

Key Partner / Agent Information

Distributor / Broker ARN ARN - 56003	Sub-Broker Code	For Office Use Only
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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.

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) 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.
PAN** Enclosed copy of (please) PAN Card 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]

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

<input type="text"/>	<input type="text"/>
City <input type="text"/>	PIN <input type="text"/>
State <input type="text"/>	Country <input type="text"/>

Contact Details

Phone Office Residence Fax
Mobile I/we wish to receive updates via SMS on my mobile (Please)
E-mail 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) PAN Card KYC Compliance Proof*

THIRD APPLICANT

Date of Birth

Name Mr./Ms./M/s.
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. 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

Signature, Stamp & Date

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

2. Investment and Payment Details

Refer Scheme Ready Reckoner on page no. 14

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

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

For Lumpsum Investment

Investment Amt. (Rs.)	<input type="text"/>	Mode of Payment (✓) <input type="checkbox"/> Chq. <input type="checkbox"/> DD <input type="checkbox"/> Fund Transfer
DD charges, if any (Rs.)	<input type="text"/>	Net Amt. (Rs.) <input type="text" value="Investment amt. - DD charges"/>
Cheque/DD No.	<input type="text"/>	Date <input type="text" value="D D M M Y Y Y Y"/>
Bank/Branch	<input type="text"/>	
A/c. No.	<input type="text"/>	
Account Type (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings		
NRI Investors only (✓) <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR		

For SIP / Micro SIP (refer instruction no. 7 on page no. 12)

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

Name and Address of Nominee

Name	<input type="text"/>
Address	<input type="text"/>
Date of Birth (in case nominee is a minor) <input type="text" value="D D M M Y Y Y Y"/>	Relationship with Applicant <input type="text"/>

Name and Address of the Guardian (if Nominee is a Minor)

Name	<input type="text"/>	
Address	<input type="text"/>	
City	<input type="text"/>	State <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. 50,00,000/- 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 <input type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-Repatriation basis</p> <p>Date <input type="text" value="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>
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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 - 56003

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 & 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