

Please read instructions overleaf before filling the form

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

Form No : S

Key Partner / Agent Information

Distributor / Broker ARN BLUE CHIP STOCKS ARN - 106392	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) (Of Individual APN, Employee / Relationship Manager / Sales Person of the Distributor) E-107715	For Office Use Only
---	------------------------------	-----------------------------------	--	---------------------

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)).

Sign Here
Sole/First Applicant/Guardian

Sign Here
Second Applicant

Sign Here
Third Applicant

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 the direct plan must mention "Direct" in the box provided below)

From Scheme (from where you wish to transfer)	Religare Invesco	Scheme Name	Plan	Option
To Scheme (to where you wish to transfer)	Religare Invesco	Scheme Name	Plan	Option
Frequency (✓)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	STP 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	(1st business day of each week)
Period of Enrollment	From (1st Installment)	<input type="text"/>	To (Last Installment)	<input type="text"/>
Transfer Amount (Per installment)	<input type="text"/>		<input type="text"/>	
No. of Installments	<input type="text"/>	Total Transfer (Rs.)	<input type="text"/>	

3. Systematic Withdrawal Plan (SWP) Mandate

(Investors applying under the direct plan must mention "Direct" in the box provided below)

Scheme	Religare Invesco	Scheme Name	Plan	Option
Frequency (✓)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly	SWP 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	(1st business day of each week)
Period of Enrollment	From (1st Installment)	<input type="text"/>	To (Last Installment)	<input type="text"/>
Withdrawal Amount to be (Per Installment)	<input type="text"/>		<input type="text"/>	
No. of Installments	<input type="text"/>	Total Withdrawal (Rs.)	<input type="text"/>	

4. Applicant's Signature

Sole / First Applicant / Guardian / POA

Second Applicant / POA

Third Applicant / POA

Please note : Signature(s) should be as it appears on the Application Form and in the same order.
In case the mode of holding is joint, all Unit holders are required to sign

Date

Place