

I/We hereby apply to the Trustees of Religare Invesco Mutual Fund for Systematic Transfer Plan (STP)/Systematic Withdrawal Plan (SWP) enrollment under the following scheme and we agree to abide by the terms and conditions of the Plan

Key Partner / Agent Information

Form No : T

For Office Use Only

Distributor / Broker ARN ARN-97821	Sub-Broker Code	Unique Identity No. (Of Individual Employee / Relationship Manager, Sales Person of the Distributor) E113814	
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☐ 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. (Please refer Instruction no. 1 (f) on Page no. 21)

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.

Folio Number :

Application Number :

1. Applicant's Personal Details

FIRST / SOLE APPLICANT

Date of Birth

Name

SECOND APPLICANT

Date of Birth

Name

THIRD APPLICANT

Date of Birth

Name

2. Systematic Transfer Plan (STP) Mandate

(Investors applying under direct plan must mention "Direct" against Scheme name.)

From Scheme (from where you wish to transfer) Scheme Option

To Scheme (to where you wish to transfer) Scheme Option

Frequency (Please ✓) ☐ Weekly (1st business day of each week) ☐ Monthly ☐ Quarterly STP Date (✓) ☐ 3rd ☐ 10th ☐ 15th ☐ 20th ☐ 25th (Default Option)

Period of Enrollment From (1st Installment) To (Last Installment)

Transfer Amount (Per installment) Rs. Rs. (in words)

No. of Installments Total Transfer (Rs.) (Amt. per installment x No. of installments)

3. Systematic Withdrawal Plan (SWP) Mandate

(Investors applying under direct plan must mention "Direct" against Scheme name.)

Scheme Option

Frequency (Please ✓) ☐ Weekly (1st business day of each week) ☐ Monthly ☐ Quarterly SWP Date (✓) ☐ 3rd ☐ 10th ☐ 15th ☐ 20th ☐ 25th (Default Option)

Period of Enrollment From (1st Installment) To (Last Installment)

Withdrawal Amount to be (Per Installment) Rs. Rs. (in words)

No. of Installments Total Withdrawal (Rs.)

4. Applicant's Signature

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. 50,00,00/- 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 authorize 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 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.

Applicable to KRN 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. 50,00,00/- 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 Account. I/We confirm that the details provided by me/us are true and correct.
(Please ✓) ☐ Yes ☐ No If NRI (Please ✓) ☐ Repatriation basis ☐ Non-Repatriation basis

Date Place

Signature(s)

Sole/First Applicant/Guardian/POA

Second Applicant/POA

Third Applicant/POA