

 $\textbf{Please Note:} All \ purchases \ are \ subject to \ realisation \ of \ cheques / \ demand \ drafts.$

COMMON APPLICATION FORM Please read instructions before filling the Form

FOR LUMPSUM AND SIP INVESTMENTS

Application No:

Key Partner / Agent Information				Application No : For Office Use Only								
Distributor / Broker ARN Sub-Broker Code ARN - ARN - 82882			er Code		For On	ice Use On	ily					
Upfront commission:	shall be paid directly by the investo	rto the AMFI registered Distribu	tors based on 1	the investor	s'assessment	of various factors	includingtl	ne service rer	ndered by the distribu	utor.		
Rs. 150/- will be deduced	Charges (Please tick any investor in Mutual Funds cted as transaction charges for sub Details: Pl. fill in Folio Number b	scription of Rs. 10,000/- and abov	e) OR	Rs. 100/ hen procee	- will be deduct			subscription (*De of Rs. 10,000/- and abo	efault ove)		
Folio Number, if any			First Unith	'								
1. Applicant's	s Personal Details —							:	*** (Mandatory fo	r Minor)		
Name	Mr./Ms./M/s.					Date of Birth	D I	D M 1	V Y Y	Υ		
PAN**						Enclosed (ple	ase 🗸)	PAN Card	KYC Complianc	e Proof*		
GUARDIAN ((if Sole/First applicant is a N	Minor) CONTACT PERSO	ON (in case	of Non-ir	ndividual Inv							
Name	Mr./Ms./M/s.					Date of Birth	D I	D M I	VI Y Y	Υ		
PAN**						Enclosed (ple	ease 🗸)	PAN Card	KYC Complianc	ce Proof*		
*** Relation			ointed Guard									
Mailing Addres	ss [Please provide full address. P.O. Box Add	dress is not sufficient. Indian Address in ca	se of NRIs/FIIs]	Oversea	as Address (N	Mandatory in case of	of NRI/FII ap	plicant)				
City		PIN		City				PIN				
State Contact Detail	le.			State				Country				
Phone Offi			Residence					Fax				
Mobile									orts and other statutor	ry as well as		
E-mail				(Where th	ne investor has	ents by email in lieu not specified any c e investor has opte	hoice or has	applied for b	oth the choices, the a	No pplication		
Status (please	✓)	ship Company Societ	y/Club Ht				ody Corpoi		ners (Please specify)			
Occupation (please ✓)	Private Sector Service Housewife					Business Professional Agriculturist Retired Forex Dealer Others (Please specify)						
Mode of Holdi (Only for non - de	0 1	Joint Anyone or Sur	vivor (Default	Option is /	Anyone or Su	urvivor)						
SECOND AP	PLICANT (No joint holderwind) Mr./Ms./M/s.	here minor is First holder)				Date of Birth	D	D M I	M Y Y Y	Υ		
PAN**						Enclosed (ple	ease 🗸	PAN Card	KYC Complianc	ce Proof*		
THIRD APPL	ICANT (Na joint holderw	nere minor is First holder)						-				
Name	Mr./Ms./M/s.	Tere minor is rise noticely				Date of Birth	D 1	D M 1	VI Y Y	Υ		
PAN**						L	ase 🗸)	PAN Card [KYC Complianc	ce Proof*		
POA HOLDE	R DETAILS (If the investment is	s being made by a Constituted Ai	torney please	furnish the o	details of POA	Holder)						
Name	Mr./Ms./M/s.					<u>-</u>						
PAN**						Enclosed (ple	ase 🗸)	PAN Card Referi	KYC Compliano			
2. Demat Acc	count Details (Optiona	1)						Please (✔)		CDSL		
IN	DPID#	D	P Name					Bene	eficiary Account No	Э.		
	pplicable in case of CDSL).	The details of th	e Bank Accour	nt linked wit	th the Demat	A/c as mentioned	in the next	page should	be provided under	section 4.		
	Please refer Instruction on page no. 27) **											
Acl	knowledgement Slip	To be filled by the Applicant)				Application	on No :					
Received from	Mr./Ms./M/s.											
an application for Uni	ts Nar	ne of the Scheme	Dat	e D D) M M	YYYY						
Plan/Option												
Amount (Rs.) Dated	DD MM YYY	Along with Cheque / DD N Drawn on Bank / Brancl										
Dated	DD WIN ITT	- DIAWITOTIDATIK / DIATICI						Signatur	e, Stamp & Date			

	nd Payment Detai						Refer Scrien	ie Ready Re	CKOHEI OH	page 110. 2		
` ' '	d be drawn in favour of the	e Scneme)		Plan								
Scheme Name	Scheme Name											
Option				Dividend Frequency								
For Lumpsum I	Investment			For SIP / Micro S	SIP (Refer		n no. 7 on pag	e no. 25)				
Investment Amt. (Rs	5.)	Mode of Payment (✔)	Chq. DD Fund Tran		Debit (ECS)	/ Direct De		IP through I ubsequent In				
DD charges, if any (Rs.)		Net Amt. (Rs.)	Investmentamt - DD charg	Investment Amount Rs.		No. of Insta		Total Am				
Cheque/DD No.		Date	DD MM YYY	First SIP Installment Cheque No.	Cheque D	etails :	Amount					
Bank/Branch				Dated D	D M M Y	′ Y Y Y	Drawn on Ba	ank				
Dalik/ Dialicii				Branch								
					1 10th 15		25th Free	quency (🗸)]Monthly or	Quarte		
A/c. No.				SIP through Post Da	-		1			1		
A		·			M Y Y	Y Y		M Y Y	YY			
Account Type (✔)	Current Sav	ings		Chq. Nos. From			То					
NDI In	A NDE NDO	FCND		Document Details in		icro SIP (R	tefer instruction					
NRI Investors only (FCNR	Ol Cuidalinas)	Docum	Document Name				Document Number			
	Details (Mandat	ory as Per Ser	Guideilnes)		_	1		erinstructio				
Account No.				Account Type (ple	ease 🗸) 🔃	Current	Savings	NRE	NRO	FCN		
Bank Name						1 a. [
Branch Address						City						
MICR Code		N	EFT/RTGS/IFSC Code				PII	V				
If you wish to register a	` _	•	•	d units in non-dema w. In case you wish to register				instruction nomination				
Name and Address	of Nominee			Name and Addr	ess of the	Guardian	(if Nomine	e is a Min	or)			
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 Nom	inee		Signature the Guar					
I do not intend to non	ninate (Please tick the box, ir	case you do not wish t	o nominate)	With the Willion North	inicc_		_					
. Personal Iden	tification Numbe	r (PIN)					Refe	er instructio	on no. 13 on	page no.		
I would like to appl	y for a PIN (This will ena	ble you to access y	our account via the in	ternet and phone). Pleas	se tick her	e (🗸)						
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 respect to the Trustees of Religare Mutual Fund for units of the Scheme / Plan / Option as indicated above and agree to abide by the terms, corn Scheme I. / We have understood the details of the Scheme and I. / We have not received nor have been induced by any rebase or gifts, investment. I/We do not have any existing Micro SIPs which together with the current Micro SIP application will result in aggregate invalves (applicable to Micro SIP investors only). The Distributor has disclosed to me/us all the commissions (in the form of trail commit to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/Mutual Funds (in the Scheme in Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/Mutual Funds from amongst which the Scheme is being recommended to me/Mutual Funds from amongst which the Scheme particulars given above are connot effected at all for reasons of incomplete or incorrect information, I/We would not hold Religare Asset Management Company Ltd. Matual Funds he incompany Ltd.				, conditions, rules and regulations of the	he Applic	Sole/First Applicant/ Guardian/POA		Z.				
our bank account. I / We he held or designed for the pu issued by any governmenta	ed through legitimate sources and is n ible laws or any Notifications, Directio	ot ns	nd cant/POA	K &	K							
*I/We confirm that I am/we our NRE/NRO/FCNR Acco *Applicable to NRI's	sued by any governmental or statutory authority from time to time. "We confirm that I am / we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through appr ur NRE/NRO/FCNR Account. I/We confirm that the details provided by me/us are true and correct. If NRI (Please) Repatriation basis Applicable to NRI's Date D M M Y Y Y Y Place					Third Applicant/POA		Æ				

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

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