

COMMON TRANSACTION SLIP

Kindly read the KIM, SID and SAI carefully before investing

Please read the instructions before completing this Application form and all the sections in CAPITAL



1	DISTRIBUTOR / ARN CODE	SUB BROKER ARN CODE	EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUIN)*	SUB-BROKER CODE / AGENT CODE	REGISTRAR/ BANK SR NO
	ARN: 54854				FOR OFFICE USE ONLY

*I/We hereby confirm that the EUIN 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, the distributor has not charged any advisory fees on this transaction.

Sole/1 st applicant/Guardian/Authorised Signatory/POA Holder		2nd Applicant/Authorised Signatory/POA Holder	3rd Applicant/Authorised Signatory/POA Holder
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In case the Additional Purchase amount is Rs. 10,000 or more and your distributor has opted to receive transaction charges, Rs.100/- will be deducted from the purchase amount and paid to the distributor. Units will be issued against the balance amount invested. * Important : Please strike off the section(s) that is (are) not used to avoid any unauthorized use."

2 EXISTING INVESTORS

Folio No		Name	
First/Sole applicant	<input type="checkbox"/> KYC	CKYC ID	Aadhar No
Guardian(in case of Minor)	<input type="checkbox"/> KYC	CKYC ID	Aadhar No
Second applicant	<input type="checkbox"/> KYC	CKYC ID	Aadhar No
Third applicant	<input type="checkbox"/> KYC	CKYC ID	Aadhar No

3 ADDITIONAL PURCHASE REQUEST (Cheque/DD favoring 'Scheme Name)

Scheme Name	EsseL		
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout		
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly / Annual		
Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Transfer <input type="checkbox"/> Others <input type="checkbox"/> Cheque/DD No.		
Cheque/DD Dated	<input type="checkbox"/> Drawn on Bank and Branch		
Gross Amount in Rs.	DD Charges (Rs.)		
Net Amount in Rs.	Amount in words		

If you are a citizen/ tax resident of the USA, please fill in Individual Self-Certification under FATCA as given in point no 8 of page 2. All Non Individual Investors have to mandatorily fill Details of FATCA & CRS information.

4 REDEMPTION REQUEST

Scheme Name	EsseL		
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout		
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly / Annual		
Amount (Rs)	Amount in words	Number of Units	<input type="checkbox"/> All Units

5 SWITCH REQUEST

From Scheme	EsseL		
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout		
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly / Annual		
To Scheme	EsseL		
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout		
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly / Annual		
Amount (Rs.)	Amount in words	Number of Units	<input type="checkbox"/> All Units

If you are a citizen/ tax resident of the USA, please fill in Individual Self-Certification under FATCA as given in point no 8 of page 2. All Non Individual Investors have to mandatorily fill Details of FATCA & CRS information.

6 UPDATE OF CONTACT DETAILS (Kindly note that your address details will be updated as per your KYC records with CVL-KRA/CKYC)

Address			
City	Pin	State	Country
Email	Tel	Mobile	

Acknowledgment Slip (To be filled in by the investor)

Folio/Application No.

Received from Mr./Ms./M/s.	Scheme
Nature of Transaction	<input type="checkbox"/> Updation of contact details <input type="checkbox"/> Updation of Bank particulars <input type="checkbox"/> Nomination <input type="checkbox"/> KYC Updation <input type="checkbox"/> Switch <input type="checkbox"/> AEP <input type="checkbox"/> FATCA
<input type="checkbox"/> Additional Purchase	Cheque No. Amount (Rs.)
<input type="checkbox"/> Redemption	No. of Units

Collection Centre 's Stamp & Receipt
Date and Time

	Amount (Rs) / Unit	Frequency	Date of commencement
Systematic Investment Plan	Cheque Nos.		
Systematic Withdrawal Plan			
Systematic Transfer Plan	From Scheme To Scheme		

7 UPDATE OF BANK DETAILS (Refer instructions for more details)

Bank Name										Branch									
Bank Account No.										Bank Account Type									
										<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR									
IFSC Code										MICR Code									
Bank Address																			
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.																			

8 *FATCA INFORMATION/ FOREIGN TAX LAWS (for Individual including Sole Proprietor) (Self Certification) (Refer instruction) (For Non-individual mandatory to fill up Details of FATCA & CRS information)

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office
 (Address of tax residence would be taken as available in KRA database. In case of any changes please approach KRA & notify the changes)

Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India? (to be filled mandatorily) ☐ Yes ☐ No

If Yes, please provide the following information [mandatory]
 Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (Including Minor)	Second Applicant/ Guardian	Third Applicant
Place/ City of Birth			
Country of Birth			
Country of Tax Residency 1 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 2 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			
Country of Tax Residency 3 ^			
Tax Identification No *			
Identification Type (TIN or other, please specify)			

I / We have understood the information requirements of this form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions and hereby accept the same.
 ^ To also include USA, where the individual is a citizen/green card holder of the USA.
 * In case Tax Identification Number is not available, kindly provide its functional equivalent.

9 NOMINATION DETAILS

☐ I/We hereby nominate the under mentioned nominee to receive the amount to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be a valid discharge by the AMC/Mutual Fund/Trustee Company.

Name of Nominee	%	Date of Birth	If Nominee Is Minor
Name of Nominee	%	Date of Birth	If Nominee Is Minor
Name of Nominee	%	Date of Birth	If Nominee Is Minor
* Name of the Guardian	If Nominee Is Minor		Relationship with the Minor

Address of the Nominee/Guardian

☐ I/We hereby cancel the nomination made by me / us on DD / MM / YYYY

All future communication in connection with this application should be addressed to the Registrar of the scheme or Customer Service Cell of Essel Mutual Fund.

Customer Service Cell :

 Essel Finance AMC Limited (Formerly:
 Peerless Funds Management Co.
 Limited)
 601, Jet Prime, Suren Road, Andheri
 (East), Mumbai- 400 093
 Toll Free: 1800 103 8999.
 Non Toll Free: 022 71335205.
 Email: mutualfund@esselfinance.com
Registrar :

 Karvy Computershare Private Limited,
 (Unit: Essel Mutual Fund),
 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
 Tel: 91 40 33215121 / 5122 / 5123
 Webs: <https://www.karvy.mfs.com>

10 SYSTEMATIC INVESTMENT PLAN (SIP) THROUGH POST DATED CHEQUES (Investor subscribing to SIP through ECS/Direct Debit must fill up the SIP Auto Debit Form)

Scheme Name	Essel												
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout												
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly / Annual												
SIP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th												
Frequency	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly SIP From <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y SIP To <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y												
Cheque(s) Details	No. of Cheque(s)		SIP Amount (in figures)				Cheque(s) No.						
Cheque(s) drawn on	Name of Bank and Branch												
New Investors are requested to fill in the common application form													

11 SYSTEMATIC WITHDRAWAL PLAN (SWP)

Name of the Scheme	Essel												
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout												
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly / Annual												
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly SWP from <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y SWP to <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y												
Amount per Withdrawal (Rs)													No of Installments
Please see the Plans & Options and Dividend policy details in the Scheme Information Document before filling the above details.													

12 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	Essel													
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend													
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly / Annual													
To Scheme	Essel													
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular <input type="checkbox"/> Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Sub Option <input type="checkbox"/> Dividend Reinvestment (default) <input type="checkbox"/> Dividend Payout													
Dividend Frequency	<input type="checkbox"/> Normal <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly / Annual													
Frequency	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	STP Period									
STP Date	All Business Days	Every Wednesday	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	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	STP to	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y
Amount Per Installment (Rs) No of Installments														

13 AUTOMATIC ENCASHMENT PLAN (AEP) - Available only from Growth Option of the Scheme

From Scheme	Essel												
Plan	<input type="checkbox"/> Direct <input type="checkbox"/> Regular												
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)				

14 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 maybe 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/NRSR 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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