RELIGARE MUTUAL FUND

COMMON APPLICATION FORM
Please read instructions before filling the Form

FOR LUMPSUM AND SIP INVESTMENTS

Application No :

Key Partner / Agent Information

Distributor / Broker ARN	Sub-Broker Code
ARN -29333	

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 Date of Birth D D M M Y Y Y Y

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 D D M M Y Y Y Y

Mailing Address [Please provide full address. P.O. Box Address is not sufficient. Indian Address in case of NRIs/FIIs]

City PIN

State

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

City PIN

State Country

Contact Details

Phone Office | Residence | Fax

Mobile

E-mail

I/We wish to receive updates via SMS on my mobile (Please ✓)

I/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 Date of Birth D D M M Y Y Y Y

Name Mr./Ms./M/s.

PAN** Enclosed copy of (please ✓) PAN Card KYC Compliance Proof*

THIRD APPLICANT Date of Birth D D M M Y Y Y Y

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*

* KYC is mandatory for all investors (except for resident individual investors investing upto Rs. 50,000/- and such investment is not made through Channel Distributors) (Please refer instruction no. 15)

** 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

Refer Scheme Ready Reckoner on page no. 24

(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.) (Investment amt. - DD charges)

Cheque / DD No. | Date (D D M M Y Y Y Y)

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 (D D M M Y Y Y Y) | Drawn on Bank

Branch

SIP Date (✓) ☐ 3rd ☐ 10th ☐ 15th ☐ 20th or ☐ 25th | Frequency (✓) ☐ Monthly or ☐ Quarterly

SIP through Post Dated Cheques

Period From (M M Y Y Y Y) To (M M Y Y Y Y)

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) (D D M M Y Y Y Y) | 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. 13 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 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. 50,000/- 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.

*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 (D D M M Y Y Y Y) | 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

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Mailing Address [Please provide full address. P.O. Box Address is not sufficient. Indian Address in case of NRIs / FIIs]

City PIN

State

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

City PIN

State Country

Contact Details

Phone Office | Residence | Fax

Mobile

E-mail

☐ I/We wish to receive updates via SMS on my mobile (Please ✓)

I/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 Date of Birth D D M M Y Y Y Y

Name Mr. / Ms. / M/s.

PAN** Enclosed copy of (please ✓) ☐ PAN Card ☐ KYC Compliance Proof*

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For Lumpsum Investment

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DD charges, if any (Rs.) | Net Amt. (Rs.) (Investment amt. - DD charges)

Cheque / DD No. | Date (D D M M Y Y Y Y)

Bank / Branch

A/c. No.

Account Type (✓) ☐ Current ☐ Savings

NRI Investors only (✓) ☐ NRE ☐ NRO ☐ FCNR

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Name

Address

Date of Birth (in case nominee is a minor) (D D M M Y Y Y Y) | 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

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*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 (D D M M Y Y Y Y) | Place

Sole / First Applicant / Guardian / POA ✍

Second Applicant / POA ✍

Third Applicant / POA ✍

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