

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 :

**Key Partner / Agent Information**

Distributor / Broker ARN <b>ARN - 13308</b>	Sub-Broker Code	<b>For Office Use Only</b>
Existing Folio Number : <input type="text"/>	Application Number : <input type="text"/>	

**1. Applicant's Personal Details**

**FIRST / SOLE APPLICANT** Date of Birth

Name

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**SECOND APPLICANT** Date of Birth

Name

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**THIRD APPLICANT** Date of Birth

Name

**2. Systematic Transfer Plan (STP) Mandate**

<b>Eligible Schemes from which you can transfer</b> Religare Liquid Fund/Religare Ultra Short Term Fund/Religare Short Term Plan/ Religare Active Income Fund	<b>Eligible Schemes into which you can transfer</b> Religare Contra Fund/Religare Growth Fund/Religare Tax Plan/Religare Arbitrage Fund/ Religare Banking Fund/Religare AGILE Fund/Religare Equity Fund
From Scheme (from where you wish to transfer) <input type="text"/>	Plan <input type="text"/> Option <input type="text"/>
To Scheme (to where you wish to transfer) <input type="text"/>	Plan <input type="text"/> Option <input type="text"/>
Frequency (Please ✓) <input type="checkbox"/> Monthly (1st business day of each month)	<input type="checkbox"/> Quarterly (1st business day of calendar quarter i.e. Jan, April, July, Oct)
Period of Enrollment From (1st Installment) <input type="text"/>	To (Last Installment) <input type="text"/>
Transfer Amount Rs. <input type="text"/>	Rs. (in words) <input type="text"/>
No. of Installments <input type="text"/>	Total Transfer (Rs.) <input type="text"/>

**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 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

Scheme <input type="text"/>	Plan <input type="text"/>	Option <input type="text"/>
Frequency (Please ✓) <input type="checkbox"/> Monthly (1st business day of each month)	<input type="checkbox"/> Quarterly (1st business day of calendar quarter i.e. Jan, April, July, Oct)	
Period of Enrollment From (1st Installment) <input type="text"/>	To (Last Installment) <input type="text"/>	
Transfer Amount Rs. <input type="text"/>	Rs. (in words) <input type="text"/>	
No. of Installments <input type="text"/>	Total Withdrawal (Rs.) <input type="text"/>	

**4. Applicant's Signature**

<p>I/We have read and understood the contents of the Offer Document / Scheme Information Document of the respective Scheme(s) of Religare Mutual Fund, including the sections on "Who cannot invest" and "Important Note on Anti Money Laundering and Know-Your-Customer". I/We hereby apply for allotment/purchase of Units in the Scheme indicated above and agree to abide by the terms and conditions applicable thereto. I/We hereby declare that I/We am /are authorised to make this investment in the above mentioned Scheme and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We have neither received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated.</p> <p>Date <input type="text"/></p> <p>Place <input type="text"/></p>	<b>Signature(s)</b>	Sole /First Applicant / Guardian /POA <input type="text"/>
	Second Applicant /POA <input type="text"/>	
	Third Applicant /POA <input type="text"/>	