

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 - <b>83671</b>	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) (Of Individual ARN holder or Of employee / Relationship Manager and not ARN of the Distributor) <b>E100500</b>	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 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.

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 / KRN<sup>1</sup>  Enclosed   KYC Proof<sup>3</sup>

Existing UMRN  (If UMRN is registered in the folio)

Scheme  Scheme Name   Dividend Frequency<sup>2</sup>

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

SIP Date  3<sup>rd</sup>  10<sup>th</sup>  15<sup>th</sup> (Default)  20<sup>th</sup>  25<sup>th</sup>

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)

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

UMRN  Date

Sponsor Bank Code  Utility Code

CREATE  MODIFY  CANCEL I/We hereby authorize  to debit (Please  SB  CA  CC  SB-NRE  SB-NRO  Others\_\_\_\_\_)

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