


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-56003		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	Collection Centre 's Stamp & Receipt Date and Time	
Nature of Transaction	<input type="checkbox"/> Updation of contact details <input type="checkbox"/> Updation of Bank particulars <input type="checkbox"/> Nomination <input type="checkbox"/> KYC Updation		
<input type="checkbox"/> Additional Purchase	Cheque No.		
<input type="checkbox"/> Redemption	No. of Units		
	Amount (Rs.)		
	Amount (Rs) / Unit	Frequency	Date of commencement
Systematic Investment Plan	Cheque Nos.		
Systematic Withdrawal Plan			
Systematic Transfer Plan	From Scheme: To Scheme		

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9 KYC UPDATION (Please attach proof)

First Holder Second Holder 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				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																	

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				M	M	Y	Y	SWP To				M	M	Y	Y
Amount per Withdrawal (Rs)	No of Installments																	

12 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) <input type="checkbox"/> 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

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.

Sole/1st applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder
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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. Vithaldas 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



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