

# COMMON APPLICATION FORM

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

<b>1</b>	<b>DISTRIBUTOR / ARN CODE</b>	<b>SUB BROKER ARN CODE</b>	<b>EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)*</b>	<b>SUB-BROKER CODE / AGENT CODE</b>	<b>REGISTRAR/ BANK SR NO</b>	<b>DATE &amp; TIME OF RECEIPT</b>
FOR OFFICE USE ONLY						
<p>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.</p> <p>*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".</p>						
<p>Sole /1st Applicant/Guardian/Authorised Signatory/POA Holder      2nd Applicant/Authorised Signatory/POA Holder      3rd Applicant/Authorised Signatory/POA Holder</p>						
<b>2</b>	<b>TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY</b> (Please tick any one of the below)					
<input type="checkbox"/> <b>I confirm that I am a First Time Investor in Mutual Funds</b> (Rs. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more) <b>OR</b> <input type="checkbox"/> <b>I confirm that I am an Existing Investor in Mutual Funds</b> (Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more) <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>						
<b>3</b>	<b>EXISTING INVESTOR INFORMATION</b> (Please fill in the sections 3,6,7,8,13)					
<input type="checkbox"/> <b>Unit Holding Options</b> <input type="checkbox"/> <b>Demat Mode</b> <input type="checkbox"/> <b>Physical Mode</b> <b>Folio Number</b>						
<b>4</b>	<b>DEMAT ACCOUNT DETAILS</b> (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.)					
<input type="checkbox"/> <b>NSDL</b> Depository Participant Name _____ DP ID Number _____ <input type="checkbox"/> <b>CDSL</b> Beneficiary Account Number _____						
<b>Enclosures</b> <input type="checkbox"/> Client Master List <input type="checkbox"/> Delivery Instruction Slip <input type="checkbox"/> Transaction Cum Holding Statement						
<b>5</b>	<b>NEW INVESTOR INFORMATION</b> (To be filled in Block Letters, please leave one box blank between two words)					
<b>NAME OF FIRST/SOLE APPLICANT</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.						
<b>PAN/PERN</b> <input type="checkbox"/> # KYC Proof <b>Date of Birth/Date of Incorporation</b> D D M M Y Y						
<b>Name of Guardian</b> (in case of Minor)/ <b>Contact Person</b> (in case of non individual applicant) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.						
<b>PAN/PERN</b> <input type="checkbox"/> # KYC Proof <b>Relationship with Minor/Designation</b> MANDATORY						
<b>Mailing Address of First/Sole Applicant</b> (PO Box address is not sufficient)						
<b>City</b> _____ <b>State</b> _____ <b>Pin Code</b> _____						
<b>Overseas Address</b> (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 )						
<b>Country</b> _____						
<b>Contact Details of First/Sole Applicant</b> <b>Telephone</b> _____ <b>Mobile</b> _____						
<b>Email</b> _____						
<b>Mode of Holding</b> <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (s) (Default option in case of more than one applicant)						
<b>Occupation</b> (of first/sole Applicant) <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Others    please specify						
<b>Status</b> (of first/sole Applicant) <input type="checkbox"/> Resident Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Society/Club <input type="checkbox"/> Company <input type="checkbox"/> NRI Repartriabale <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Partnership Firm <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> Bank/Financial Institution <input type="checkbox"/> NRI Non-Repartriabale (NRO) <input type="checkbox"/> Others    please specify						
<b>NAME OF SECOND APPLICANT</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.						
<b>PAN/PERN</b> <input type="checkbox"/> # KYC Proof <b>Date of Birth/Date of Incorporation</b> D D M M Y Y						
<b>NAME OF THIRD APPLICANT</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.						
<b>PAN/PERN</b> <input type="checkbox"/> # KYC Proof <b>Date of Birth/Date of Incorporation</b> D D M M Y Y						
<b>Name of 1st Alternative Child</b> (Applicable only for Peerless MF Child Plan) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.						
<b>PAN/PERN</b> <input type="checkbox"/> # KYC Proof <b>*Date of Birth (Mandatory)</b> D D M M Y Y						
<b>Name of Power of Attorney (POA)</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.						
<b>PAN/PERN</b> <input type="checkbox"/> # KYC Proof <b>Date of Birth/Date of Incorporation</b> D D M M Y Y						

# Please refer instructions on page no. 10, point XII

**Acknowledgment Slip** (To be filled in by the investor)

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



Web site [www.peerlessmf.co.in](http://www.peerlessmf.co.in)



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