

7	JOINT APPLICANT DETAILS																														
a	NAME OF SECOND APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.																														
	PAN/PERN #				<input type="checkbox"/> KYC Proof #		Date of Birth/Date of Incorporation			D	D	M	M	Y	Y																
	CKYC Id																														
	Aadhaar No																														
	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.																														
	Gross Annual Income				Politically Exposed Person (PEP) Status																										
	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >1 Crore				(Also applicable for authorised signatories / Promoters / Karta / Trustee / Whole time Directors)			<input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable																							
	Father's Name																														
	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																														
b	NAME OF THIRD APPLICANT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.																														
	PAN/PERN #				<input type="checkbox"/> KYC Proof #		Date of Birth/Date of Incorporation			D	D	M	M	Y	Y																
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8	Power of Attorney (POA)																														
	NAME OF POA <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.																														
	PAN/PERN #				<input type="checkbox"/> 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 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 Tax) 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																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Applicant Details</th> <th style="width: 25%;">Country of Tax Residency</th> <th style="width: 25%;">Tax Identification Number or Functional Equivalent</th> <th style="width: 15%;">Identification Type (Tin or other, please specify)</th> <th style="width: 20%;">If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below)</th> </tr> </thead> <tbody> <tr> <td>Applicant 1</td> <td></td> <td></td> <td></td> <td>* Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/></td> </tr> <tr> <td>Applicant 2</td> <td></td> <td></td> <td></td> <td>* Reason B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/></td> </tr> <tr> <td>Applicant 3</td> <td></td> <td></td> <td></td> <td>* Reason C <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/></td> </tr> </tbody> </table>											Applicant Details	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)	Applicant 1				* Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Applicant 2				* Reason B <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Applicant 3				* Reason C <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
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Applicant 3				* Reason C <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>																											
	* 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.																														
	Declaration: I hereby confirm that the information provided hereinabove is true, correct and complete to the best of my knowledge 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 you 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



COMMON APPLICATION FORM



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 Esse! Mutual Fund Scheme :

Scheme :Esse! _____ 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 _____

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 <input type="checkbox"/> YES <input type="checkbox"/> 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 Esse! 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 this 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. 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 _____

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	FIs
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	✓	✓	✓	✓	✓	✓	✓	✓
FATCA & CRS Declaration		✓	✓	✓	✓	✓		✓