





COMMON APPLICATION FORM

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

1	ARN CODE / RIA	Employee Unique Identification Number (EUIIN)*	SUB-BROKER CODE / AGENT CODE	DATE & TIME OF RECEIPT															
	ARN-53321	E054731		FOR OFFICE USE ONLY															
<small>*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".</small>																			
<div style="display: flex; justify-content: space-between;"> <small>Sole /1st Applicant/Guardian/Authorised Signatory/POA Holder</small> <small>2nd Applicant/Authorised Signatory/POA Holder</small> <small>3rd Applicant/Authorised Signatory/POA Holder</small> </div>																			
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 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)																			
<small>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)</small>																			
3	EXISTING INVESTOR INFORMATION (If you have existing folio please fill in sections 3,6,9,11,12 and 17)																		
Unit Holding Options <input type="checkbox"/> Demat Mode <input type="checkbox"/> 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.)																		
<input type="checkbox"/> NSDL Depository Participant Name Enclosures <input type="checkbox"/> CDSL DP ID Number <input type="checkbox"/> Client Master List <input type="checkbox"/> Delivery Instruction Slip Beneficiary Account Number <input type="checkbox"/> 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 <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.																			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">PAN/PERN #</td> <td style="width:35%;"></td> <td style="width:15%;"><input type="checkbox"/> KYC Proof #</td> <td style="width:20%;">Date of Birth/Date of Incorporation</td> <td style="width:15%; text-align: center;">D D M M Y Y</td> </tr> <tr> <td>CKYC Id</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Aadhaar No</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					PAN/PERN #		<input type="checkbox"/> KYC Proof #	Date of Birth/Date of Incorporation	D D M M Y Y	CKYC Id					Aadhaar No				
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<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.																			
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Mailing Address of First/Sole Applicant (PO Box address is not sufficient)																			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">City</td> <td style="width:20%;">State</td> <td style="width:20%;">Country</td> <td style="width:20%;">Pin Code</td> <td style="width:20%;"></td> </tr> </table>					City	State	Country	Pin Code											
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<small>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)"</small>																			
Overseas Address																			
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	Country																		
6	FIRST/SOLE APPLICANT OTHER DETAILS																		
Telephone																			
Mobile																			
Email																			
Mode of Holding <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (s)(Default option in case of more than one Applicant)																			
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																			
Status (of first/sole Applicant) <input type="checkbox"/> Resident Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Society/Club <input type="checkbox"/> Company <input type="checkbox"/> NRI <input type="checkbox"/> Repatriable <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Partnership Firm <input type="checkbox"/> On Behalf of Minor <input type="checkbox"/> Bank/Financial Institution <input type="checkbox"/> NRI <input type="checkbox"/> Non-Repatriable (NRO) <input type="checkbox"/> Others																			
Gross Annual Income <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 5 - 10 Lacs <input type="checkbox"/> >25 Lacs - 1 Crore Net-worth <input type="checkbox"/> 1 - 5 Lacs <input type="checkbox"/> 10 - 25 Lacs <input type="checkbox"/> >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) <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable																			
Non - Individual Investors involved/ providing any of the mentioned services <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> 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)	ARN-53321	E054731	
Received from Mr./Ms./M/s. _____ 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.	Collection Centre's Stamp & Receipt Date and Time		

 **Website: www.esselfinance.com**
  **Toll Free : 1800 103 8999**
Non Toll Free: 022-71335205
  **mutualfund@esselfinance.com**

Communication in connection with this application should be addressed to the Registrar, Karvy Computershare Pvt. Ltd. KARVY SELENIUM, Plot number 31 & 32, Tower B, Survey No. 115/22, 115/24 & 115/25, Financial District, Gachibowli, Nanakramguda, Serlingampally Mandal Hyderabad - 500032 Telangana

7 JOINT APPLICANT DETAILS

a NAME OF SECOND APPLICANT ☐ Mr. ☐ Ms.

[illegible]

Father's Name

Occupation <small>(of first/sole Applicant)</small>	<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																																										
NAME OF THIRD APPLICANT	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.																																										
PAN/PERN #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> KYC Proof #	Date of Birth/Date of Incorporation			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																						
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8 Power of Attorney (POA)

NAME OF POA ☐ Mr. ☐ Ms. ☐ M/s.

PAN/PERN #										<input type="checkbox"/> KYC Proof #										Date of Birth	D	D	M	M	Y	Y
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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"/> Others <input type="checkbox"/> Business		<input type="checkbox"/> Residential <input type="checkbox"/> Registered	

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? Yes ☐ No ☐

Are you a tax resident (i.e. are you assessed for tax)?
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

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"/>

* 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



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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 <input checked="" type="checkbox"/>) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> 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		<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)		
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 <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Fund Transfer <input type="checkbox"/> 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 <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR				
13	SYSTEMATIC INVESTMENT PLAN (SIP) PAYMENT TYPES (Please select any one option)									
<input type="checkbox"/> SIP through Post Dated Cheques (Please fill & submit with this attached form) <input type="checkbox"/> 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 <input checked="" type="checkbox"/>)									
I/We wish to receive the following documents via email in lieu of physical document (s)					I/We wish to receive the Account Statement in (any one)					
<input type="checkbox"/> Annual Reports <input type="checkbox"/> Account Statement <input type="checkbox"/> Other Statutory Information					<input type="checkbox"/> English (Default option) <input type="checkbox"/> Bengali <input type="checkbox"/> Malayalam					
16	DOCUMENTS ENCLOSED (Please <input checked="" type="checkbox"/>)									
<input type="checkbox"/> Resolution/Authorisation to invest			<input type="checkbox"/> List of Authorized Signatories with Specimen Signatures			<input type="checkbox"/> Memorandum & Articles of Association				
<input type="checkbox"/> Trust Deed		<input type="checkbox"/> Bye-laws		<input type="checkbox"/> Partnership Deed		<input type="checkbox"/> Overseas Auditor Certificate		<input type="checkbox"/> Notarised POA <input type="checkbox"/> Copy of cancelled cheque		
<input type="checkbox"/> Copy of PAN Card		<input type="checkbox"/> KYC		<input type="checkbox"/> PIO Card		<input type="checkbox"/> Foreign Inward Remittance Certificate		<input type="checkbox"/> 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/FCNR/NRNR 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 FMLA. 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		✓	✓	✓	✓	✓		✓