	ructions v	while fillir	ng the Ap	plicatio	on Forn	n. Tick	₹ 🗹	whichever	is appli	cable.	Application	n No:					MUTU for you	
DISTRIBUTOR / ARN CODE	SUB BRO	OKER ARN (CODE E	MPLOYE	E UNIQU	JE INDE	NTIFICAT	ION NUMBER	(EUIN)*	SUB-BROKE	R CODE / AGE	NT CODE RE	GISTRAR/ BAI	NK SR N	0	DATE &	TIME O	F REC
Bonanza - 0186														FOR O	FFICE U	SE ONL	_Y	
Upfront commission shall I													_					
*I/We hereby confirm that the I notwithstanding the advice	EUIN box has of in-approp	s been inten oriateness,	if any, prov	olank by r	me/us as the emp	this is a ployee/i	n "executi relationsh	on-only" transa ip manager/sa	ction withouten	out any interac on of the dist	tion or advice b ributor and th	y the employee/r e distributor ha	elationship mar s not charged	nager/sal I any ao	es perso lvisory	on of the fees or	e above n this ti	distrib ansac
Sole /1st Applicant/Gua	ardian/Auth	horicad Si	anatory/Pi	OA Hole	dor		2nd Δ	oplicant/Auth	oricad Si	anatory/PO	A Holder	3rd A	oplicant/Auth	oricad (Sianata	ny/P∩i	A Holde	ır
TRANSACTION CHAI						I DIS				• •			phouner tuti	orioca c	riginato	19/1 0/	THOIG	.1
I confirm that (Rs. 150/-will be)/- and mo	OR re)				Existing Inve				.000/- a	nd more	:)
In case the purch from The purc									has chose be issue									
EXISTING INVESTOR	INFORM	IATION (Please fill	in the s	ections (3,6,7,8	,13)											
Unit Holding Optio	ns		Demat	t Mode	÷		Physic	al Mode	Folio	Number								
DEMAT ACCOUNT D	ETAILS ((Please ensu details are o	ure that the s compulsory, i	equence f demat n	of names node is op	s as mer oted abo	itioned in t	ne application f	orm matche	es with that, of	the account he	d in depository pa	articipant. Dema	it Accour	t			
NSDL Dep	ository P	articipar	nt Name	,							Enclos	ures						
	D Numbe											nt Master L			elivery	•	ructio	n SI
	eficiary A										Irai	nsaction Cu	m Holding	State	ment			
NEW INVESTOR INFO				ock Lette	ers, plea	ase lea				words)								
NAME OF FIRST/S	OLE API	PLICAN	11		L	Mı	r N	/ls M/	S.									
								# 10/0	D f						_			
PAN/PERN								# KYC		Date		ate of Incorp	oration	D	D	M	M	Υ
Name of Guardian (in	case of N	Minor)/Co	ontact Pe	erson ((in case	e of n	on indiv	idual applic	ant)		Mr.	Ms.						
								\bot										
PAN/PERN								# KYC	Proof	Re	elationship v	with Minor/D	esignation		MAN	IDATO	ORY	
Mailing Address of F	irst/Sole	Applicar	nt (POE	3ox ad	dress is	s not s	sufficier	t)										
City				Stat	ie							Pin Code						
Overseas Address	(Mandator	ry in case	of NRI/F	II.PO B	ox add	ress is	not suf	ficient. Inve	stors res	siding overs	seas and wi	h PO Box ad	dress pleas	e provi	de you	ır Indi	an add	ress
											Country	/						
Contact Details of Fi	rst/Sole A	Applicar	t Telep	hone							Mob	ile			Т			
Email																		
Mode of Holding	Sin	gle	Joint	ПА	\ \nyone	e or S	urvivor	(s) (Defau	It option	in case of	more than o	ne applicant)						
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Occupation		siness	Serv					House W				ed 🗆 Agri					plea	se s
(of first/sole Applicant)	Res	rtnership	ndividual p Firm				torship Minor		ty/Club /Financ	ial Institu		NRI Repartı IRI Non-Re		Trust (NRO			plea	se s
								Mr.	Ms.	M/s.							,	
(of first/sole Applicant) Status	☐ Par	CANT																
(of first/sole Applicant) Status (of first/sole Applicant)	☐ Par	CANT		\vdash										D	D	M	M	Υ
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(of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECONE	☐ Par							# KYC I	Proof Ms.		e of Birth/l	Date of Inco	rporation	L				
(of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECONE PAN/PERN	☐ Par										e of Birth/l	Date of Inco	rporation					
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((I)) Toll Free : 1800 103 8999 Non Toll Free : 022 61779922

6	*BANK ACCOUNT DE	ETAILS (Please	e attach copy o	f cancelled	chequ	e) For registering	Multiple Ba	nk Accounts	please f	ill up	"Regist	ration	of Multip	ole Bank	Acco	unt" Fori	n			
	Name of the Bank:										ı	3ranc	h :							
	Account Type (Please 🗹) SB Current NRO NRE FCNR Account Number :																			
	Branch Address :					City:							Pin						T	
	IFSC Code :				Т				MIC	CR (Code :									
	AMC reserves the right to use	any mode of paym	nent deemed appro	priate. I/We ur	nderstar	nd that AMC shall not I	be responsible	if transaction t				ould not	be carried	out becau	use of ir	ncomplete	or incorr	ect infor	mation.	
7	*INVESTMENT DETA	ILS I/We would	l like to invest i	n the follow	ing sc	heme of Peerless	Mutual Fund	d												
	Scheme : Peerless											Plan								
	Option Grov		vidend		,	nus is applicable	•				,		Option							
	*In case of any ambiguity Statement of Additional I		nformation, the	default plan	/ optic	on / sub-option will	be applicab	le as per the	e scheme	's Ke	ey Inform	ation N	Memorar	ndum, So	cheme	Informa	tion Do	cumer	nt &	
	Dividend Frequency		Weekly Monthly Quarterly																	
	Please see the Plan,	•		•			e filling in t	the above	details.											
8	*PAYMENT DETAILS																			
	Mode of Payment	Cas	sh	Che	que		DD	Fu	nd Trans	sfer		Others Please specify								
	Cheque/DD No.						Date	D	D	1	M	М	Y	Y		Υ	Υ			
	Gross Amount (Rs)				DD	Charges (Rs)			Net Am			mount (Rs)								
	Unique No. (In case of ca	ash transaction)						A	. T	🖂	SB Current NRO NF					וחר	RE FCNR			
	Drawn on Bank & Bra	anch							Account	гтур	be	SB	Curr	ent	NR	J r	IRE	F(JNK	
9	SYSTEMATIC INVEST		<u> </u>		•			<u> </u>												
10	SIP through Post Dated NOMINATION DETAI						<u> </u>		`	, ,					` _		submit v	ith this	form)	
10	Nomination Require		to Page no. To inst	NO	case of	r existing investor, not	nination detail	is mentioned in	i the below	table	will replac	e the ex	disting det	alis registe	erea in	the folio				
	Applicant Details	Nominee N	lame	Date of of Mino	Birth	Guardian N		Allocation	n	Si	ign of		Ş	ign of			Sign	of		
						(in case Nominee	is Minor)	(%)		Guăr			No	minee		App	olicant	S		
	1st App Name:														1	st App.				
	2nd App Name:														2	nd App	•			
	3rd App Name:														3	rd App.				
11	Please note that if you do not f						minate anyone.													
'''	I/We wish to receive			. , , ,			ımont (s)	1/\\/o	wish to	roo	oivo th	. A oo	ount Ct	otomon	t in (001/00	٥)			
	Annual Reports		int Statement			Statutory Inforn	٠,	1/ 0/ 0			Default			Bengal		Malay	,			
12	DOCUMENTS ENCLO	SED (Please	: ▼)			-					-									
	Resolution/Autho	risation to in	vest	List of Au	thoriz	ed Signatories	with Speci	imen Signa	atures		N	1emor	randum	& Artic	cles o	f Assoc	iation			
	Trust Deed	Bye-I	laws	Partnersh	ip De	_	_	as Auditor					sed PO			py of ca			•	
	Copy of PAN Car			PIO Card		Foreign In	ward Rem	ittance Ce	ertificate		S	pecia	l Produ	ıct Forn	n (SII	P / STP	/ SWI	P / AE	P)	
13	*DECLARATION AND				la fa an	estica and Cabana la	famatian Da		C-b	(-) IA	NA/- hh		fan omita	-640		- ii				
	I/We have read and unders	ditions, rules and	I regulations of the	Scheme and	I to oth	er statutory requirem	ents of SEBI.	AMFI, Preven	tion of Mor	ney La	aundering	Act, 20	02 and si	uch other	regulat	tions as m	ay be a	plicabl	e from	
	time to time. I/We confirm t equal to or more than 25% induced by any rebate or of	of the corpus of	the scheme, then	Peerless Ful	nds Ma	nagement Co. Ltd. h	as full right to	refund the e	xcess to m	ne/us	to bring r	ny/our i	nvestmer	nt below 2	25%. I/\	Ne have r	ot rece	ved no	r been	
	the satisfaction of the Mutua such other action with such	al Fund, I/We here	eby authorise the N	/lutual Fund to	redee	m the funds invested	in the scheme	e, in favour of t	the applica	ant at t	the applica	able NA	V prevailii	ng on the	date of	such rede	emption	and und	dertake	
	of any Act, Regulations ora directly credit all the divider	ny other applicab	ole law enacted by	the Governm	nent of	India or any Statutor	y Authority. I/	We hereby de	eclare that	the pa	articulars	above a	are corre	ct .I/We he	ereby,	further ag	ree that	the Fur	nd can	
	different competing Scheme confirm that the funds	es of various Mutu	ual Funds from ar	nongst which	the Sch	neme is being recom	mended to me	e/us. For NRIs	: I/We cor	nfirm t	that I am/	Ne are	Non-resid	dent of Ind	lian Na	tionality/C	rigin an	d I/We I	hereby	
						3 177			. ,	,				,						
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	Sole/1st applicant/Gu All fields marked w			OA HOIGE		∠na Applic	ant/Authorise	ed Signatory	/PUA H010	uer		sra	Applican	nt/Authori	sed S	упаюту//	PUAH	Juer		
	7 II	ia. ale man	actory																	

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					
List of Authorised Signatories with Specimen Signatures		√	√	✓	√	√		V					
Memorandum & Articles of Association		√											
Trust Deed						√							
Bye-laws			√										
Partnership Deed													
Notarised POA					✓								
PAN/PERN Proof	√	✓	√	√	√	√	√	\checkmark					
KYC in case of Investment of any Amount	√	√	√	√	√	√	√	√					
Foreign Inward Remittance Certificate							√	√					
Copy of Cancelled Cheque	✓	✓	✓	✓	✓	√	√	√					