

**Key Partner / Agent Information**

Distributor / Broker ARN <b>ARN - 13308</b>	Sub-Broker Code	Application No : <b>For Office Use Only</b>
--	-----------------	--

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

**Existing Unitholder Details :** Pl. fill in Folio Number below. Pl. furnish PAN details in section 1 and then proceed to section 2.

Folio Number, if any		Name of Sole / First Unitholder	
----------------------	--	---------------------------------	--

**1. Applicant's Personal Details**

**FIRST / SOLE APPLICANT**

Date of Birth

Name	Mr./Ms./M/s.										
PAN**											Enclosed copy of (please ✓) <input type="checkbox"/> PAN Card <input type="checkbox"/> KYC Compliance Proof*

**GUARDIAN (if Sole / First applicant is a Minor) CONTACT PERSON (in case of Non-individual Investors only)**

Name	Mr./Ms./M/s.															
PAN**											Enclosed copy of (please ✓) <input type="checkbox"/> PAN Card <input type="checkbox"/> KYC Compliance Proof*					
Country of Residence					Nationality					Date of Birth						

**Mailing Address** [Please provide full address. P.O. Box Address is not sufficient. Indian Address in case of NRIs/ FIIs]

City					PIN					
State										

**Overseas Address** (Mandatory in case of NRI / FII applicant)

City					PIN					
State					Country					

**Contact Details**

Phone	Office					Residence					Fax				
Mobile															
E-mail															

☐ I/We wish to receive updates via SMS on my mobile (Please ✓)  
I/we wish to receive Account Statements, Annual Reports and other statutory as well as other information documents by email in lieu of physical documents ☐ Yes ☐ No  
Where the investor has not specified any choice or has applied for both the choices, the application will be processed as if the investor has opted for default choice i.e. Yes

**Status** (please ✓) ☐ Individual ☐ Partnership ☐ Company ☐ Society/Club ☐ HUF ☐ NRI / FII ☐ Trust ☐ Minor ☐ Body Corporate ☐ Others (Please specify) \_\_\_\_\_

**Occupation** (please ✓) ☐ Private Sector Service ☐ Public Sector / Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired  
☐ Housewife ☐ Politically Exposed Person ☐ Forex Dealer ☐ Others (Please specify) \_\_\_\_\_

**Mode of Holding** (please ✓) ☐ Single ☐ Joint ☐ Anyone or Survivor (Default Option is Anyone or Survivor)

**SECOND APPLICANT**

Date of Birth

Name	Mr./Ms./M/s.										
PAN**											Enclosed copy of (please ✓) <input type="checkbox"/> PAN Card <input type="checkbox"/> KYC Compliance Proof*

**THIRD APPLICANT**

Date of Birth

Name	Mr./Ms./M/s.										
PAN**											Enclosed copy of (please ✓) <input type="checkbox"/> PAN Card <input type="checkbox"/> KYC Compliance Proof*

**POA HOLDER DETAILS** (If the investment is being made by a Constituted Attorney please furnish the details of POA Holder)

Name	Mr./Ms./M/s.										
PAN**											Enclosed copy of (please ✓) <input type="checkbox"/> PAN Card <input type="checkbox"/> KYC Compliance Proof*

\* If the investment is Rs. 50,000/- and above, all the applicants including PoA Holder need to be KYC Compliant. (Please refer instruction no. 13)  
\*\* Copy of PAN Card is mandatory for all investors (except for Micro SIP investors) including Joint Holders, Guardian in case of Minor and NRIs. Please submit photocopy of PAN Card (along with the original) for verification, which will be returned across the counter. (Please refer instruction no. 7)

**Acknowledgement Slip** (To be filled by the Applicant)

Application No :

Received from	Mr./Ms./M/s.										
an application for Units	Name of the Scheme				Date						
Plan / Option											
Amount (Rs.)					Along with Cheque / DD No.						
Dated						Drawn on Bank / Branch					

**Please Note :** All purchases are subject to realisation of cheques / demand drafts.

Signature, Stamp & Date

## 2. Investment and Payment Details

Refer Scheme Ready Reckoner on page no. 14

(Cheque/DD should be drawn in favour of the Scheme)

<b>Scheme Name</b>	<input type="text"/>	<b>Plan</b>	<input type="text"/>
<b>Option</b>	<input type="text"/>	<b>Dividend Frequency</b>	<input type="text"/>

**For Lumpsum Investment**  
Investment Amt. (Rs.)  Mode of Payment ☒ Chq. ☐ DD ☐ Fund Transfer  
DD charges, if any (Rs.)  Net Amt. (Rs.)  Investment amt. - DD charges  
Cheque/DD No.  Date  D D M M Y Y Y Y  
Bank/Branch   
A/c. No.   
Account Type ☒ Current ☐ Savings  
NRI Investors only ☒ NRE ☐ NRO ☐ FCNR

**For SIP / Micro SIP** (refer instruction no. 7 on page no. 12)  
☐ SIP ☐ Micro SIP  
☐ SIP through Auto-Debit (ECS / Direct Debit) OR ☐ SIP through Post Dated Cheques  
Pls. fill up the SIP Auto Debit Facility Form Subsequent Installment Details  
Investment Amount No. of Installments Total Amount  
Rs.  X  = Rs.   
**First SIP Installment Cheque Details :**  
Cheque No.  Amount   
Dated  D D M M Y Y Y Y Drawn on Bank   
Branch   
SIP Date ☒ 3rd ☐ 10th ☐ 15th ☐ 20th or ☐ 25th Frequency ☒ Monthly or ☐ Quarterly  
**SIP through Post Dated Cheques**  
Period From  M M Y Y Y Y To  M M Y Y Y Y  
Chq. Nos. From  To   
**Document Details in case of Micro SIP** (refer instruction no. 7 on page no. 12)  
 Document Name  Document Number

## 3. Bank Account Details (Mandatory As Per SEBI Guidelines)

Refer instruction no. 4 on page no. 12

Account No.	<input type="text"/>	Account Type (please <input checked="" type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
Bank Name	<input type="text"/>	
Branch Address	<input type="text"/>	City <input type="text"/>
MICR Code	<input type="text"/>	NEFT/RTGS/IFSC Code <input type="text"/> PIN <input type="text"/>

(9 digit No. next to your Cheque No.) (11 digit character code appearing on cheque leaf)

We credit the redemption/dividend proceeds directly into investors' account through electronic means if the details provided by the investors are sufficient for the same. Please provide a cancelled cheque leaf of the same bank account as mentioned above. Mentioning your IFSC will help us transfer the amount to your bank account faster. To receive cheque payout, please tick here ☒

## 4. Nomination Details

Refer instruction no. 11 on page no. 13

If you wish to register a single nominee for your investments, please fill in the nomination details below. In case you wish to register multiple nominees, please download nomination form available on our website or at any Religare Investor Service Centers.

<b>Name and Address of Nominee</b>	<b>Name and Address of the Guardian (if Nominee is a Minor)</b>
Name <input type="text"/>	Name <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
Date of Birth <input type="text"/> D D M M Y Y Y Y	City <input type="text"/> State <input type="text"/>
Relationship with Applicant <input type="text"/>	PIN <input type="text"/>
	Guardian's relation with the Minor Nominee <input type="text"/>
	Signature of the Guardian <input type="text"/>

## 5. Personal Identification Number (PIN)

Refer instruction no. 12 on page no. 13

I would like to apply for a PIN (This will enable you to access your account via the internet and phone). Please tick here ☒

## 6. Declaration & Signature(s)

<p>The Trustees, Religare Mutual Fund Having read and understood the contents of the Statement of Additional Information/Scheme Information Document(s) of the respective schemes, I/We hereby apply to the Trustees of Religare Mutual Fund for units of the Scheme/Plan/Option as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We have understood the details of the Scheme and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We do not have any existing Micro SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,00,00/- in a year (applicable to Micro SIP investors only). The Distributor has disclosed to me/us all the commissions (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 authorise Religare Mutual Fund, its Investment Manager and its Agents to disclose details of my/our investment to my/our bank(s)/Religare Mutual Fund's Bank(s) and/or Distributor/Broker/Investment Advisor and to verify my/our bank details provided by me/us. I/We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Religare Asset Management Company Ltd. (Investment Manager to Religare Mutual Fund), their appointed service providers or representatives responsible. I/We will also inform Religare Asset Management Company Ltd. about any changes in my/our bank account. I/We hereby declare that the amount being invested by me/us in the Scheme of Religare Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time.</p> <p>*I/We confirm that I am/we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO/FCNR Account. I/We confirm that the details provided by me/us are true and correct.</p> <p>*Applicable to NRI's</p> <p>Date <input type="text"/> D D M M Y Y Y Y Place <input type="text"/></p>	<p>Sole/First Applicant/Guardian/POA <input type="text"/></p> <p>Second Applicant/POA <input type="text"/></p> <p>Third Applicant/POA <input type="text"/></p>
---	--

## GET IN TOUCH

### Religare Mutual Fund

3rd Floor, GYS Infinity, Paranjpe 'B' Scheme, Subhash Road,  
Vile Parle (East), Mumbai - 400 057.

T +91 22 67310000 F +91 22 28371565

call : 1800-209-0007 > sms 'Invest' to 56677 > Invest Online [www.religaremf.com](http://www.religaremf.com)

**Key Partner / Agent Information**
**Form No : E**

 Distributor / Broker ARN  
**ARN - 13308**

Sub-Broker Code

For Office Use Only

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

**First Investment with  
Current Date Cheque**
**Application to be submitted at least 30 days before  
the commencement of SIP through ECS**
☐ New Application ☐ Change in Bank Account\* ☐ Cancellation  
 (\*Please provide a cancelled cheque)

 The Trustees,  
 Religare Mutual Fund

I/We have read and understood the contents of the Statement of Additional Information/Scheme Information Document of the respective Scheme and the terms and conditions of SIP enrollment and ECS Debit Clearing.

**1. Investment and SIP Details**
**FIRST / SOLE INVESTOR**

 Name  Application No.  Folio No.(Existing Unitholder)   
 Scheme  Option ☐ Growth ☐ Dividend Reinvestment ☐ Dividend Payout  
 Each SIP Amount (Rs.)  Frequency ☐ Monthly ☐ Quarterly (Jan, April, July, Oct)  
 SIP Date [for ECS (Debit Clearing)] ☐ 3rd ☐ 10th ☐ 15th\* ☐ 20th ☐ 25th (\*Default Option)  
 SIP Period [for ECS (Debit Clearing)] Start From  End on  No. of Installments 
**2. First SIP Transaction**

 Cheque No.  Cheque Dated  Amount (Rs.)   
 Bank  Bank City 

I/We hereby authorise Religare Mutual Fund/Religare Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing)/Direct Debit for collection of SIP payments.

**3. Particulars of Bank Account**

 Bank Name   
 Bank Branch  Bank City   
 Account Number  Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR  
 Preferred messaging medium SMS: ☐ E-mail: ☐ Note: Please (✓) for your preferred medium of messaging  
 9 Digit MICR Code  (Please enter the 9 digit number that appears after the cheque number)  
 Account Holder Name as in Bank Account 

I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above though participation in ECS (Debit Clearing). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Religare Mutual Fund/Religare Asset Management Company Limited, about any changes in my/ our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

**First Account Holder Signature**  
 (As in Bank Records)


**Second Account Holder Signature**  
 (As in Bank Records)


**Third Account Holder Signature**  
 (As in Bank Records)


**4. For Office Use Only (not to be filled in by the investor)**

 Recorded on  Scheme Code   
 Recorded by  Credit Account No. 
**5. Authorisation of the Bank Account Holder (to be filled and signed by the Investor)**

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing), and that my payment towards my investment in Religare Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) Mandate Form to get it verified &amp; executed.

**First Account Holder Signature**  
 (As in Bank Records)


**Second Account Holder Signature**  
 (As in Bank Records)


**Third Account Holder Signature**  
 (As in Bank Records)



Bank Account Number