

Please read instructions before filling the Form

Application No :

Key Partner / Agent Information

Distributor / Broker ARN ARN-15114	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) (Of Investor / Employee / Or Of employee / Relationship Manager / Sales Person of the Distributor) E023534	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)).

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.

Existing Unitholder : Pl. fill in Folio Number below and then proceed to section 2.

Folio Number

New Unitholder

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)

- 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

Name of Sole / First Unitholder

1. Applicant's Details

	Name (as per KYC)	PAN/KRN ¹	Date of Birth ²
First/Sole	Mr. / Ms. / M/s. City of Birth	<input type="text"/>	<input type="text"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³
Second	No joint holder where minor is first holder City of Birth	<input type="text"/>	<input type="text"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³
Third	No joint holder where minor is first holder City of Birth	<input type="text"/>	<input type="text"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³
Guardian/ Contact Person	(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"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³
POA Holder	(If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)	<input type="text"/>	<input type="text"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³
Mailing Address: (Address should be as per KYC records, refer Instruction no. 14b)	<input type="text"/>	Overseas Address: (Mandatory in case of NRI / FII / FPI applicant)	<input type="text"/>
City	PIN	City	State/Province
State		Country	PIN
Tel. No. (Residence)	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"/> in ₹ as on <input type="text"/> (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"/> in ₹ as on <input type="text"/> (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"/> in ₹ as on <input type="text"/> (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), ² Mandatory in case of Minor, additionally refer Instruction no. 2, ³ KYC & ⁴ Networth (Refer Instruction no. 14), ⁵ Not applicable in Growth option

Acknowledgement Slip (To be filled by the Applicant)

Application No :

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/KRN ¹

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: Minor Client Employee Distributor

Period From MM YYYY To MM YYYY Payment on behalf of (✓)

Cheque 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 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	PAN
Nominee 1	<input type="text"/>	<input type="text"/> DD MM YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 2	<input type="text"/>	<input type="text"/> DD MM YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 3	<input type="text"/>	<input type="text"/> DD MM YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Guardian (If Nominee is Minor)	Guardian's Relation (with the minor)	PAN of Guardian		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

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</p> <p>(✓) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date <input type="text"/> DD MM YYYY</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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>If NRI (✓) <input type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-Repatriation basis</p> <p>Place <input type="text"/></p>	<p>Sole / First Applicant / Guardian / POA <input type="checkbox"/></p> <p>Second Applicant / POA <input type="checkbox"/></p> <p>Third Applicant / POA <input type="checkbox"/></p>
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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

First time investors subscribing to the Scheme through SIP-NACH to complete this form compulsorily along with Application Form. (Please read terms and conditions overleaf)

Form No : N

Key Partner / Agent Information

Distributor / Broker ARN ARN-15114	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUN) (Of Individual Employee / Relationship Manager / Sales Person of the Distributor) E023534	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 inappropriateness, 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, 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.

() New SIP Micro SIP Change in ECS Bank Account (Please provide a cancelled cheque)

The Trustees,
Religare Invesco Mutual Fund
I/We have read and understood the contents of the Statement of Additional Information / Scheme Information Document of the respective Scheme and the terms and conditions of SIP enrollment and ECS Debit Clearing.

1. Investment and SIP Details

(Investors applying under the direct plan must mention "Direct" against Scheme name.)

First / Sole Investor

Name

Application No. (New Investor) Folio No.(Existing Unitholder)

PAN / KRN¹ Enclosed () KYC Proof³

Existing UMRN (If UMRN is registered in the folio)

Scheme Scheme Name Option

Each SIP Amount (Rs.) Frequency Monthly (Default) Quarterly (Jan, April, July, Oct)

SIP Date 3rd 10th 15th (Default) 20th 25th

SIP Period Start From End On Till Further Notice

2. Demat Account Details (Optional)

Please () NSDL CDSL

DP ID # Beneficiary Account No. DP Name

(# Not applicable in case of CDSL.) (Applicable only to existing investors for fresh SIP enrolment. Please see instruction No. 12)

3. First SIP Transaction

Cheque No. Cheque Date Amount (Rs.)

Bank Bank City

Declaration : I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment and ECS (Debit Clearing) / Direct Debit/ Standing Instruction and agree to abide by the same. I/We hereby apply to the Trustee of Religare Invesco Mutual Fund for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS. This is to inform I/we have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards my investment in Religare Invesco Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS mandate Form to get it verified & executed. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that AMC/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We confirm to have understood that the introduction of this facility may also give rise to operational risks and hereby take full responsibility. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

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

4. Authorisation of the Bank Account Holder (to be filled and signed by the Investor) (For ECS)

Bank Name Bank A/c No. 9 Digit MICR Code

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my payment towards my investment in Religare Invesco Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (NACH) Mandate Form to get it verified & executed.

First Account Holder Signature (As in Bank Records) Second Account Holder Signature (As in Bank Records) Third Account Holder Signature (As in Bank Records)

¹ PAN/KRN (Refer Instruction no. 3), ² Not applicable in Growth option, ³ KYC (Refer Instruction no. 14)

UMRN Date

Sponsor Bank Code Utility Code

(Please) I/We hereby authorize to debit (Please) SB CA CC SB-NRE SB-NRO Others _____

CREATE MODIFY CANCEL

Bank Account Number

with Bank IFSC Or MICR

an amount of Rupees In Words ₹ In Figures

Frequency : Monthly Quarterly Half Yearly Yearly As & when presented Debit Type : Fixed Amount Maximum Amount

Folio No. Phone

PAN E-mail

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the banks.

PERIOD From To Or Until Cancelled

Signature of Primary Account Holder Signature of Account Holder Signature of Account Holder

1 Name as in bank records 2 Name as in bank records 3 Name as in bank records