

I/We hereby apply to the Trustees of Religare Mutual Fund for Systematic Transfer Plan (STP)/Systematic Withdrawal Plan (SWP) enrollment under the following scheme and we agree to abide by the terms and conditions of the Plan

Form No :

Key Partner / Agent Information

Distributor / Broker ARN	Sub-Broker Code	For Office Use Only
ARN - 13308		

Existing Folio Number :

Application Number :

1. Applicant's Personal Details

FIRST / SOLE APPLICANT		Date of Birth	D D M M Y Y Y Y
Name	Mr./Ms./M/s.		
SECOND APPLICANT		Date of Birth	D D M M Y Y Y Y
Name	Mr./Ms./M/s.		
THIRD APPLICANT		Date of Birth	D D M M Y Y Y Y
Name	Mr./Ms./M/s.		

2. Systematic Transfer Plan (STP) Mandate

Eligible Schemes from which you can transfer Religare Liquid Fund / Religare Ultra Short Term Fund / Religare Short Term Plan / Religare Active Income Fund		Eligible Schemes into which you can transfer Religare Contra Fund / Religare Growth Fund / Religare Tax Plan / Religare Arbitrage Fund / Religare Banking Fund / Religare AGILE Fund / Religare Equity Fund	
From Scheme (from where you wish to transfer)	Scheme	Plan	Option
To Scheme (to where you wish to transfer)	Scheme	Plan	Option
Frequency (Please ✓)	<input type="checkbox"/> Monthly (1st business day of each month)	<input type="checkbox"/> Quarterly (1st business day of calendar quarter i.e. Jan, April, July, Oct)	
Period of Enrollment	From (1st Installment) M M Y Y Y Y	To (Last Installment) M M Y Y Y Y	
Transfer Amount	Rs.	Rs. (in words)	
No. of Installments		Total Transfer (Rs.)	

3. Systematic Withdrawal Plan (SWP) Mandate

Eligible Schemes for SWP : Religare Liquid Fund / Religare Ultra Short Term Fund / Religare Short Term Plan / Religare Active Income Fund / Religare Contra Fund / Religare Tax Plan (Applicable after a period of 3 years from the date of allotment) / Religare Growth Fund / Religare Banking Fund / Religare AGILE Fund / Religare Equity Fund			
Scheme	Plan	Option	
Frequency (Please ✓)	<input type="checkbox"/> Monthly (1st business day of each month)	<input type="checkbox"/> Quarterly (1st business day of calendar quarter i.e. Jan, April, July, Oct)	
Period of Enrollment	From (1st Installment) M M Y Y Y Y	To (Last Installment) M M Y Y Y Y	
Transfer Amount	Rs.	Rs. (in words)	
No. of Installments		Total Withdrawal (Rs.)	

4. Applicant's Signature

I/We have read and understood the contents of the Offer Document / Scheme Information Document of the respective Scheme(s) of Religare Mutual Fund, including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering and Know-Your-Customer". I/We hereby apply for allotment/purchase of Units in the Scheme indicated above and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am /are authorised to make this investment in the above mentioned Scheme and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We have neither received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated.	Signature(s)	Sole / First Applicant / Guardian / POA	
Date D D M M Y Y Y Y		Second Applicant / POA	
Place		Third Applicant / POA	