

Peerless Equity Fund (An Open Ended Equity Scheme) (All fields marked with * are mandatory)

Application No: _____

NFO Opens on : 7th September 2011 NFO Closes on : 21st September 2011 Scheme Reopens for ongoing sale and repurchase within 5 business days of allotment

DISTRIBUTOR CODE/ARN	SUB-BROKER CODE	DATE & TIME OF RECEIPT
ARN - 0988		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.

1 EXISTING INVESTOR INFORMATION

Folio Number	Name of First / Sole Applicant
--------------	--------------------------------

2 * NEW INVESTOR INFORMATION (To be filled in Block Letters) Use one box for one alphabet leaving one box blank between two words) (in case of minor proof of age is required)

Name of First / Sole Applicant Mr. Ms. M/s.

PAN # PAN Proof # KYC Proof (Mandatory) Date of Birth/Date of Incorporation

D	D	M	M	Y	Y
---	---	---	---	---	---

Name of Guardian/Legal Guardian (In case of Minor) / Contact Person (In case of non individual applicant) Mr. Ms. M/s.

PAN # PAN Proof # KYC Proof (Mandatory) 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 Single Joint Anyone or Survivor (s) (Default option in case of more than one applicant)

Occupation (of First/ Sole Applicant) Business Service Professional House Wife Student Retired Agriculture Others please specify

Status (of First/ Sole Applicant) Resident Individual Sole Proprietorship Society/Club Company NRI Repartriable Trust HUF Partnership Firm On behalf of Minor Bank/Financial Institution NRI Non-Repartriable (NRO) Others please specify

Name of Second Applicant Mr. Ms.

PAN # PAN Proof # KYC Proof (Mandatory) Date of Birth

D	D	M	M	Y	Y
---	---	---	---	---	---

Name of Third Applicant Mr. Ms.

PAN # PAN Proof # KYC Proof (Mandatory) Date of Birth

D	D	M	M	Y	Y
---	---	---	---	---	---

Name of Power of Attorney (POA) Mr. Ms. M/s.

PAN # PAN Proof # KYC Proof (Mandatory) Date of Birth

D	D	M	M	Y	Y
---	---	---	---	---	---

Address
City State Pincode

3. *BANK ACCOUNT DETAILS (Please attach cancelled cheque)(For registering Multiple Bank Accounts please fill up form *Registration of Multiple Bank Account)

Name of the Bank : Branch :

Account Type (Please) SB CURRENT NRO NRE FCNR

Account Number :

Branch Address : City : Pin

IFS 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.

Refer instructions related to PAN & KYC

Acknowledgment Slip (To be filled in by the investor)

Application No : _____

Received from Mr./Ms./M/s. _____
An application for Peerless Equity Fund _____ Option : _____
Cheque/DD No. _____ Dated : _____ Amount (Rs.) _____
Drawn on Bank and Branch : _____
Please note : All Purchases are subject to realization of Cheques/DD.

Collection Centre 's Stamp & Receipt
Date and Time

4 * INVESTMENT DETAILS											
Scheme Name			Peerless Equity Fund			Options			<input type="checkbox"/> Growth (Default) <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment		
5 * PAYMENT DETAILS (Please provide us specific declaration related to minor investment & making investment through DD) [Investor opting for ASBA Facility should submit ASBA Application Form]											
Mode of Payment			<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Others (please specify)								
Cheque/DD No.						Date			<input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y		
Gross Amount (Rs)			(A)			DD Charges (Rs)			(B)		
Net Amount (Rs)			(A-B)			Cheque Bank Account No.					
Drawn on Bank & Branch Name						Account Type			<input type="checkbox"/> SB <input type="checkbox"/> CURRENT <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others		
6 SYSTEMATIC INVESTMENT PLAN (ASBA Facility is not available for SIP)											
For SIP through Auto Debit / ECS (Please fill in the SIP Auto Debit/ECS form and submit together with this Application Form.)											
Frequency			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly			SIP Date			<input type="checkbox"/> 1 st <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th		
SIP Period			SIP From			SIP To					
Cheque(s) Details			SIP Amount (Rs)			Bank Name & Branch					
**Documents Details (In case of Micro SIP)			Document Description			Document Number (if any)					
** I/We here by declare that we do not have any existing SIPs which together with the current application in rolling 12th month period or in a financial year i.e. April to March will result in aggregate investment exceeding Rs. 50,000/- in a year.											
** SIP where the aggregate of instalment values does not exceed Rs. 50,000/- per year (in a rolling 12 month period) or in a financial year i.e. April to March shall be exempted from KYC requirement. In this case Investor has to submit any one photo identification document. These documents should be self attested/attested by ARN Holder with ARN Number or by any competent authority.											
7. DEMAT ACCOUNT DETAILS											
Depository			Depository Participant Name			DP ID Number			Beneficiary Account Number		
8 NOMINATION DETAILS (Nominee can only be appointed if there is no alternate child mentioned & it is optional)											
I/We here by nominate the under mention nominee to receive the amounts 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						Signature of Guardian					
9. HOW DO YOU WISH TO RECEIVE THE DOCUMENT(S) (Please <input checked="" type="checkbox"/>)											
I/We wish to receive the following documents via email in lieu of physical document (s)						I/We wish to receive the Account Statement in (any one)					
<input type="checkbox"/> Annual Reports <input type="checkbox"/> Other Statutory Information <input type="checkbox"/> SOA						<input type="checkbox"/> English (Default option) <input type="checkbox"/> Bengali <input type="checkbox"/> Malayalam					
For those Unit holders who have provided an e-mail address, the AMC will send the account statement by e-mail.											
10. DOCUMENTS ENCLOSED (Please <input checked="" type="checkbox"/>)											
<input type="checkbox"/> Resolution/Authorisation to invest			<input type="checkbox"/> List of Authorized Signatories with Specimen Signatures			<input type="checkbox"/> Memorandum & Articles of Association					
<input type="checkbox"/> Trust Deed			<input type="checkbox"/> Bye-laws			<input type="checkbox"/> Partnership Deed			<input type="checkbox"/> Overseas Auditor Certificate		
<input type="checkbox"/> KYC in case of investment of any amount (except Micro SIP)			<input type="checkbox"/> PIO Card			<input type="checkbox"/> Notarised POA			<input type="checkbox"/> SIP Auto Debit Form		
						<input type="checkbox"/> Foreign Inward Remittance Certificate					
11. Transaction Charges											
Transaction Charges: Pursuant to SEBI circular vide no. Cir / IMD/ DF / 13 / 2011 dated 22 August 2011, a transaction charge per subscription of Rs.10,000/- and above will be charged from the investors by AMC and paid to the distributors as follows: a) Existing Investors in Mutual Funds : Rs. 100/- per subscription and New Investors in Mutual Fund: Rs.150/- per subscription b) Transaction charge, if any, shall be deducted by the AMC from the subscription amount and paid to the distributor and the balance shall be invested. c) No transaction charge on subscription below Rs.10,000/- D) Transaction charges shall be applicable on purchases/ subscriptions relating to new inflows. e) SIP - transaction charge shall be applicable only if the total commitment through SIPs amounts to Rs.10,000/- and above and shall be recovered in maximum of 4 instalments. f) No transaction charges on direct investments.											
12. *DECLARATION AND SIGNATURES											
I/We have read and understood the contents of the Scheme Information Document (SID) and Statement of Additional Information (SAI) 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 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.											
Guardian's declaration for Third Party Payments: I confirm that I am the legal guardian of the Minor registered in the folio and have no objection to receiving these funds on behalf of minor. For 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.											
Are you a 1st time investor ? <input type="checkbox"/> Yes (If not marked, investor will be considered as existing)											
1st / Sole Applicant/Guardian/Authorised Signatory/POA Holder				2nd Applicant/Authorised Signatory/POA Holder				3rd Applicant/Authorised Signatory/POA Holder			

Documents Checklist (Please submit the following documents with application (wherever applicable))	Individual	Companies	Societies	Partnership Firm	Investment through POA	Trust	NRI	FII
Resolution/Authorisation to invest		✓	✓	✓		✓		✓
List of Authorized Signatories with Specimen Signatures		✓	✓	✓	✓	✓		✓
Memorandum & Articles of Association		✓						
Trust Deed						✓		
Bye-laws			✓					
Partnership Deed				✓				
Notarised POA					✓			
Copy of PAN Card	✓	✓	✓	✓	✓	✓	✓	✓
KYC in case of investment of any amount	✓	✓	✓	✓	✓	✓	✓	✓
Foreign Inward Remittance Certificate							✓	✓