

COMMON APPLICATION FORM Please read instructions before filling the Form

FOR LUMPSUM AND SIP INVESTMENTS

Signature, Stamp & Date

Key Partner / Agent Information					Application No : For Office Use Only							
Distributo	or/Broker ARN B2882	Sub-Brok	er Code		For On	ice Use O	nıy					
7 11 11 1	ll be paid directly by the investor to	the AMFI registered Distribu	utors based or	n the investor	rs'assessment	of various facto	rs including tl	he service r	endered b	ythe distri	ibutor.	
Rs. 150/- will be deducted	narges (Please tick any one estor in Mutual Funds das transaction charges for subscri tails: Pl. fill in Folio Number belo	otion of Rs. 10,000/- and abov	OR ve) section 1 and	Rs. 100/ (Rs. 100/ then procee	/- will be deduct	vestor in Mutu ed as transaction		subscription	n of Rs. 10,0		Default above)	
Folio Number, if any			Name of First Unit	'								
1. Applicant's F	Personal Details ——								*** (1)	ndatory	for Minor	
Name	лг./ Ms./ M/s.					Date of Birth	D	D M	M	Y Y Y	Y	
PAN**						Enclosed (p	loaco 🔨	DANICaro		Complia	nce Proof	
	Sole/First applicant is a Min	or) CONTACT DEDS	ON (in case	of Non ir	adividual Inv		icasc 🗸)	TAIVCAIC		Соттрпа	11001	
	Ar./Ms./M/s.	OI) CONTACT PERS	JN (III Case	e OI NOII-II		Date of Birth	D	D M	M	Y Y Y	′ Y	
	,,					Enclosed (p	lease A	DANICare		Complia	nco Droof	
PAN** *** Relation	Father Mot	hor Courtant	ointed Guar	dian		ELICIOSEO (F	nease 🗸)	PAINCAIC	ı 🗌 Kic	Соттрпа	lice Proor	
	Please provide full address. P.O. Box Address				as Address (A	Mandatory in case	a of NIDI / Ell an	nlicant)				
Maining Address	ricase provide rail address. 1.0. box Address	is not sufficient, indian Address in Co	13C OI TVIVI3/1 113]	Oversea	as Addi ess (ii	viaridator y irr casi	СОПЧКІ/ППАР	plicarit)				
		500		City				PIN				
City		PIN		City								
State				State				Country				
Contact Details Phone Office			Residence	<u>.</u>				Fax				
Mobile			1 11031001100		o receive Accou	nt Statements/A	llotment Advic			other statut	tory as well a	
						ents by email in lie not specified any				Yes	No Pannlication	
E-mail						investor has op				.1101003,0110	саррпсасіоі	
Status (please 🗸)	Individual Partnershi	Company Societ	:y/Club	HUF NRI	/FIITrust	MinorE	Body Corpo	rate O	thers (Plea	ase specify) .		
Occupation (please ✓)	Private Sector Service Housewife	Public Sector/Governm Politically Exposed Perso		Busine Forex	ess Dealer	Profession Others (Pl	nal ease specify	Agricul	turist	Reti	red 	
Mode of Holding (Only for non - dema	,	oint Anyone or Sur	vivor (Defau	lt Option is	Anyone or Su	ırvivor)						
* * *	ICANT (No joint holderwher	e minor is First holder)										
Name	Mr./Ms./M/s.					Date of Birth	D	D M	M	Y Y Y	Y Y	
PAN**						Enclosed (p	lease 🗸	PAN Card	KYC	Complia	nce Proof	
THIRD APPLICA	ANT (No joint holderwher	e minor is First holder)										
	Ar./Ms./M/s.					Date of Birth	D	D M	M	Y Y Y		
PAN**	1					Enclosed (pl	ease 🗸)	PAN Card	KYC	Complia	nce Proof	
POA HOLDER [DETAILS (If the investment is be	ing made by a Constituted A	ttorney please	e furnish the	details of POA	Holder)						
Name	Ar./Ms./M/s.											
PAN**						Enclosed (p	lease 🗸)	PAN Card Refe			nce Proof 1 page no. 2	
2. Demat Acco	unt Details (Optional)							Please (NSDL	CDS	
	DPID#)P Name					Ве	neficiary	Account I	No.	
IN												
	rable in case of CDSL).	The details of th						page shou	ld be prov	ided unde	er section 4	
	refer Instruction on page no. 27) ** PAN					Applicat						
Received from	owledgement Slip (To	be filled by the Applicant,)			Аррпсас	lon No .					
	Mr./Ms./M/s.			_								
an application for Units	Name	of the Scheme	Da	ite D D	O M M	Y Y Y Y						
Plan/Option												
Amount (Rs.)		Along with Cheque/DD1										
Dated	DD MM YYYY	Drawn on Bank / Branc	h					Signat	ure Stamr	n & Date		

	nd Payment Details					Refer Scheme Read	y Reckoner on page no. 28
Scheme Name	ld be drawn in favour of the S	Scneme)		Plan			
Option				Dividend Frequency			
<u> </u>				, , ,			
For Lumpsum	Investment	7		For SIP / Micro S	IP (Refer instruction Micro SIP	no. 7 on page no. 2	5)
Investment Amt. (F	Rs.)	Mode of Payment (✔)) Chq. DD Fund Tra	ansfer SIP through Auto-E	Debit (ECS / Direct Deb		ugh Post Dated Cheques
DD charges, if any (Rs.)		Net Amt. (Rs.)	Investment amt DD char	Pls. fill up the SIP Auto Investment Amount	Debit Facility Form No. of Instal		ent Installment Details Amount
DD Charges, I ally (NS.)		1100711110.(10.)		Rs.	X Dataile	= Rs.	
Cheque/DD No.		Date	D D M M Y Y Y	First SIP Installment Y Cheque No.	Cneque Details :	Amount	
				Dated	D M M Y Y Y Y	Drawn on Bank	
Bank/Branch				Branch		L	
					oth 15th 20th or	25th Frequency (Monthly or Quarter
A/c. No.				SIP through Post Da		- AAAA	· v v v
Account Type (✔)	Current Savin	ngs		Period From M Chq. Nos. From	MYYYY	To M M Y	т ү ү
, , , , , , , , , , , , , , , , , , ,		0-		Document Details in	case of Micro SIP (Re		page no. 25)
NRI Investors only (NRE NRO	FCNR			ent Name	_	ument Number
Bank Accoun	t Details (Mandato	ry As Per SEI	BI Guidelines)	·		Refer instru	ction no. 4 on page no. 25
Account No.	,		, –	Account Type (ple	ase 🗸 🗌 Current	Savings N	RE NRO FONE
Bank Name							
Branch Address					City		
MICR Code			NEFT/RTGS/IFSC Code			PIN	
	(9 digit No. next to your Cl		, ,	(11 digit character code app	earing on cheque lea	af)	
We credit the redemp	otion/dividend proceeds directly account as mentioned above. N	into investors' accou	nt through electronic me	ans if the details provided by the	investors are sufficient	for the same. Please p	provide a cancelled chequi
	etails (Mandatory or						tion no. 11 on page no. 26
If you wish to register	a single nominee for your invest gare Investor Service Centers.					se download nomina	ation form available on ou
Name and Addres	9			Name and Addre	ess of the Guardian	(if Nominee is a I	Minor)
Name				Name			
Address				Address			
				City		State	
				PIN			
Date of Birth (in case nominee is a minor)	D D M M Y Y Y Y	Relationship with A	Applicant	Guardian's relation with the Minor Nomi	nee	Signature of the Guardian	
I do not intend to no	minate (Please tick the box, in c	ase you do not wish t	o nominate)	With the Willion North	ice		
	ntification Number	. ,				Refer instru	uction no. 13 on page no. 2
I would like to app	oly for a PIN (This will enab	le you to access y	our account via the i	nternet and phone). Pleas	e tick here (🗸)		
. Declaration 8	Signature(s)						
The Trustees, Religare Mu Having read and understo		itional Information/Schem	e Information Document(s) of th	ne respective schemes , I / We hereby app	Sole/First Applicant/		
Having read and understood the contents of the Statement of Additional Information Scheme Information Document(s) of the responsible type to the Trustees of Religare Mutual Fund for units of the Scheme Plan Option as indicated above and agree to abide by the terms, con Scheme I We have not received nor have been induced by any rebate or gifts, investment. I We have not received nor have been induced by any rebate or gifts, investment. I We have not precise to the long the properties of the properties of the state of the state of the properties of the state of the properties of the properties of the properties of the state of the properties of the prope				ns, conditions, rules and regulations of the or gifts, directly or indirectly, in making the rate investments exceeding Rs, 50,000/- i	Guardian/POA		
a year (applicable to Micro to him for the different co	o SIP investors only). The Distributor has ompeting Schemes of various Mutual Fundarious Manager and its Apparent of Manager and Its Apparent	disclosed to me/us all the c	commissions (in the form of trail	commission or any other mode), payabl to me/us. I/ We hereby authorise Religar	e e		
Investment Advisor and to not effected at all for reas	nt Manager and its Agents to disclose detail overify my/our bank details provided by n sons of incomplete or incorrect informati	ils of my/our investment to i ne / us. I / We hereby declare ion, I/We would not hold Re	my/our bank(s)/Religare Mutual that the particulars given above eligare Asset Management Comp	Fund's Bank(s) and Jor Distributor J Broke are correct. If the transaction is delayed c pany Ltd. (Investment Manager to Religar	rr or e Second		
Mutual Fund), their appoir our bank account. I / We held or designed for the	nted service providers or representatives lereby declare that the amount being inve	responsible. I/We will also in ested by me/us in the Schen s. Regulations or any statute	nförm Religare Asset Managemei ne of Religare Mutual Fund is deri e or legislation or any other appli	nt Company Ltd., about any changes in m wed through legitimate sources and is no cable laws or any Notifications. Direction	Applicant/POA		
	rut pose of contravention of any Act, Rules tal or statutory authority from time to tim ve are Non-Residents of Indian Nationality count. I/We confirm that the details provid						
	count. I / We confirm that the details provid		correct. Please ✔) ☐ Repatriation basis		Third	<u> </u>	
*Applicable to NRI's	Date D D M M	V V V V	Place		Applicant/POA	/ELJ	

GET IN TOUCH

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