Diagon refer to the inc	turationa vihila fi	lling the Applied	tion Form	Tiele [<u> </u>	ب مراجع الما	ia annli		A n.n	liaatian	Ne					MUTU	
Please refer to the ins	SUB BROKER ARI		YEE UNIQUE						App ROKER COI	lication		ICTDAD/D	NIK CD N			for you	
					ICATIO	VINUMBER	(EUIN)	SOR-RI	ROKER COL	DE / AGEN	I CODE REG	ISTRAR/ BA		FICE U		TIME O)F K
ARN-167174 Upfront commission shall			E32613 he AMFI req		stributo	rs based o	n the inv	estor's	assessme	nt of vari	ous factors In	cluding the					strib
*I/We hereby confirm that the notwithstanding the advice	EUIN box has been int	tentionally left blank I	by me/us as th	nis is an "ex	ecution-	only" transa	ction witho	ut any ir	nteraction or	advice by	the employee/re	ationship m	anager/sal	les pers	on of the	e above	dis
Sole /1st Applicant/Gu	ardian/Authoricad	Signatory/DOA H	loldor	2	nd Anni	icant/Auth	oriend Si	anaton	//POA Hold	lor	2rd ∧n	olicant/Aut	horicod (Signato	n/PO/	\ Holde	or
TRANSACTION CHA												onodine) tat	Horisca C	JigiTato	nyn Or	THOIGE	
(Rs. 150/-will be	t I am a First Time deducted as transacti	ion charges for trans	saction of Rs.	10,000/- an	d more)	OR		(Rs. 10	0/- will be de	educted as	xisting Invest transaction cha	rges for trar	nsaction o	f Rs. 10	,000/- a	nd more	e)
	hase/subscription amo chase/subscription				gistered utor, U	Distributor nits will	has chose be issue	n 'opt in' d agai	option of chinst the b	arging Tra alance a	nsaction Charge mount invest	s to their in ed.(refer	vestor, the General	same a Inforn	are dedu nation	ictible a Point	is ap No
EXISTING INVESTOR		(Please fill in the	e sections 3,								_		_	_	_	_	
Unit Holding Option		Demat Mo				Mode		Num		oust bold	in depository par	ioinant Dan	not Accous				
DEMAT ACCOUNT D		nsure that the sequer re compulsory, if dema	at mode is opte	ed above.)	a in the	application ic	om matche	es with th				icipant. Den	nat Accour	ıt			
	ository Particip ID Number	ant Name							_	nclosu Clien	ı res t Master Li:	st	□ De	eliver	/ Inst	ructio	on :
	eficiary Accoun	nt Number									saction Cur						
NEW INVESTOR INF	ORMATION (To b	e filled in Block L	etters, pleas	se leave o	ne box	blank betv	veen two	words))								
NAME OF FIRST/S	OLE APPLICA	NT		Mr.	Ms	. M/s	S.										
																	L
PAN/PERN						# KYC		D	Date of B	٦	e of Incorp	oration	D	D	M	M	1
Name of Guardian (in	case of Minor)/	Contact Perso	n (in case	of non i	ndividu	ual applic	ant)		L	Mr.	Ms.						
DANIDEDN						7			Dalatia		th Min or/Da						
PAN/PERN	inat/Cala Ammia	ant (DO Bay			 -:+\	# KYC	Proot		Relatio	isnip wi	th Minor/De	signation		MAN	IDATO	DRY	
Mailing Address of F	Irst/Sole Applic	ant (PO Box a	address is	not sum	cient)									I			
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0:4											Din O de						
Overseas Address	(Mandatany in an		tate	ana in na	ouffic	iont Invo	ntoro roo	idina	overeee.	and with	Pin Code	roop plan	oo provi	do voi	ır India	on ode	dro
Overseas Address	(Manualory in cas	Se of NRI/FII.FC	DOX addit	388 18 1101	Suilic	ieni. inve	Siors res	siding C	overseas :	and with	PO BOX add	ress piea	se provi	de you	ir iridia	an auc	JI es
									Co	ountry							H
Contact Details of Fi	rst/Sole Applic	ant Telephon	e							Mobil	le						T
Email																	_
Mode of Holding	Single	Joint	Anyone	or Surv	ivor (s	s) (Defau	It option	in cas	e of more	than on	e applicant)						
Occupation	Puoinoco	Contino	Drofo	agianal		ouee Wi	ifo 🗆	Ctudo	nt 🗆	Dotiro	d Agric	ulturo	Otho	ro		plea	
(of first/sole Applicant) Status	☐ Business☐ Resident	Service				Socie	tv/Club		Compan	v \square N	d □ Agric RI Repartri	able	Trust		HUF		
(of first/sole Applicant)	☐ Partnersh	nip Firm 🔃	On Beha	if of Mi	nor	Bank/	Éinanc Ms.	ial Ins	stitution M/s.	NF	RI Non-Rep	artriable	(NRO) _ C	thers	plea	ise
NAME OF SECOND	APPLICANT					IVII.	ivis.		vi/3.								
PAN/PERN						# KYC F	Proof		Date of	Rirth/D:	ate of Incor	noration	D	D	M	M	,
NAME OF THIRD A	PPI ICANT					Mr.	Ms.		M/s.	511 (11,75)		901411011			141	101	
TOXILLE OF THIRD A																	Т
PAN/PERN						# KYC F	Proof		Date of	Birth/Da	ate of Incor	poration	D	D	M	M	,
Name of 1st Altern	ative Child (Ar	oplicable only for	Peerless M	F Child P	lan)	Mr.	Ms.		M/s.								
					,		T										Γ
PAN/PERN						# KYC F	Proof			*Date	of Birth (Ma	ındatory) D	D	M	M	,
Name of Power of	Attorney (POA	.)				Mr.	Ms.		M/s.								_
PAN/PERN						# KYC F	Proof		Date of	Birth/D	ate of Incor	poration	D	D	M	M	1
# Please refer instructi	ons on page no.	10, point XII															
	be filled in by	the investor)														P	ee
wledgment Slip (To						App	olication	n No :	:							for	r you
lo :																	
No : ed from Mr./Ms./M/s.			,	Dlan:				0-	ntion:			Colle	ection (I	Centre Date a			κK
lo :		Dated :							ption:			Colle					k K(

6	*BANK ACCOUNT DETAILS (Please attach copy of cancelled cheque) For registering Multiple Bank Accounts please fill up "Registration of Multiple Bank Account" Form								
	Name of the Bank :			Branch :					
	Account Type (Please 🚺) SB Current NRO	NRE FCNR Account Nur	mber:						
	Branch Address :		City:	Pin					
	IFSC Code :		MICR Code	.					
	AMC reserves the right to use any mode of payment deemed appropriate. I/We under	stand that AMC shall not be responsible if transac			of incomplete or incorrect information.				
7	*INVESTMENT DETAILS I/We would like to invest in the following								
	Scheme : Peerless			Plan					
	Option Growth Dividend Bonus(E	onus is applicable only for Peerle	ss Short Term Fund)	Sub-Option					
	*In case of any ambiguity / incomplete information, the default plan / opstatement of Additional Information	tion / sub-option will be applicable as pe	er the scheme's Key Infor	mation Memorandum, Sche	me Information Document &				
	Dividend Frequency Daily	Weekly	Monthly		uarterly				
	Please see the Plan, Option and Dividend policy details in t	ne SID/KIM before filling in the abo	ove details.						
8	*PAYMENT DETAILS (In case of DD, please provide us specific de	claration)							
	Mode of Payment Cash Cheque	DD	Fund Transfer	Others	Please specify				
	Cheque/DD No.	Date D	D M	M Y Y	YY				
	Gross Amount (Rs)	DD Charges (Rs)	Net Am	ount (Rs)					
	Unique No. (In case of cash transaction)								
	Drawn on Bank & Branch		Account Type	SB Current N	RO NRE FCNR				
9	SYSTEMATIC INVESTMENT PLAN (SIP) PAYMENT TYPES (Please select any one option)							
	SIP through Post Dated Cheques (Please fill attached Special Product Fo	<u> </u>	Auto Debit (ECS) (Please fill	up enclosed SIP Auto Debit (E	CS) Form & submit with this form)				
10	NOMINATION DETAILS (Please refer to Page no. 10 instruction VII) In case	e of existing investor, nomination details mentio	ned in the below table will repl	ace the existing details registered	in the folio				
	Nomination Required YES NO								
	Applicant Details Nominee Name Date of Bir of Minor	h Guardian Name (in case Nominee is Minor) Alloca (%)		Sign of Nominee	Sign of Applicants				
	1st App Name:				1st App.				
	2nd App Name:				2nd App.				
	3rd App Name:				3rd App.				
11	Please note that if you do not furnish any nomination details, it is deemed to be assumed HOW DO YOU WISH TO RECEIVE THE DOCUMENT(S) (Please 1)								
	I/We wish to receive the following documents via email in lie		I/We wish to receive t	ne Account Statement in	ı (any one)				
	Annual Reports Account Statement Oth	er Statutory Information	English (Defau		Malayalam				
12	DOCUMENTS ENCLOSED (Please ☑)								
	Resolution/Authorisation to invest List of Autho	rized Signatories with Specimen S		Memorandum & Articles	s of Association				
	Trust Deed Bye-laws Partnership				Copy of cancelled cheque				
-	Copy of PAN Card KYC PIO Card	Foreign Inward Remittance	e Certificate	Special Product Form (SIP / STP / SWP / AEP)				
13	*DECLARATION AND SIGNATURES	urmation and Schame Information Decument	of the Scheme (c) I/Me here	shy apply for units of the cohom	o as indicated above and agree to				
	I/We have read and understood the contents of the Statement of Additional Infa abide by the terms and conditions, rules and regulations of the Scheme and to	ther statutory requirements of SEBI.AMFI, Pr	revention of Money Laundering	ng Act, 2002 and such other regi	ulations as may be applicable from				
	time to time. I/We confirm to have understood the investment objective, investrequal 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 this investments. the satisfaction of the Mutual Fund, I/We hereby authorise the Mutual Fund to rec	eem the funds invested in the scheme, in favo	our of the applicant at the appli	cable NAV prevailing on the date	of such redemption and undertake				
	such other action with such funds that may be required by the law. I/We declar of any Act, Regulations orany other applicable law enacted by the Government	of India or any Statutory Authority. I/We here	by declare that the particular	s above are correct .I/We hereb	y, further agree that the Fund can				
	directly credit all the dividend and redemption amount to my bank details given different competing Schemes of various Mutual Funds from amongst which the	Scheme is being recommended to me/us. For	NRIs: I/We confirm that I an	n/We are Non-resident of Indian	Nationality/Origin and I/We hereby				
	confirm that the funds for subscription have been remitted from ab	oad through approved banking channel	els or from my/our Non-re	esident External/Ordinary Ac	count/FCNFI/NRSR Account.				
	Sole/1st applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signa	atory/POA Holder	3rd Applicant/Authorised	Signatory//POA Holder				
	All fields marked with * are mandatory								

CHECKLIST (Please submit the following documents with application wherever applicable). All documents should be original/true copies certified by a Director/Trustee/Company Secretary/Authorised Signatory/Notary Public.												
Documents	Individual	Companies	Societies	Partnership Firm	Investment through POA	Trust	NRI	FIIs				
Resolution/Authorisation to invest		√	√	√		V		V				
List of Authorised Signatories with Specimen Signatures		√	V	√	✓	V		V				
Memorandum & Articles of Association												
Trust Deed						√						
Bye-laws			/									
Partnership Deed				√								
Notarised POA					√							
PAN/PERN Proof	√ /	√	√	√	√	V	V	V				
KYC in case of Investment of any Amount		√	√	√	√	V	V	√				
Foreign Inward Remittance Certificate							V	\checkmark				
Copy of Cancelled Cheque		√	√	√	√	1	1	1				