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

Application No: Please refer to the instructions while filling the Application Form. Tick | whichever is applicable.

<b>Peerless</b>
MUTUAL FUND
for you, forever

DISTRIBUTOR CODE/A		SUB-BROKER	CODE		R/BANK SR NO		DATE	R TIME O			, jorever
NJ India Inves	t / ARN-0155		55537		ı	FOR OFFIC	E USE ON	ILY			
Upfront commission shall be				vestor's assessment of							
EXISTING INVEST	OR INFORMATI	ON (Please fill i	in the sections 2,4,5,6	5,12)							
Folio Number		Name	of the First / Sole A	pplicant							
NEW INVESTOR I	NFORMATION (	To be filled in Blo	ock Letters, please le	ave one box blank	between two wor	rds)					
Name of First / Sole	Applicant		Mr. Ms.	M/s.							
PAN			# PAN Proof	KYC Proof	Date of Birth/I	Date of Inco	rporation	D D	M	M	/ Y
Name of Guardian/L	egal Guardian (In c	ase of Minor) / Cont	tact Person (In case of	non individual annlica	nt) Mr.	Ms.	M/s.				
I Galadian/2	ogai Gaaraan (iii ci	ase of willion, 7 con	tact rerson (in case on	Ion Individual applica	111)						
PAN			# PAN Proof	KYC Proof	Relationship						
Mailing Address of F	irst/Sole Applicant (Po	D Box address is no	ot sufficient.)								
City		State				Pin Code					
Overseas Address (	Mandatory in case of NRI	/FII-PO Box address i	is not sufficient. Investors re	esiding overseas and wi	th PO Box address pl	ease provide yo	ur Indian addr	ress )			
					Country						
Contact Details of Fin	st / Sole Applicant Tel	lephone			Mobi	ile					
Email											
Mode of Holding	Single	Joint Anyon	ne or Survivor (s) (De	fault option in cas	e of more than or	ne applicant)	)				
Occupation (of sole/first applicant)	Business	Service P	rofessional Hou	se Wife Stud	ent Retired	d Agric	ulture	Others	ple	ase spe	ecify
Status (of First/ Sole Applicant)	Resident Indiv			ociety/Club		NRI Repartr		Trust	HU		
	Partnership F			ank/Financial Insti	tution NR	l Non-Repar	rtriable (NR	(0)	Others	please	specify
Name of Second Ap	piicant	<u>  M</u>	Ir. Ms. Ms. M/s.								
*BANK ACCOU	NT DETAILS (Plea	se attach cancelled	cheque)(For registering	Multiple Bank Accour	its please fill up form	n*Registration	of Multiple B	ank Accou	nt)		
Name of the Bank :						Branch	:				
Account Type (Please	√ ) SB (	Current NRO	NRE FCN	R							
Account Number:		Julion Title	I IIII								
Branch Address :					City:		Pin				
IFSC Code:					MICR Co	ode :					
AMC reserves the right to use a # Refer instructions related		med appropriate. I/We u	inderstand that AMC shall not b	e responsible if transaction	n through DC/RTGS/NEF	T could not be ca	rried out becaus	e of incomple	te or incorre	ect informa	tion.
cknowledgment Slip (	To be filled in by the	investor)									0
folio No :		,		Application	No:						MUTUAL FU
UIIU INU .	*/-						Coll	ection Ce			<i>for you, fore</i> Receipt
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eceived from Mr./Ms./N n application for Schen	ne:nch :ses are subject to re	alization of Chec	Amount (Rs.					Da	ate and	Time	

Non Toll Free : 022 61779922





5.	*INVESTMENT DETAILS I/We would like to invest in the	following sche	me of Peerless M	lutual Fund					
	Scheme Name								
	Plans/Sub Plans								
	Option								
	Dividend Frequency								
	Please see the Plan, Option and Dividend policy details in the SID/KIN	A before filling i	in the above detai	ls.					
6.	*PAYMENT DETAILS (In case of DD, please provide us sp	ecific declaration	on)						
	Mode of Payment Cheque DD		Fund Trans	fer	Others	Please specify			
	Cheque/DD No.		D	ate	D D	M M Y Y	Y	,	Y
	Gross Amount (Rs)		D	D Charges (	Rs)				
	Net Amount (Rs)	ık							
	Branch Name		С	ity					
	Account Type SB Current NRO	NRE FO	CNR						
7.	SYSTEMATIC INVESTMENT PLAN (SIP) PAYME	NT TYPES	(Please sele	ct any one o	otion)				
	SIP through Post Dated Cheques (Please fill attached Specia	al Product For	m & submit with	this form)					
	SIP through Auto Debit (ECS) (Please fill up enclosed SIP Au	ito Debit (ECS	6) Form & subm	it with this for	m)				
В.	DEMAT ACCOUNT DETAILS  Depository  Depository Participar	nt Name	DP ID Nu	mbor	Ropof	iciary Account Number			
	Depository Depository Participal	it ivairie	DEIDING	inber	Dellei	iciary Account Number			
9	NOMINATION DETAILS ( Not applicable for inve	stment on b	ehalf of mind	or)					
	I/We hereby nominate the under mentioned nominee to payments and settlements made to such Nominee shall						tand tha	t all	
	Name of Nominee	be a valid (	discriaige by ti	ne Awonvia	%	Date of Birth If Nominee	ls Mina	or	
	Name of Nominee				%				
					11	Date of Birth If Nominee	e is iviino	OF .	
	Name of Nominee				%	Date of Birth If Nominee	e Is Mino	or	
	* Name of the Guardian If Non	inee Is Min	or		Relationship				
	Address of the Nominee/Guardian								
	DOB: DD / MM / YYYY					Signature of the	Guardian	1	
	DOB: DD / MM / YYYY					Signature of the	Guardian	1	
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