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

Peerless
MUTUAL FUND

1

ARN CODE	Employee Unique Indentification Number (EUIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
132061	E352389		FOR OFFICE USE ONLY

* I/We hereby confirm that the EUIN 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/1 st applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder

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 point no 11 under general information) 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**

NAME OF FIRST/SOLE APPLICANT   ☐ Mr.   ☐ Ms.   ☐ M/s.

PAN/PERN #   ☐ KYC Proof #

Father's Name/Name of Guardian (in case of Minor) / **Contact Person** (in case of non individual applicant)   ☐ Mr.   ☐ Ms.

Occupation (of first/sole Applicant)   ☐ Business   ☐ Professional   ☐ House Wife   ☐ Agriculture   ☐ Service   ☐ Student   ☐ Retired   ☐ Others

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

Scheme   **Peerless**

Plan   ☐ Regular   ☐ Direct

Option   ☐ Growth   ☐ Dividend   **Sub Option**   ☐ Dividend Payout   ☐ Dividend Reinvestment (default)

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.

Dividend Frequency   ☐ Normal   ☐ Monthly   ☐ Quarterly   ☐ Half-Yearly   ☐ Yearly

Please refer instructions page for SIP, STP, SWP, AEP

4 ***FATCA INFORMATION/ FOREIGN TAX LAWS**   (for Individual including Sole Proprietor) (In case you have already filled the Fatca declaration in Common Application Form or earlier then no need to fill this part) (For Non-individual, mandatory to fill up UBO form) (Refer instruction)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business   ☐ Residential   ☐ Business   ☐ Registered Office
(Address of tax residence would be taken as available in KRA database. In case of any changes please approach KRA & notify the changes)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? (to be filled mandatorily)   ☐ Yes   ☐ No

If Yes, please provide the following information [mandatory]
Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (Including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency 1 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 2 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 3 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			

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

\# Please attach proof. Refer instructions page point XII - PAN/PERN and KYC

- -

Acknowledgement 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 : _____   Plan : _____   Option : _____

Amount : _____   Frequency : _____   Date of Commencement : _____

Collection Centre's Stamp & Receipt
Date and Time

🌐 Web site www.peerlessmf.co.in   📱 **Toll Free : 1800 103 8999**
Non Toll Free : 022 61779922   ✉ connect@peerlessmf.co.in

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

Peerless MUTUAL FUND

---

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

Name of the Scheme/Plan/Option/Sub Option

Frequency	☐ Fortnightly	☐ Monthly	☐ Quarterly	☐ Half Yearly	SIP Period			
SIP Date	Every Alternate Wednesday	☐ 1st ☐ 7th ☐ 10th ☐ 15th ☐ 20th ☐ 25th			SIP from M M Y Y	SIP to 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

---

6 | **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	Plan	Option

Frequency	☐ Daily	☐ Weekly	☐ Fortnightly	☐ Monthly	STP Period			
STP Date	All Business Days	Every Wednesday	Every Alternate Wednesday	☐ 1st ☐ 7th ☐ 10th	STP from M M Y Y	STP to M M Y Y		
				☐ 15th ☐ 20th ☐ 25th	Amount Per Installment (Rs)	No of Installments		

---

7 | **SYSTEMATIC WITHDRAWAL PLAN (SWP)**

Name of the Scheme/Plan/Option/Sub 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.

---

8 | **AUTOMATIC ENCASHMENT PLAN (AEP) - Available only for Growth Option**

Name of the Scheme/Plan/Option/Sub Option

Frequency	☐ Monthly ☐ Quarterly ☐ Half Yearly	AEP date : 1st Business Day	(Minimum Rs.500/- for AEP option)

---

9 | **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

---

Web site www.peerlessmf.co.in

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

connect@peerlessmf.co.in

Communication in connection with this application should be addressed to the Registrar,
Karvy Computershare Pvt. Ltd. KARVY SELENIUM, Plot number 31 & 32, Tower B, Survey No. 115/22, 115/24 & 115/25, Financial District, Gachibowli, Nanakramguda, Serlingampally Mandal Hyderabad - 500032 Telangana

12