

COMMON APPLICATION FORM

FOR LUMPSUM AND SIP INVESTMENTS

Please read instructions before filling the Form

Application No:

For Office Use Only

385655

SACE	Distribu	itor/B	reker A	REKH	Shrideress
ARA	RN	-18	394	.1	

Key Partner / Agent Information

Sub-Broker Code

Existing Unitholder Details: Pl. fill in Folio Number below. Pl. furnish PAN details in section 1 and then proceed to section 2. Name of Sole/ Folio Number, if any First Unitholder 1. Applicant's Personal Details_ Date of Birth FIRST/SOLE APPLICANT Mr./Ms./M/s. Name Enclosed copy of (please ✓) PAN Card Copy KYC Compliance Proof* PAN** GUARDIAN (if Sole / First applicant is a Minor) CONTACT PERSON (in case of Non-individual Investors only) Mr./Ms./M/s. Name Enclosed copy of (please ✓) PAN Card Copy KYC Compliance Proof* PAN** Date of Birth Nationality Country of Residence Overseas Address (Mandatory in case of NRI/FII applicant if different from the mailing address) Mailing Address [Please provide full address. P.O. Box Address is not sufficient, Indian Address in case of NRIs/FIIs] City PIN City PIN State State Country Contact Details Residence Phone I/We wish to receive updates via SMS on my mobile (Please 🗸) Mobile I/We wish to receive the following documents via e-mail in lieu of physical document(s) E-mail Account Statement Annual Report News Letter Other Information Individual Partnership Company Society/Club HUF NRI/FII Trust Minor Body Corporate Others (Please specify) Status (please ✓) Occupation Private Sector Service Agriculturist Retired Public Sector/Government Service Professional Business (please ✓) Politically Exposed Person Others (Please specify) _ Housewife Forex Dealer Mode of Holding (please ✓) | Single Anyone or Survivor (Default Option is Anyone or Survivor) Joint Date of Birth SECOND APPLICANT Mr./Ms./M/s. Name Enclosed copy of (please ✓) PAN Card Copy KYC Compliance Proof* PAN** THIRD APPLICANT Date of Birth Mr./Ms./M/s. Name Enclosed copy of (please ✓) PAN Card Copy KYC Compliance Proof* PAN** POA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish the details of POA Holder) Mr./Ms./M/s. Name Enclosed copy of (please ✔) PAN Card Copy KYC Compliance Proof* PAN** * 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.

Ackno	wledgement Slip (Tob	be filled by the Applicant)				A	plicat	ion No:
Received from	Mr./Ms./M/s.				*** **** ****			
an application for Units	Name o	f the Scheme	Date	0.0	W W	Y Y	У У	1
Plan/Option					والمتحدث والمحاصوات المحاصوات المساعد	والمرابطة		
Amount (Rs.)		Along with Cheque/DD No.		ای موجود مده رمومی به رمو در	endiserativali (et ari et a trak un arago en en e	ger untred het eine eine de getalt ze hat de getalt ze de Getalt ze de getalt	م المناس	
Dated	DOMESTY Y	Drawn on Bank / Branch					1	

Please Note: All purchases are subject to realisation of cheques / demand drafts.

385655

Signature, Stamp & Date

	and Payment Details		Refer Scheme Ready Reckoner on page no. 14				
	ld be drawn in favour of the Scheme)	Plan					
Scheme Name		Dividend Frequency					
GGGG	<u></u>		• · · · · · · · · · · · · · · · · · · ·				
For Lumpsum		SIP through Auto-Debit	t (refer instruction on page no. 10) (ECS / Direct Debit) OR SIP through Post Dated Cheques				
Investment Amt. (F	The make every recent recent every contract of the	Pls. fill up the SIP Auto Debit Investment Amount	No. of Installments Total Amount				
Net Amt. (Rs.)	Cheque/DD No.	Rs.	× = Rs.				
Date	La Da Maria V V V V A Mode of Payment (✔)	First SIP Installment Ch	neque Details : Dated				
Bank/Branch		Drawn on Bank	Branch				
50		SIP Date (✔) [] 3rd [] 10	oth or ☐ 20th Frequency (✔) ☐ Monthly or ☐ Quarterly				
A/c. No.		SIP through Auto Debit					
Account Type (✔)	Current Savings	Period From Dated C					
For NRI Investors only (✔) NRE NRO FCNR		SIP through Post Dated C	To M M Y Y Y				
	Managed Association Control of the C	Chq. Nos. From	То				
	. D . 'I /AA		Pefer instruction no 4 on page no 11				
3. Bank Accour	nt Details (Mandatory As Per SEBI (Refer instruction no. 4 on page no. 11				
Account No.		Account Type (please	✓ Current Savings NRE NRO FCNR				
Bank Name							
Branch Address			City				
MCDCodo	TITLI NEE	RTGS/IESC Code	PIN III				
MICR Code	(9 digit No. next to your Cheque No.)	Krosyn Se code					
Bank • YES Bank. If you 4. Nomination I If you wish to registe	our bank account is with any of these banks, we will directly Details	redit your dividend/redemption proceeds into the same	Refer instruction no. 10 on page no. 12 tiple nominees, please download nomination form available on our				
Name and Addre		Name and Address	of the Guardian (if Nominee is a Minor)				
Name		Name					
Address		Address •					
Address		City	State				
		PIN	Signature of				
Date of Birth (in case nominee is a mino	Relationship with App	cant Guardian's relation with the Minor Nominee	the Guardian				
5. Personal Ide	entification Number (PIN)		Refer instruction no. 11 on page no. 12				
	oply for a PIN (This will enable you to access you	account via the internet and phone). Please ti	ick here (✔)				
6. Declaration	& Signature(s)						
			Solo/First				
rules and regulations rebate or gifts, direct	derstood the contents of the Offer Document(s)/Scheme Informs of Religare Mutual Fund for units of the Scheme/Plan/Option as sof the Scheme. I/We have understood the details of the Scheme the original restriction as the scheme the	ndicated above and agree to abide by the terms, conditions, and I / We have not received nor have been induced by any eligare Mutual Fund, its Investment Manager and its Agents and or Distributor / Broker / Investment Advisor and	Sole/First Applicant/ Guardian/POA				
to verify my/our ba	nk details provided by me / us 1 / We hereby declare that the part	ulars given above are correct. If the transaction is delayed					
or not effected at a (Investment Manage Asset Management *I/We confirm that I channels or from my	nk details provided by me / us. I / We hereby declare that the part II for reasons of incomplete or incorrect information, I/We wou er to Religare Mutual Fund), their appointed service providers of Company Pvt. Ltd., about any changes in my / our bank account. am / we are Non-Residents of Indian Nationality / Origin and that the y / our NRE / NRO / FCNR Account. I / We confirm that the details p	funds are remitted from abroad through approved banking ovided by me / us are true and correct. I / We hereby declare	Second Applicant/POA				
or not effected at a (Investment Manage Asset Management *I/We confirm that I channels or from my	nk details provided by me / us. I / We hereby declare that the part Il for reasons of incomplete or incorrect information, I/We wou er to Religare Mutual Fund), their appointed service providers of Company Pvt. Ltd., about any changes in my / our bank account. am / we are Non-Residents of Indian Nationality / Origin and that the y / our NRE / NRO / FCNR Account. I / We confirm that the details part ng invested by me/us in the Scheme of Religare Mutual Fund is derivated on the service of the statute or legislation ravention of any Act, Rules, Regulations or any statute or legislation nmental or statutory authority from time to time.	funds are remitted from abroad through approved banking ovided by me / us are true and correct. I / We hereby declare					

GET IN TOUCH
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