

Systematic Investment Plan (SIP) Registration cum mandate form for NACH

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 -	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) (Of Individual ARN holder or Of employee / Relationship Manager / Sales Person of the Distributor)	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)).

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	Mr. / Ms. / M/s.			
Application No. (New Investor)		Folio No.(Existing Unitholder)		
PAN / KRNI		Enclosed <input checked="" type="checkbox"/> <input type="checkbox"/> KYC Proof ³		
Existing UMRN	(If UMRN is registered in the folio)			
Scheme	Religare Invesco	Scheme Name	Plan	Option
Each SIP Amount (Rs.)		Frequency	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly (Jan, April, July, Oct)	
SIP Date	<input type="checkbox"/> 3 rd <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th (Default) <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th			
SIP Period	Start From	DD MM YYYY	End On	DD MM YYYY
			<input type="checkbox"/> Till Further Notice	

2. Demat Account Details (Optional)

Please ☒ ☐ NSDL ☐ CDSL

DP ID #	Beneficiary Account No.	DP Name
I N		
(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
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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
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	DD MM YYYY
Sponsor Bank Code	C I T I O O O P I G W	Utility Code	C I T I O O O O 2 0 0 0 0 0 0 0 3 7
I/We hereby authorize	Religare Invesco Mutual Fund	to debit (Please <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others	
Bank Account Number			
Name of customers bank	IFSC	Or MICR	
In Words			
Frequency	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented		
Debit Type	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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.			
From	DD MM YYYY	Signature of Primary Account Holder	Signature of Account Holder
To	DD MM YYYY		
Or	<input type="checkbox"/> Until Cancelled	1 Name as in bank records	2 Name as in bank records
		3 Name as in bank records	

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.