

COMMON TRANSACTION SLIP

Peerless

MUTUAL FUND

Kindly read the KIM, SID and SAI carefully before investing

Please read the instructions before completing this Application form and all the sections in CAPITAL

1	DISTRIBUTOR / ARN CODE	SUB BROKER ARN CODE	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)*	SUB-BROKER CODE / AGENT CODE	REGISTRAR/ BANK SR NO
FOR OFFICE USE ONLY					
*I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/ sales person of the above distributor or not with standing the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.					
Sole/1 st applicant/Guardian/Authorised Signatory/POA Holder		2nd Applicant/Authorised Signatory/POA Holder		3rd Applicant/Authorised Signatory/POA Holder	

In case the Additional Purchase amount is Rs. 10,000 or more and your distributor has opted to receive transaction charges, Rs.100/- will be deducted from the purchase amount and paid to the distributor. Units will be issued against the balance amount invested. " Important : Please strike off the section(s) that is (are) not used to avoid any unauthorized use."

2 EXISTING INVESTORS

Folio No _____ Name _____

3 ADDITIONAL PURCHASE REQUEST (Cheque/DD favoring 'Scheme Name')

Scheme Name Peerless

Plan Direct Regular Option Growth Dividend Sub Option Dividend Reinvestment (default) Dividend Payout

Dividend Frequency Normal Daily Weekly Monthly Quarterly Half Yearly Yearly

Mode of Payment Cheque DD Transfer Others Cheque/DD No. _____

Cheque/DD Dated _____ Drawn on Bank and Branch

Gross Amount in Rs. _____ DD Charges (Rs.) _____

Net Amount in Rs. _____ Amount in words _____

If you are a citizen / tax resident of the USA, please fill in Individual Self-Certification under FATCA as given in point no 8 of page 2. All Non Individual Investors have to mandatorily fill UBO Declaration Form.

4 REDEMPTION REQUEST

Scheme Name Peerless

Plan Direct Regular Option Growth Dividend Sub Option Dividend Reinvestment (default) Dividend Payout

Dividend Frequency Normal Daily Weekly Monthly Quarterly Half Yearly Yearly

Amount (Rs.) _____ Amount in words _____ Number of Units _____ All Units

5 SWITCH REQUEST

From Scheme Peerless

Plan Direct Regular Option Growth Dividend Sub Option Dividend Reinvestment (default) Dividend Payout

Dividend Frequency Normal Daily Weekly Monthly Quarterly Half Yearly Yearly

To Scheme Peerless

Plan Direct Regular Option Growth Dividend Sub Option Dividend Reinvestment (default) Dividend Payout

Dividend Frequency Normal Daily Weekly Monthly Quarterly Half Yearly Yearly

Amount (Rs.) _____ Amount in words _____

Number of Units _____ All Units

If you are a citizen / tax resident of the USA, please fill in Individual Self-Certification under FATCA as given in point no 8 of page 2. All Non Individual Investors have to mandatorily fill UBO Declaration Form.

6 UPDATE OF CONTACT DETAILS (Kindly note that your address details will be updated as per your KYC records with CVL/KRA)

Address _____

City _____ Pin _____ State _____ Country _____

Email _____ Tel _____ Mobile _____

7 UPDATE OF BANK DETAILS (Refer instructions for more details)

Bank Name _____ Branch _____

Bank Account No. _____ Bank Account Type _____ Saving Current NRE NRO FCNR

IFSC Code _____ 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.

Acknowledgment Slip (To be filled in by the investor)

Folio/Application No.

Received from Mr./Ms./M/s.

Scheme

Nature of Transaction Updation of contact details Updation of Bank particulars Nomination KYC Updation Switch AEP FATCA

Additional Purchase Cheque No. _____

Amount (Rs.) _____

Redemption No. of Units _____

Collection Centre's Stamp & Receipt
Date and Time

	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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*FATCA INFORMATION/ FOREIGN TAX LAWS (for Individual including Sole Proprietor) (Self Certification) (Refer instruction) (For Non-individual mandatory to fill up UBO form)

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office

(Address of tax residence would be taken as available in KRA database. In case of any changes please approach KRA & notify the changes)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? (to be filled mandatorily)

 Yes No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (Including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency 1 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 2 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 3 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			

I / We have understood the information requirements of this form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

^ To also include USA, where the individual is a citizen/green card holder of the USA.

* In case Tax Identification Number is not available, kindly provide its functional equivalent.

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NOMINATION DETAILS

 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

 I/We hereby cancel the nomination made by me / us on DD / MM / YYYY

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SYSTEMATIC INVESTMENT PLAN (SIP) THROUGH POST DATED CHEQUES (Investor subscribing to SIP through ECS/Direct Debit must fill up the SIPAuto Debit Form)

Scheme Name	Peerless													
Plan	<input type="checkbox"/> Direct	<input type="checkbox"/> Regular	Option	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend	Sub Option	<input type="checkbox"/> Dividend Reinvestment (default)	<input type="checkbox"/> Dividend Payout						
Dividend Frequency	<input type="checkbox"/> Normal	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly							
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"/> Fortnightly	<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													

New Investors are requested to fill in the common application form

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SYSTEMATIC WITHDRAWAL PLAN (SWP)

Name of the Scheme	Peerless													
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular		Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend		Sub Option <input type="checkbox"/> Dividend Reinvestment (default)		<input type="checkbox"/> Dividend Payout							
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly		<input type="checkbox"/> Yearly							
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)														
Please see the Plans & Options and Dividend policy details in the Scheme Information Document before filling in the above details.														

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SYSTEMATIC TRANSFER PLAN (STP) (Please note that the STP will be registered within 7 working days from the date of receipt of request)

From Scheme	Peerless													
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular		Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend											
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly		<input type="checkbox"/> Yearly							
To Scheme	Peerless													
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular		Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend		Sub Option <input type="checkbox"/> Dividend Reinvestment (default)		<input type="checkbox"/> Dividend Payout							
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily		<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly		<input type="checkbox"/> Monthly <input type="checkbox"/> Half Yearly		<input type="checkbox"/> Yearly		STP Period					
STP Date	All Business Days	Every Wednesday	Every Alternate Wednesday	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	STP from	M	M	Y	Y	STP to	M	M	Y	Y
Amount Per Installment (Rs) _____ No of Installments _____														

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AUTOMATIC ENCASHMENT PLAN (AEP) - Available only from Growth Option of the Scheme

From Scheme	Peerless													
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular													
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly				AEP date : 1st Business Day				(Minimum Rs.500/- for AEP option)					

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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 con rm 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 con rm that I am/We are Non-resident of Indian Nationality/ Origin and I/We hereby con rm 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.
102, Centrepoin, 1st Floor, J.B. Nagar,
Andheri-Kurla Road, Andheri (East),
Mumbai- 400 059
Toll Free: 1800 103 8999.
Non Toll Free, 022 6177 9922,
Email: connect@peerlessmf.co.in

Registrar :

Karvy Computershare Private Limited,
(Unit: Peerless Mutual Fund),
KARVY SELENIUM, Plot number 31 & 32,
Tower B, Survey No. 115/22, 115/24 & 115/25,
Financial District, Gachibowli, Nanakramguda,
Serlingampally Mandal, Hyderabad - 500032 Telangana
Tel: 91 40 33215121 / 5122 / 5123
Webs: <https://www.karvymfs.com>.