

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
	ARN-34120			
				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 INVESTOR INFORMATION (Please fill in the sections 2,4,5,6,12)			
	Folio No.	Name of First / Sole Applicant		

3	NEW INVESTOR INFORMATION (To be filled in Block Letters, please leave one box blank between two words)			
	Name of First / Sole Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			
	PAN	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Proof	Date of Birth/Date of Incorporation
				D D M M Y Y
	Name of Guardian (In case of Minor) / Contact Person (In case of non individual applicant) <input type="checkbox"/> Mrs. <input type="checkbox"/> M/s.			
	PAN	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> 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)			
	Contact Details of First / Sole Applicant			
	Telephone		Mobile	
	Email			
	Mode of Holding <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (s) (Default option in case of more than one applicant)			
	Occupation (of sole/first applicant) <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Others please specify			
	Status (of first applicant) <input type="checkbox"/> Resident Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Society/Club <input type="checkbox"/> Company <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Partnership Firm <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Bank/Financial Institution <input type="checkbox"/> NRI Non-Repatriable (NRO) <input type="checkbox"/> Others please specify			
	Name of Second Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			
	PAN	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Proof	Date of Birth/Date of Incorporation
				D D M M Y Y
	Name of Third Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			
	PAN	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Proof	Date of Birth/Date of Incorporation
				D D M M Y Y
	Name of Power of Attorney (POA) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			
	PAN	<input type="checkbox"/> PAN Proof	<input type="checkbox"/> KYC Proof	Date of Birth/Date of Incorporation
				D D M M Y Y
	Address			
	City State Pin Code			

4	* BANK ACCOUNT DETAILS (Please attach copy of cancelled cheque) (For registering Multiple Bank Accounts please fill up form "Registration of Multiple Bank Accounts".)			
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Name of the Bank:	Branch:	
Account Type:	<input type="checkbox"/> SB <input type="checkbox"/> CURRENT <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	
Account Number:		
Branch Address:	City	Pin Code
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.

Acknowledgment Slip (To be filled in by the investor)		Peerless MUTUAL FUND for you, forever
Folio No :	Application No :	
Received from Mr./Ms./M/s.	Plan :	Collection Centre 's Stamp & Receipt Date and Time
An application for Scheme :	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.

