

Key Partner / Agent Information

Distributor / Broker ARN

ARN - 15095

Sub-Broker Code

Employee Unique Identification No. (EUIIN)

E 038829
(Of the Distributor or Of employee / Relationship Manager / Sales Person of the Distributor)

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no.1(f)).

Sign Here
Sole/First Applicant/Guardian

Sign Here
Second Applicant

Sign Here
Third Applicant

Upfront commission, if any, 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.

Transaction Charges

(Please tick any one of the below. For details refer Page No.12)

I am a first time investor in Mutual Funds

(₹150/- will be deducted as transaction charges for subscription of Rs. 10,000/- and above)

OR

I am an existing investor in Mutual Funds (Default)

(₹100/- will be deducted as transaction charges for subscription of Rs. 10,000/- and above)

For details on transaction charges payable to distributors, please refer to KIM.

Folio Number, if any

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Name of Sole / First Unitholder

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1. Applicant's Details

Name

First/Sole	Mr. / Ms. / M/s.
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Second

	No joint holder where minor is first holder
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Third

	No joint holder where minor is first holder
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Guardian/ Contact Person (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only)

Relation Father Mother Court appointed Guardian

POA Holder (if the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)

Mailing Address: (Please provide one full address. Indian Address in case of NRIs / FII)

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City

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State

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Tel. No. (Resident)

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Mobile

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E-mail

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Mode of Holding (Only for non - demat mode) (please) Single Joint

2. Demat Account Details (Optional)

DP ID #

I	N								
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(# Not applicable in case of CDSL).

Beneficiary Account No.

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The details of the Bank Account linked with the Demat A/c as mentioned in the next page should be provided under section 5.

DP Name

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Refer Instructions Please () NSDL CDSL

3. Investment Details (Cheque / DD should be drawn in favour of the Scheme. Investors applying under direct plan must mention "Direct" in the box provided below)

Refer Scheme Ready Reckoner

Scheme	Scheme Name	Plan	Option	Dividend Frequency ⁴
Scheme 1	Religare Invesco			
Scheme 2	Religare Invesco			
Scheme 3	Religare Invesco			

Payment Details (Attach separate cheques for each Scheme. Refer instruction no. 5a)

Scheme Investment Amt. (Rs) Net Amt. (Rs) Cheque/DD No. Bank Name A/c. No.

1					
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Account Type (please) Current Savings NRE NRO FCNR SNRR Others

2					
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Account Type (please) Current Savings NRE NRO FCNR SNRR Others

3					
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Account Type (please) Current Savings NRE NRO FCNR SNRR Others

Applicable in case of Third Party Payment: Payment on behalf of Please () Minor Client Employee Distributor

Name of the person making payment

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Enclosed (please) KYC Compliance Proof ³

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¹ PAN/KRN (Refer Instruction no. 3), ²Mandatory in case of Minor, additionally refer Instruction no. 2, ³ KYC (Refer Instruction no. 14), ⁴ Not applicable in Growth option

Acknowledgement Slip (To be filled by the Applicant)

Application No :

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

Towards Subscription under below Schemes

Scheme 1

Amount (Rs.) Cheque/DD No.

Scheme 2

Amount (Rs.) Cheque/DD No.

Scheme 3

Amount (Rs.) Cheque/DD No.

Signature, Stamp & Date

4. For SIP / Micro SIP

Refer instruction no. 6 & 7

SIP Micro SIP
 SIP through Auto-Debit (ECS / Direct Debit) OR Pls. fill up the SIP Auto Debit Facility Form SIP through Post Dated Cheques (PDCs)
 Investment Amount No. of Installments Total Amount Subsequent Installment Details

Rs. X = Rs.

First SIP Installment Cheque Details

Cheque No. Amount Dated DD MM YYYY Drawn on Bank
 Branch Frequency Monthly (Default) or Quarterly SIP Date 3rd 10th 15th (Default) 20th or 25th

SIP through Post Dated Cheques (Use CTS (Cheque Truncation System) Cheques only)

Period From MM YYYY To MM YYYY Chq. Nos. From To

Applicable in case of Third Party Payment: Payment on behalf of Please Minor Client Employee Distributor
 Name of the person making payment Enclosed (please KYC Compliance Proof PAN

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

Refer instruction no. 4

Account No. Account Type (please Current Savings NRE NRO FCNR SNRR Others _____
 Bank Name Branch Address
 City
 MICR Code (9 digit No. next to your Cheque No.) NEFT/RTGS/IFSC Code (11 digit character code appearing on cheque leaf) PIN

Please provide a cancelled cheque leaf of the same bank account as mentioned above. We will credit the redemption/dividend proceeds directly into investors' account through electronic means if the details provided by the investors are sufficient for the same. Mentioning your IFSC will help us transfer the amount to your bank account faster. To receive cheque payout, please tick here
 Unit holders who have opted to hold Units in dematerialised form must provide Bank Account details linked with the Demat account, as mentioned under section 2 on previous page. In case of discrepancy, bank details as per depository records will be final. Please if you have provided multiple bank registration form.

6. Nomination Details (Mandatory for investors who opt to hold units in non-demat form.)

Refer Instruction no. 10

Name	Date of Birth (for minor)	% Share	Relationship	Signature
Nominee 1 <input type="text"/>	<input type="text"/> DD MM YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/> Optional
Nominee 2 <input type="text"/>	<input type="text"/> DD MM YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/> Optional
Nominee 3 <input type="text"/>	<input type="text"/> DD MM YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/> Optional
Name of Guardian (If Nominee is Minor) <input type="text"/>		Guardian's Relation (with the minor) <input type="text"/>		Signature of Guardian <input type="text"/> Mandatory
Address <input type="text"/>				

I do not intend to nominate (Please tick the box , in case you do not wish to nominate)

7. Declaration & Signature(s)

The Trustees, Religare Invesco 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 Invesco Mutual Fund for units of the Scheme / 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 Investments which together with the current Micro Investment application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro Investment 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 Invesco Mutual Fund, its Investment Manager and its Agents to disclose details of my / our investment to my / our bank(s) / Religare Invesco 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 Invesco Asset Management Company Pvt. Ltd. (Investment Manager to Religare Invesco Mutual Fund), their appointed service providers or representatives responsible. I / We will also inform Religare Invesco Asset Management Company Pvt. 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 Invesco 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 / We are not United States person(s) under the laws of United States or residents(s) of Canada as defined under the applicable laws of Canada. **Applicable to KRN holders :** I, the first / sole holder hereby declare that I do not hold a Permanent Account Number and hold only a single PAN exempt KRN issued by KRA and that my existing investment in schemes of Religare Invesco Mutual Fund together with current application will not result in aggregate investments exceeding Rs. 50,000 / - in a rolling 12 months period or in a financial year i.e. April to March. **Applicable to NRIs only :** 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 / SNRR Account. I / We confirm that the details provided by me / us are true and correct.

(Please Yes No If NRI (Please Repatriation basis Non-Repatriation basis
 Date DD MM YYYY Place

Sole / First Applicant / Guardian / POA

Second Applicant / POA

Third Applicant / POA

GET IN TOUCH

Religare Invesco Mutual Fund

3rd Floor, GYS Infinity, Paranjpe 'B' Scheme, Subhash Road,
 Vile Parle (East), Mumbai - 400 057.
 T +91 22 67310000 F +91 22 67310301

call : 1800-209-0007 > sms 'Invest' to 56677 > Invest Online www.religaireinvesco.com

First time investors subscribing to the Scheme through SIP-ECS to complete this form compulsorily along with Application Form. (Please read terms and conditions overleaf)

Form No : E

Key Partner / Agent Information

Distributor / Broker ARN ARN - 15095	Sub-Broker Code	Employee Unique Identification No. (EUIIN) E 038829 <small>(Of Investor, Relationship Manager or Of employee / Relationship Manager / Sales Person of the Distributor)</small>	For Office Use Only
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For details on transaction charges payable to distributors, please refer to KIM.

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no.1(f)).

Sign Here Sole/First Applicant/Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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Upfront commission, if any, 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.

(Please Change in ECS Bank Account (Please provide a cancelled cheque) Micro SIP

The Trustees,
Religare Invesco 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

(Investors applying under the direct plan must mention "Direct" against Scheme name.)

First / Sole Investor

Name	Mr. / Ms. / M/s.		
Application No. (New Investor)		Folio No.(Existing Unitholder)	
Existing UMRN			
Scheme		Option	<input type="checkbox"/> Growth <input type="checkbox"/> Bonus <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout
Each SIP Amount (Rs.)		Frequency	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly (Jan, April, July, Oct)
SIP Date	<input type="checkbox"/> 3rd <input type="checkbox"/> 10th <input type="checkbox"/> 15th (Default) <input type="checkbox"/> 20th <input type="checkbox"/> 25th		
SIP Period	Start From <input type="text" value="M M Y Y Y Y"/>	End on <input type="text" value="M M Y Y Y Y"/>	<input type="checkbox"/> Till Further Notice
PAN / KRN ¹	<input type="text" value=""/>	Enclosed (please <input checked="" type="checkbox"/>)	<input type="checkbox"/> KYC Compliance Proof ²

2. First SIP Transaction

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

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

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 Invesco Mutual Fund / Religare Invesco Asset Management Company Private Limited, about any changes in my/ our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

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

3. 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 Invesco 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" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
First Account Holder Signature (As in Bank Records)	Second Account Holder Signature (As in Bank Records)	Third Account Holder Signature (As in Bank Records)

¹ PAN/KRN (Refer Instruction no. 3 on page 20), ² KYC (Refer Instruction no. 14 on page 22)

UMRN Date

(Please) Sponsor Bank Code Utility Code

CREATE MODIFY CANCEL I/We hereby authorize **Religare Invesco Mutual Fund** to debit (Please) SB CA CC SB-NRE SB-NRO Others_____

Bank Account Number

with Bank IFSC Or MICR

an amount of Rupees ₹

Frequency : Monthly Quarterly Half Yearly Yearly As & when presented Debit Type : Fixed Amount Maximum Amount

Folio No. Phone

PAN E-mail

PERIOD	From	<input type="text" value="DD MM YYYY"/>	<input type="text" value=""/>	<input type="text" value=""/>
	To	<input type="text" value="DD MM YYYY"/>	Signature Primary Account Holder	Signature of Account Holder
	Or	<input type="checkbox"/> Until Cancelled	1 Name as in bank records	2 Name as in bank records

This is to confirm that the declaration has been carefully read, understood & made by me / us