

COMMON APPLICATION FORM

Please refer to the instructions while filling the Application Form. Tick whichever is applicable.

1	ARN CODE	Employee Unique Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
	ARN - 0186 / BONANZA			FOR OFFICE USE ONLY
<p>*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".</p>				
<p style="text-align: center;">Sole /1st Applicant/Guardian/Authorised Signatory/POA Holder 2nd Applicant/Authorised Signatory/POA Holder 3rd Applicant/Authorised Signatory/POA Holder</p>				

2 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)

In case the purchase/subscription amount is Rs. 10,000/- or more and your AMFI Registered Distributor has chosen 'opt in' option of charging Transaction Charges to their investor, the same are deductible as applicable from the purchase/subscription amount and payable to the distributor, Units will be issued against the balance amount invested. (refer General Information Point No. 11)

3 EXISTING INVESTOR INFORMATION (If you have existing folio please fill in sections 3,6,9,11,12 and 17)

Unit Holding Options **Demat Mode** **Physical Mode** **Folio Number**

4 DEMAT ACCOUNT DETAILS (Please ensure that the sequence of names as mentioned in the application form matches with that, of the account held in depository participant. Demat Account details are compulsory, if demat mode is opted above.)

NSDL Depository Participant Name Enclosures

CDSL DP ID Number Client Master List Delivery Instruction Slip

Beneficiary Account Number Transaction Cum Holding Statement

5 NEW INVESTOR INFORMATION (To be filled in Block Letters, please leave one box blank between two words)

NAME OF FIRST/SOLE APPLICANT Mr. Ms. M/s.

PAN/PERN # KYC Proof # Date of Birth/Date of Incorporation D D M M Y Y

Father's Name/Name of Guardian (in case of Minor) / Contact Person (in case of non individual applicant) Mr. Ms.

PAN/PERN # KYC Proof # Relationship with Minor/Designation MANDATORY

Mailing Address of First/Sole Applicant (PO Box address is not sufficient)

City State Country 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)
"All Non Individual Investors have to mandatorily fill UBO Declaration form"

Overseas Address

Country

6 FIRST/SOLE APPLICANT OTHER DETAILS

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 Professional House Wife Agriculture Service Student Retired Others

Status (of first/sole Applicant) Resident Individual Sole Proprietorship Society/Club Company NRI Repariable Trust HUF
 Partnership Firm On Behalf of Minor Bank/Financial Institution NRI Non-Repariable (NRO) Others

Gross Annual Income Below 1 Lac 5 - 10 Lacs >25 Lacs - 1 Crore Net-worth 1 - 5 Lacs 10 - 25 Lacs >1 Crore (Mandatory for Non-Individuals) Rs. _____ as on (Not older than 1 year) D D M M Y Y

Politically Exposed Person (PEP) Status (Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors) I am PEP I am Related to PEP Not Applicable

Non - Individual Investors involved/ providing any of the mentioned services Foreign Exchange / Money Changer Services Money Lending / Pawning
 Gaming / Gambling / Lottery / Casino Services None of the Above

Please attach proof. Refer instructions page point XII - PAN/PERN and KYC

Acknowledgement Slip (To be filled in by the investor)

Received from Mr./Ms./M/s. _____	Collection Centre's Stamp & Receipt Date and Time
An application for Scheme: _____ Plan: _____ Option: _____	
Cheque/DD No. : _____ Dated : _____ Amount (Rs.) _____	
Drawn on Bank and Branch : _____	
Please note : All Purchases are subject to realisation of Cheques/DD.	



7 JOINT APPLICANT DETAILS

a NAME OF SECOND APPLICANT Mr. Ms.

PAN/PERN # KYC Proof # Date of Birth/Date of Incorporation D D M M Y Y

Gross Annual Income Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore Politically Exposed Person (PEP) Status I am PEP I am Related to PEP Not Applicable
(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

Father's Name

Occupation (of first/sole Applicant) Business Professional House Wife Agriculture Service Student Retired Others

b NAME OF THIRD APPLICANT Mr. Ms.

PAN/PERN # KYC Proof # Date of Birth/Date of Incorporation D D M M Y Y

Gross Annual Income Below 1 Lac 1 - 5 Lacs 5 - 10 Lacs 10 - 25 Lacs >25 Lacs - 1 Crore >1 Crore Politically Exposed Person (PEP) Status I am PEP I am Related to PEP Not Applicable
(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)

Father's Name

Occupation (of first/sole Applicant) Business Professional House Wife Agriculture Service Student Retired Others

8 Power of Attorney (POA)

NAME OF POA Mr. Ms. M/s.

PAN/PERN # KYC Proof # Date of Birth D D M M Y Y

9 *FATCA INFORMATION/ FOREIGN TAX LAWS (For Individual including Sole Proprietor) (For Non-individual, mandatory to fill up UBO form) (Refer instruction)

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office
(Address of tax residence would be taken as available in KRA database. In case of any changes please approach KRA & notify the changes)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? (to be filled mandatorily) Yes No

If Yes, please provide the following information [mandatory]

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (Including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency 1 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 2 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 3 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			

I / We have understood the information requirements of this form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.

^ To also include USA, where the individual is a citizen/green card holder of the USA.

* In case Tax Identification Number is not available, kindly provide its functional equivalent.

Please attach proof. Refer instructions page point XII - PAN/PERN and KYC



10 *BANK ACCOUNT DETAILS (Please attach copy of cancelled cheque) For registering Multiple Bank Accounts please fill up "Registration of Multiple Bank Account" Form

Name of the Bank : _____ Branch: _____

Account Type (Please SB Current NRO NRE FCNR) Account Number : _____

Branch Address : _____ City: _____ Pin: _____

IFSC Code : _____ MICR Code : _____

AMC reserves the right to use any mode of payment 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.

11 *INVESTMENT DETAILS I/We would like to invest in the following scheme of Peerless Mutual Fund Scheme :

Scheme : Peerless Plan Regular Direct

Option Growth Dividend Sub-Option Dividend Payout Dividend Reinvestment (default)

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.

Dividend Frequency Normal Monthly Quarterly Half-Yearly Yearly

12 *PAYMENT DETAILS (In case of DD, please provide us specific declaration)

Mode of Payment Cheque DD Fund Transfer Others Please specify _____

Cheque/DD No. _____ Date D D M M Y Y Y Y

Gross Amount (Rs) _____ DD Charges (Rs) _____ Net Amount (Rs) _____

Drawn on Bank & Branch _____ Account Type SB Current NRO NRE FCNR

13 SYSTEMATIC INVESTMENT PLAN (SIP) PAYMENT TYPES (Please select any one option)

SIP through Post Dated Cheques (Please fill & submit with this attached form) SIP through Auto Debit (ECS) (Please fill up enclosed SIP Auto Debit (ECS) Form & submit with this form)

14 NOMINATION DETAILS (Please refer to Instructions page, point no VII) in case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nomination Required YES NO

Nominee Name	Relationship with Nominee	Date of Birth of Minor	Guardian Name (in case Nominee is Minor)	Allocation (%)	Sign of Guardian	Sign of Nominee	Sign of Applicants
							1st App.
							2nd App.
							3rd App.

Please note that if you do not furnish any nomination details, it is deemed to be assumed that you do not wish to nominate anyone.

15 HOW DO YOU WISH TO RECEIVE THE DOCUMENT(S) (Please)

I/We wish to receive the following documents via email in lieu of physical document (s) Annual Reports Account Statement Other Statutory Information

I/We wish to receive the Account Statement in (any one) English (Default option) Bengali Malayalam

16 DOCUMENTS ENCLOSED (Please)

Resolution/Authorisation to invest List of Authorized Signatories with Specimen Signatures Memorandum & Articles of Association

Trust Deed Bye-laws Partnership Deed Overseas Auditor Certificate Notarised POA Copy of cancelled cheque

Copy of PAN Card KYC PIO Card Foreign Inward Remittance Certificate Special Product Form (SIP / STP / SWP / AEP)

17 *DECLARATION AND SIGNATURES

I/We have read and understood the contents of the Statement of Additional Information and Scheme Information Document 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/Option under the Scheme (s). I/We agree that in case of 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 and redemption amount to my bank details given above. 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. For NRIs : 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/FCNF/NRSR Account.

Sole/1st applicant/Guardian/Authorised Signatory/POA Holder _____ 2nd Applicant/Authorised Signatory/POA Holder _____ 3rd Applicant/Authorised Signatory//POA Holder _____

All fields marked with * are mandatory

CHECKLIST (Please submit the following documents with application wherever applicable). All documents should be original/true copies certified by a Director/Trustee/Company Secretary/Authorised Signatory/Notary Public.

Documents	Individual	Companies	Societies	Partnership Firm	Investment through POA	Trust	NRI	Flis
Resolution/Authorisation to invest		✓	✓	✓		✓		✓
List of Authorised Signatories with Specimen Signatures		✓	✓	✓	✓	✓		✓
Memorandum & Articles of Association		✓						
Trust Deed						✓		
Bye-laws			✓					
Partnership Deed				✓				
Notarised POA					✓			
PAN/PERN Proof	✓	✓	✓	✓	✓	✓	✓	✓
KYC in case of Investment of any Amount	✓	✓	✓	✓	✓	✓	✓	✓
Foreign Inward Remittance Certificate		✓	✓	✓	✓	✓	✓	✓
Copy of Cancelled Cheque	✓	✓	✓	✓	✓	✓	✓	✓
Ultimate Beneficial Ownership (UBO)		✓	✓	✓	✓	✓	✓	✓

1	ARN CODE	Employee Unique Identification Number (EUI/N)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
FOR OFFICE USE ONLY				
<p><small>* I/We hereby confirm that the EUI/N 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".</small></p>				
Sole/1 st 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)

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 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 point no 11 under general information) 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

NAME OF FIRST/SOLE APPLICANT Mr. Ms. M/s.

PAN/PERN # KYC Proof #

Father's Name/Name of Guardian (in case of Minor) / Contact Person (in case of non individual applicant) Mr. Ms.

Occupation (of first/sole Applicant) Business Professional House Wife Agriculture Service Student Retired Others

Folio/Application No. Existing Investors please mention Folio No. New applicants please mention the application form No.

Scheme Peerless

Plan Regular Direct

Option Growth Dividend **Sub Option** Dividend Payout Dividend Reinvestment (default)

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.

Dividend Frequency Normal Monthly Quarterly Half-Yearly Yearly

Please refer instructions page for SIP, STP, SWP, AEP

4 *FATCA INFORMATION/ FOREIGN TAX LAWS (for Individual including Sole Proprietor) (In case you have already filled the Fatca declaration in Common Application Form or earlier then no need to fill this part) (For Non-individual, mandatory to fill up UBO form) (Refer instruction)

The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office
(Address of tax residence would be taken as available in KRA database. In case of any changes please approach KRA & notify the changes)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? (to be filled mandatorily) Yes No

If Yes, please provide the following information [mandatory]
 Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (Including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency 1 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 2 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 3 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			

I / We have understood the information requirements of this form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.
 ^ To also include USA, where the individual is a citizen/green card holder of the USA.
 * In case Tax Identification Number is not available, kindly provide its functional equivalent.

Please attach proof. Refer instructions page point XII - PAN/PERN and KYC

Acknowledgement Slip (To be filled in by the investor)	SIP / SWP / STP / AEP
Received from Mr./Ms./M/s. _____	Peerless MUTUAL FUND 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

5 SYSTEMATIC INVESTMENT PLAN (SIP THROUGH POST DATED CHEQUES) (Investor subscribing to SIP through ECS/Direct Debt must fill up the SIP Auto Debit)

Name of the Scheme/Plan/Option/Sub Option																		
Frequency	<input type="checkbox"/> Fortnightly		<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly		<input type="checkbox"/> Half Yearly		SIP Period									
SIP Date	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	SIP from	M	M	Y	Y	SIP to	M	M	Y	Y
Cheque(s) Details			No. of Cheque(s)			Cheque(s) No.			SIP Amount (in figures)									
Cheque(s) drawn on			Name of Bank & Branch & City															

New Investors are requested to fill in the Common Application Form too

6 SYSTEMATIC TRANSFER PLAN (STP) (Please note that the STP will be registered within 7 working days from the date of receipt of request)

From Scheme			Plan			Option /Sub Option			To Scheme			Plan			Option							
Frequency	<input type="checkbox"/> Daily		<input type="checkbox"/> Weekly		<input type="checkbox"/> Fortnightly		<input type="checkbox"/> Monthly		STP Period													
STP Date	All Business Days		Every Wednesday		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	STP from	M	M	Y	Y	STP to	M	M	Y	Y
Amount Per Installment (Rs)												No of Installments										

7 SYSTEMATIC WITHDRAWAL PLAN (SWP)

Name of the Scheme/Plan/Option/Sub 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.

8 AUTOMATIC ENCASHMENT PLAN (AEP) - Available only for Growth Option

Name of the Scheme/Plan/Option/Sub 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)		

9 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 maybe 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
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Details of Ultimate Beneficial Owner Declaration including additional FATCA and CRS information (Mandatory for Non-Individual Applicants / Investor)(Refer instructions)

APPLICANT DETAILS

NAME OF THE ENTITY _____

TYPE OF ADDRESS GIVEN AT KRA Residential or Business Residential Business Registered Office

"Address of tax residence would be taken as available in KRA database. In case of any change please approach KRA & notify the changes"

CUSTOMER ID / FOLIO NO _____

PAN _____ **DATE OF INCORPORATION** D D / M M / Y Y Y Y

CITY OF INCORPORATION _____

COUNTRY OF INCORPORATION _____

ENTITY CONSTITUTION TYPE Please tick as appropriate

Partnership Firm HUF Private Limited Company Public Limited Company Society AOP /BOI

Trust & Liquidator Limited Liability Partnership Artificial Juridical Person Others specify _____

PLEASE TICK THE APPLICABLE TAX RESIDENT DECLARATION

1. Is "Entity" a tax resident of any country other than India Yes No
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID Number below)

COUNTRY *	TAX IDENTIFICATION NUMBER *	IDENTIFICATION TYPE (TIN or other, please specify)

* In case Tax Identification Number is not available, kindly provide its functional equivalent.
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial Institution ⁶ or Direct reporting NFE ⁷ (please tick as appropriate)

GIIN _____

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of the sponsoring entity _____

GIIN not available (please tick as applicable) Applied for if the entity is a financial institution, Not required to apply for - please specify 2 digits sub - category ¹⁰ Not obtained - Non - participating FI

PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs)

1. Is the Entity a publicly traded company¹ (that is, a company whose shares are regularly traded on an established securities market) Yes (if yes, please specify any one stock exchange on which the stock is regularly traded)
Name of stock exchange _____

2. Is the Entity a related entity² of a publicly traded company (a company whose shares are regularly traded on an established securities market) Yes (if yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)
Name of listed company _____
Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company
Name of stock exchange _____

3. Is the Entity an active³ NFE Yes (if yes, please fill UBO declaration in the next section)
Name of Business _____
Please specify the sub-category of Active NFE (Mention code - refer 2c of Part D)

4. Is the Entity a passive⁴ NFE Yes (if yes, please fill UBO declaration in the next section)
Nature of business _____

Refer 2a of Part D | ²Refer 2b of Part D | ³Refer 2c of Part D | ⁴Refer 3(ii) of Part D | ⁶Refer 1 of Part D | ⁷Refer 3(vii) of Part D | ¹⁰Refer 1A of Part D



Ultimate Beneficial Owner Declaration (Mandatory for Non-Individual Applicants / Investor)

Peerless
MUTUAL FUND

CATEGORY (Please tick applicable category): Unlisted Company Partnership Firm Limited Liability Partnership Company
 Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust
 Others (Please specify _____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).
 Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - Beneficial owner / Controlling person Country - Tax Residency * Tax ID No. - Or functional equivalent for each country %	Tax ID Type - TIN or Other, please specify Beneficial Interest - in percentage Type Code ¹¹ - of Controlling person	Address - Include State, Country, PIN, / ZIP Code & Contact Details Address Type
1. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address _____ _____ _____ ZIP [] [] [] [] [] [] [] [] [] [] State: _____ Country: _____
2. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address _____ _____ _____ ZIP [] [] [] [] [] [] [] [] [] [] State: _____ Country: _____
3. Name _____ Country _____ Tax ID No.% _____	Tax ID Type _____ Type Code _____ Address Type <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered office	Address _____ _____ _____ ZIP [] [] [] [] [] [] [] [] [] [] State: _____ Country: _____

If passive NFE, please provide below additional details. (Please attach additional sheets if necessary)

PAN / Any other Identification Number (PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence, NREGA Job Card, Others) City of Birth - Country of Birth	Occupation Type - Service, Business, Others Nationality Father's Name - Mandatory if PAN is not available	DOB - Date of Birth Gender - Male / Female / Other
1. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ D D / M M / Y Y Y Y Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
2. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ D D / M M / Y Y Y Y Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
3. PAN _____ City of Birth _____ Country of Birth _____	Occupation Type _____ Nationality _____ Father's Name _____	DOB _____ D D / M M / Y Y Y Y Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any other country other than India
 * To include U.S. where controlling person is a U.S. citizen or green card holder.
 % In case Tax Identification Number is not available, kindly provide functional equivalent.

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D ¹¹Refer 3(iv) of Part D

FATCA - CRS TERMS AND CONDITIONS

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-Tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor, if any controlling person of the entity is US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

CERTIFICATION

I / We have understood the information requirements of the Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.
 Signature & Seal :

Name: _____ Place _____
 Designation: _____ Date _____ D D M M Y Y Y Y



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