

Special Product Form

Application No

ARN-56003



1 INVESTOR AND INVESTMENT DETAILS

Sole/First Investor Name												
Folio/Application No.												Existing Investors please mention Folio No. New applicants please mention the application form No.
Scheme												
Plan												
Option												

2 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	<input type="checkbox"/> Half Yearly	SIP From	M	M	Y	Y	SIP To	M	M	Y	Y
Cheque(s) Details	No. of Cheque(s)	SIP Amount (in figures)				Cheque(s) No.							
Cheque(s) drawn on	Name of Bank and Branch & City												

New Investors are requested to fill in the Common Application Form
 **I/We hereby declare that we do not have any existing SIPs which together with the current application in rolling 12 month period or in the financial year i.e. April to March will result in aggregate investment exceeding Rs.50,000/- in a year
 ** SIP where the aggregate of installment values does not Rs.50,000/- per year (in a rolling 12 month period) or in a financial year i.e. April to March shall be exempted from KYC requirement in this case investor has to submit any one photo identification documents. These documents should be self attested (attested by ARN holder with ARN number or by any competent authority).

3 SYSTEMATIC WITHDRAWAL PLAN (SWP)

Name of the Scheme/Plan/Option												
Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	SWP from	M	M	Y	Y	SWP To	M	M	Y	Y
Amount per Withdrawal (Rs)	No of Installments											

4 SYSTEMATIC TRANSFER PLAN (STP)

From Scheme	Plan	Option	To Scheme	Plan	Option								
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	M	M	Y	Y	STP To	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.

5 DECLARATION AND SIGNATURES

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 these investments. I/We undertake that these investments are on my/our own account and in event Know Your Customer process is not completed by me/us to the satisfaction of the Mutual Fund, I/ We hereby authorize the Mutual Fund to redeem the funds invested in the scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. 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 trail 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.

Sole/1st applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder
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Acknowledgment Slip (To be filled in by the investor)	SIP / SWP / STP	Application No
Received from Mr./Ms./M/s.	Plan :	Option :
An application for Scheme :	Amount	Date of Commencement
To Scheme: Plan : Option :	Frequency	

Collection Centre 's Stamp & Receipt
 Date and Time



Web site www.peerlessmf.co.in



Toll Free No. 1800 200 9995
 Non Toll Free : 022 61779922



connect@peerlessmf.co.in

SYSTEMATIC INVESTMENT PLAN (SIP)

SIP AUTO DEBIT FORM / ECS form

New Investors are requested to fill in the Common Application form.

First SIP Cheque and subsequent via Auto Debit in selected cities only.

ARN-56003

Application No



1 REGISTRATION CUM MANDATE FORM FOR SIP THROUGH AUTO DEBIT OR ECS

(Please) New Registration Renewal of SIP Change in Bank Details

2 INVESTOR AND INVESTMENT DETAILS

Sole/First Investor Name													
Folio/Application No.												Existing Investors please mention Folio No. New applicants please mention the application form No.	
Scheme													
Plan													
Option								**Documents Details (in case of micro SIP)					Document Number (if any)-

**I/We hereby declare that we do not have any existing SIPs which together with the current application in rolling 12th month period or in F.Y. i.e. April to March will result in aggregate investment exceeding Rs. 50,000/- in a year.
 **SIP where the aggregate of installment values does not exceed Rs. 50,000/- per year (in a rolling 12 month period) or in a financial year i.e. April to March shall be exempted from KYC requirement. However in lieu of KYC, investor has to submit any photo identification document.

3 SIP DETAILS

Each SIP Amount (Rs)														
First SIP Cheque No.	Cheque Amount (Rs)					Cheque Dated								
SIP Auto Debit 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"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly				
SIP Period	SIP From			M	M	Y	Y	SIP To			M	M	Y	Y

SIP Date should be either 1st / 7th / 10th / 15th / 20th / 25th (Note: Cheque should be drawn on bank details provided below also please allow minimum one month for Auto Debit to register and start.)

I/We hereby, authorise Peerless Mutual Fund and their authorised service providers, to debit my/our following bank account ECS (Debit Clearing) /Auto debit to account for collection of SIP payment
 First SIP Cheque should be drawn on bank details provided below. Each of the SIP installment including the initial cheque should be of the same amount and there should be a gap of 30 days between the 1st & 2nd SIP installment.

4 BANK DETAILS (please attach a copy of the cheque of below mentioned bank account)

Account Holder Name																						
Bank Name	Bank A/c No.																					
Branch Name	City																					
Account Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> Others	Please Specify																
MICR Code												IFSC Code										

I/We hereby declare that the particulars given above are correct and express my willingness to make payment referred above through participation in ECS/Auto debit. If the transaction is delayed or not effected at all reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will inform Peerless Mutual Fund about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We have read and understood the contents of SID/KIM, I/We hereby apply for the respective units of Peerless Mutual Fund scheme at NAV based the resale price and agree to abide by terms, conditions, rules and regulation of the scheme (s).

First Account Holder (As in Bank Records)	Second Account Holder (As in Bank Records)	Third Account Holder (As in Bank Records)
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Place : _____ Date : DD/MM/YY

FOR BANK USE ONLY

I/We hereby certify that the particulars furnished above are correct as per our records and we hereby declare that the copy of this form, duly completed, has been submitted to us.

Recorded On _____ Recorded By _____

Mandate reference No. _____

Branch : _____ Date : DD/MM/YY

Signature of the authorised official from the bank	Bank Stamp
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AUTHORISATION OF THE BANK ACCOUNT HOLDER

This is to inform that I/We have registered for the RBI's Electronics Clearing Service (Debit clearing)/ Auto debit facility and that my payment towards my SIP installments of Peerless Mutual Fund shall be made from my/our above mention bank account with your bank. I/We authorise the representative carrying this ECS/Auto debit form to get it verified and executed. I/We hereby authorise you to debit verification charges if any from my account.

First Account Holder (As in Bank Records)	Second Account Holder (As in Bank Records)	Third Account Holder (As in Bank Records)
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Acknowledgment Slip (To be filled in by the investor) SIP through ECS /Auto Debit Form

Received from Mr./Ms./M/s. _____	Application No _____
An application for Scheme : _____	Plan : _____ Option : _____
Amount _____	Frequency _____ Date of Commencement _____

Collection Centre 's Stamp & Receipt Date and Time

Communication in connection with this application should be addressed to the Registrar, Karvy Computershare Pvt. Ltd., (Unit: Peerless Mutual Fund), 8-2-596 Karvy Plaza, Avenue 4, Street No.1, Banjara Hills, Hyderabad 500034.