	NVESTMENT PLA	N (SIP)			Peerless  MUTUAL FUND	
	d to fill in the Common Applicati uent via Auto Debit in selected citie		n. Application No			
		UNIQUE INDENTIFICATION NUMBER	TRAR/ BANK SR NO DATE & TIME OF RECEIPT			
ARN-167174		E326136			FOR OFFICE USE ONLY	
Upfront commission shall be p	box has been intentionally left blank by m	AMFI registered distributors base ne/us as this is an "execution-only" tran	d on the investor's assessment of saction without any interaction or advice	various factors Incl	uding the service rendered by the distributor. conship manager/sales person of the above distributor of charged any advisory fees on this transaction."	
notwithstanding the advice of the	appropriateriess, if any, provided by i	the employee/relationship manager	sales person of the distributor and t	ine distributor rias ri	of charged any advisory lees on this fransaction	
	n/Authorised Signatory/POA Holde NDATE FORM FOR SIP THRO		horised Signatory/POA Holder  (Debit Clearing/Auto Debit		ant/Authorised Signatory/POA Holder	
(Please ✓ )	New Registration	Renewal of SIF			Cancellation of SIP	
· / /	ES FOR APPLICATIONS THR	OUGH DISTRIBUTORS/AG				
(Rs. 150/-will be deducted as t	st Time Investor in Mutual Funds ransaction charges for transaction of Rs. 10,0 t through SIP (i.e. installments) amounts to Illment amount and paid to the distributor. Ti	000/- and more)		d as transaction charq	or in Mutual Funds ges for transaction of Rs. 10,000/- and more) tion charge, the same are deductible as applicable (refe mount invested.	
INVESTOR AND INVEST				- <u>J</u>		
Sole/First Investor Name						
PAN/PERN				KYC Proof	**	
Folio/Application No.			Existing Investors please me	ntion Folio No. New	applicants please mention the application form I	
Scheme						
Plan		****	(14: 015)		D ( ) ( ( )	
Option "I/We hereby declare that we do no	ot have any existing SIPs which together	**Documents Details ( with the current application in rolling	,	March will result in ago	Documents Number (If any) gregate investment exceeding Rs. 50,000/- in a year	
** Please refer instructions or SIP DETAILS	page no. 11, point XII	3			,	
Each SIP Amount (Rs) First SIP Cheque No.		Cheque Amoun	t (Re)		Cheque Dated	
SIP Dates	1st 7th (Default)		20th 25th Frequency	Monthly (		
SIP Period		ual (Default)	From M M	V V	To M M Y Y	
		, ,		minimum one mon	th for Auto Debit to register and start). Each of the	
	cheque should be of the same amou					
				it Clearing)/Auto De	ebit to account for collection of SIP Payment	
	attach a copy of the cheque of	f below mentioned bank ac	count)			
Account Holder Name						
Bank Name			Bank A/c No.			
Branch Name	On the second	Ourse NDO		City		
Account Type	Saving (	Current NRO	NRE Othe	rs		
MICR Code  I/We hereby declare that the parti-	culars given above are correct and expr	ess my willingness to make payment	IFSC Code referred above through participation in	ECS/Auto debit. If th	ne transaction is delayed or not executed at all for ar	
reasons of incomplete or incorrect conditions mentioned overleaf. I/V	information, I/We would not hold the us We have read and understood the conte	ser institution responsible. I/We will in ents of SID/KIM, I/We hereby apply for	form Peerless Mutual Fund about any or the respective units of Peerless Mutu	changes in my bank ual Fund Scheme at I	ne transaction is delayed or not executed at all for ar account. I/We have read and agreed to the terms ar NAV based resale price and agree to abide by term	
conditions, rules and regulation of	the scheme (s).					
First Account Holder Signature (As in Bank Records)		Second Account Holder S	Second Account Holder Signature (As in Bank Records)		Third Account Holder Signature (As in Bank Records)	
Place :					Date: DD / MM / YY	
FOR BANK USE ONLY  I/We hereby certify that the Recorded On	particulars furnished above are	correct as per our records a	nd we hereby declare that the c Recorded By	opy of this form o	duly completed has been submitted to us.	
Mandate reference No.						
Branch:				Date :	DD / MM / YY	
	rised official from the bank			Bank Stamp		
This is to inform that I/We have	tioned bank account with your bank.	Clearing Service (Debit Clearing) I/We authorise the representative	/ Auto Debit facility and that my pay e carrying this ECS/Auto Debit form	ment towards my S to get it verified ar	IP installments of Peerless Mutual Fund shall be dexecuted. I/We hereby authorise you to debi	
First Account Holder Sig	nature (As in Bank Records)	Second Account Holder Si	gnature (As in Bank Records)	Third Accou	unt Holder Signature (As in Bank Records)	
Acknowledgment Slip /To	o be filled in by the investor)	SIP through FCS	/Auto Debit Form		Peerless	
Received from Mr./Ms./M/s		on anough 200	, DODILI OIIII	Application N	MUTUAL FUNE for you, forever	
An application for Scheme		Plan :	Option :	Application No	Collection Centre's Stamp & Receip	
••	Frequency	Date of Commer	ncement		Date and Time	
Amount	11.1.17	2. 22				