

Application No :

Key Partner / Agent Information

 Distributor / Broker ARN
 ARN - ARN-8490

 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.

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

 Name Mr./Ms./M/s. Date of Birth D D M M Y Y Y Y
 PAN** Enclosed copy of (please) PAN Card 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. Date of Birth D D M M Y Y Y Y
 PAN** Enclosed copy of (please) PAN Card KYC Compliance Proof*
 Nationality Date of Birth D D M M Y Y Y Y
 Country of Residence
Mailing Address (Please provide full address. P.O. Box Address is not sufficient. Indian Address in case of NRIs/Flis)

 City PIN
 State
Overseas Address (Mandatory in case of NRI / FII applicant)

 City PIN
 State Country
Contact Details

 Phone Office Residence Fax
 Mobile I/We wish to receive updates via SMS on my mobile (Please)
 E-mail We wish to receive Account Statements / Allotment Advice, Annual Reports and other statutory as well as other information documents by email in lieu of physical documents (Please) 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

 Name Mr./Ms./M/s. Date of Birth D D M M Y Y Y Y
 PAN** Enclosed copy of (please) PAN Card KYC Compliance Proof*

THIRD APPLICANT

 Name Mr./Ms./M/s. Date of Birth D D M M Y Y Y Y
 PAN** Enclosed copy of (please) PAN Card 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) PAN Card 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. 3)

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 D D M M Y Y Y Y
 Plan / Option
 Amount (Rs.) Along with Cheque / DD No.
 Dated D D M M Y Y Y Y Drawn on Bank / Branch
 Signature, Stamp & Date

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

2. Investment and Payment Details

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

Scheme Name Plan
 Option Dividend Frequency

For Lumpsum Investment

Investment Amt. (Rs.) Mode of Payment (✓) Chq DD Fund Transfer
 DD charges, if any (Rs.) Net Amt. (Rs.)
 Cheque/DD No. Date
 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. 22)

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 Drawn on Bank
 Branch
 SIP Date (✓) 3rd 10th 15th 20th of 25th Frequency (✓) Monthly or Quarterly
SIP through Post Dated Cheques
 Period From To
 Chq. Nos. From To
Document Details in case of Micro SIP (refer instruction no. 7 on page no. 22)
 Document Name Document Number

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

Refer instruction no. 4 on page no. 22

Account No. Account Type (please ✓) Current Savings NRE NRO FCNR
 Bank Name
 Branch Address City
 MICR Code NEFT/RTGS/IFSC Code PIN
(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. 23

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.

Name and Address of Nominee
 Name
 Address
 Date of Birth (in case nominee is a minor) Relationship with Applicant

Name and Address of the Guardian (if Nominee is a Minor)
 Name
 Address
 City State
 PIN
 Guardian's relation with the Minor Nominee Signature of the Guardian

5. Personal Identification Number (PIN)

Refer instruction no. 12 on page no. 23

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)

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 applying 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. (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.
 *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.
 If NRI (Please ✓) Repatriation basis Non-Repatriation basis
 *Applicable to NRI's Date Place

Sole / First Applicant / Guardian / POA

Second Applicant / POA

Third Applicant / POA

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

Key Partner / Agent Information

 Form No : **E**

Distributor / Broker ARN ARN - <input type="text" value="ARN-8490"/>	Sub-Broker Code <input type="text"/>	For Office Use Only <input type="text"/>
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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	Mr./Ms./M/s.	<input type="text"/>
Application No.	<input type="text"/>	Folio No. (Existing Unitholder) <input type="text"/>
Scheme	<input type="text"/>	Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout
Each SIP Amount (Rs.)	<input type="text"/>	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Jan, April, July, Oct)
SIP Date [for ECS (Debit Clearing)]	<input type="checkbox"/> 3rd <input type="checkbox"/> 10th <input type="checkbox"/> 15th* <input type="checkbox"/> 20th <input type="checkbox"/> 25th (*Default Option)	
SIP Period [for ECS (Debit Clearing)]	Start From <input type="text" value="M M Y Y Y Y"/> End on <input type="text" value="M M Y Y Y Y"/> No. of Installments <input type="text"/>	

2. First SIP Transaction

Cheque No.	<input type="text"/>	Cheque Dated	<input type="text"/>	Amount (Rs.)	<input type="text"/>
Bank	<input type="text"/>		Bank City	<input type="text"/>	

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

I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through 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	<input type="text"/>	Scheme Code	<input type="text"/>
Recorded by	<input type="text"/>	Credit Account No.	<input type="text"/>

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 & executed.

<input type="text"/>	Bank Account Number
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First Account Holder Signature (As in Bank Records)	✍
Second Account Holder Signature (As in Bank Records)	✍
Third Account Holder Signature (As in Bank Records)	✍