

Key Partner / Agent Information

Distributor / Broker ARN ARN - 83671	Sub-Broker Code	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) <small>(Of Individual ARN holder or Of employee / Relationship Sales Person of the Distributor)</small> E100500	For Office Use Only
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I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no.1(f)).

Transaction Charges (Please tick any one of the below. For details refer point no. 9 on Page No.14)
 I am a first time investor in Mutual Funds /
 I am an existing investor in Mutual Funds (Default)

Sign Here <small>Sole/First Applicant/Guardian</small>	Sign Here <small>Second Applicant</small>	Sign Here <small>Third Applicant</small>
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• **Country of Birth / Citizenship / Nationality or Tax Residency, other than India, for any applicant? (✓):** Yes / No (Mandatory to ✓). If Yes, please fill FATCA Declaration.
 • **Non Individual investors should mandatorily fill separate FATCA & UBO Declarations**

Upfront commission, if any, 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 : Pl. fill in Folio Number below and then proceed to section 2.
 Folio Number

Name of Sole / First Unitholder

New Unitholder

1. Applicant's Details	Name	PAN/KRN ¹	Date of Birth ²
First/Sole	<input type="text" value="Mr. / Ms. / M/s."/>	<input type="text"/>	<input type="text" value="DD MM YYYY"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³
Second	<input type="text" value="No joint holder where minor is first holder"/>	<input type="text"/>	<input type="text" value="DD MM YYYY"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³
Third	<input type="text" value="No joint holder where minor is first holder"/>	<input type="text"/>	<input type="text" value="DD MM YYYY"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³
Guardian/ Contact Person	<input type="text" value="(if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only)"/> Relation <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Guardian	<input type="text"/>	<input type="text" value="DD MM YYYY"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³
POA Holder	<input type="text" value="(If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)"/>	<input type="text"/>	<input type="text" value="DD MM YYYY"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³
Mailing Address: (Address should be as per KYC records, refer Instruction no. 14b)		Overseas Address: (Mandatory in case of NRI / FI / FPI applicant)	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
City	PIN	City	State/Province
State		Country	PIN
Tel. No. (Resident)	Tel. No. (Office)	Status (✓) <input type="checkbox"/> Individual <input type="checkbox"/> Minor <input type="checkbox"/> Minor-NRI Repatriable <input type="checkbox"/> Minor-NRI Non-Repatriable <input type="checkbox"/> HUF <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Listed Co. <input type="checkbox"/> Unlisted Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Society/Club <input type="checkbox"/> Trust <input type="checkbox"/> FII <input type="checkbox"/> FPI <input type="checkbox"/> AOP <input type="checkbox"/> Co. U/S 25/8 of Companies Act <input type="checkbox"/> Others	
Mobile		In case of Non-Profit Entity (please ✓) <input type="checkbox"/>	
E-mail			

Mode of Holding (Only for non-demat mode) (✓) Single Joint Anyone or Survivor (Default)

2. KYC Details Mandatory (✓)

Gross Annual Income	First/Sole	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	Net-worth ⁴ <input type="text" value="in ₹"/> as on <input type="text" value="DD MM YYYY"/> (Not older than 1 year) (Mandatory for Non-individuals)	
	Second	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	Net-worth ⁴ <input type="text" value="in ₹"/> as on <input type="text" value="DD MM YYYY"/> (Not older than 1 year)	
	Third	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	Net-worth ⁴ <input type="text" value="in ₹"/> as on <input type="text" value="DD MM YYYY"/> (Not older than 1 year)	
Occupation Details	First/Sole	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify)
	Second	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify)
	Third	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify)
Others (For individuals)	First/Sole	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable		
	Second	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable		
	Third	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable		

Others (For Non-individuals) Is the entity involved in any of the following services
 (i) Foreign Exchange/Money Changer Services Yes No (ii) Gaming/Gambling/Lottery/Casino Services/Betting Syndicates Yes No (iii) Money Lending/Pawning Yes No

3. Investment Details (Cheque / DD should be drawn in favour of the Scheme. Investors applying under direct plan must mention "Direct" in the box provided below.) Refer Scheme Ready Reckoner

Scheme 1	Religare Invesco	Scheme Name	Plan	Option	Dividend Frequency ⁵
Scheme 2	Religare Invesco	Scheme Name	Plan	Option	Dividend Frequency ⁵
Scheme 3	Religare Invesco	Scheme Name	Plan	Option	Dividend Frequency ⁵

¹ PAN/KRN (Refer Instruction no. 3), ²Mandatory in case of Minor, additionally refer Instruction no. 2, ³KYC & ⁴Networth (Refer Instruction no. 14), ⁵Not applicable in Growth option

Acknowledgement Slip (To be filled by the Applicant)

Received from

Date

Towards Subscription under below Schemes

Scheme 1	Religare Invesco	Scheme Name	Amount (₹)	Cheque/DD No.
Scheme 2	Religare Invesco	Scheme Name	Amount (₹)	Cheque/DD No.
Scheme 3	Religare Invesco	Scheme Name	Amount (₹)	Cheque/DD No.

Signature, Stamp & Date

Payment Details (Attach separate cheques for each Scheme. Refer instruction no. 5a) (For Cash, refer instruction no. 8)

Scheme	Investment Amt. (Rs)	Net Amt. (Rs)	Cheque/DD No.	Bank Name	A/c. No.
1		Net of DD Charges			
Mode of Payment (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> Cash				Account Type (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> SNRR <input type="checkbox"/> Others	
2		Net of DD Charges			
Mode of Payment (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> Cash				Account Type (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> SNRR <input type="checkbox"/> Others	
3		Net of DD Charges			
Mode of Payment (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> Cash				Account Type (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> SNRR <input type="checkbox"/> Others	

Applicable in case of Third Party Payment: Payment on behalf of (✓) Minor Client Employee Distributor (Refer instruction no. 7). PAN/KRN¹

Name of the person making payment Enclosed (✓) KYC Proof³

4. For SIP / Micro SIP

Refer instruction no. 6 & 7

SIP Micro SIP (For SIP through Auto-Debit (ECS / Direct Debit/NACH) please fill respective SIP registration cum mandate form)

First SIP Installment Cheque Details

Amount Dated DD MM YYYY Drawn on Bank Branch

SIP through Post Dated Cheques (Use CTS (Cheque Truncation System) Cheques only) Applicable in case of Third Party Payment: Payment on behalf of (✓) Minor Client Employee Distributor

Period From MM YYYY To MM YYYY Name of the person making payment

Chq. Nos. From To Enclosed (✓) KYC Proof³ PAN / KRN

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

5. Demat Account Details

Optional, Refer instruction no. 12

DP ID # Beneficiary Account No. DP Name (✓) NSDL CDSL

I N

(# Not applicable in case of CDSL). The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5.

6. Bank Account Details (Mandatory As Per SEBI Guidelines)

Refer instruction no. 4

Account No. Account Type (✓) Current Savings NRE NRO FCNR SNRR Others _____

Bank Name Branch

City Address

MICR Code NEFT/RTGS/IFSC Code PIN

(9 digit No. next to your Cheque No.) (11 digit character code appearing on cheque leaf)

Please provide a cancelled cheque leaf of the same bank account as mentioned above. We will credit the redemption/dividend proceeds directly into investors' account through electronic means if the details provided by the investors are sufficient for the same. Mentioning your IFSC will help us transfer the amount to your bank account faster. To receive cheque payout, (✓) . If you have provided multiple bank registration form (✓) .

Unit holders who have opted to hold Units in dematerialised form must provide Bank Account details linked with the Demat account, as mentioned under section 4. In case of discrepancy, bank details as per depository records will be final.

7. Nomination Details (Mandatory for investors who opt to hold units in non-demat form.)

Refer Instruction no. 11

	Name	Date of Birth (for minor)	% Share	Relationship	Signature
Nominee 1	<input type="text"/>	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/> Optional
Nominee 2	<input type="text"/>	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/> Optional
Nominee 3	<input type="text"/>	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/> Optional
	Name of Guardian (If Nominee is Minor)	Guardian's Relation (with the minor)		Signature of Guardian	
	<input type="text"/>	<input type="text"/>		<input type="text"/> Mandatory	

Address

I do not intend to nominate (✓ the box, in case you do not wish to nominate)

8. Declaration & Signature(s)

<p>The Trustees, Religare Invesco 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 Invesco Mutual Fund for units of the Scheme / 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 Investments which together with the current Micro Investment application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro Investment 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 Invesco Mutual Fund, its Investment Manager and its Agents to disclose details of my / our investment to my / our bank(s) / Religare Invesco 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 Invesco Asset Management Company Pvt. Ltd. (Investment Manager to Religare Invesco Mutual Fund), their appointed</p>	<p>service providers or representatives responsible. I / We will also inform Religare Invesco Asset Management Company Pvt. 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 Invesco 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 / We are not United States person(s) under the laws of United States or residents(s) of Canada as defined under the applicable laws of Canada. Applicable to KRN holders : I, the first / sole holder hereby declare that I do not hold a Permanent Account Number and hold only a single PAN exempt KRN issued by KRA and that my existing investment in schemes of Religare Invesco Mutual Fund together with current application will not result in aggregate investments exceeding Rs. 50,000/- in a rolling 12 months period or in a financial year i.e. April to March. Applicable to NRIs only : 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 / SNRR Account. I / We confirm that the details provided by me / us are true and correct.</p>	<p>Sole / First Applicant / Guardian / POA <input type="text"/></p>
		<p>Second Applicant / POA <input type="text"/></p>
		<p>Third Applicant / POA <input type="text"/></p>
<p>(✓) Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If NRI (✓) <input type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-Repatriation basis</p>	
<p>Date <input type="text"/> DD <input type="text"/> MM <input type="text"/> YYYY</p>	<p>Place <input type="text"/></p>	

GET IN TOUCH

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