

**COMMON APPLICATION FORM**



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

<b>1</b>	DISTRIBUTOR / ARN CODE <b>ARN-167174</b>	SUB BROKER ARN CODE	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIIN)* <b>E326136</b>	SUB-BROKER CODE / AGENT CODE	REGISTRAR/ BANK SR NO	DATE & TIME OF RECEIPT
	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 inappropriateness, 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 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 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)  
 In case the purchase/subsription 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/subsription amount and payable to the distributor, Units will be issued against the balance amount invested.(refer General Information Point No. 12)

**3 EXISTING INVESTOR INFORMATION** (Please fill in the sections 3,6,7,8,13)

Unit Holding Options     Demat Mode     Physical Mode    Folio Number

**4 DEMAT ACCOUNT DETAILS** (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.)

NSDL    Depository Participant Name \_\_\_\_\_    Enclosures  
 DP ID Number \_\_\_\_\_     Client Master List     Delivery Instruction Slip  
 CDSL    Beneficiary Account Number \_\_\_\_\_     Transaction Cum Holding Statement

**5 NEW INVESTOR INFORMATION** (To be filled in Block Letters, please leave one box blank between two words)

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

PAN/PERN \_\_\_\_\_      # KYC Proof      Date of Birth/Date of Incorporation    D D M M Y Y

Name of Guardian (in case of Minor)/Contact Person (in case of non individual applicant)       Mr.     Ms.

PAN/PERN \_\_\_\_\_      # KYC Proof      Relationship with Minor/Designation    MANDATORY

Mailing Address of First/Sole Applicant (PO Box address is not sufficient)

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Overseas Address (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 )

Country \_\_\_\_\_

Contact Details of First/Sole Applicant    Telephone \_\_\_\_\_    Mobile \_\_\_\_\_

Email \_\_\_\_\_

Mode of Holding     Single     Joint     Anyone or Survivor (s) (Default option in case of more than one applicant)

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

Status (of first/sole Applicant)     Resident Individual     Sole Proprietorship     Society/Club     Company     NRI Repatriable     Trust     HUF     Partnership Firm     On Behalf of Minor     Bank/Financial Institution     NRI Non-Repatriable (NRO)     Others    please specify

**NAME OF SECOND APPLICANT**       Mr.     Ms.     M/s.

PAN/PERN \_\_\_\_\_      # KYC Proof      Date of Birth/Date of Incorporation    D D M M Y Y

**NAME OF THIRD APPLICANT**       Mr.     Ms.     M/s.

PAN/PERN \_\_\_\_\_      # KYC Proof      Date of Birth/Date of Incorporation    D D M M Y Y

Name of 1st Alternative Child (Applicable only for Peerless MF Child Plan)       Mr.     Ms.     M/s.

PAN/PERN \_\_\_\_\_      # KYC Proof      \*Date of Birth (Mandatory)    D D M M Y Y

Name of Power of Attorney (POA)       Mr.     Ms.     M/s.

PAN/PERN \_\_\_\_\_      # KYC Proof      Date of Birth/Date of Incorporation    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. \_\_\_\_\_

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.

Peerless MUTUAL FUND for you, forever

Collection Centre's Stamp & Receipt Date and Time



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



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