

SYSTEMATIC INVESTMENT PLAN (SIP)



SIP NACH / AUTO DEBIT / 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.

1	DISTRIBUTOR / ARN CODE	Employee Unique Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
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ARN-3852	E029058	FOR OFFICE USE ONLY		
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Uphoat 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 EUIIN 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".

2 REGISTRATION CUM MANDATE FORM FOR SIP THROUGH NACH, AUTO DEBIT OR ECS (Debit Clearing/Auto Debit)

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

* if you are a new investor kindly fill the common application form

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 related to SIP) 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 _____ KYC Proof

PAN/PERN _____ Existing Investors please mention Folio No. _____

Folio/Application No. _____

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

In case of any ambiguity / incomplete information, the default plan / option / sub-option will be applicable as per the scheme's Key Information Memorandum, Scheme Information Document & Statement of Additional Information . Please see the Plan, Option and Dividend policy details in the SID/KIM before filling in the above details.
Individual Applicant must fill individual self certification under Fatca. All Non Individual Investors have to mandatorily fill UBO Declaration Form.

5 SIP DETAILS (Please tick on any 1 SIP frequency only. In case the SIP frequency opted for is either Monthly, Quarterly or Half Yearly, please tick on any 1 SIP date only)

Each SIP Amount (Rs) _____

First SIP Cheque No. _____ Cheque Amount (Rs) _____ Cheque Date : _____

Frequency	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	SIP Period	Start Date	M	M	Y	Y	End Date	M	M	Y	Y
SIP Date	<input type="checkbox"/> 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	<input type="checkbox"/> Regular	<input type="checkbox"/> Perpetual						

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 NACH instruction page for further clarification.

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

I/We hereby declare that the particulars given above are correct and express my willingness to make payment referred above through participation in NACH/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).

6 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 _____

7 MANDATE INSTRUCTIONS FORM/NACH/ECS/DIRECT DEBIT/STANDING INSTRUCTION

UMRN _____ Date _____

Sponsor Bank Code _____ Utility Code _____

(Tick) CREATE MODIFY CANCEL

I/We hereby authorize PEERLESS FUNDS MANAGEMENT COMPANY LIMITED to debit (Tick) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank a/c number _____

with Bank _____ Name of customers bank _____ IFSC _____ or MICR _____

an amount of Rupees _____ Rs. _____

Frequency Monthly Quarterly Half Yearly Yearly As and when presented DEBIT TYPE Fixed Amount Maximum Amount

Unique ID. _____ Phone No. _____

Reference 2 _____ Email ID _____

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

Period From _____

To _____ Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____

Or Until Cancelled 1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.

Acknowledgment Slip (To be filled in by the investor)	SIP through NACH / ECS / Auto Debit Form	ARN-3852	E029058
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Received from Mr./Ms./M/s. _____

An application for Scheme : _____ Plan : _____ Option : _____

Amount : _____ Frequency : _____ Date of Commencement : _____

Peerless MUTUAL FUND

Collection Centre's Stamp & Receipt Date and Time