

# COMMON APPLICATION FORM



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

<b>1</b>	ARN CODE / RIA <b>83753</b>	Employee Unique Identification Number (EUIIN)* <b>E069272</b>	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT
				FOR OFFICE USE ONLY

\*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".

Sole /1st 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 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

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.

**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**

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.

**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 FATCA/CRS Declaration form (for non-individuals/legal entity)"

**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       Repatriable       Trust       HUF

Partnership Firm       On Behalf of Minor       Bank/Financial Institution       NRI       Non-Repatriable (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.

Website: [www.esselfinance.com](http://www.esselfinance.com)

Toll Free : 1800 103 8999  
Non Toll Free: 022-71335205

[mutualfund@esselfinance.com](mailto:mutualfund@esselfinance.com)

<b>7 JOINT APPLICANT DETAILS</b>											
<b>a NAME OF SECOND APPLICANT</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.											
PAN/PERN #				<input type="checkbox"/> KYC Proof #				Date of Birth/Date of Incorporation			
CKYC Id								D   D   M   M   Y   Y			
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"/> I am PEP				<input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable			
<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)							
<b>Father's Name</b>											
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>8 Power of Attorney (POA)</b>											
<b>b NAME OF THIRD APPLICANT</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.											
PAN/PERN #				<input type="checkbox"/> KYC Proof #				Date of Birth/Date of Incorporation			
CKYC Id								D   D   M   M   Y   Y			
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"/> I am PEP				<input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable			
<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)							
<b>Father's Name</b>											
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>9 *FATCA INFORMATION/ FOREIGN TAX LAWS (For Individual including Sole Proprietor) (For Non-individual, mandatory to fill up FATCA CRS form) (Refer instruction)</b>											
<b>NAME OF POA</b> <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			
<b>Place of Birth</b>			<b>Country of Birth</b>								
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S.			Tax Residence Address (for KYC Address)						<input type="checkbox"/> Residential <input type="checkbox"/> Registered		
<input type="checkbox"/> Others (Please specify)			<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											
<b>Applicant Details</b>	<b>Country of Tax Residency</b>			<b>Tax Identification Number or Functional Equivalent</b>			<b>Identification Type</b> (Tin or other, please specify)		<b>If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C (as defined below)</b>		
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"/>		
* 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.											
<b>Declaration:</b> I hereby confirm that the information provided hereinabove is true, correct and complete to the best of my knowldge 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 EsseL Mutual Fund Scheme :

Scheme :EsseL 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 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 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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
List of Authorised Signatories with Specimen Signatures		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Memorandum & Articles of Association		<input checked="" type="checkbox"/>						
Trust Deed						<input checked="" type="checkbox"/>		
Bye-laws			<input checked="" type="checkbox"/>					
Partnership Deed				<input checked="" type="checkbox"/>				
Notarised POA					<input checked="" type="checkbox"/>			
PAN/PERN Proof	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
KYC in case of Investment of any Amount	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign Inward Remittance Certificate			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Cancelled Cheque	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FATCA & CRS Declaration		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>