


Common Transaction Slip

Kindly read the KIM, SID and SAI carefully before investing
Please read the instructions before completing this Application form and fill the sections in CAPITAL

1	DISTRIBUTOR CODE/ARN	SUB-BROKER CODE	REGISTRAR /BANK SR NO	DATE & TIME OF RECEIPT
	ARN-13308		FOR OFFICE USE ONLY	
Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors assessment of various factors including the service rendered by the distributor.				
2	EXISTING INVESTORS			
	Folio No	Name		
3	ADDITIONAL PURCHASE REQUEST (Cheque/DD favoring 'Scheme Name')			
	Scheme Name			
	Plan/Option			
	Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> Fund Transfer
	Cheque/DD Dated		Drawn on Bank and Branch	
	Gross Amount (Rs.)	DD Charges (Rs.)	Net Amount (Rs.)	
4	REDEMPTION REQUEST			
	Scheme Name			
	Plan/Option			
	Amount (Rs.)	Number of Units	<input type="checkbox"/> All Units	
5	SWITCH REQUEST			
	From : Scheme			
	Plan/Option			
	To : Scheme			
	Plan/Option			
	Amount (Rs.)	Number of Units	<input type="checkbox"/> All Units	
6	UPDATION OF CONTACT DETAILS (Address updation only for Non-KYC holders. KYC compliant customer please contact CVL)			
	Address			
	City	Pin	State	Country
	Email	Tel		Mobile
7	UPDATION OF BANK DETAILS (Please attach cancelled cheque)			
	Bank Name	Branch		
	Bank Account No.	Bank Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	
	IFSCCode	MICR Code		
	Bank Address			
AMC reserves the right to use any mode of payment as deemed appropriate. I/We understand that AMC shall not be responsible if transaction through DC/RTGS/NEFT could not be carried out because of incomplete or incorrect information.				
8	NOMINATION DETAILS			
<input type="checkbox"/> I/We hereby nominate the under mentioned nominee to receive the amount to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be a valid discharge by the AMC/Mutual Fund/Trustee Company.				
	Name of Nominee	%	Date of Birth	If Nominee Is Minor
	Name of Nominee	%	Date of Birth	If Nominee Is Minor
	Name of Nominee	%	Date of Birth	If Nominee Is Minor
	* Name of the Guardian	If Nominee Is Minor		Relationship with the Minor
	Address of the Nominee/Guardian			
<input type="checkbox"/> I/We hereby cancel the nomination made by me / us on DD / MM / YYYY				

Acknowledgment Slip (To be filled in by the investor)	Folio/Application No.				
Received from Mr./Ms./M/s.	Scheme				
Nature of Transaction <input type="checkbox"/> Additional Purchase <input type="checkbox"/> Redemption	<input type="checkbox"/> Updation of contact details Cheque No. No. of Units	<input type="checkbox"/> Updation of Bank particulars Amount (Rs.)	<input type="checkbox"/> Nomination <input type="checkbox"/> KYC Updation	Collection Centre 's Stamp & Receipt Date and Time	
Systematic Investment Plan	Amount (Rs) / Unit	Frequency	Date of commencement		
Systematic Withdrawal Plan	Cheque Nos.				
Systematic Transfer Plan	From Scheme: To Scheme				

Common Transaction Slip

9	KYC UPDATION (Please attach proof)													
<input type="checkbox"/> First Holder <input type="checkbox"/> Second Holder <input type="checkbox"/> Third Holder														
10	SYSTEMATIC INVESTMENT PLAN (SIP) THROUGH POST DATED CHEQUES (Investor subscribing to SIP through ECS/Direct Debit must fill up the SIP Auto Debit Form)													
Name of the Scheme/Plan/Option														
SIP Date <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th														
Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly SIP From <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> SIP To <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>							M	M	Y	Y	M	M	Y	Y
M	M	Y	Y											
M	M	Y	Y											
Cheque(s) Details <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">No. of Cheque(s)</td> <td style="width: 33%;">SIP Amount (in figures)</td> <td style="width: 33%;">Cheque(s) No.</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>							No. of Cheque(s)	SIP Amount (in figures)	Cheque(s) No.					
No. of Cheque(s)	SIP Amount (in figures)	Cheque(s) No.												
Cheque(s) drawn on <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name of Bank and Branch</td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>							Name of Bank and Branch							
Name of Bank and Branch														
New Investors are requested to fill in the common application form														
11	SYSTEMATIC WITHDRAWAL PLAN (SWP)													
Name of the Scheme/Plan/Option														
Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly SWP from <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> SWP To <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>							M	M	Y	Y	M	M	Y	Y
M	M	Y	Y											
M	M	Y	Y											
Amount per Withdrawal (Rs) No of Installments														
12	SYSTEMATIC TRANSFER PLAN (STP)													
From Scheme		Plan	Option	To Scheme		Plan								
STP Dates <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th														
Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly STP from <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> STP To <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>							M	M	Y	Y	M	M	Y	Y
M	M	Y	Y											
M	M	Y	Y											
Amount Per Installment (Rs) No of Installments														
Please see the Plans & Options and Dividend policy details in the Scheme Information Document before filling in the above details.														
13	DECLARATION AND SIGNATURES													
<p>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 this investments. I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with KYC norms. 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 train 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.</p>														
Sole/1st applicant/Guardian/Authorised Signatory/POA Holder		2nd Applicant/Authorised Signatory/POA Holder		3rd Applicant/Authorised Signatory/POA Holder										

All future communication in connection with this application should be addressed to the Registrar of the scheme or Customer Service Cell of Peerless Mutual Fund.

Customer Service Cell :

Peerless Funds Management Co. Ltd.
Ground 03, Churchgate Chambers,
Sir. Vitthaladas Thackersay Marg,
New Marine Lines, Mumbai - 400 020.

Registrar :

Karvy Computershare Pvt. Ltd.,
(Unit: Peerless Mutual Fund),
8-2-596 Karvy Plaza, Avenue 4,
Street No.1, Banjara Hills, Hyderabad 500034.

You can reach us in three ways



Web site www.peerlessmf.co.in



Toll Free : 1800 200 9995
Non Toll Free : 022 61779922



connect@peerlessmf.co.in