

Folio No. Name of Sole / First Holder

1. CHANGE OF ADDRESS / CONTACT DETAILS _____

(To be used only by Investors not registered with KYC Registration Agency)

I/We request you to take note of change of my address / contact details and update your records.


Address

City PIN State Country


☎ (Office) ☎ (Residence)

Mobile E-mail


Dated



Sole / First Holder



Second Holder



Third Holder

To be signed by unitholders as per mode of holding opted. Please strike off section(s) that are not filled by you, to avoid unauthorised use.

INSTRUCTIONS

Change of Address / Contact Details

Unitholders/investors are requested to submit the following documents and ensure that copies of all the documents submitted are self-attested and accompanied by originals for verification. In case, the original of any document is not produced for verification, then the copies should be properly attested / verified by authorized person.

For KYC non-compliant folios / clients:

1.1 Proof of new address; and

1.2 Proof of Identity: Only PAN card copy shall be considered if PAN is updated in the folio or other proof of identity if PAN is not updated in the folio.

KYC compliant folios / clients are required to submit forms prescribed by KYC Registration Agency for change of address along with prescribed documents as proof of change of address.

ACKNOWLEDGEMENT

Folio No. Name

For Office Use

Signature of receiving authority

Date of receipt / Time of receipt :

Received request for (please ✓)

Change of Address / Contact Details ☐

Key Partner / Agent Information (Investors applying under Direct Plan must mention "Direct" in ARN No. column.)

Distributor / Broker ARN ARN -	Sub-Broker ARN / Code	Employee Unique Identification No. (EUIIN) (Of Individual ARN holder or Of employee Relationship Manager/Sales Person of the Distributor)	Date / Time Stamp
Folio No	Name of Sole / First Holder	DD MM YYYY	

☐ 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.

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.

For details on transaction charges payable to distributors; please refer to Key Information Memorandum.

1. ADDITIONAL PURCHASE (Cheque / DD should be drawn in favor of the Scheme. Investors applying under direct plan must mention "Direct" in the box provided below)

Scheme	Religare Invesco	Plan	Option	Dividend Frequency
Investment Amount (₹)		Net Amount (₹)		Dated DD MM YYYY
Cheque/DD/RTGS/NEFT UTR No.		Drawn on Bank		
Bank A/c. No.		A/c Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> SNRR <input type="checkbox"/> Others	
Applicable in case of Third Party Payment: Payment on behalf of (Please ✓)		<input type="checkbox"/> Minor <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Distributor		
Name of the Person making Payment		Enclosed (please ✓)	<input type="checkbox"/> KYC Compliance Proof	PAN/KRN

2. SWITCH REQUEST

From : Scheme	Religare Invesco	Plan	Option	Dividend Frequency
To : Scheme	Religare Invesco	Plan	Option	Dividend Frequency
Amount (₹)		Or	No. of Units	
		Or	All Units	<input type="checkbox"/> (Please ✓)

3. REDEMPTION REQUEST

Scheme	Religare Invesco	Plan	Option	Dividend Frequency
Amount (₹)		Or	No. of Units	
		Or	All Units	<input type="checkbox"/> (Please ✓)
For investors who have registered for multiple Bank A/c facility. Kindly credit / issue cheque for the redemption proceeds in the following Bank A/c registered with you.				
Bank Name		Bank A/c No.		Branch
Bank City		Account Type		IFSC Code

Disclaimer : If the Banks A/c details mentioned above does not match with the registered Bank A/c details in the folio or not mentioned above then the payment will be remitted in the default Bank A/c.

DEMAT ACCOUNT DETAILS (OPTIONAL)

DP ID ¹	Beneficiary Account No.	(Please ✓) <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
I N		DP Name

(¹Not applicable in case of CDSL). The investor shall receive payments of Dividend / Redemption proceeds in the Bank A/c linked to the Demat A/c as mentioned above.

PAN / KRN (Mandatory)			
Enclosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof	Enclosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof	Enclosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof	Enclosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof
Enclosed (Please ✓) <input type="checkbox"/> Banker Certificate for DD			

Declaration : Having read and understood the contents of the Statement of Additional Information / Scheme Information Document(s) and Key Information Memorandum(s) of the respective schemes, I / We hereby apply to the Trustees of Religare Invesco Mutual Fund for units of the Scheme / 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.

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To be signed by unitholders as per mode of holding opted. Please strike off section(s) that are not filled by you, to avoid unauthorised use.

ACKNOWLEDGEMENT

Folio No.		Name	
Redemption Request	Religare Invesco	Units or Amount in ₹	
Additional Purchase	Religare Invesco	Amount ₹	
Cheque / DD / RTGS / NEFT UTR No.		DD MM YYYY	
Switch Request			
From : Scheme	Religare Invesco	Plan	Option
To : Scheme	Religare Invesco	Plan	Option
Amount (₹)		Or	No. of Units
		Or	All Units <input type="checkbox"/> (Please ✓)

For Office Use

Signature of receiving authority

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Date of receipt / Time of receipt :