

**Key Partner / Agent Information**
**Form No : E**

 Distributor / Broker ARN  
**ARN-70688**  
 Invest Edge Advisors Pvt. Ltd.

Sub-Broker Code

For Office Use Only

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.

**First Investment with Current Date Cheque**
**Application to be submitted at least 30 days before the commencement of SIP through ECS**
 New Application     Change in Bank Account\*     Cancellation  
 (\*Please provide a cancelled cheque)

 The Trustees,  
**Religare 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**
**FIRST / SOLE INVESTOR**

 Name   
 Application No.  Folio No.(Existing Unitholder)   
 Scheme  Option  Growth  Dividend Reinvestment  Dividend Payout  
 Each SIP Amount (Rs)  Frequency  Monthly  Quarterly (Jan, April, July, Oct)  
 SIP Date [for ECS (Debit Clearing)]  3rd  10th  15th\*  20th  25th (\*Default Option)  
 SIP Period [for ECS (Debit Clearing)] Start From  End on  No. of Installments 
**2. First SIP Transaction**

 Cheque No.  Cheque Dated  Amount (Rs.)   
 Bank  Bank City 

I/We hereby authorise Religare Mutual Fund/Religare Asset Management Company Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing)/Direct Debit for collection of SIP payments.

**3. Particulars of Bank Account**

 Bank Name   
 Bank Branch  Bank City   
 Account Number  Account Type  Savings  Current  NRE  NRO  FCNR  
 Preferred messaging medium SMS:  E-mail:  Note: Please (✓) for your preferred medium of messaging  
 9 Digit MICR Code  (Please enter the 9 digit number that appears after the cheque number)  
 Account Holder Name as in Bank Account 

I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above though participation in ECS (Debit Clearing). 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 will also inform Religare Mutual Fund/Religare Asset Management Company Limited, about any changes in my/ our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

**First Account Holder Signature**  
 (As in Bank Records)


**Second Account Holder Signature**  
 (As in Bank Records)


**Third Account Holder Signature**  
 (As in Bank Records)


**4. For Office Use Only (not to be filled in by the investor)**

 Recorded on  Scheme Code   
 Recorded by  Credit Account No. 
**5. Authorisation of the Bank Account Holder (to be filled and signed by the Investor)**

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 Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) Mandate Form to get it verified &amp; 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)


  
 Bank Account Number