DISTRIBUTOR / ARN CODE	tructions w										Application						for you	
	SUB BROK	KER ARN CO	DDE EN	IPLOYEE	UNIQUE	INDENTIF	ICATIO	N NUMBER (I	EUIN)*	SUB-BROKE	ER CODE / AG	ENT CODE R	EGISTRAR/ BA	ANK SR I	100	DATE &	TIME O	F REC
Bonanza - 0186														FOR O	OFFICE U	SE ONL	_Y	
Upfront commission shall I *I/We hereby confirm that the I													_					
notwithstanding the advice	of in-appropri	riateness, if	any, prov	ided by t	the emplo	yee/relati	onship	manager/sale	es perso	n of the dis	tributor and t	ne distributor h	as not charge	ed any a	idvisory	fees or	n this ti	ansac
Sole /1st Applicant/Gua	ardian/Autho	orised Sig	natory/P0	DA Holde	er	2	nd App	licant/Autho	rised Sig	gnatory/PO	A Holder	3rd A	Applicant/Aut	horised	Signato	ory/PO/	A Holde	er
TRANSACTION CHA	RGES FO	R APPLI	CATION	S THR	OUGH	DISTRI	зито	RS/AGEN	TS ON	LY (Please	tick any on	of the below)						
Rs. 150/-will be	deducted as tr	transaction c	charges for	transactio	on of Rs. 1					(Rs. 100/- wi	II be deducted	Existing Inv	harges for trar	saction of	of Rs. 10			
In case the purch from The purc	ase/subscripti hase/subscr	ion amount i ription am	s Rs. 10,00 rount and	10/- or moi	re and you le to the	ur AMFIRe e distrib	egistered utor, U	d Distributor h Inits will b	as chose e issue	n 'opt in' optio d against	on of charging the balance	Transaction Cha amount inve	rges to their invested.(refer	vestor, th Genera	e same a I Inforn	are dedu nation	uctible a Point	s appli No.
EXISTING INVESTOR	INFORM	<b>ATION</b> (P	lease fill i	n the se	ctions 3,	6,7,8,13)												
Unit Holding Option	ns		Demat	Mode		Phy	ysical	Mode	Folio	Number								
DEMAT ACCOUNT D	ETAILS (P	Please ensure details are co	e that the se mpulsory, if	equence o demat mo	of names as ode is opte	s mentione d above.)	d in the	application for	m matche	s with that, of	the account he	eld in depository	articipant. Den	nat Accou	int			
NSDL Dep	ository Pa	articipan	t Name								Enclo	sures						
DP I	D Numbe	∍r										ent Master			elivery	•	ructio	n SI
CDSL Bend	eficiary Ad	ccount N	lumber								Tra	nsaction C	um Holdin	g Stat	ement	t .		
NEW INVESTOR INFO	DRMATIO	<b>N</b> (To be fi	lled in Blo	ck Lette	rs, pleas	e leave o	ne box	blank betwe	een two	words)								
NAME OF FIRST/S	OLE APP	LICAN	Г			Mr.	Ms	M/s.										_
PAN/PERN								# KYC P	roof	Date	of Birth/D	ate of Incor	poration	D	D	M	M	Υ
Name of Guardian (in	case of M	/linor)/ <b>Co</b>	ntact Pe	rson (i	in case	of non i	ndivid	ual applica	ınt)		Mr.	Ms.						
PAN/PERN								# KYC F	Proof	Re	elationship	with Minor/E	esignation		MAN	NDATO	ORY	
Mailing Address of F	irst/Sole A	Applicant	t (POB	ox add	lress is	not suffi	cient)											
														+	+			
City				Ctata								Din Cod				-		
Oversees Address	/Mandatan		of NIDI/EI	State		!!	66:	iant Incom		: d:		Pin Cod			نما د داداد	un Imali		
Overseas Address	(Mandatory	/ in case o	OT NRI/FI	1.PO B0	ox addre	ss is no	Sumic	ient. Inves	ors res	laing over	seas and w	Ith PO Box a	adress piea	se prov	ide you	Jr India	an add	ress
											Count			-	+	-		
											Counti	-				<u> </u>		
Contact Details of Fi	rst/Sole A	ppiicant	reiepr	ione							Мо	olle						
Email																		
	Sing	gle	Joint	Ar	nyone (	or Surv	ivor (	s) (Default	option	in case of	more than	one applican	:)					
Mode of Holding		iness	Servi	ice 🗆	Profes	ssional	□н	louse Wif	e 🗆 S	Student	Reti	ed 🗆 Agi	iculture	Oth	ers		plea	ise s
Mode of Holding Occupation	Busi		dividual	☐ Sc	ole Pro	prietors	ship	Societ	y/Club	Cor	npany 🗌	NRI Repar	riable	Trust	t 🗌 l		nlaa	
Mode of Holding Occupation (of first/sole Applicant) Status	Res			Or	n Beha	lf of Mi	nor	☐ Bank/F	inanc Ms.	ial Institu M/s.	ition 🔲	NRI Non-Re	epartriable	(NRC	)) 🗌 O	)thers	plea	se s
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant)	Resi	tnership	⊢ırm					IVII.		IVI/S.								
Mode of Holding Occupation (of first/sole Applicant) Status	Resi	tnership	rirm															
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECOND	Resi	tnership	FIRM					# IO/O D										
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECOND	Resi	tnership	FIRM					# KYC Pi	roof		te of Birth	Date of Inc	orporation	D	D	M	M	Υ
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECONE PAN/PERN	Resi Part	CANT	FIRM					# KYC P		Dat M/s.	te of Birth	Date of Inc	orporation	D	D	M	M	Υ
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECONE PAN/PERN	Resi Part	CANT	FIRM						roof		te of Birth	Date of Inc	orporation	D	D	M	M	Υ
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECOND PAN/PERN NAME OF THIRD A	Resi Part	CANT	FIRM						roof Ms.	M/s.		Date of Inc			D	M	M	Y
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECOND PAN/PERN NAME OF THIRD A PAN/PERN	Resi Part  O APPLIC	CANT		for Pee	erless MR	F Child P	lan)	Mr.	roof Ms.	M/s.	te of Birth							
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECOND PAN/PERN NAME OF THIRD A PAN/PERN	Resi Part  O APPLIC	CANT		for Pee	erless MF	F Child P	lan)	Mr.	roof Ms.	M/s.	te of Birth							
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECONE PAN/PERN NAME OF THIRD A PAN/PERN Name of 1st Alterna	Resi Part  O APPLIC	CANT		for Pee	erless MF	F Child P	lan)	Mr.	roof Ms. roof Ms.	M/s.	te of Birth		orporation	D				
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECOND PAN/PERN NAME OF THIRD A PAN/PERN Name of 1st Alterna PAN/PERN	Resi Part  O APPLIC  APPLICAN  ative Chil	CANT  NT  Id (Applic		for Pee	erless MF	F Child P	lan)	Mr.  # KYC Pi Mr.	roof Ms. roof Ms.	M/s.	te of Birth	Date of Inc	orporation	D	D	M	M	Y
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECOND PAN/PERN NAME OF THIRD A PAN/PERN Name of 1st Alterna PAN/PERN	Resi Part  O APPLIC  APPLICAN  ative Chil	CANT  NT  Id (Applic		for Pee	erless MF	E Child P	lan)	Mr.  # KYC Pi  Mr.  # KYC Pi	roof Ms. roof Ms.	Dat M/s.	te of Birth	Date of Inc	orporation	D	D	M	M	Y
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECONE PAN/PERN NAME OF THIRD A PAN/PERN Name of 1st Alterna PAN/PERN Name of Power of A	Resi Part  O APPLIC  APPLICAN  ative Chil	CANT  NT  Id (Applic		for Pee	erless MF	F Child P	lan)	Mr.  # KYC Pi  Mr.  # KYC Pi  Mr.	roof Ms. roof Ms. roof Ms.	Dat M/s.	te of Birth/	Date of Inc	orporation Mandatory	D D	D	M	M	Y
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECONE PAN/PERN NAME OF THIRD A PAN/PERN Name of 1st Alterna PAN/PERN Name of Power of A PAN/PERN	Resi Part  O APPLIC  APPLICAN  ative Chil	NT  (POA)	cable only		eriess MF	F Child P	llan)	Mr.  # KYC Pi  Mr.  # KYC Pi	roof Ms. roof Ms. roof Ms.	Dat M/s.	te of Birth/	Date of Inc	orporation Mandatory	D D	D	M	M	Y
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECONE PAN/PERN NAME OF THIRD A PAN/PERN Name of 1st Alterna PAN/PERN Name of Power of A PAN/PERN	Resi Part  O APPLIC  APPLICAN  ative Chil	NT  (POA)	cable only		erless MF	F Child P	llan)	Mr.  # KYC Pi  Mr.  # KYC Pi  Mr.	roof Ms. roof Ms. roof Ms.	Dat M/s.	te of Birth/	Date of Inc	orporation Mandatory	D D	D	M	M	Y
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECONE PAN/PERN NAME OF THIRD A PAN/PERN Name of 1st Alterna PAN/PERN Name of Power of A PAN/PERN # Please refer instruction wiedgment Slip (To	PPLICAN ative Chil	NT  Id (Application (POA)	cable only	'	erless MF	Child P	lan)	Mr. # KYC PI # KYC PI # KYC PI	Ms. Ms. Ms. Ms.	Dati M/s.  M/s.  M/s.	te of Birth/	Date of Inc	orporation Mandatory	D D	D	M	M M	Y Y Y
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECONE PAN/PERN NAME OF THIRD A PAN/PERN Name of 1st Alterna PAN/PERN Name of Power of A PAN/PERN # Please refer instruction wiedgment Slip (To	Resi Part  O APPLIC  APPLICAN  ative Chil  Attorney (  ons on pag  be filled in	NT  Id (Application (POA)  in by the	point XI	or)		F Child P	lan)	Mr. # KYC PI # KYC PI # KYC PI	Ms. Ms. Ms. Ms.	Dat M/s.	te of Birth/	Date of Inc	orporation	D D	D D	M	M M	Y Y  Peeri
Mode of Holding Occupation (of first/sole Applicant) Status (of first/sole Applicant) NAME OF SECONE PAN/PERN NAME OF THIRD A PAN/PERN Name of 1st Alterna PAN/PERN Name of Power of A PAN/PERN # Please refer instruction wledgment Slip (To lo : ed from Mr./Ms./M/s.	Resi Part  O APPLIC  APPLICAN  Attorney (  ons on pag  be filled in	NT  (POA)  ge no. 10.  in by the	point XI	or)				# KYC PI # KYC PI # KYC PI App	Ms.  Ms.  Ms.  Ms.  Ms.  Ms.  Ms.  Ms.	M/s.  Dat M/s.  M/s.	*Dai	Date of Inc	orporation	) D	D	M M M	M M	Y Y  Peeri
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(((i))) Toll Free: 1800 103 8999 Non Toll Free: 022 61779922

6	*BANK ACCOUNT DETAILS (Please attach copy	of cancelled chequ	e) For registering Multiple B	ank Accounts	please fil	II up "Registratio	on of Multiple Bank A	Account" Form	
	Name of the Bank :					Brai	nch:		
	Account Type (Please ▼) SB Curr	ent NRO	NRE FCNR Acco	unt Number					
	Branch Address :			С	ity:		Pin		
	IFSC Code :				MIC	CR Code :			
	AMC reserves the right to use any mode of payment deemed app	opriate. I/We understa	nd that AMC shall not be responsible	e if transaction th			not be carried out becaus	se of incomplete or incorrect information	on.
7	*INVESTMENT DETAILS I/We would like to invest	in the following so	heme of Peerless Mutual Fu	nd					
	Scheme : Peerless					Pla	an		
	Option Growth Dividend	<u> </u>	nus is applicable only for				ıb-Option		
	*In case of any ambiguity / incomplete information, the Statement of Additional Information	default plan / opti	on / sub-option will be applica	ble as per the	scheme'	s Key Informatio	n Memorandum, Sch	heme Information Document &	
	Dividend Frequency Daily		Weekly		Мо	nthly		Quarterly	
	Please see the Plan, Option and Dividend pol			the above of	details.				
8	*PAYMENT DETAILS (In case of DD, please provi						011	Discourse	
	Mode of Payment Cash	Cheque	DD		nd Trans		Others	Please specify	
	Cheque/DD No.		Date	e D	D	M M	YYY	YYY	
	Gross Amount (Rs)	DI	Charges (Rs)			Net Amount	(Rs)		
	Unique No. (In case of cash transaction)				Account	Type SB	Current	NRO NRE FONE	2
	Drawn on Bank & Branch			′	tocount	турс ов	ouncire	THE TOTAL	`
9	SYSTEMATIC INVESTMENT PLAN (SIP) PAYM  SIP through Post Dated Cheques (Please fill attached S	<u> </u>	<u>-</u>	<u> </u>	ehit (ECS)	(Please fill un en	closed SIP Auto Debit (	(ECS) Form & submit with this form	m)
10	NOMINATION DETAILS (Please refer to Page no. 10 in:							. ,	,
	Nomination Required YES	□ NO				·			T
	Applicant Details Nominee Name	Date of Birth of Minor	Guardian Name (in case Nominee is Minor)	Allocation (%)		Sign of Guardian	Sign of Nominee	Sign of Applicants	
		0.1111101	(iii dada Hallimaa la Iliinia)	(70)		- Cuaranan	11011111100	, ipplieditte	
	1st App Name:							1st App.	
	2nd App Name:							2nd App.	
	3rd App Name:							3rd App.	-
44	Please note that if you do not furnish any nomination details, it is de			9.				ота дрр.	_
11	HOW DO YOU WISH TO RECEIVE THE DOCU	. , , ,	·	1////-	tala 4a	annaire tha A		in ( )	
	Annual Reports Account Statemen		Statutory Information	i/vve		sh (Default op	ccount Statement tion) Bengali		
12	DOCUMENTS ENCLOSED (Please ✓)								
	Resolution/Authorisation to invest	List of Authoriz	zed Signatories with Spec	cimen Signa	itures	Mem	norandum & Article	es of Association	
	Trust Deed Bye-laws	Partnership De		eas Auditor			rised POA	Copy of cancelled cheque	е
-	Copy of PAN Card KYC	PIO Card	Foreign Inward Rer	mittance Ce	rtificate	Spec	cial Product Form	(SIP / STP / SWP / AEP)	
13	*DECLARATION AND SIGNATURES  I/We have read and understood the contents of the Stateme	nt of Additional Inform	nation and Scheme Information F	locument of the	Scheme (	s) I/Me hereby an	nly for units of the sche	ame as indicated above and agree	to
	abide by the terms and conditions, rules and regulations of the time to time. I/We confirm to have understood the investment	e Scheme and to oth	er statutory requirements of SEB	I.AMFI, Preventi	ion of Mon	ey Laundering Act,	2002 and such other re	egulations as may be applicable fro	m
	equal to or more than 25% of the corpus of the scheme, the induced by any rebate or gifts, directly or indirectly in making	n Peerless Funds Ma this investments. I/V	anagement Co. Ltd. has full right Ve undertake that these investme	to refund the ex nts are on my/o	cess to mur own acc	e/us to bring my/or count and in event	ur investment below 25 Know Your Customer p	5%. I/We have not received nor been process is not completed by me/us	en to
	the satisfaction of the Mutual Fund, I/We hereby authorise the such other action with such funds that may be required by the	e law. I/We declare ti	nat the amount invested in the So	heme is through	n legitimate	e sources only and	is not designed for the	purpose of contravention or evasion	on
	of any Act, Regulations orany other applicable law enacted directly credit all the dividend and redemption amount to my	bank details given ab	ove. The ARN holder has disclose	ed to me/us all the	he commis	sion (in the form of	f trail commission or any	y other mode), payable to him for th	he
	different competing Schemes of various Mutual Funds from a confirm that the funds for subscription have been r								
	Sole/1st applicant/Guardian/Authorised Signatory.	POA Holder	2nd Applicant/Authoris	sed Signatory/	POA Hold	er 3	Brd Applicant/Authorise	sed Signatory//POA Holder	
	All fields marked with * are mandatory								

Documents	Individual	Companies	Societies	Partnership Firm	Investment through POA	Trust	NRI	FII
Resolution/Authorisation to invest		√	√	√		<b>√</b>		V
List of Authorised Signatories with Specimen Signatures		√	✓	√	√	<b>√</b>		$\overline{}$
Memorandum & Articles of Association								
Trust Deed						<b>√</b>		
Bye-laws			1					
Partnership Deed				<b>√</b>				
Notarised POA					✓			
PAN/PERN Proof	√ √	√	√	√	√	<b>√</b>	<b>√</b>	$\overline{}$
KYC in case of Investment of any Amount		<b>√</b>	<b>√</b>	√	√	<b>√</b>	V	V
Foreign Inward Remittance Certificate							V	V
Copy of Cancelled Cheque		<b>√</b>	_/	<b>√</b>	✓	1 /	1	17