

**SYSTEMATIC INVESTMENT PLAN (SIP)**  
**SIP 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.

**ARN-28191**

**1 REGISTRATION CUM MANDATE FORM FOR SIP THROUGH AUTO DEBIT OR ECS (Debit Clearing/Auto Debit)**

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

**2 INVESTOR AND INVESTMENT DETAILS**

Sole/First Investor Name												
Folio/Application No.												Existing Investors please mention Folio No. New applicants please mention the application form No.
Scheme												
Plan												
Option												

**3 SIP DETAILS**

Each SIP Amount (Rs)												
First SIP Cheque No.	Cheque Amount (Rs)						Cheque Dated					
SIP Auto Debit 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						SIP To					
<p>SIP Date should be either 1st / 7th / 10th / 15th / 20th / 25th (Note: Cheque should be drawn on bank details provided below also please allow minimum one month for Auto Debit to register and start.). Half Yearly option for Peerless Income Plus Fund.</p>												

I/We hereby authorize Peerless Mutual Fund and their authorized service providers, to debit my/our following bank account ECS (Debit Clearing) /Auto debit to account for collection of SIP payment

**4 BANK DETAILS (please attach a copy of the cheque of below mentioned bank account)**

Account Holder Name												
Bank Name	Bank Account No.											
Branch Name	City											
Account Type	<input type="checkbox"/> Saving	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> Others	Please Specify						
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 effected at all 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 the 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)
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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
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**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 mention 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)
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**Acknowledgment Slip (To be filled in by the investor) SIP through ECS /Auto Debit Form**

Received from Mr./Ms./M/s. \_\_\_\_\_  
 An application for Scheme : \_\_\_\_\_ Plan : \_\_\_\_\_ Option : \_\_\_\_\_  
 Amount \_\_\_\_\_ Frequency \_\_\_\_\_ Date of Commencement \_\_\_\_\_

**Peerless™**  
**MUTUAL FUND**  
*for you, forever*

Collection Centre 's Stamp & Receipt  
 Date and Time

Communication in connection with this application should be addressed to the Registrar, Karvy Computershare Pvt. Ltd., (Unit: Peerless Mutual Fund), 8-2-596 Karvy Plaza, Avenue 4, Street No.1, Banjara Hills, Hyderabad 500034.