

SYSTEMATIC INVESTMENT PLAN (SIP)

Peerless

MUTUAL FUND

SIP NACH / AUTO DEBIT / 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	Employee Unique Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
	85723	E098968		FOR OFFICE USE ONLY ¹
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				
* 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".				
Sole/1st 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 NACH, 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				
* if you are a new investor kindly fill the common application form				
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)				
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 related to SIP) 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.				
4	INVESTOR AND INVESTMENT DETAILS			
Sole/First Investor Name				
PAN/PERN <input type="checkbox"/> KYC Proof				
Folio/Application No. Existing Investors please mention Folio No.				
Scheme Peerless				
Plan <input type="checkbox"/> Direct <input type="checkbox"/> Regular Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout				
Dividend Frequency <input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly				
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 . Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.				
Individual Applicant must fill individual self certification under Fatca. All Non Individual Investors have to mandatorily fill UBO Declaration Form.				
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 :				
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				
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 NACH instruction page for further clarification.				
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				
I/We hereby declare that the particulars given above are correct and express my willingness to make payment referred above through participation in NACH/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).				
6	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				
7	MANDATE INSTRUCTIONS FORM/NACH/ECS/DIRECT DEBIT/STANDING INSTRUCTION			
UMRN <input type="text"/> Date D D M M Y Y Y Y				
Sponsor Bank Code <input type="text"/> Utility Code <input type="text"/>				
(Tick <input checked="" type="checkbox"/>) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL I/We hereby authorize PEERLESS FUNDS MANAGEMENT COMPANY LIMITED to debit (Tick <input checked="" type="checkbox"/>) SB / CA / CC / SB-NRE / SB-NRO / Other				
Bank a/c number <input type="text"/>				
with Bank <input type="text"/> Name of customers bank <input type="text"/> IFSC <input type="text"/> or MICR <input type="text"/>				
an amount of Rupees <input type="text"/> Rs.				
Frequency <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input type="checkbox"/> As and when presented DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount				
Unique ID. <input type="text"/> Phone No. <input type="text"/>				
Reference 2 <input type="text"/> Email ID <input type="text"/>				
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.				
Period From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Signature Primary Account holder Signature of Account holder Signature of Account holder				
Or <input type="checkbox"/> Until Cancelled 1. <input type="text"/> Name as in bank records 2. <input type="text"/> Name as in bank records 3. <input type="text"/> Name as in bank records				
Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.				

Acknowledgment Slip (To be filled in by the investor)

SIP through NACH / ECS / Auto Debit Form

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Received from Mr./Ms./M/s. _____
 An application for Scheme : _____ Plan : _____ Option : _____
 Amount : _____ Frequency : _____ Date of Commencement : _____

Collection Centre's Stamp & Receipt
Date and Time