

COMMON APPLICATION FORM FOR DEBT & LIQUID SCHEMES (All fields marked with * are mandatory)



Please refer to the instructions while filling the Application Form. Tick whichever is applicable. Application No :

1	DISTRIBUTOR CODE/ARN	SUB-BROKER CODE	REGISTRAR /BANK SR NO	DATE & TIME OF RECEIPT
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ARN-56003

FOR OFFICE USE ONLY

Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investor's assessment of various factors including the service rendered by the distributor.

2	EXISTING INVESTOR INFORMATION <small>(Please fill in the sections 2,4,5,6,12)</small>
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Folio Number _____ **Name of the First / Sole Applicant** _____

3	NEW INVESTOR INFORMATION <small>(To be filled in Block Letters, please leave one box blank between two words)</small>
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Name of First / Sole Applicant Mr. Ms. M/s.

PAN _____ # PAN Proof KYC Proof Date of Birth/Date of Incorporation

D	D	M	M	Y	Y
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Name of Guardian/Legal Guardian (In case of Minor) / **Contact Person** (In case of non individual applicant) Mr. Ms. M/s.

PAN _____ # PAN Proof KYC Proof Relationship _____

Mailing Address of First/Sole Applicant (PO Box address is not sufficient.)

City _____ State _____ Pin Code _____

Overseas Address (Mandatory in case of NRI/FII-PO Box address is not sufficient. Investors residing overseas and with PO Box address please provide your Indian address)

Country _____

Contact Details of First / Sole Applicant Telephone _____ Mobile _____

Email _____

Mode of Holding Single Joint Anyone or Survivor (s) (Default option in case of more than one applicant)

Occupation (of sole/first applicant) Business Service Professional House Wife Student Retired Agriculture Others please specify _____

Status (of First/ Sole Applicant) Resident Individual Sole Proprietorship Society/Club Company NRI Repatriable Trust HUF Partnership Firm On behalf of Minor Bank/Financial Institution NRI Non-Repatriable (NRO) Others please specify _____

Name of Second Applicant Mr. Ms. M/s.

PAN _____ # PAN Proof KYC Proof Date of Birth / Date of Incorporation

D	D	M	M	Y	Y
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Name of Third Applicant Mr. Ms. M/s.

PAN _____ # PAN Proof KYC Proof Date of Birth / Date of Incorporation

D	D	M	M	Y	Y
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Name of 1st Alternative Child (Applicable only for Peerless MF Child Plan) Mr. Ms. M/s.

PAN _____ # PAN Proof KYC Proof * Date of Birth (Mandatory)

D	D	M	M	Y	Y
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Name of Power of Attorney (POA) Mr. Ms. M/s.

PAN _____ # PAN Proof KYC Proof Date of Birth / Date of Incorporation

D	D	M	M	Y	Y
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4.	*BANK ACCOUNT DETAILS <small>(Please attach cancelled cheque)(For registering Multiple Bank Accounts please fill up form *Registration of Multiple Bank Account)</small>
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Name of the Bank : _____ Branch : _____

Account Type (Please) SB Current NRO NRE FCNR

Account Number : _____

Branch Address : _____ City : _____ Pin _____

IFSC Code : _____ MICR Code : _____

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. # Refer instructions related to PAN & KYC

Acknowledgment Slip (To be filled in by the investor)

Folio No :	Application No :
Received from Mr./Ms./M/s. _____	 Collection Centre 's Stamp & Receipt Date and Time
An application for Scheme: _____ Plan : _____ Option : _____	
Cheque/DD No. _____ Dated : _____ Amount (Rs.) _____	
Drawn on Bank and Branch : _____	
Please note : All Purchases are subject to realization of Cheques/DD.	

Customer Service Cell : Ground 03, Churchgate Chambers, Sir. Vithaldas Thackersay Marg, New Marine Lines, Mumbai - 400 020.

