

## COMMON APPLICATION FORM Please read instructions before filling the Form

## FOR LUMPSUM AND SIP INVESTMENTS

Application No:

Key Partner / Ag	ent Information				For Of	Applicati		
ARN - ARN-0		Sub-Brok				fice Use On		
					s'assessmen	t of various factors	including	the service rendered by the distributor. *Default
lam a first time inve	arges (Please tick any one	of the below. For detail	ils refer Pag		an evicting i	nvestor in Mutua	d Funde*	Deladit
	as transaction charges for subscrip	tion of Rs. 10,000/- and abov	OR (e)		0			subscription of Rs. 10,000/- and above)
Existing Unitholder Deta	ails : Pl. fill in Folio Number belov	v. Pl. furnish PAN details in s			d to section :	2.		
Folio Number, if any			Name of First Unit	,				
1. Applicant's Pe	ersonal Details——							
						1		*** (Mandatory for Minor)
Name M	r./Ms./M/s.					Date of Birth	D	D M M Y Y Y Y
PAN**						Enclosed (ple	ease 🗸)	PAN Card KYC Compliance Proof*
GUARDIAN (if So	ole/First applicant is a Mino	or) CONTACT PERSO	<b>ON</b> (in case	of Non-in	dividual In	vestors only)		
Name	r./Ms./M/s.					Date of Birth	D	D M M Y Y Y Y
PAN**						Enclosed (ple	ease 🔨	PAN Card KYC Compliance Proof*
*** Relation	Father Moti	ner Courtann	ointed Guard	dian				
	lease provide full address. P.O. Box Address i				s Address (	(Mandatory in case o	of NRI / FILa	nnlicant)
City		PIN		City				PIN
State				State				Country
Contact Details								
Phone Office			Residence					Fax
Mobile								ice, Annual Reports and other statutory as well as
E-mail				(Where th	e investor has	s not specified any o	:hoice or ha	documents (Please ✔) Yes No as applied for both the choices, the application
						ne investor has opte		
Status (please 🗸)	IndividualPartnership	Company Societ	y/ClubH	IUF NRI/	FII Trust	t Minor Bo	ody Corpc	orate Others (Please specify)
(please ✔) $=$		Public Sector/Governme Politically Exposed Perso		Busine Forex [		Professiona Others (Plea		Agriculturist Retired
Mode of Holding (	please ✔) Single Jo	int Anyone or Sur	vivor (Defaul	t Option is A	Anyone or S	urvivor)		
(Only for non - demat r								
	CANT (No joint holderwhere	e minor is First holder)				Date of Birth	D	D M M Y Y Y Y
Name	r./Ms./M/s.							
PAN**						Enclosed (ple	ease 🗸)	PAN Card KYC Compliance Proof*
THIRD APPLICA	NT (No joint holderwhere	minor is First holder)						
Name M	r./Ms./M/s.					Date of Birth	D	D M M Y Y Y Y
						Fnclosed (ple:	ase 🔨	PAN Card KYC Compliance Proof*
PAN**						Ericiosea (pier	asc • / _	
POA HOLDER D	<b>ETAILS</b> (If the investment is bei	ng made by a Constituted A	ttorney please	e furnish the c	details of POA	A Holder)		
Name								
PAN**						Enclosed (ple	ease 🗸)	PAN Card KYC Compliance Proof*
2 Damet Assess	ent Details (O							Refer instruction no. 12 on page no. 26
	Int Details (Optional) DPID#	_	P Name					Please (✔)NSDLCDSL Beneficiary Account No.
I N			1 Name					Beneficially Account No.
	able in case of CDSL).	The details of th	ie Bank Accou	ınt linked wit	h the Demat	: A/c as mentioned	l in the nex	t page should be provided under section 4.
	refer Instruction on page no. 27) ** PAN					-		<u>- L-18 L</u>
Ackno	owledgement Slip (To	e filled by the Applicant				Applicati	on No :	
Received from	Mr./Ms./M/s.		<u>'</u>					
		5:1 0.1				V V V V		
an application for Units	Name o	f the Scheme	Da	te D D	M M	YYYY		
Plan/Option								
Amount (Rs.)		Along with Cheque/DD N						
Dated	DD MM YYYY	Drawn on Bank / Branc	h					Signature, Stamp & Date

	and Payment Details					Refer Scheme Read	ly Reckoner on page no. 28	
Scheme Name	ld be drawn in favour of the s	Scneme)		Plan				
Option				Dividend Frequency				
·				, , _				
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	nsfer SIP through Auto-D	ebit (ECS / Direct Del		ugh Post Dated Cheques	
DD charges, if any (Rs.)		Net Amt. (Rs.)	Investment amt DD char	Pls. fill up the SIP Auto I Investment Amount	Debit Facility Form No. of Instal		ent Installment Details Amount	
DD Charges, I ally (Ns.)		110071110.(10.)		Rs.	X Character Data:	= Rs.		
Cheque/DD No.		Date	D D M M Y Y Y	First SIP Installment Cheque No.	Cheque Details :	Amount		
				Dated D D	M M Y Y Y Y	Drawn on Bank		
Bank/Branch				Branch		ı		
				SIP Date (✔) 3rd	10th 15th 20th or	25th Frequency (	(A) Monthly or Quarter	
A/c. No.				SIP through Post Dat				
Assount Type ( A	Current Covin				MYYYY	To M M Y	<u> </u>	
Account Type (✔)	Current Savin	iR>		Chq. Nos. From	case of Micro CID ~	To		
NRI Investors only (	NRE NRO	FCNR		Document Details in	ent Name		page no. 25) ument Number	
	t Details (Mandato	ry Ac Dor SEI	Pl Cuidolinos)			Deferingto	estion no. 4 on noce no. 25	
	it Details (Maridato	Ty As Per Ser	or Guidelines)_		. 🗆		iction no. 4 on page no. 25	
Account No.				Account Type (ple	ase 🗸) 💹 Current	Savings N	re NRO FCNE	
Bank Name								
Branch Address					City			
MICR Code		N	IEFT/RTGS/IFSC Code			PIN		
	(9 digit No. next to your Cl	. ,		(11 digit character code app		*		
We credit the redem leaf of the same bank	ption/dividend proceeds directly caccount as mentioned above. N	into investors' accou Ientioning your IFSC	nt through electronic mea will help us transfer the an	ans if the details provided by the nount to your bank account fas	investors are sufficient i er. To receive cheque p	for the same. Please p payout, please tick he	provide a cancelled chequire (🖍)	
	etails (Mandatory or						ction no. 11 on page no. 26	
	r a single nominee for your invest gare Investor Service Centers.	tments, please fill in th	ne nomination details belo	ow. In case you wish to register r	nultiple nominees, plea	se download nomina	ation form available on ou	
Name and Addres	ss of Nominee			Name and Addre	ss of the Guardian	(if Nominee is a I	Minor)	
Name				Name				
Address				Address				
				City		State		
5				PIN		Ciamatuma of		
Date of Birth (in case nominee is a minor	DDMMYYYY	Relationship with A	Applicant	Guardian's relation with the Minor Nomir	nee	Signature of the Guardian		
I do not intend to no	ominate (Please tick the box, in c	ase you do not wish t	o nominate)	William William William		Ĺ		
. Personal Ide	ntification Number	(PIN)				Referinstr	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	k Signature(s)							
The Trustees, Religare Mu		itional Information / Schem	e Information Document(s) of th	e respective schemes T/We hereby appl	Sole/First			
to the Trustees of Religan Scheme. I / We have unde	e Mutual Fund for units of the Scheme / Pla erstood the details of the Scheme and I / V	is, conditions, rules and regulations of the r gifts, directly or indirectly, in making thi	tive schemes, it we hereby apply it is instructed by the length of the l					
investment. I/We do not l a year (applicable to Micr	ood the contents of the Statement of Addie Mutual Fund for units of the Scheme Pal Pristood the details of the Scheme and I / Vi awe any existing Micro SIPs which togeth os SIP investors only). The Distributor has ompeting Schemes of various Mutual Fun Int Manager and its Agents to disclose detail overlify my lour bank details provided by n sons of incomplete or incorrect informat inted service providers or representatives enerely declare that the amount being inve- purpose of contravention of any Act, Rule tall or statutory authority from time to time that or statutory authority from time to time.	er with the current Micro SI disclosed to me/us all the c ds from amongst which the	P application will result in aggregommissions (in the form of trail a Scheme is being recommended	ate investments exceeding Rs. 50,000/- in commission or any other mode), payable to me/us. I/We hereby authorise Religan	,			
Mutual Fund, its Investme Investment Advisor and to	nt Manager and its Agents to disclose detail o verify my/our bank details provided by n	ils of my/our investment to ne/us. I/We hereby declare	my/our bank(s)/Religare Mutual F that the particulars given above a	fund's Bank(s) and/or Distributor/Broker are correct. If the transaction is delayed o	Second			
not effected at all for rea Mutual Fund), their appoi	sons of incomplete or incorrect informati nted service providers or representatives	ion, I/We would not hold Re responsible. I/We will also in	eligare Asset Management Comp Iform Religare Asset Managemen	any Ltd. (Investment Manager to Réligar t Company Ltd., about any changes in my red through legitimate sources and in no	Second Applicant/POA	Ø		
*I/We confirm that I am/v our NRE/NRO/FCNR Acc	ve are Non-Residents of Indian Nationality count. I / We confirm that the details provid	/Origin and that the funds a ded by me/us are true and d			/   Third			
*Applicable to NRI's	Date D D M M	Non-Repatriation basis	Third Applicant/POA	Applicant/POA				

## **GET IN TOUCH**

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