

I/We hereby apply to the Trustees of Religare 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

Form No : **T**

Key Partner / Agent Information

Distributor / Broker ARN ARN - 30156	Sub-Broker Code 	For Office Use Only
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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.

Existing Folio Number : [] Application Number : []

1. Applicant's Personal Details

FIRST / SOLE APPLICANT		Date of Birth	[D D M M Y Y Y Y]
Name		[Mr./Ms./M/s.]	
SECOND APPLICANT		Date of Birth	[D D M M Y Y Y Y]
Name		[Mr./Ms./M/s.]	
THIRD APPLICANT		Date of Birth	[D D M M Y Y Y Y]
Name		[Mr./Ms./M/s.]	

2. Systematic Transfer Plan (STP) Mandate

Eligible Schemes from which you can transfer		Eligible Schemes into which you can transfer	
Religare Liquid Fund/Religare Ultra Short Term Fund/Religare Short Term Plan/Religare Active Income Fund/Religare Monthly Income Plan/Religare Monthly Income Plan (MIP) Plus/Religare Credit Opportunities Fund		Religare Contra Fund/Religare Growth Fund/Religare Tax Plan/Religare Arbitrage Fund/Religare Banking Fund/Religare AGILE Fund / Religare Equity Fund / Religare Mid Cap Fund / Religare Business Leaders Fund/Religare PSU Equity Fund/Religare Monthly Income Plan/Religare Monthly Income Plan (MIP) Plus	
From Scheme (from where you wish to transfer)	Scheme []	Plan []	Option []
To Scheme (to where you wish to transfer)	Scheme []	Plan []	Option []
Frequency (Please ✓)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* or <input type="checkbox"/> Quarterly STP Date (✓) <input type="checkbox"/> 3rd <input type="checkbox"/> 10th <input type="checkbox"/> 15th* <input type="checkbox"/> 20th <input type="checkbox"/> 25th (1st business day of each week) (*Default Option)		
Period of Enrollment	From (1st Installment) [M M Y Y Y Y]	To (Last Installment) [M M Y Y Y Y]	
Transfer Amount	Rs. []	Rs. (in words) []	
No. of Installments	[]	Total Transfer (Rs.)	[]

3. Systematic Withdrawal Plan (SWP) Mandate

Eligible Schemes for SWP : Religare Liquid Fund/Religare Ultra Short Term Fund/Religare Short Term Plan/Religare Active Income Fund/Religare Monthly Income Plan/Religare Monthly Income Plan (MIP) Plus/Religare Credit Opportunities Fund/Religare Contra Fund/Religare Tax Plan (Applicable after a period of 3 years from the date of allotment)/Religare Growth Fund/Religare Banking Fund/Religare AGILE Fund/Religare Equity Fund/Religare Mid Cap Fund/Religare Business Leaders Fund/Religare PSU Equity Fund			
Scheme	[]	Plan	[] Option []
Frequency (Please ✓)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly* or <input type="checkbox"/> Quarterly SWP Date (✓) <input type="checkbox"/> 3rd <input type="checkbox"/> 10th <input type="checkbox"/> 15th* <input type="checkbox"/> 20th <input type="checkbox"/> 25th (1st business day of each week) (*Default Option)		
Period of Enrollment	From (1st Installment) [M M Y Y Y Y]	To (Last Installment) [M M Y Y Y Y]	
Transfer Amount	Rs. []	Rs. (in words) []	
No. of Installments	[]	Total Withdrawal (Rs.)	[]

4. Applicant's Signature

The Trustees, Religare 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 Mutual Fund for units of the Scheme / Plan / 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 SIPs which together with the current Micro SIP application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro SIP 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 authorise Religare Mutual Fund, its Investment Manager and its Agents to disclose details of my/our investment to my/our bank(s)/Religare 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 Asset Management Company Ltd. (Investment Manager to Religare Mutual Fund), their appointed service providers or representatives responsible. I/We will also inform Religare Asset Management Company 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 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. *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. If NRI (Please ✓) <input type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-Repatriation basis *Applicable to NRI's Date [D D M M Y Y Y Y] Place []	Signature(s)	Sole/First Applicant/Guardian/POA Second Applicant/POA Third Applicant/POA
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