

**Key Partner / Agent Information**

 Form No : **E**

 Distributor / Broker ARN  
**ARN - 0155 / NJ India Invest**

 Sub-Broker Code  
**55537**

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\*  
 (\*Please provide a cancelled cheque)

 Cancellation

 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	Mr./Ms./M/s.		
Application No.		Folio No.(Existing Unitholder)	
Scheme		Option	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout
Each SIP Amount (Rs.)		Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (Jan, April, July, Oct)
SIP Date [for ECS (Debit Clearing)]	<input type="checkbox"/> 3rd <input type="checkbox"/> 10th <input type="checkbox"/> 15th* <input type="checkbox"/> 20th <input type="checkbox"/> 25th	(*Default Option)	
SIP Period [for ECS (Debit Clearing)]	Start From	End on	No. of Installments
	M M Y Y Y Y	M M Y Y Y Y	

**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	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR		
Preferred messaging medium	SMS: <input type="checkbox"/>	E-mail: <input type="checkbox"/>	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