

COMMON APPLICATION FORM

Please refer to the instructions while filling the Application Form. Tick ☒ whichever is applicable.

1	DISTRIBUTOR / ARN CODE ARN-9992	Employee Unique Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT FOR OFFICE USE ONLY
<p><small>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.</small></p> <p><small>*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".</small></p>				
<p style="text-align: center;">Sole /1st Applicant/Guardian/Authorised Signatory/POA Holder 2nd Applicant/Authorised Signatory/POA Holder 3rd Applicant/Authorised Signatory/POA Holder</p>				
2	TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)			
<p><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)</p> <p><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 from the purchase/subscription amount and payable to the distributor, Units will be issued against the balance amount invested.(refer General Information Point No. 12)</small></p>				
3	EXISTING INVESTOR INFORMATION (Please fill in the sections 3.6,7,8,13)			
<p>Unit Holding Options <input type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode Folio Number _____</p>				
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.)			
<p><input type="checkbox"/> NSDL Depository Participant Name _____ Enclosures</p> <p><input type="checkbox"/> CDSL DP ID Number _____ <input type="checkbox"/> Client Master List <input type="checkbox"/> Delivery Instruction Slip</p> <p><input type="checkbox"/> Beneficiary Account Number _____ <input type="checkbox"/> Transaction Cum Holding Statement</p>				
5	NEW INVESTOR INFORMATION (To be filled in Block Letters, please leave one box blank between two words)			
<p>NAME OF FIRST/SOLE APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.</p>				
<p>PAN/PERN _____ <input type="checkbox"/> # KYC Proof Date of Birth/Date of Incorporation D D M M Y Y</p>				
<p>For FATCA declaration : Please fill in the Annexure I for individuals, Annexure II for non-individuals</p>				
<p>Name of Guardian (in case of Minor) / Contact Person (in case of non individual applicant) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.</p>				
<p>PAN/PERN _____ <input type="checkbox"/> # KYC Proof Relationship with Minor/Designation MANDATORY</p>				
<p>For FATCA declaration : Please fill in the Annexure I for individuals, Annexure II for non-individuals</p>				
<p>Mailing Address of First/Sole Applicant (PO Box address is not sufficient)</p>				
<p>_____</p>				
<p>City _____ State _____ Pin Code _____</p>				
<p>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)</p>				
<p>_____ Country _____</p>				
<p>First/Sole Applicant Telephone _____ Mobile _____</p>				
<p>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)</p>				
<p>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</p>				
<p>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</p> <p><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</p>				
<p>Gross Annual Income <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore Net-worth _____ as on _____ (Not older than 1 year) D D M M Y Y</p> <p><input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >1 Crore (Mandatory for Non-Individuals) Rs. _____</p>				
<p>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</p>				
<p>Non - Individual Investors involved/ providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Money Lending / Pawning</p> <p><input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> None of the Above</p>				
<p>NAME OF SECOND APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.</p>				
<p>PAN/PERN _____ <input type="checkbox"/> # KYC Proof Date of Birth/Date of Incorporation D D M M Y Y</p>				
<p>For FATCA declaration : Please fill in the Annexure I for individuals, Annexure II for non-individuals</p>				
<p>Gross Annual Income <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore Politically Exposed Person (PEP) Status <input type="checkbox"/> I am PEP</p> <p><input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >1 Crore (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable</p>				
<p>NAME OF THIRD APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.</p>				
<p>PAN/PERN _____ <input type="checkbox"/> # KYC Proof Date of Birth/Date of Incorporation D D M M Y Y</p>				
<p>For FATCA declaration : Please fill in the Annexure I for individuals, Annexure II for non-individuals</p>				
<p>Gross Annual Income <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore Politically Exposed Person (PEP) Status <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP</p> <p><input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >1 Crore (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) <input type="checkbox"/> Not Applicable</p>				

Acknowledgment Slip (To be filled in by the investor)

Folio No :

<p>Received from Mr./Ms./M/s. _____</p> <p>An application for Scheme: _____ Plan: _____ Option: _____</p> <p>Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____</p> <p>Drawn on Bank and Branch : _____</p> <p>Please note : All Purchases are subject to realisation of Cheques/DD.</p>	<p>Collection Centre's Stamp & Receipt Date and Time</p>
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Web site www.peerlessmf.co.in



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



connect@peerlessmf.co.in

NEW INVESTOR INFORMATION (To be filled in Block Letters, please leave one box blank between two words) **Cont.**

Name of Power of Attorney (POA)

☐ Mr. ☐ Ms. ☐ M/s.

PAN/PERN

☐ # KYC Proof

*Date of Birth (Mandatory)

D D M M Y Y

6 *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 ☒) ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR Account Number :

Branch Address :

City:

Pin:

IFSC Code :

MICR Code :

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.

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

Scheme :Peerless

Plan

Option ☐ Growth ☐ Dividend

Sub-Option

*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

Dividend Frequency

☐ Daily☐ Weekly☐ Monthly☐ Quarterly

Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.

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

Mode of Payment

☐ Cash☐ Cheque☐ DD☐ Fund Transfer☐ Others

Please specify

Cheque/DD No.

Date

D D M M Y Y Y Y

Gross Amount (Rs)

DD Charges (Rs)

Net Amount (Rs)

Unique No. (In case of cash transaction)

Account Type ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Drawn on Bank & Branch

9 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)**10 NOMINATION DETAILS** (Please refer to Page no. 12 instruction 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						
Applicant Details	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 Name:								1st App.
2nd App Name:								2nd App.
3rd App Name:								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.

11 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)

☐ Annual Reports☐ Account Statement☐ Other Statutory Information☐ English (Default option)☐ Bengali☐ Malayalam**12 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"/> Overseas Auditor Certificate
		<input type="checkbox"/> Notarised POA
		<input type="checkbox"/> Copy of cancelled cheque
		<input type="checkbox"/> Special Product Form (SIP / STP / SWP / AEP)

13 *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/FCNFI/NRNR Account.

Sole/1st applicant/Guardian/Authorised Signatory/POA Holder

2nd Applicant/Authorised Signatory/POA Holder

3rd Applicant/Authorised Signatory/POA Holder

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	FIs
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"/>				<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"/>
FATCA & CRS Annexure for Individual Accounts	<input checked="" type="checkbox"/>							

SYSTEMATIC INVESTMENT PLAN (SIP)

Peerless
MUTUAL FUND

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.

1	DISTRIBUTOR / ARN CODE ARN-9992	Employee Unique Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT FOR OFFICE USE ONLY																																
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Sole/1 st applicant/Guardian/Authorised Signatory/POA Holder 2nd Applicant/Authorised Signatory/POA Holder 3rd Applicant/Authorised Signatory/POA Holder																																				
2	REGISTRATION CUM MANDATE FORM FOR SIP THROUGH AUTO DEBIT OR ECS (Debit Clearing/Auto Debit)																																			
(Please <input checked="" type="checkbox"/>) <input type="checkbox"/> New Registration <input type="checkbox"/> Renewal of SIP <input type="checkbox"/> Change in Bank Details <input type="checkbox"/> Cancellation of SIP <input type="checkbox"/> Micro SIP																																				
3	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>If the total commitment of investment through SIP (i.e. installments) amounts to Rs. 10,000/- or more and your AMFI registered Distributor has chosen 'opt in' option of charging transaction charge, the same are deductible as applicable (refer instruction in Page10) from the installment amount and paid to the distributor. Transaction charges will be recoverable in 3 to 4 installments. Units will be issued against the balance amount invested.</small>																																				
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Sole/First Investor Name																																				
PAN/PERN <input type="checkbox"/> KYC Proof																																				
Folio/Application No. Existing Investors please mention Folio No. New applicants please mention the application form No.																																				
Scheme																																				
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5	SIP DETAILS (Please tick on any 1 SIP frequency only. In case the SIP frequency opted for is either Monthly, Quarterly or Half Yearly, please tick on any 1 SIP date only)																																			
Each SIP Amount (Rs) :																																				
First SIP Cheque No. : Cheque Amount (Rs) : Cheque Date :																																				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Frequency</td> <td style="width:15%;"><input type="checkbox"/> Fortnightly</td> <td style="width:15%;"><input type="checkbox"/> Monthly</td> <td style="width:15%;"><input type="checkbox"/> Quarterly</td> <td style="width:15%;"><input type="checkbox"/> Half Yearly</td> <td rowspan="2" style="width:10%;">SIP Period</td> <td style="width:10%;">Start Date</td> <td style="width:5%;">M</td> <td style="width:5%;">M</td> <td style="width:5%;">Y</td> <td style="width:5%;">Y</td> <td style="width:10%;">End Date</td> <td style="width:5%;">M</td> <td style="width:5%;">M</td> <td style="width:5%;">Y</td> <td style="width:5%;">Y</td> </tr> <tr> <td>SIP Date</td> <td><input type="checkbox"/> Every Alternate Wednesday</td> <td><input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th</td> <td colspan="2"></td> <td><input type="checkbox"/> Regular <input type="checkbox"/> Perpetual</td> <td colspan="10"></td> </tr> </table>					Frequency	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	SIP Period	Start Date	M	M	Y	Y	End Date	M	M	Y	Y	SIP Date	<input type="checkbox"/> Every Alternate Wednesday	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th			<input type="checkbox"/> Regular <input type="checkbox"/> Perpetual										
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<small>SIP Date should be either 1st / 7th / 10th / 15th / 20th / 25th (Note : Cheque should be drawn on bank details provided below. Please allow minimum one month for Auto Debit to register and start). Each of the SIP installment excluding initial cheque should be of the same amount & there should be a gap of 30 days between 1st & 2nd SIP installment. Please refer instruction page no 21 point no 10.</small>																																				
I/We hereby, authorise Peerless Mutual Fund and their authorised service providers, to debit my/our following bank account ECS (Debit Clearing)/Auto Debit to account for collection of SIP Payment																																				
6	BANK DETAILS (please attach a copy of the cheque of below mentioned bank account)																																			
Account Holder Name																																				
Bank Name Bank A/c No.																																				
Branch Name City																																				
Account Type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Others																																				
MICR Code IFSC Code																																				
<small>I/We hereby declare that the particulars given above are correct and express my willingness to make payment referred above through participation in ECS/Auto debit. If the transaction is delayed or not executed at all for any reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will inform Peerless Mutual Fund about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We have read and understood the contents of SID/KIM, I/We hereby apply for the respective units of Peerless Mutual Fund Scheme at NAV based resale price and agree to abide by terms, conditions, rules and regulation of the scheme (s).</small>																																				
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FOR BANK USE ONLY																																				
I/We hereby certify that the particulars furnished above are correct as per our records and we hereby declare that the copy of this form duly completed has been submitted to us.																																				
Recorded On Recorded By																																				
Mandate reference No.																																				
Branch : Date : DD / MM / YY																																				
Signature of the authorised official from the bank Bank Stamp																																				
AUTHORISATION OF THE BANK ACCOUNT HOLDER																																				
<small>This is to inform that I/We have registered for the RBI's Electronics Clearing Service (Debit Clearing) / Auto Debit facility and that my payment towards my SIP installments of Peerless Mutual Fund shall be made from my/our above mentioned bank account with your bank. I/We authorise the representative carrying this ECS/Auto Debit form to get it verified and executed. I/We hereby authorise you to debit verification charges if any from my account.</small>																																				
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Acknowledgment Slip (To be filled in by the investor)

SIP through ECS /Auto Debit Form

Peerless
MUTUAL FUND

Received from Mr./Ms./M/s.

Option :

An application for Scheme :

Plan :

Amount :

Frequency :

Date of Commencement :

Collection Centre's Stamp & Receipt
Date and Time



Web site www.peerlessmf.co.in



Toll Free : 1800 103 8999
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1	DISTRIBUTOR / ARN CODE	Employee Unique Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
	ARN-9992			FOR OFFICE USE ONLY

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Sole/1st applicant/Guardian/Authorised Signatory/POA Holder 2nd Applicant/Authorised Signatory/POA Holder 3rd Applicant/Authorised Signatory/POA Holder

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3	INVESTOR AND INVESTMENT DETAILS				
Sole/First Investor Name					
PAN/PERN <input type="checkbox"/> KYC Proof					
Folio/Application No. Existing Investors please mention Folio No. New applicants please mention the application form No.					
Scheme					
Plan					
Option / Sub Option					
For FATCA declaration : Please fill in the Annexure I for individuals, Annexure II for non-individuals					
Please refer instructions on page No. 12 for Micro SIP					

4	SYSTEMATIC INVESTMENT PLAN (SIP THROUGH POST DATED CHEQUES) (Investor subscribing to SIP through ECS/Direct Debit must fill up the SIP Auto Debit)				
Name of the Scheme/Plan/Option/Sub Option					
Frequency		SIP Period			
<input type="checkbox"/> Fortnightly Every Alternate Wednesday		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly			
SIP Date		SIP from		SIP to	
		M M Y Y		M M Y Y	
Cheque(s) Details		No. of Cheque(s)	Cheque(s) No.	SIP Amount (in figures)	
Cheque(s) drawn on		Name of Bank & Branch & City			
New Investors are requested to fill in the Common Application Form too					

5	SYSTEMATIC TRANSFER PLAN (STP) (Please note that the STP will be registered within 7 working days from the date of receipt of request)				
From Scheme		Plan	Option /Sub Option	To Scheme	
Frequency		STP Period			
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly		<input type="checkbox"/> Monthly			
STP Date		STP from		STP to	
All Business Days Every Wednesday Every Alternate Wednesday		1st 7th 10th 15th 20th 25th		M M Y Y M M Y Y	
		Amount Per Installment (Rs)		No of Installments	

6	SYSTEMATIC WITHDRAWAL PLAN (SWP) DECLARATION AND SIGNATURES				
Name of the Scheme/Plan/Option/Sub Option					
Frequency		SWP from		SWP to	
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		M M Y Y		M M Y Y	
Amount per Withdrawal (Rs)		No of Installments			
Please see the Plans & Options and Dividend policy details in the Scheme Information Document before filling in the above details.					

7	AUTOMATIC ENCASHMENT PLAN (AEP) - Available only for Growth Option				
Name of the Scheme/Plan/Option/Sub Option					
Frequency		AEP date : 1st Business Day		(Minimum Rs.500/- for AEP option)	
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly					

8	DECLARATION AND SIGNATURES				
I/We have read and understood the contents of the Scheme Information Document and Statement of Additional Information 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/Options under the Scheme(s). I/We agree that in case 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 these 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 maybe 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 payouts and redemption amount to my bank details given above NRIs only. 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/NRNR Account. 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.					
Sole/1st applicant/Guardian/Authorised Signatory/POA Holder 2nd Applicant/Authorised Signatory/POA Holder 3rd Applicant/Authorised Signatory/POA Holder					

Acknowledgment Slip (To be filled in by the investor)

SIP / SWP / STP / AEP

Peerless
MUTUAL FUND

Received from Mr./Ms./M/s.

An application for Scheme :

To Scheme :

Frequency :

Plan :

Plan :

Option :

Date of Commencement :

Option :

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

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)

Peerless

MUTUAL FUND

Annexure I

FIRST / SOLE APPLICANT / GUARDIAN

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 available in KRA database. In case of any change please approach KRA & notify the changes

TYPE OF ADDRESS GIVEN AT KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

PERMISSIBLE DOCUMENTS ARE ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others

DATE OF BIRTH D D M M Y Y Y Y Y PLACE OF BIRTH

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 you are resident for tax purposes and the associated Tax ID Numbers below.

COUNTRY *	TAX IDENTIFICATION NUMBER *	IDENTIFICATION TYPE (TIN or Other, please specify)

* 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 \$

SECOND 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 available in KRA database. In case of any change please approach KRA & notify the changes

TYPE OF ADDRESS GIVEN AT KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

PERMISSIBLE DOCUMENTS ARE ☐ Passport ☐ Election ID Card ☐ PAN Card ☐ Govt. ID Card ☐ Driving License ☐ UIDAI Card ☐ NREGA Job Card ☐ Others

DATE OF BIRTH D D M M Y Y Y Y Y PLACE OF BIRTH

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 you are resident for tax purposes and the associated Tax ID Numbers below.

COUNTRY *	TAX IDENTIFICATION NUMBER *	IDENTIFICATION TYPE (TIN or Other, please specify)

* 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 \$



Web site www.peerlessmf.co.in



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



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Details of Ultimate Beneficial Owner Declaration including additional FATCA and CRS information (Mandatory for Non-Individual Applicants / Investor)

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MUTUAL FUND

Annexure II

APPLICANT DETAILS

NAME OF THE ENTITY

TYPE OF ADDRESS GIVEN AT KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

"Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes"

CUSTOMER ID / FOLIO NO

PAN

DATE OF INCORPORATION

CITY OF INCORPORATION

COUNTRY OF INCORPORATION

ENTITY CONSTITUTION TYPE

Please tick as appropriate

☐ Partnership Firm ☐ HUF ☐ Private Limited Company ☐ Public Limited Company ☐ Society ☐ AOP /BOI
☐ Trust H Liquidator ☐ Limited Liability Partnership ☐ Artificial Juridical Person ☐ Others specify

PLEASE TICK THE APPLICABLE TAX RESIDENT DECLARATION

1. 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 and the associated Tax ID Number below)

COUNTRY *	TAX IDENTIFICATION NUMBER *	IDENTIFICATION TYPE (TIN or Other, please specify)

* In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

FATCA & CRS Declaration

Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial Institution ⁶ <input type="checkbox"/> or Direct reporting NFE ⁷ <input type="checkbox"/> (please tick as appropriate)	<p>GIIN <input type="text"/></p> <p>Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below</p> <p>Name of the sponsoring entity <input type="text"/></p>
<p>GIIN not available (please tick as applicable) <input type="checkbox"/> Applied for</p> <p>if the entity is a financial institution, <input type="checkbox"/> Not required to apply for - please specify 2 digits sub - category ¹⁰</p> <p><input type="checkbox"/> Not obtained - Non - participating FI</p>	

PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs)

1. Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)	<p>Yes <input type="checkbox"/> (if yes, please specify any one stock exchange on which the stock is regularly traded)</p> <p>Name of stock exchange <input type="text"/></p>
2. Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	<p>Yes <input type="checkbox"/> (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</p> <p>Name of listed company <input type="text"/></p> <p>Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company</p> <p>Name of stock exchange <input type="text"/></p>
3. Is the Entity an active ³ NFE	<p>Yes <input type="checkbox"/> (if yes, please fill UBO declaration in the next section)</p> <p>Name of Business <input type="text"/></p> <p>Please specify the sub-category of Active NFE <input type="checkbox"/> (Mention code - refer 2c of Part D)</p>
4. Is the Entity a passive ⁴ NFE	<p>Yes <input type="checkbox"/> (if yes, please fill UBO declaration in the next section)</p> <p>Nature of business <input type="text"/></p>

Refer 2a of Part D | ²Refer 2b of Part D | ³Refer 2c of Part D | ⁴Refer 3(ii) of Part D | ⁶Refer 1 of Part D | ⁷Refer 3(vii) of Part D | ¹⁰Refer 1A of Part D



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

Peerless
MUTUAL FUND

CATEGORY (Please tick applicable category): ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company
☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust
☐ Others (Please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).
Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency * Tax ID No. - Or functional equivalent for each country %	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code ¹¹ - of Controlling person	Address - Include State, Country, PIN, / ZIP Code & Contact Details Address Type
1. Name _____ Country _____ Tax ID No. % _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address _____ _____ _____ ZIP [] [] [] [] [] [] State: _____ Country: _____
2. Name _____ Country _____ Tax ID No. % _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address _____ _____ _____ ZIP [] [] [] [] [] [] State: _____ Country: _____
3. Name _____ Country _____ Tax ID No. % _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address _____ _____ _____ ZIP [] [] [] [] [] [] State: _____ Country: _____

If passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male / Female / Other
1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ D D / M M / Y Y Y Y Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ D D / M M / Y Y Y Y Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ D D / M M / Y Y Y Y Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any other country other than India

* To include U.S. where controlling person is a U.S. citizen or green card holder.

% In case Tax Identification Number is not available, kindly provide functional equivalent.

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D ¹¹Refer 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 Income-Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor, if any controlling person of the entity is US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

CERTIFICATION

I / We have understood the information requirements of the 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 below and hereby accept the same.

Signature & Seal :

Name: _____ Place _____
Designation: _____ Date _____ D D M M Y Y Y Y



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Non Toll Free : 022 61779922



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Third Party Payment Declaration (Should be enclosed with each payment/SIP Enrolment)															
Payments by : Parents/Grand Parents/Related Persons other than the Registered Guardian/Custodian /Employer															
Maximum Value : Not Exceeding Rs. 50,000/- (each regular purchase or per SIP installment)															
Application and Payment Details (All details below are mandatory, including relationship, PAN, KYC)															
Folio No.						Application Form									
Beneficiary Name															
Investment Amount (Rs.)															
Payment Cheque No.						Dated									
Cheque Drawn on Bank															
Cheque Drawn on A/C No.															
Declaration and Signatures															
RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL IN VESTOR (Refer Instruction No. 3) (Please • (•) as applicable)															
Status of the Beneficial Investor	Minor		FII				Employee (s)								
			★ Client												
Relationship of Third Party with the Beneficial Investor	★ Parent ★ Grand Parent ★ Related Persons _____ (Please specify)		Custodian SEBI Registration No. of Custodian Registration Valid Till _____				Employer								
Declaration by Third Party	I/We declare that the payment made on behalf of minor is in consideration of natural love and affection or as a gift.		I/We declare that the payment made on behalf of FII/Client and the Source of this payment is from funds provided to us by FII/Client				I/We declare that the payment made on behalf of employee(s) under Systematic Investment Plans through Payroll Deductions.								
Income tax PAN															
KYC Acknowledgement			<input type="checkbox"/> Attached (Mandatory for any amount)				<input type="checkbox"/> Attached (Mandatory for any amount)								
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	
<p align="center">To whomsoever it may concern</p> <p align="center">We hereby confirm the following details regarding instrument issued by us:</p>	
Instrument Details	
Instrument Type	<input type="checkbox"/> Demand Draft <input type="checkbox"/> Pay Order/Banker's Cheque
Instrument Number	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>Date</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

Banker's Certificate in case of Demand Draft/Pay Order/Any Other Pre-Funded Instrument (when investor has bank account in issuing bank)	
<p align="center">To whomsoever it may concern</p> <p align="center">We hereby confirm the following details regarding instrument issued by us:</p>	
Instrument Type	<input type="checkbox"/> Demand Draft <input type="checkbox"/> Pay Order/Banker's Cheque
Instrument Number	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>
Instrument Amount (Rs.)	
In Favour of/Favouring	
Payable At	
Details of Bank Account Debited for issuing the instrument:	
Bank Name	
Bank Account Number	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>
Account Holder Details	<div> <div>Name</div> <div>Income Tax PAN</div> </div>
1.	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>
2.	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>
3.	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>
If the issuing Bank Branch is outside India:	
We further declare that we are registered as Bank/branch as mentioned below:	
Under the Regulator	(Name of the Regulator)
In the Country	(Country Name)
Registration No.	(Registration No.)
We confirm having carried out necessary Customer Due Diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti Money Laundering laws and other applicable relevant laws in our country.	
Branch Manager/Declarant (s):	
Signature:	
Name:.....	
Address:	
..... Bank & Branch Seal	
City: State:..... Pin:	
Note: Bankers' certificate suggested above is recommendatory in nature, as there may be existing Bank Letters/ Certificates/Declarations, which will confirm to the spirit of the requirements, if all the required details are mentioned in the certificate.	



PAY IN SLIP/DEPOSIT SLIP
CASH DEPOSITS ONLY

Date:

PEERLESS MUTUAL FUND COPY

INVESTOR'S NAME

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:

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



PAY IN SLIP/DEPOSIT SLIP
CASH DEPOSITS ONLY

Date:

CUSTOMER COPY

INVESTOR'S NAME

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:

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



PAY IN SLIP/DEPOSIT SLIP
CASH DEPOSITS ONLY

Date:

BANK COPY

CLIENT CODE: PMF
(USE: GENERIC COLLECTION MODULE > CORPORATE COLLECTIONS)

INVESTOR'S NAME

DEPOSITING BRANCH

FOLIO NO.

KYC No. / PAN

SCHEME CODE

DENOMINATION	NO. OF NOTES	TOTAL AMOUNT (₹)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL (IN FIGURES): ₹

AMOUNT (IN WORDS): ₹

INVESTOR'S SIGNATURE*:

JOURNAL NO./UNIQUE ID

BANK OFFICER'S SIGN & SEAL:

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