

Dividend Transfer Plan (DTP) / Event Trigger Plan (ETP) Form

Please read instructions overleaf before filling the Form

I/We hereby apply to the Trustees of Religare Invesco Mutual Fund for Dividend Transfer Plan (DTP) / Event Trigger Plan (ETP) 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

Distributor / Broker ARN	Sub-Broker Code	Employee Unique Identity No. (EUIIN) (Of Investor or Of employee / Relationship Manager / Sales Person of the Distributor) E113814	For Office Use Only
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For details on transaction charges payable to distributors, please refer to KIM.

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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

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.

Folio No., if any :

1. Applicant's Personal Details

FIRST / SOLE APPLICANT

PAN No./KRN

Name Mr. / Ms. / M/s.

SECOND APPLICANT

PAN No./KRN

Name Mr. / Ms. / M/s.

THIRD APPLICANT

PAN No./KRN

Name Mr. / Ms. / M/s.

2. Dividend Transfer Plan (DTP) Mandate

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

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

3. Event Trigger Plan (ETP) Mandate

Date of Investment DD MM YYYY Investment Amount (Rs.)

1. ☐ NAV reaches Rs. 2. ☐ NAV Crosses Rs.

3. ☐ NAV depreciates by % 4. ☐ NAV appreciates by % 5. ☐ Specific Date Trigger DD MM YYYY

4. Trigger Action (Please select any ONE action)

1. ☐ Alert Only ☐ Email ☐ SMS : Mobile

2. ☐ Redeem ☐ All Units OR ☐ Partial Units : Units OR ☐ Specific amount : Rs.

3. ☐ Switch-out ☐ All Units OR ☐ Partial Units : Units OR ☐ Specific amount : Rs.

4. ☐ Capital Appreciation : ☐ Redeem OR ☐ Switch-Out ☐ Total amount OR %

To Scheme Option

5. Applicant's Signature

Sole / First Applicant / Unit Holder

Second Applicant / Unit Holder

Third Applicant / Unit Holder

Acknowledgement Slip (To be filled by the Applicant)

Application No :

Received from Mr. / Ms. / M/s. Date DD MM YYYY

Folio Number :

☐ DTP ☐ ETP

Signature, Stamp & Date