

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	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)*	SUB-BROKER CODE	REGISTRAR/ BANK SR NO	DATE & TIME OF RECEIPT
	83671	E100500			

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.

2	REGISTRATION CUM MANDATE FORM FOR SIP THROUGH AUTO DEBIT OR ECS (Debit Clearing/Auto Debit)
	(Please <input checked="" type="checkbox"/>) <input type="checkbox"/> New Registration <input type="checkbox"/> Renewal of SIP <input type="checkbox"/> Change in Bank Details <input type="checkbox"/> Cancellation of SIP

3	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 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 Page 8) 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. 9, 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 <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 Period SIP From M M Y Y SIP 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.
 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 (As in Bank Records)	Second Account Holder (As in Bank Records)	Third Account Holder (As in Bank Records)
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 (As in Bank Records)	Second Account Holder (As in Bank Records)	Third Account Holder (As in Bank Records)

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	
An application for Scheme :	Plan :	Option :
Amount	Frequency	Date of Commencement
		Collection Centre's Stamp & Receipt Date and Time



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