

Form No : E

Key Partner / Agent Information

Distributor / Broker ARN ARN-87761	Sub-Broker Code	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) (Of Individual APN holder or Of employee / Relationship manager / Sales Person of the Distributor) E075033	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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no.1(f)).

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.

(✓) ☐ New SIP ☐ Micro SIP ☐ Change in ECS Bank Account (Please provide a cancelled cheque)

The Trustees,
Religare Invesco 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

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

First / Sole Investor

Name	Mr. / Ms. / M/s.			
Application No. (New Investor)		Folio No.(Existing Unitholder)		
Existing UMRN	(If UMRN is registered in the folio)			
Scheme	Religare Invesco	Scheme Name	Plan	Option
Each SIP Amount (Rs.)		Frequency	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly (Jan, April, July, Oct)	
SIP Date	<input type="checkbox"/> 3 rd <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th (Default) <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th			
SIP Period	Start From	M M Y Y Y Y	End on	M M Y Y Y Y <input type="checkbox"/> Till Further Notice
PAN / KRN ¹			Enclosed (✓)	<input type="checkbox"/> KYC Proof ³

2. First SIP Transaction

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

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



Declaration: 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/NACH/Auto Debit). 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 Invesco Mutual Fund / Religare Invesco Asset Management Company Private Limited, about any changes in my/ our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

		
Sole / First Applicant / Guardian / POA	Second Applicant / POA	Third Applicant / POA

3. 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 Invesco 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/NACH/Auto Debit) Mandate Form to get it verified & executed.

Bank Name	
Bank A/c No.	

		
First Account Holder Signature (As in Bank Records)	Second Account Holder Signature (As in Bank Records)	Third Account Holder Signature (As in Bank Records)

¹ PAN/KRN (Refer Instruction no. 3), ² Not applicable in Growth option, ³ KYC (Refer Instruction no. 14)

UMRN		Date	DD MM YYYY
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Sponsor Bank Code	CITIOOPIGW	Utility Code	CITIOO0020000000037
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(Please ✓)	<input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We hereby authorize	Religare Invesco Mutual Fund	to debit (Please ✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others_____
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Bank Account Number	
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with Bank	Name of customers bank	IFSC		Or MICR	
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an amount of Rupees	In Words	₹ In Figures
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Frequency : ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented Debit Type : ☒ Fixed Amount ☒ Maximum Amount

Folio No.		Phone	
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PAN		E-mail	
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PERIOD	From	DD MM YYYY		Signature Primary Account Holder		Signature of Account Holder		Signature of Account Holder
	To	DD MM YYYY						
	Or	<input type="checkbox"/> Until Cancelled						

This is to confirm that the declaration has been carefully read, understood & made by me / us