

Key Partner / Agent Information

Distributor / Broker ARN ARN 0186 / BONANZA	Sub-Broker Code	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) <small>(Of individual ARN holder or Of employee / Relationship Manager / Sales Person of the Distributor)</small>	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 Sole/First Applicant/Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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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)

City PIN
 State
 Tel. No. (Resident) Tel. No. (Office)
 Mobile
 E-mail

Overseas Address: (Mandatory in case of NRI / FII / FPI applicant)

City State/Province
 Country PIN
Status (✓)
 Individual Minor Minor-NRI Repatriable Minor-NRI Non-Repatriable
 HUF NRI Repatriable NRI Non-Repatriable Partnership
 LLP Listed Co. Unlisted Co. Body Corporate
 Society/Club Trust FII FPI
 AOP Co. U/S 25/8 of Companies Act Others

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

In case of Non-Profit Entity (please ✓)

2. KYC Details Mandatory (✓)

Gross Annual Income	First/Sole	Second	Third	Net-worth ⁴	as on	
	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<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	<input type="text" value="DD MM YYYY"/> (Not older than 1 year) (Mandatory for Non-individuals)

Occupation Details	First/Sole	Second	Third
	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired
	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student
	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer
	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist
	<input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please specify)

Others (For individuals)	First/Sole	Second	Third
	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Politically Exposed Person
	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person
	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable	<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	Scheme Name	Plan	Option	Dividend Frequency ⁵
Scheme 1	Religare Invesco	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scheme 2	Religare Invesco	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scheme 3	Religare Invesco	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

Application No :

Received from

Date

Towards Subscription under below Schemes

Scheme	Scheme Name	Amount (₹)	Cheque/DD No.
Scheme 1	Religare Invesco	<input type="text"/>	<input type="text"/>
Scheme 2	Religare Invesco	<input type="text"/>	<input type="text"/>
Scheme 3	Religare Invesco	<input type="text"/>	<input type="text"/>

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 (✓)

Period From MM YYYY To MM YYYY

Minor Client Employee Distributor

Chq. Nos. From To

Name of the person making payment

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

(# 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"/> Mandatory

Address

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

8. Declaration & Signature(s)

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

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.

Sole / First Applicant / Guardian / POA

Second Applicant / POA

Third Applicant / POA

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

(✓) Yes No

If NRI (✓) Repatriation basis Non-Repatriation basis

Date DD MM YYYY

Place

GET IN TOUCH

Religare Invesco Mutual Fund

3rd Floor, GYS Infinity, Paranjpe 'B' Scheme, Subhash Road, Vile Parle (East), Mumbai - 400 057.

T +91 22 67310000 F +91 22 67310301

call : 1800-209-0007 > sms 'Invest' to 56677 > Invest Online www.religaireinvesco.com

For Individuals

First/Sole	PAN	<input style="width: 95%;" type="text"/>					
	Country of Birth	<input style="width: 95%;" type="text"/>	Nationality / Citizenship	<input style="width: 95%;" type="text"/>	Country of Residence	<input style="width: 95%;" type="text"/>	
		Country of Tax Residence			Tax Reference No.		
		<hr/>			<hr/>		
		<hr/>			<hr/>		
Second	PAN	<input style="width: 95%;" type="text"/>					
	Country of Birth	<input style="width: 95%;" type="text"/>	Nationality / Citizenship	<input style="width: 95%;" type="text"/>	Country of Residence	<input style="width: 95%;" type="text"/>	
		Country of Tax Residence			Tax Reference No.		
		<hr/>			<hr/>		
		<hr/>			<hr/>		
Third	PAN	<input style="width: 95%;" type="text"/>					
	Country of Birth	<input style="width: 95%;" type="text"/>	Nationality / Citizenship	<input style="width: 95%;" type="text"/>	Country of Residence	<input style="width: 95%;" type="text"/>	
		Country of Tax Residence			Tax Reference No.		
		<hr/>			<hr/>		
		<hr/>			<hr/>		
Guardian	PAN	<input style="width: 95%;" type="text"/>					
	Country of Birth	<input style="width: 95%;" type="text"/>	Nationality / Citizenship	<input style="width: 95%;" type="text"/>	Country of Residence	<input style="width: 95%;" type="text"/>	
		Country of Tax Residence			Tax Reference No.		
		<hr/>			<hr/>		
		<hr/>			<hr/>		
POA Holder	PAN	<input style="width: 95%;" type="text"/>					
	Country of Birth	<input style="width: 95%;" type="text"/>	Nationality / Citizenship	<input style="width: 95%;" type="text"/>	Country of Residence	<input style="width: 95%;" type="text"/>	
		Country of Tax Residence			Tax Reference No.		
		<hr/>			<hr/>		
		<hr/>			<hr/>		

Declaration

I declare that the information is to the best of my knowledge and belief, accurate and complete. I agree to notify Religare Invesco Mutual Fund / Religare Invesco Asset Management Company Private Limited immediately in the event the information in the self-certification changes.

Sole / First Applicant / Guardian / POA	Second Applicant	Third Applicant

Instructions

1. Details under FATCA / Foreign Tax Laws: Tax Regulations require us to collect information about each investor's tax residency. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any change in information provided, please ensure you advise us promptly, i.e. within 30 days.
2. Individuals : If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.
3. If you have multiple tax reference numbers, please provide details in separate sheet.

1. Applicant's Details

Name

PAN

2. Incorporation / Formation in India (✓) Yes No

If No, please specify the countries of Incorporation / Formation / Tax Residency

Tax Payer Identification Number (If the country of incorporation/ Formation/ Tax Residency is other than India)

3. Are you a financial institution (including an FFI) (✓) (Refer instructions) If yes, please provide the following information:

Please (✓) any one of the below:

- Financial Institution incorporated in India
- Financial Institution incorporated in another country that has an inter-governmental agreement (IGA) with the US on FATCA
- FFI in a country without an IGA that has registered to obtain a GIIN
- Others _____ (please specify)

GIIN

(Global Intermediary Identification Number)

If GIIN not available (✓ any one)

Applied for on

Not required to apply/not obtained for the following reasons (✓)

- We are a Non-participating FFI
- We are a Certified deemed-compliant FFI under U.S. Treasury Regulations
- We are an Exempt beneficial owner under U.S. Treasury Regulations
- Any another reason (please specify)

4. Are you listed company (that is, a company whose shares are regularly traded on a recognized stock exchange) (✓) Yes No

(If yes, specify the name of the stock exchange(s) where it is regularly traded)

i.

ii.

Are you a "Related Entity" of a listed company (✓) (Refer instruction 2)

Yes No (If yes, specify the name of the listed company)

i.

ii.

Specify the name of the stock exchange(s) where it is regularly traded

i.

ii.

Are you an active NFFE (✓) (Refer instructions 3 & 4)

Details of controlling persons will not be considered for FATCA purpose

Yes No (If yes, specify the nature of business)

i.

ii.

Are you a passive NFFE (✓) (Refer instructions 5 & 7)

Yes No (If yes, specify the nature of business)

i.

ii.

For all Controlling persons who are citizens / tax residents / green card holders other than India, provide their Name, Address, Taxpayer Identification Number and Percentage of holding by filling UBO Form & enclose additionally

Declaration: I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / associated parties / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax /revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, I/We, authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information / documentary proof as may be required at your end.

Date:

Place: _____

(Names and Signature(s) of Authorized Signatory(ies) with Official Stamp)

Declaration for Ultimate Beneficial Owner

For Non – Individuals (Mandatory)

Applicant's Details

Name

PAN

Listed Company / its Subsidiary Company

(i) I / We hereby declare that (ii) Details of Listed Company[^]

Our company is a Listed Company listed on recognized stock exchange in india

Our company is a subsidiary of the Listed Company

Our company is controlled by a Listed Company

Company Name

Stock Exchange on which listed

Security ISIN

[^]The details of holding/parent company to be provided in case the applicant is a subsidiary company.

Non-Individuals other than Listed Company / its Subsidiary Company

i) Category Unlisted Company Partnership Firm Limited Liability Partnership Unincorporated association/ body of individuals

Public Charitable Trust Religious Trust Private Trust / Trust created by a will Others _____

ii) Details of Ultimate Beneficial Owners (If the given space below is not adequate, please provide multiple declaration forms)

Name of Beneficial Owners*	PAN (For Residents / NRIs)	ID Proof (Foreign / PAN Exempt individual)	UBO Code (Mandatory) (Refer instructions)	Position / Designation (To be provided wherever applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* If the beneficiary owner is minor, proof of date of birth and proof of relationship with the guardian and copy of PAN with photograph is mandatory.

Declaration & Signature(s)

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We are aware that I/We maybe liable for it. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Date

Place

Authorised Signatory



Systematic Transfer Plan (STP)/ Systematic Withdrawal Plan (SWP) Form

Please read instructions overleaf before filling the form

I/We hereby apply to the Trustees of Religare Invesco Mutual Fund for Systematic Transfer Plan (STP) / Systematic Withdrawal Plan (SWP) enrollment under the following scheme and we agree to abide by the terms and conditions of the Plan

Form No : S

Key Partner / Agent Information

Distributor / Broker ARN ARN - 0186 / BONANZA		Internal Sub-Broker/Employee Code		For Office Use Only
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For details on transaction charges payable to distributors, please refer to KIM.

I/We hereby confirm that the EUN 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)).

Sign Here Sole/First Applicant/Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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Upfront commission 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.

Folio Number :

1. Applicant's Personal Details

FIRST / SOLE APPLICANT

Date of Birth

Name

SECOND APPLICANT

Date of Birth

Name

THIRD APPLICANT

2. Systematic Transfer Plan (STP) Mandate

(Investors applying under the direct plan must mention "Direct" in the box provided below)

From Scheme
(from where you wish to transfer)

To Scheme
(to where you wish to transfer)

Religare Invesco	Scheme Name	Plan	Option
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Frequency Weekly Monthly (Default) Quarterly STP Date 3rd 10th 15th (Default) 20th 25th
(1st business day of each week)

Period of Enrollment M M Y Y Y Y M M Y Y Y Y

Transfer Amount (Per installment) ₹ In Words ₹ In Figures

No. of Installments Total Transfer (Rs.) (Amt. per installment x No. of installments)

3. Systematic Withdrawal Plan (SWP) Mandate

(Investors applying under the direct plan must mention "Direct" in the box provided below)

Religare Invesco	Scheme Name	Plan	Option
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Frequency Weekly Monthly (Default) Quarterly SWP Date 3rd 10th 15th (Default) 20th 25th
(1st business day of each week)

Period of Enrollment From (1st Installment) M M Y Y Y Y To (Last Installment) M M Y Y Y Y

Withdrawal Amount to be (Per Installment) ₹ In Words ₹ In Figures

No. of Installments Total Withdrawal (Rs.)

4. Applicant's Signature

Sole / First Applicant / Guardian / POA

Second Applicant / POA

Please note : Signature(s) should be as it appears on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign

Place

Please read instructions overleaf before filling the Form

I/We hereby apply to the Trustees of Religare Invesco Mutual Fund for Dividend Transfer Plan (DTP) / Event Trigger Plan (ETP) enrollment under the following scheme and we agree to abide by the terms and conditions of the Plan

Form No : T

Key Partner / Agent Information

Distributor / Broker ARN ARN 0186 / BONANZA	Sub-Broker Code	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) <small>(Of Individual ARN holder or Of employee / Relationship Manager / Sales Person of the Distributor)</small>	For Office Use Only
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For details on transaction charges payable to distributors, please refer to KIM.

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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sign Here Sole/First Applicant/Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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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.

Folio No., if any :

1. Applicant's Personal Details

FIRST / SOLE APPLICANT

Name PAN/KRN

SECOND APPLICANT

Name PAN/KRN

THIRD APPLICANT

Name PAN/KRN

2. Dividend Transfer Plan (DTP) Mandate

From Scheme (from where you wish to transfer)	Religare Invesco	Scheme Name	Plan	Option
To Scheme (to where you wish to transfer)	Religare Invesco	Scheme Name	Plan	Option

3. Event Trigger Plan (ETP) Mandate

Religare Invesco	Scheme Name	Plan	Option
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Date of Investment Investment Amount (Rs.)

1. NAV reaches Rs. OR NAV Crosses Rs.

2. NAV depreciates by % OR NAV appreciates by % 3. Specific Date Trigger

4. Trigger Alert / Action (Please select any ONE)

1. Alert Only Email SMS : Mobile

2. Action (Applicable from the date of Registration)

Redeem All Units / Partial Units : Units / Capital Appreciation: Total amount OR % of capital appreciation

OR

Switch-out All Units / Partial Units : Units / Capital Appreciation: Total amount OR % of capital appreciation

To Scheme

5. Applicant's Signature

		
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Sole / First Applicant / Unit Holder

Second Applicant / Unit Holder

Third Applicant / Unit Holder

Please note : Signature(s) should be as it appears on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign

Acknowledgement Slip (To be filled by the Applicant)

Application No :

Received from Date

Folio Number :

DTP ETP