

Mutual Fund APP No.:

			MENT FORM FO	PLEASE (/) WHEREVER APPLICA		
DISTRIBUTOR / BRO Name & Broker		RMATION	Sub Agent ARN Code	*Employee Unique Identification		/ Sub Agent Code
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*Please sign below in case the EUIN is left blank/not provided/transaction is "execution-only" in nature. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.						
SIGN HERE		t Applicant / Guardian orised Signatory	2nd Appli	cant Authorised Signatory	3rd Applicant Auth	orised Signatory
Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor. APPLICANT DETAILS Folio No.						
Name of Sole/1st holder PAN No. MANDATORY KYC Acknowledgement C						
Name of 2nd holder				PAN No. MANDATORY KYC Admowledgement Copy		
Name of 3rd holder				PAN No. MANDATORY KYC Acknowledgement Copy		
Unitholding Option - Demat Mode Physical Mode						
DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Ref. Instruction No.33) Demat Account details are compulsory if demat mode is opted above.						
National Deposito	ory			Central Depository		
Securities participal Depository DPID No	nt Name o.	IN		Depository participant Name		
	ary Account N	lo.		Limited Target ID No.		
Enclosures (Please				nsaction cum Holding Stateme	ent Cancelled Delivery	Instruction Slip (DIS)
		ILS (Refer Instruction	•			
Cheque/ DD No Bank Name:		Cheque/ DD Dat	e DD Branch:_	Charge Rs C	heque/ DD Net Amount Rs. ———————————————————————————————————	-
	S /In come you	are investor in Religeon R		mention the Plan details mandatorily		for Instruction No. 240
(If the investor wishes to	invest in Direc	t Plan please mention Direct	Plan against the scheme na	me)	ne Equity, Deut of Data Iced.) (Ne	ior mandalon No. 24y
SCHEME NAME				Plan	Option	
SIP DETAILS	-	prollment Period: (Pl	agea (any ona)	SIP Date	SIP	Amount
Frequency Enrollment Period: Monthly (default) REGULAR From: Market			(Y To: M M Y Y 2 10 (defau		SIP Amount (in figures)	
☐ Quarterly				□18 □28	(in rigures) _	
			Υ To: 1 2 9 9	(Select any one SIP Date)	(in rigures) _	(in words)
□ Quarterly	PERPET (Default)	UAL From: M M Y Y (Refer Instruction	Υ To: 1 2 9 9		(III figures)	
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