SYSTEMATIC INVESTMENT PLAN (SIP)

(Applicable for Lumpsum Additional Purchase as well as SIP Registration)

LUMPSUM / SIP AUTO DEBIT / NACH / ECS FORM (for Lumpsum Investment please fill 6)

New Investor are requested to fill in the Common Application form. First SIP Cheque and subsequent via Auto Debit in selected cities only.

DISTRIBUTOR / ARN CODE / RIA	Employee Un	ique Indentification Number (EU	IN)*	RM CODE	DATE & TIME OF RECEI
103807		E133071			FOR OFFICE USE ONLY
Upfront commission shall be paid directly by the	•				•
* I/We hereby confirm that the EUIN box has been into distributor or notwithstanding the advice of in-appro- this transaction.					
Sole/1 st applicant/Guardian/Authorised Signatory/POA Holder		2nd Applicant/Authorised Signatory/POA Holder		3rd	Applicant/Authorised Signatory/POA Holder
REGISTRATION CUM MANDATE FO	RM FOR SIP THROU	GH NACH, AUTO DEBIT (OR FCS (Debit C	earing/Auto Deb	it)
Please 🕡) 🔲 New Reg		Renewal of SIP	Change in Bank Deta		Cancellation of SIP Micro SIF
if you are a new investor kindly fill the common appli		Nonewar or on	Onlinge in Dank Dete		Surfice luttori or on
I confirm that I am a First Time Investor in Mutua (Rs. 150/-will be deducted as transaction charges for transaction) If the total commitment of investment through SIP (i.e. installment to SIP) from the installment amount and paid to the distributor.	of Rs. 10,000/- and more) ents) amounts to Rs. 10,000/- or more Transaction charges will be recovera	OR	osen 'opt in' option of charg	transaction charges for transa ing transaction charge, the	action of Rs. 10,000/- and more)
Sole/First Investor Name					
PAN/PERN				☐ KYC Proc	f
Folio/Application No.		Exist	ing Investors please me	ention Folio No.	
Scheme Peerless			5		
	Regular Option:	☐ Growth ☐ Dividend	Sub Option	Dividend Reinvestm	nent (default) Dividend Payout
2.1.15			<u> </u>		Dividend Fayout
Dividend Frequency Normal n case of any ambiguity / incomplete information, the defa	Daily Weekly	Monthly Quarterly		, , ,	umant & Statement of Additional Information Disc.
te Plan, Option and Dividend policy details in the SID/KIM	before filling in the above details.	e applicable as per the scheme's key into	irmation Memorandum, 5	cheme information Doc	ument & Statement of Additional Information . Pleas
ndividual Applicant must fill individual self certifica					
SIP DETAILS (Please tick on any 1 SIP for	equency only. In case th	e SIP frequency opted for is ei	ther Monthly, Quar	terly or Half Yearl	y, please tick on any 1 SIP date only)
Each SIPAmount (Rs)					
irst SIP Cheque No.		Cheque Amount (Rs)			Cheque Date :
requency	☐ Monthly ☐ C	Quarterly Half Yearly		Start M M	Y Y End M M Y
From Altamata	·		SIP Period	Date	Date
SIP Date Every Alternate Wednesday	☐ 1st ☐ 7th ☐ 10	Oth 15th 20th 25t	h L	Regular	Perpetual
Signature(s) 1st Applicant / Guardian / Au	thorised Signatory	2nd Applicant / Authorise	d Signatory		3rd Applicant / Authorised Signatory
o be signed by ALL UNIT HOLDERS if mode of h	olding is Joint				
LUMPSUM / NACH / ECS / DIRECT D Peerless MUTUAL FUND UMRN	EBIT / MANDATE IN	STRUCTIONS FORM (applic	able for LUMPSUM ad	dditional purchase as	well as SIP registeration)
Sponsor Bank Code		Utility	Code		
Tick ☑) CREATE I/We hereby authorize PEFF	RLESS MUTUAL FUND		to	debit(Tick ✓)	SB / CA / CC / SB-NRE / SB-NRO / C
MODIFY	LESS MOTOAL TOND			Jenit(Tick V)	SB / CA / CC / SB-NRE / SB-NRO / C
CANCEL Bank a/c number					
with Bank Name of cu	stomers bank	IFSC		or M	ICR
an amount of Rupees					Rs.
requency 🛛 Monthly 🖾 Quarterly		arly	ed	DEBIT TYPE	☐ Fixed Amount ☐ Maximum Amo
Reference 1 Folio No.:			Mobile	No.	
Poforonce 2 Sohome / Plane All ashamas	Poorloss Mutual Frond		Email I	n	
Reference 2 Scheme / Plan: All schemes of					
Agree for the debit of mandate processing charges	by the bank whom I am author	rizing to debit my accounts as per late	est schedule of charges	of the bank.	
Period From					
То	1. Signature	e Primary Account holder 2.	Signature of Acc	ount holder	3. Signature of Account holder
	M	a as in hank records			
Or Until Cancelled Declaration: This is to confirm that the declaration has understood that I am authorized to cancel/amend this i	been carefully read, understood			debit my account, base	
acknowledgment Slip (To be filled in by the investored from Mr./Ms./M/s.	ır)				
55554 HOLLI HILLIHOLINIO.		SIP through Lumpsum / ECS / Au	to Debit Form		Peerl
a application for Cohema :		<u> </u>			Collection Centre's Stamp & Receipt
An application for Scheme :	quency:	SIP through Lumpsum / ECS / Au Plan : Date of Commencer	Option :		