

Key Partner / Agent Information

Application No :

Distributor / Broker ARN ARN - 1619	Sub-Broker Code	For Office Use Only
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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 Copy 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 Copy 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 / FIs]

Overseas Address (Mandatory in case of NRI / FII applicant if different from the mailing address)

<input type="text"/>	<input type="text"/>
City <input type="text"/> PIN <input type="text"/>	City <input type="text"/> PIN <input type="text"/>
State <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 the following documents via e-mail in lieu of physical document(s)
 Account Statement Annual Report News Letter Other Information

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 Copy KYC Compliance Proof*

THIRD APPLICANT

Date of Birth

Name Mr./Ms./M/s.
 PAN** Enclosed copy of (please) PAN Card Copy 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 Copy 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. 12)

** Copy of PAN Card is mandatory for all 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.

Acknowledgement Slip (To be filled by the Applicant)

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 DD MM YYYY Drawn on Bank / Branch

Application No :

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

For SIP Investment (refer instruction on page no. 10)

<input type="checkbox"/> SIP through Auto-Debit (ECS/Direct Debit) OR <input type="checkbox"/> 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. <input type="text"/>	x <input type="text"/>	= Rs. <input type="text"/>		
First SIP Installment Cheque Details :				
Cheque No.	<input type="text"/>	Dated	<input type="text"/>	
Drawn on Bank	<input type="text"/>	Branch	<input type="text"/>	
SIP Date (✓) <input type="checkbox"/> 3rd <input type="checkbox"/> 10th or <input type="checkbox"/> 20th	Frequency (✓) <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly			
SIP through Auto Debit				
Period From	<input type="text"/>	To	<input type="text"/>	
SIP through Post Dated Cheques				
Period From	<input type="text"/>	To	<input type="text"/>	
Chq. Nos. From	<input type="text"/>	To	<input type="text"/>	

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

Refer instruction no. 4 on page no. 11

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"/>
(9 digit No. next to your Cheque No.)		PIN <input type="text"/>

Electronic Clearing Service (ECS) and direct credit facilities are available for redemption/dividend proceeds. Please also provide a cancelled cheque leaf of the same bank account as mentioned above. Mentioning your IFSC code will help us transfer the amount to your bank account faster. To receive cheque payout, please tick here (✓)

We offer Direct Credit Facility with the following banks for paying out Dividend and Redemption proceeds to you faster.

• ABN AMRO Bank • AXIS Bank • Centurion Bank of Punjab • Citibank • Corporation Bank • Deutsche Bank • HDFC Bank • HSBC Bank • ICICI Bank • IDBI Bank • Kotak Mahindra Bank • Standard Chartered Bank • YES Bank. If your bank account is with any of these banks, we will directly credit your dividend/redemption proceeds into the same.

4. Nomination Details

Refer instruction no. 10 on page no. 12

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 and Address of the Guardian (if Nominee is a Minor)	
Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>	City	<input type="text"/>
	<input type="text"/>	State	<input type="text"/>
Date of Birth (in case nominee is a minor) <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. 11 on page no. 12

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</p> <p>Having read and understood the contents of the Offer Document(s)/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 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 Pvt. Ltd. (Investment Manager to Religare Mutual Fund), their appointed service providers or representatives responsible. I/We will also inform Religare Asset Management Company Pvt. Ltd., about any changes in my/our bank account.</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. 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>*Applicable to NRI's</p> <p>Date <input type="text"/></p> <p>If NRI (Please ✓) <input type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-Repatriation basis</p> <p>Place <input type="text"/></p>	<p>Sole/First Applicant/Guardian/POA</p> <p>Second Applicant/POA</p> <p>Third Applicant/POA</p>
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GET IN TOUCH

Religare Mutual Fund

3rd Floor, GYS Infinity, Paranjpe 'B' Scheme, Subhash Road,
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