

SWP/STP/SIP (with post dated cheques)

Application No

1	DISTRIBUTOR/ARN CODE	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIIN)*	SUB-BROKER CODE	REGISTRAR/ BANK SR NO	DATE & TIME OF RECEIPT
	85723	E098968			
FOR OFFICE USE ONLY					

Upfront commission shall be paid directly by the Investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor.
* 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.

2 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)

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** 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. installment amount multiplied by No. of 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 Page 8) from the installment amount and paid to the distributor. Transaction Charges will be recovered in 3 to 4 installments. Units will be issued against the balance amount invested.

3 INVESTOR AND INVESTMENT DETAILS

Sole/First Investor Name _____

PAN/PERN _____ KYC Proof**

Folio/Application No. _____ Existing Investors please mention Folio No. New applicants please mention the application form No.

Scheme _____

Plan _____

Option _____ **Documents Details (in case of Micro SIP) _____ Documents Number (If any) _____

*I/We hereby declare that we do not have any existing SIPs which together with the current application in rolling 12 month period or in F. Y. i. e. April to March will result in aggregate investment exceeding Rs. 50,000/- in a year.
**For PAN & KYC requirement for Micro SIP cases, please refer General Information in Page 9, Point No. XII

4 SYSTEMATIC INVESTMENT PLAN (SIP THROUGH POST DATED CHEQUES (Investor subscribing to SIP through ECS/Direct Debt must fill up the SIP Auto Debit Form)

Name of the Scheme/Plan/ Option _____

SIP Date 1st 7th 10th 15th 20th 25th

Frequency Monthly Quarterly Half Yearly SIP from M M Y Y SIP to M M Y Y

Cheque(s) Details

No. of Cheque(s)	SIP Amount (in figures)	Cheque(s) No.
Cheque(s) drawn on	Name of Bank and Branch & City	

New Investors are requested to fill in the Common Application Form too

5 SYSTEMATIC TRANSFER PLAN (STP)

From Scheme	Plan	Option	To Scheme	Plan	Option

STP Dates 1st 7th 10th 15th 20th 25th

Frequency Weekly Fortnightly Monthly STP from M M Y Y STP to 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 _____

Frequency Monthly Quarterly SWP from M M Y Y SWP to 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 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/NRSR 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

Received from Mr./Ms./M/s. _____ Application No _____

An application for Scheme : _____ Plan : _____ Option : _____

To Scheme : _____ Plan : _____ Option : _____

Frequency _____ Date of Commencement _____

Collection Centre's Stamp & Receipt
Date and Time

