

Key Partner / Agent Information
Form No : E

 Distributor / Broker ARN
ARN - 29333

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 Mr./Ms./M/s.
 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 M M Y Y Y Y End on M M Y Y Y Y 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 through 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.

 Bank Account Number

First Account Holder Signature
 (As in Bank Records)


Second Account Holder Signature
 (As in Bank Records)


Third Account Holder Signature
 (As in Bank Records)

