

Key Partner / Agent Information

Form No : **E**

Distributor / Broker ARN ARN -	Sub-Broker Code	Unique Identity No. <small>(Of Individual ARN holder or Of employee / Relationship Manager / Sales Person of the Distributor)</small>	For Office Use Only
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I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. (Please refer Instruction no. 1 (f) on Page no. 21)

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.

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

First Investment with Current Date Cheque	Application to be submitted at least 30 days before the commencement of SIP through ECS	<input type="checkbox"/> New Application	<input type="checkbox"/> Change in ECS Bank Account? <small>(*Please provide a cancelled cheque)</small>
			<input type="checkbox"/> SIP <input type="checkbox"/> 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

FIRST / SOLE INVESTOR (Investors applying under direct plan must mention "Direct" against Scheme name.)

Name	<input type="text" value="Mr./Ms./M/s."/>		
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 ³ <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"/>	<input type="checkbox"/> Till Further Notice
PAN/KRN	<input type="text"/>		

2. Demat Account Details (Optional)

Please NSDL CDSL

DPID#	Beneficiary Account No.	DP Name
<input type="text" value="I N"/>	<input type="text"/>	<input type="text"/>

(# Not applicable in case of CDSL.) (Applicable only to existing investors for fresh SIP enrolment. Please see instruction No. 12 on Page 21)

3. First SIP Transaction

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

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.

4. 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
9 Digit MICR Code	<input type="text"/>	<small>(Please enter the 9 digit number that appears after the cheque number)</small>	

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 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.

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

5. 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"/>

6. 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.

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

Bank Account Number

I/We hereby apply to the Trustees of Religare Invesco Mutual Fund for Systematic Transfer Plan (STP)/Systematic Withdrawal Plan (SWP) enrollment under the following scheme and we agree to abide by the terms and conditions of the Plan

Form No : T

Key Partner / Agent Information

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I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction. (Please refer Instruction no. 1 (f) on Page no. 21)

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.

Folio Number : Application Number :

1. Applicant's Personal Details

FIRST / SOLE APPLICANT Date of Birth

Name

SECOND APPLICANT Date of Birth

Name

THIRD APPLICANT Date of Birth

Name

2. Systematic Transfer Plan (STP) Mandate

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

From Scheme (from where you wish to transfer) Scheme Option

To Scheme (to where you wish to transfer) Scheme Option

Frequency (Please ✓) Weekly (1st business day of each week) Monthly¹ Quarterly STP Date (✓) 3rd 10th 15th¹ 20th 25th (Default Option)

Period of Enrollment From (1st Installment) To (Last Installment)

Transfer Amount (Per installment) Rs. Rs. (in words)

No. of Installments Total Transfer (Rs.) (Amt. per installment x No. of installments)

3. Systematic Withdrawal Plan (SWP) Mandate

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

Scheme Option

Frequency (Please ✓) Weekly (1st business day of each week) Monthly² Quarterly SWP Date (✓) 3rd 10th 15th² 20th 25th (Default Option)

Period of Enrollment From (1st Installment) To (Last Installment)

Withdrawal Amount to be (Per Installment) Rs. Rs. (in words)

No. of Installments Total Withdrawal (Rs.)

4. Applicant's Signature

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.

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 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 Place

Sole/First Applicant / Guardian / POA

Second Applicant / POA

Third Applicant / POA

Signature(s)