

1	ARN CODE / RIA ARN-9992	Employee Unique Identification Number (EUI/N)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT <small>FOR OFFICE USE ONLY</small>
<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)			
<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 am an Existing Investor in Mutual Funds (Rs. 100/- will be deducted as transaction charges for transaction of Rs. 10,000/- and more)				
<small>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.</small>				
3	INVESTOR AND INVESTMENT DETAILS			
NAME OF FIRST/SOLE APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.				
PAN/PERN # <input type="checkbox"/> KYC Proof #				
CKYC Id <input type="checkbox"/>				
Aadhaar No <input type="checkbox"/>				
<small>By sharing the Aadhaar number I provide my consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.</small>				
Father's Name/Name of Guardian (in case of Minor) / Contact Person (in case of non individual applicant) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.				
Occupation (of first/sole Applicant) <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> House Wife <input type="checkbox"/> Agriculture <input type="checkbox"/> Service <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Others				
Folio/Application No. Existing Investors please mention Folio No. New applicants please mention the application form No.				
Scheme ESSEL				
Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct				
Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Sub Option <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment (default)				
<small>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.</small>				
Dividend Frequency				
<small>Please refer instructions page for SIP, STP, SWP, AEP</small>				
4	*FATCA INFORMATION/ FOREIGN TAX LAWS (for Individual including Sole Proprietor) (In case you have already filled the Fatca declaration in Application Form or earlier then no need to fill this part) (For Non-individual, mandatory to fill up FATCA CRS form) (Refer instruction)			
Place of Birth		Country of Birth		
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please specify)		Tax Residence Address (for KYC Address) <input type="checkbox"/> Residential <input type="checkbox"/> Registered <input type="checkbox"/> Others <input type="checkbox"/> Business		
Are you a tax resident (i.e. are you assessed for Taz) in any other country outside India? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If 'No' please proceed for the signature of declaration If 'YES', please fill for ALL countries (other than India) in which you are Resident for tax purposes i.e., where you are a citizen / Resident / Green Card Holder / Tax Resident in the respective countries				
Sr.No.	Country of Tax Residency	Tax Identification Number or Functional Equivalent	Identification Type (Tin or other, please specify)	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below)
1				* Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				* Reason B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
3				* Reason C <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
<small>* Reason A The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents. * Reason B No TIN required. (Select this reason Only if the authorities of the country of tax residence do not require the TIN to be collected) * Reason C others; please state the reason thereof.</small>				
Declaration: I hereby confirm that the information provided hereinafter is true, correct and complete to the best of my knowlwdge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities.				

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

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	<input type="checkbox"/> 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	<input type="checkbox"/> All Business Days	<input type="checkbox"/> Every Wednesday	<input type="checkbox"/> 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 Essel Finance AMC Limited (Formerly: Peerless Funds Management Co. Limited), 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 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/NRSRA 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.

I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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