity is a financial institution, Not required to apply for - please sp Not obtained - Non - participating FI PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Part B (Please fill any one as appropriate are regularly traded on an established securities market)	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate pecify 2 digits sub - category 10 rect Reporting NFEs) Yes (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange Yes (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company
PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 GIIN Direct reporting NFE 7 (please tick as appropriate) GIIN not available (please tick as applicable) Applied for if the entity is a financial institution, Not required to apply for - please sp. Not obtained - Non - participating FI PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct regularly traded on an established securities market) 1. Is the Entity a related entity² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate pecify 2 digits sub - category 10 rect Reporting NFEs) Yes (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange Yes (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company
Please consult your professional tax advisor for further guidance on FATCA 8 PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 GIIN Note: If you do not have a GIIN but your sonsor's name below Name of the sponsoring entity GIIN not available (please tick as applicable) Applied for if the entity is a financial institution, Not required to apply for - please spond Not obtained - Non - participating FI PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Part B is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market)	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate pecify 2 digits sub - category 10 rect Reporting NFEs) Yes (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange Yes (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange
PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 GIIN Direct reporting NFE 7 (please tick as appropriate) GIIN not available (please tick as applicable) Applied for if the entity is a financial institution, Not required to apply for - please sp. Not obtained - Non - participating FI PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct regularly traded on an established securities market) 1. Is the Entity a related entity² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate pecify 2 digits sub - category 10 rect Reporting NFEs) Yes (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange Yes (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange Yes (if yes, please fill UBO declaration in the next section)
PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 GIIN Direct reporting NFE 7 (please tick as appropriate) GIIN not available (please tick as applicable) Applied for if the entity is a financial institution, Not required to apply for - please sp. Not obtained - Non - participating FI PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct regularly traded on an established securities market) 1. Is the Entity a related entity² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate pecify 2 digits sub - category 10 rect Reporting NFEs) Yes (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange Yes (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange Yes (if yes, please fill UBO declaration in the next section) Name of Business
PART A (to be filled by Financial Institutions or Direct Reporting NFEs) 1. We are a, Financial Institution 6 or Direct reporting NFE 7 (please tick as appropriate) GIIN Note: If you do not have a GIIN but your sonsor's name below Name of the sponsoring entity GIIN not available (please tick as applicable) if the entity is a financial institution, Not required to apply for - please sp. Not obtained - Non - participating FI PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct regularly traded on an established securities market) 1. Is the Entity a publicly traded company¹ (that is, a company whose shares are regularly traded on an established securities market) 2. Is the Entity a related entity² of a publicly traded company (a company whose shares are regularly traded on an established securities market) 3. Is the Entity an active³ NFE	you are sponsored by another entity, please provide your sponsor's GIIN above and indicate pecify 2 digits sub - category 10 rect Reporting NFEs) Yes (if yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange Yes (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company Name of stock exchange Yes (if yes, please fill UBO declaration in the next section) Name of Business Please specify the sub-category of Active NFE (Mention code - refer 2c of Part D)



(Web site www.peerlessmf.co.in

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connect@peerlessmf.co.in

Ultimate Beneficial Owner Declaration (Mandatory for Non-Individual Applicants / Investor)



CATEGORY (Please tick applicable category):	Inlisted Com	pany Partnership Firm	n Limited Lia	ability Partnership Company
Unincorporated association / body of individuals	Publ	ic Charitable Trust Religion	ous Trust	Private Trust
Others (Please specify)		
Please list below the details of controlling person(s), confirm EACH controlling person(s). Owner-documerited FFI's should provide FFI Owner Report				
Name - Beneficial owner / Controlling person Country - Tax Residency * Tax ID No Or functional equivalent for each country %	Beneficia	/pe - TIN or Other, please specify al Interest - in percentage de ¹¹ - of Controlling person	Address - Include S Address Type	State, Country, PIN, / ZIP Code & Contact Detials
1. Name	Tax ID Typ	oe	Address	
Country	Type Code			
Tax ID No.*	Address 1	Type ☐ Residence ☐ Business ☐ Registered office	ZIP	State: Country:
2. Name	Tax ID Typ	ne	Address	
Country	Type Code		Addiess	
T ID N %	••	Type Residence Business		
Tax ID No. [%]	Address	Registered office	ZIP	State: Country:
3. Name	Tax ID Typ	oe	Address	
Country	Type Code	e		
Tax ID No. [%]	Address T	Type ☐ Residence ☐ Business ☐ Registered office	ZIP	State: Country:
# If passive NFE, please provide below additional details.			(Please att	ach additional sheets if necessary)
PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card City of Birth - Country of Birth	I, Others)	Occupation Type - Service, Busine Nationality Father's Name - Mandatory if PAN is		DOB - Date of Birth Gender - Male / Female / Other
1. PAN		Occupation Type		DOB D D / M M / YYYY
City of Birth		Nationality		Gender Male Female
Country of Birth		Father's Name		Others
2. PAN		Occupation Type		DOB D D / M M / YYYY
City of Birth		Nationality		Gender Male Female
Country of Birth		Father's Name		Others
3. PAN		Occupation Type		DOB D D / M M / YYYY
City of Birth		Nationality		Gender Male Female
Country of Birth		Father's Name		Others
# Additional details to be filled by controlling persons with ta * To include U.S. where controlling person is a U.S. citizen c * In caseTax Identification Number is not available, kindlt pr	r green card	holder.	reen Card in any othe	r country other than India
⁴ Refe	er 3(iii) of Pa	rt D ⁵ Refer 3(vi) of Part D ¹¹ Refer	3(iv) of Part D	
FATCA - CRS TERMS AND CONDITIONS				
The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the and certain certifications and documentation from all our account holders. In relet to any institutions such as withholding agents for the purpose of ensuring approp. Should there be any change in any information provided by you, please ensure y Please note that you may receive more than one request for information if you halready supplied any previously requested information. If you have any questions about your tax residency, please contact your tax advalong with the US Tax Identification Number. It is mandatory to supply a TIN or functional equivalent if the country in which you	vant cases, infor riate withholding ou advise us pro ave multiple relations, if any control	mation will have to be reported to tax authorities/ ap from the account or any proceeds in relation thereto mptly, i.e. within 30 days. tionships with (insert FI's name) or its group entities. olling person of the entity is US citizen or resident or	opointed agencies. Towards co. Therefore, it is important that r green card holder, please in	compliance, we may also be required to provide information at you respond to our request, even if you believe you have include United States in the foreign country information field
CERTIFICATION	o tax residem	Sacridonancio. Il no fire la yet available of l	jot soon looded, piec	
I / We have understood the information requirements of the on this Form is true, correct and complete. I /We also confirm				
Name:	Plac	ce		
Designation:	Date	D D M M Y \	Y Y	





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





Third Party Payment I	Declaration	(Sho	ould b	be e	enclos	ed w	ith ea	ach	pay	me	ent/S	IP E	nroli	ment)		
Payments by : Parent		arents	s/Rela	ate	d Pers	ons	other	tha	an th	ne F	Regis	ster	ed G	uard	ian/C	usto	dian
Maximum Value : Not	-	Rs. 5	50,00	OO/-	(each	regu	ular p	ourc	has	e o	r per	SII	o ins	tallm	ent)		
Application and Paym	ent Details	(All c	detail	ls b	elow a	ire m	anda	ator	y, in	clu	ding	rela	ations	ship,	PAN.	KYC	2)
Folio No.							Applio	catio	on F	orr	n						
Beneficiary Name																	
Investment Amount (F	₹s.)																
Payment Cheque No.						D	ated										
Cheque Drawn on Ba	nk																
Cheque Drawn on A/C	C No.																
Declaration and Signa	atures									•					1		
RELATIONSHIP OF T	HIRD PAR	TY W	/ITH	TH	E BEN	1EFI	CIAL	IN	VES	STC	OR (Re	efer Ins	truction N	No. 3) [Ple	ease • (")	as applica	able)
Status of the Beneficial Investor	Minor				FII							E	mploy	ee (s)			
					≠ Cli	ient						<u> </u>					
Relationship of Third Party with the Beneficial Investor		t I Paren ed Pers			Custod SEBI F Registr	Registr			of Cu	stoc	dian	E	mploy	er			
		(Pleas	se speci	ify)													
Declaration by Third Party	I/We dec payment m minor is in natural lov or as a gift.	nade on consider e and	n beha leratio	n of	made	on b ource	ehalf of this	of s pa	FII/CI ymer	lien nt is	t and from	m uı P	ade o	n beh Syste thi	alf of e	mploy Inves	yment yee(s) stment Payroll
Income tax PAN																	
KYC Acknowledgement			Attac (Man		ory for ar	ny am	ount)				_	ache anda		r any a	amour	ıt)	
Signature																	
Contact No.																	



Banker's Certificate in case of Demand Draft/Pay Order/Any Other Pre-Funded Instrument issued against cash less than Rs. 50000/- only

We hereby cor							oncer instrum		ssue	ed by	/ us:			
Instrument Details														
Instrument Type	☐ Der	nand [Draft		Pay	Order	r/Banker	r's Cl	nequ	ie				
Instrument Number							Date							
Instrument Amount (Rs.)														
In Favour of/ Favouring														
Payable At														
		F	Requ	est rece	eived f	rom:								
Name of the Requestor														
Address of the Requestor														
PAN (if available)														
Branch Manager/Declarant (s):														
Signature:														
Name:														
Address:														
								Ban	k & E	3rano	ch Se	eal		
City:	State:						Pin:							
Country:				Co	ontact I	No.								



Banker's Certificate in case of Demand Draft/Pay Order/Any Other Pre-Funded Instrument (when investor has bank account in issuing bank)

To whomsoever it may concern

We hereby confirm the following details regarding instrument issued by us:

Instrument Type	י 🗆 י	Demano	l Draf	ft		Pay	Orde	er/B	anke	r's (Che	que					
Instrument Number																	
Instrument Amount (Rs.)																	
In Favour of/Favouring																	
Payable At																	
Details of Bank Account D	Debited for	issuinç	the i	instr	umei	nt:											
Bank Name																	
Bank Account Number									4	ссо	unt	Тур	е				
Account Holder Details				Nar	ne							Inc	om	е Та	x P	ΑN	
1.																	Ī
2 .																	t
										_	+	-	_				1
3.																	l
3. If the issuing Bank Branch	h is outsid	e India:															
If the issuing Bank Branch				k/bra	anch	as m	ienti	one	ed be	low:							
If the issuing Bank Branch We further declare that we	e are regist		Ban			as m	ienti	one	d be	low:							
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Perforation	Perforation

PAY IN SLIP/DEPOSIT SLIP

CASH DEPOSITS ONLY



Peerless MUTUAL FUND

PAY IN SLIP/DEPOSIT SLIP

CASH DEPOSITS ONLY



PAY IN SLIP/DEPOSIT SLIP CASH DEPOSITS ONLY

Date:				
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INVESTOR'S NAME									
DEPOSITING BRANCH									
FOLIO NO.									
KYC No. / PAN									
SCHEME CODE									
AMOUNT (IN FIGURE	ES):	₹							
AMOUNT (IN WORDS	S): ₹								
INVESTOR'S SIGNATURE*:									
JOURNAL NO./UNIQUE ID									
BANK OFFICER'S S	IGN 8	& SE	AL:						

FOR CASH DEPOSITS ONLY

CASH DEPOSITS NOT TO EXCEED ₹ 50.000

CHEQUES MAY KINDLY BE DEPOSITED SEPARATELY WITH THE APPLICATION FORM.

The Journal No./Unique ID is to be entered by Bank Official only. This receipt is only valid with the Journal No./Unique ID and Sign & Seal of the Bank Officer.

*TO BE SIGNED BY SOLE/FIRST HOLDER ONLY

DEPOSITING BRANCH FOLIO NO. KYC No. / PAN SCHEME CODE AMOUNT (IN FIGURES): ₹ AMOUNT (IN WORDS): ₹ INVESTOR'S SIGNATURE*: JOURNAL NO./UNIQUE ID BANK OFFICER'S SIGN & SEAL:	
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BANK OFFICER'S SIGN & SEAL:	
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INVESTOR'S NAME												
DEPOSITING BRANCH												
FOLIO NO.												
KYC No. / PAN												
SCHEME CODE												
DENOMINATION	NO. OF NOTES					TOTAL AMOUNT (₹)						
TOTAL (IN FIGURES): ₹												
AMOUNT (IN WORDS): ₹											
INVESTOR'S SIGNATUR	RE*:											
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JOURNAL NO./UNIQUE ID												
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