

Application Form - Essel Equity Hybrid Fund

(An Open Ended Hybrid Scheme investing predominantly in equity and equity related instruments)

Offer for Units of Rs. 10/- Per Unit for cash during the New fund Offer Period and continuous Offer of units at NAV based prices.

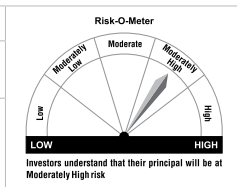
This product is suitable for investors who are seeking*



Capital appreciation over the long term.

To generate capital appreciation by predominantly investing in equity and equity related instruments.

Degree of risk – MODERATELY HIGH



Application No.

NFO Dates: April 9, 2018 to April 23, 2018.

Scheme re-opens for continuous sale and repurchase on: May 2, 2018

*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.

Investors must read the Key Information Memorandum, Instructions and Product Labelling before completing this Form. Tick (✓) whichever is applicable, strike out whichever is not required.

1	ARN CODE / RIA	Employee Unique Identification Number (EUIIN)*	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/subsription 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 CDSL

Depository Participant Name _____
 DP ID Number _____
 Beneficiary Account Number _____

Enclosures
 Client Master List Delivery Instruction Slip
 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 # _____ Date of Birth/Date of Incorporation D D M M Y Y

CKYC Id _____
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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 _____

Acknowledgement Slip (To be filled in by the investor)



Received from Mr./Ms./M/s. _____

An application for Scheme: **Essel Equity Hybrid Fund** 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

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 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 (Mandatory for Non-Individuals) Rs. _____ as on (Not older than 1 year) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>					D	D	M	M	Y	Y
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

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			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y											
CKYC Id																
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(Also applicable for authorised signatories/ Promoters/ Karta/ Trustee/ Whole time Directors)																
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.																
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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					<input type="checkbox"/> KYC Proof #		Date of Birth			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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)
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

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:
IFSC Code :	Pin:
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 Equity Hybrid Fund	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)
Dividend Frequency <input type="checkbox"/> Normal <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual	

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.

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	<i>Please specify</i>
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)

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/FCNFI/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

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)

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	Fils
Resolution/Authorisation to invest		✓	✓	✓		✓		✓
List of Authorized 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		✓	✓	✓	✓	✓		✓