

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.

Application No _____

1	DISTRIBUTOR / ARN CODE	SUB BROKER ARN CODE	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)*	SUB-BROKER CODE / AGENT CODE	REGISTRAR/ BANK SR NO	DATE & TIME OF RECEIPT
						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.
* 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 notwithstanding the advice of in-appropriateness, 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/1st applicant/Guardian/Authorised Signatory/POA Holder	2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder
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2 REGISTRATION CUM MANDATE FORM FOR SIP THROUGH AUTO DEBIT OR ECS (Debit Clearing/Auto Debit)

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

3 TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)

I confirm that I am a First Time Investor in Mutual Funds (Rs. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more) OR I confirm that I am an Existing Investor in Mutual Funds (Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)

If the total commitment of investment through SIP (i.e. installments) amounts to Rs. 10,000/- or more and your AMFI registered Distributor has chosen 'opt in' option of charging transaction charge, the same are deductible as applicable (refer instruction in Page10) from the installment amount and paid to the distributor. Transaction charges will be recoverable in 3 to 4 installments. Units will be issued against the balance amount invested.

4 INVESTOR AND INVESTMENT DETAILS

Sole/First Investor Name												
PAN/PERN												<input type="checkbox"/> KYC Proof**
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)								Documents Number (If any)			

"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 F. Y. i.e. April to March will result in aggregate investment exceeding Rs. 50,000/- in a year."
** Please refer instructions on page no. 11, point XII

5 SIP DETAILS

Each SIP Amount (Rs)												
First SIP Cheque No.	Cheque Amount (Rs)						Cheque Dated					
SIP Dates	<input type="checkbox"/> 1st	<input type="checkbox"/> 7th (Default)	<input type="checkbox"/> 10th	<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th	Frequency	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly		
SIP Period	<input type="checkbox"/> Regular	<input type="checkbox"/> Perpetual (Default)	From	M	M	Y	Y	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. Please allow minimum one month for Auto Debit to register and start). Each of the SIP installment excluding initial cheque should be of the same amount & there should be a gap of 30 days between 1st & 2nd SIP installment. Please refer instruction page no 21 point no 10.

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

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

Account Holder Name											
Bank Name	Bank A/c No.						City				
Branch Name											
Account Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> Others						
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 executed at all for any 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 resale price and agree to abide by terms, conditions, rules and regulation of the scheme (s).

First Account Holder Signature (As in Bank Records)	Second Account Holder Signature (As in Bank Records)	Third Account Holder Signature (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

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 mentioned 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 Signature (As in Bank Records)	Second Account Holder Signature (As in Bank Records)	Third Account Holder Signature (As in Bank Records)
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Acknowledgment Slip (To be filled in by the investor)	SIP through ECS /Auto Debit Form	Peerless [®] MUTUAL FUND for you, forever
Received from Mr./Ms./M/s.	Application No	Collection Centre's Stamp & Receipt Date and Time
An application for Scheme :	Plan : Option :	
Amount	Frequency Date of Commencement	



Web site www.peerlessmf.co.in



Toll Free : 1800 103 8999
Non Toll Free : 022 61779922



connect@peerlessmf.co.in

1	DISTRIBUTOR / ARN CODE	SUB BROKER / ARN CODE	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)*	SUB-BROKER CODE / AGENT CODE	REGISTRAR/ BANK SR NO	DATE & TIME OF RECEIPT
FOR OFFICE USE ONLY						
<p>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. *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 notwithstanding the advice of in-appropriateness, 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".</p>						
Sole/1st applicant/Guardian/Authorised Signatory/POA Holder		2nd Applicant/Authorised Signatory/POA Holder		3rd Applicant/Authorised Signatory/POA Holder		
2	TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS/AGENTS ONLY (Please tick any one of the below)					
<input type="checkbox"/> I confirm that I am a First Time Investor in Mutual Funds (Rs. 150/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)						
OR <input type="checkbox"/> I am an Existing Investor in Mutual Funds (Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)						
If the total commitment of investment through SIP (i.e. installment amount multiplied by No. of installments) amounts to Rs. 10,000/- or more and your AMFI Registered Distributor has chosen 'opt in' option of charging Transaction Charge, the same are deductible as applicable (refer instruction in Page 10) from the installment amount and paid to the distributor. Transaction Charges will be recovered in 3 to 4 installments. Units will be issued against the balance amount invested.						
3	INVESTOR AND INVESTMENT DETAILS					
Sole/First Investor Name						
PAN/PERN						
<input type="checkbox"/> KYC Proof**						
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)					Documents Number (If any)	
*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 F. Y. i. e. April to March will result in aggregate investment exceeding Rs. 50,000/- in a year.**For PAN & KYC requirement for Micro SIP cases, please refer General Information in Page 11, Point No. XI						
4	SYSTEMATIC INVESTMENT PLAN (SIP THROUGH POST DATED CHEQUES) (Investor subscribing to SIP through ECS/Direct Debt 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 & Branch & City				
New Investors are requested to fill in the Common Application Form too						
5	SYSTEMATIC TRANSFER PLAN (STP)					
From Scheme		Plan	Option	To Scheme		Plan
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			
6	SYSTEMATIC WITHDRAWAL PLAN (SWP)			DECLARATION AND SIGNATURES		
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			
Please see the Plans & Options and Dividend policy details in the Scheme Information Document before filling in the above details.						
7	AUTOMATIC ENCASHMENT PLAN (AEP) - Available only for Growth Option					
Name of the Scheme/Plan/Option						
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)
8	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 authorise 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		

Acknowledgment Slip (To be filled in by the investor)

SIP / SWP / STP / AEP

Application No

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

An application for Scheme : _____

To Scheme : _____

Frequency _____

Plan : _____

Option : _____

Date of Commencement _____

Option : _____

Collection Centre's Stamp & Receipt
Date and Time



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