

# COMMON APPLICATION FORM FOR DEBT & LIQUID SCHEMES (All fields marked with \* are mandatory)



Please refer to the instructions while filling the Application Form. Tick  whichever is applicable. Application No :

<b>1</b>	<b>DISTRIBUTOR CODE/ARN</b>	<b>SUB-BROKER CODE</b>	<b>REGISTRAR /BANK SR NO</b>	<b>DATE &amp; TIME OF RECEIPT</b>
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ARN - 0988

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.

<b>2</b>	<b>EXISTING INVESTOR INFORMATION</b> <small>(Please fill in the sections 2,4,5,6,12)</small>
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**Folio Number** \_\_\_\_\_ **Name of the First / Sole Applicant** \_\_\_\_\_

<b>3</b>	<b>NEW INVESTOR INFORMATION</b> <small>(To be filled in Block Letters, please leave one box blank between two words)</small>
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**Name of First / Sole Applicant**  Mr.  Ms.  M/s.

PAN \_\_\_\_\_  # PAN Proof  KYC Proof Date of Birth/Date of Incorporation 

D	D	M	M	Y	Y
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**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 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 )

Country \_\_\_\_\_

**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 sole/first 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 Repatriable  Trust  HUF  Partnership Firm  On behalf of Minor  Bank/Financial Institution  NRI Non-Repatriable (NRO)  Others please specify

**Name of Second Applicant**  Mr.  Ms.  M/s.

PAN \_\_\_\_\_  # PAN Proof  KYC Proof Date of Birth / Date of Incorporation 

D	D	M	M	Y	Y
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**Name of Third Applicant**  Mr.  Ms.  M/s.

PAN \_\_\_\_\_  # PAN Proof  KYC Proof Date of Birth / Date of Incorporation 

D	D	M	M	Y	Y
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**Name of 1st Alternative Child** (Applicable only for Peerless MF Child Plan)  Mr.  Ms.  M/s.

PAN \_\_\_\_\_  # PAN Proof  KYC Proof \* Date of Birth (Mandatory) 

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

PAN \_\_\_\_\_  # PAN Proof  KYC Proof Date of Birth / Date of Incorporation 

D	D	M	M	Y	Y
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<b>4.</b>	<b>*BANK ACCOUNT DETAILS</b> <small>(Please attach cancelled cheque)(For registering Multiple Bank Accounts please fill up form *Registration of Multiple Bank Account )</small>
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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 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)

Folio No :	Application No :
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 realization of Cheques/DD.	

**Customer Service Cell** : Ground 03, Churchgate Chambers, Sir. Vithaldas Thackersay Marg, New Marine Lines, Mumbai - 400 020.

