

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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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

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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

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1. Applicant's Details		Name (as per KYC)	PAN/KRN ¹	Date of Birth ²																																						
First/Sole	<table><tr><td>Mr. / Ms. / M/s.</td></tr><tr><td>City of Birth</td></tr></table>	Mr. / Ms. / M/s.	City of Birth		<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="10">Country of Birth</td></tr></table>											Country of Birth										<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="8">Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³							
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Guardian/ Contact Person	(if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only)		<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="10">Country of Birth</td></tr></table>											Country of Birth										<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="8">Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³									
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POA Holder	(If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)		<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="10">Country of Birth</td></tr></table>											Country of Birth										<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="8">Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Enclosed (please ✓) <input type="checkbox"/> KYC Proof ³									
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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 <table><tr><td></td><td>in ₹</td></tr></table> as on <table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> (Not older than 1 year) (Mandatory for Non-individuals)		in ₹	D	D	M	M	Y	Y	Y	Y
		in ₹													
	D	D	M	M	Y	Y	Y	Y							
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D	D	M	M	Y	Y	Y	Y								
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)									
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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	Mr. / Ms. / M/s.	Date	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Signature, Stamp & Date
D	D	M	M	Y	Y	Y	Y					
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.								

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)

Period From MM YYYY To MM YYYY

Cheque Nos. From To

Frequency (✓) ☐ Monthly (Default) or ☐ Quarterly SIP Date (✓) ☐ 3rd ☐ 10th ☐ 15th (Default) ☐ 20th ☐ 25th

Applicable in case of Third Party Payment: ☐ Minor ☐ Client ☐ Employee ☐ Distributor

Payment on behalf of (✓)

Name of the person making payment

Enclosed (✓) ☐ KYC Proof³ PAN / KRN

5. Demat Account Details Optional, Refer instruction no. 12

DP ID # Beneficiary Account No. DP Name (✓) ☐ NSDL ☐ CDSL

I N

(# 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 Address

City

MICR Code (9 digit No. next to your Cheque No.) NEFT/RTGS/IFSC Code (11 digit character code appearing on cheque leaf) PIN

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		DD MM YYYY			
Nominee 2		DD MM YYYY			
Nominee 3		DD MM YYYY			

Name of Guardian (If Nominee is Minor) Guardian's Relation (with the minor) PAN of Guardian

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

(✓) Yes ☐ No ☐

Date DD MM YYYY

If NRI (✓) ☐ Repatriation basis ☐ Non-Repatriation basis

Place

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 KRNs 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