

Mutual Fund

APP No.:

COMMON APPLICATION FORM									
			RS & IN BLUE/BLACK INK ONLY.						
Name & Broker Code /	ADM	(Refer Instruction No. I.9)	2. EXISTING UNIT HOLDER INFORMATION						
ARN-13308		er / Sub Agent Code	For existing investors please fill in your Folio number,	umber,					
	-	e investor to the AMFI regi	FOLIO NO stered Distributors based on the investors' assessment of	of various factors					
	endered by the distributo								
	ORMATION (Refer Insti	ruction No. II)							
APPLICATION FOR	Zero Balance Folio		Invest Now	() (5 () () ()					
MODE OF HOLDING	Single			vor(s) (Default Joint)					
OCCUPATION Business Professional Service Retired Student Current/Former MP/MLA/MLC Retired Civil Servant Politician Forex Dealer House wife Senior Executive of State owner Political Party Official Others									
STATUS			IS NON- FIIs Society Banks Trust HUF						
INDIVIDUAL 2nd Applicant Resident Indian NRI INDIVIDUAL Minor Fls AOP/BOI Partnership fil Company/Body Corporate Others									
Name of First / Sole ap	pplicant Mi	. Ms. M/s.							
1st holder PAN PAI	N Proof Enclosed	KYC Acknowledgen	(Refer Instruction No. IX.4) (**Date	Date of Birth** M M Y Y Y Y of birth mandatory if the is minor)					
Name of Guardian (In c	ase of Minor)/(Contact Per	son Name – In case of non-i	individual Investors) Mr. Ms. Relation v	vith Minor / Designation					
				ndatory					
Guardian's PAN N	ljajnjdjajtjoj			ment Category No. [] fer Instruction No. IX.4)					
Name of Second applica	ant 	Mr. Ms.							
2nd holder PAN M		PAN Pro		ment Category No					
3rd holder PAN	a n d a t o D SIP Investors (Refer Instr			ment Category No.					
Mailing Address	7 SI TITUESCOIS (Rejet IIISC	decion 110. 27,							
Add 1									
Add 2			_						
Add 3			_						
State			, , , , , , , , , , , , , , , , , , ,						
Overseas Address (Man	datory for NRI / FII Applic	cant) (Please provide your c	complete address. P.O. Box alone is not adequate)						
Add 1									
Add 2									
City L			'						
	SOLE/FIRST APPLICANT Office	Residence	Mobile no(For Receiving	g SMS Alert)					
Email ID		(For Receivin	g Email Alert)						
Investors providing Ema	il Id would mandatorily rece	ive only E - Statement of Acc	counts in lieu of physical Statement of Accounts. (Refer Instr	uction No. VI)					
	LY FOR TRANSACT ON d the Terms & Conditions att		PLY FOR RELIANCE ANY TIME MONEY CARD (Please r. ld like to appear on Any Time Money Card (Max. 19 chara						
		Mjajnjdj	altiolih i i i i i i i i i i i i i i i i i i						
		Mother's maiden r	name in full a t o r y						
D 1 16	•	dged slip for future refere	The second secon	for allotment of					
				for allotment of					
			as per details below. APP N tment Dividend Payout	0.:					
-			Rs.						
				Time Stamp & Date					
GIGWII OII				of receiving office					

4. BANK ACC	OUNT DETAI	ILS (Refer Instru	ction No.III) MANI	DATORY for Rede	mption/Dividend/Ref	unds, if any			
A/c. Type√		rrent NRC			No. Mand		У		
Bank M_	aınıdı a	a _l tjojrjy	/				1 1 1		
Branch					Branch City				
PIN		IFSC Co	del ForiCr	edit v _l ia _I N I	E F T	MICR Code* F o	r Criedii:	tıviaıEGS İ	
	the name in thi		n and in your bank a						
					quired for investm	ent in each Plan	/Option		
(Refer instr	uction no. IV) PAYMENT BY	CASH IS NOT PE	RMITTED.					
Scher	me	Plan	Option	DD Charge Rs.	Net Cheque / DD Amount Rs.	Cheque / DD No & Date	Bank	/ Branch	
		□Growth Plan	☐ Growth Option☐ Bonus Option☐						
		□Dividend Plan	☐ Reinvestment☐ Payout						
SIP ENROLL	MENT DETAI	LS	■ PDC ■	Auto Debit /	ECS (Refer Instruction	on No. I-12)			
Frequency (Plea	ise√) □	Monthly □ (Quarterly		SIP Date: 2	□ 10 □	18 🗆 28		
REGULAR	1	l+ I			ault) (Not applicable fo		Amount per I	nstalment:	
		<u>м ү ү</u> То: <u>м</u>			rom: M M Y Y To	p: [1 2 9 9]	Rs		
	NTS ENCLOS	ED (Please √)	(MANDATORY)(For Addis	nal Dogues as t	
For Corporate ☐ Memorandu	um & Articles of <i>i</i>	Association		/stematic Transac Enrollment Form	tions (Cheque or Auto Debit	and ECS) □ Chec		of Attorney	
☐ Trust Deed		s 🗆 Partnership			lan & Dividend Transfer			of Attorney	
	/ Authorization t		☐ Syst	· ·	al Plan Enrollment Forn		- O.1		
☐ List of Autho	orised Signatorie	es with Specimen :	Signature(s) STEP E	Inrollment Form	☐ Trigger Form ☐ Relia	nce SIP Insure Forn	n		
7. NOMINA	ATION (Refer t	o Instruction No	.V) (Mandatory	if mode of holdir	ıg is single)				
I/ We	(11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			(11 11 11 11 11	and			*	
do hereby nomi	(Unit ho		rly described hereund	(Unit holder 2) der/and*/cancel t	he nomination made by	(Unit holdome/ us on the			
	the Units under					(* s	trike out which i	s not applicable)	
Name and Ado	dress of Nomino		d Address of Guardi		Proportion (%) b units will be sha Nominee (should aggr	y which the red by each regate to 100%)	Signature of Nominee	Signature of Guardian	
Nominee 1									
Nominee 2									
Nominee 3									
I/ We					and_				
	(Unit ho			(Unit holder 2)			(Unit holder 3)		
do hereby decl	are that we do n	not wish to nomina	ate any person/perso	on(s) in the folio/a	account.				
_	Colo / 1st app	dicapt /	2 nd applicant/			7rd .	3 rd applicant/		
Sole / 1 st applicant, Authorised Signator					Authorised Signatory		Authorised Signatory		
8. DECLARATION									
	o invest in Reliance				ment of Additional Informat plication form) and is/are bo				
various services inc	luding but not limit	ed to ATM/ Debit Card	d. I/We have not received	I nor been induced by a	any rebate or gifts, directly or	indirectly, in making this	investment. I / We	declare that the amount	
					ion or evasion of any Act / Re by the said Terms and Condi				
Management Limi	ted (RCAM) liability	y. I understand that th	e RCAM may, at its absolu	ute discretion, discont	inue any of the services com	pletely or partially witho	out any prior notice	to me. I agree RCAM can	
					me/us all the commissions (i nmended to me/us. I hereby				
					esident of India. I/We confirm ng channels or from funds in				
					oad through approved bankin				
S i									
ğ									
a t									
u r		applicant/Guardia d Signatory	n/		olicant/ rised Signatory		3 rd applic	ant/ ed Signatory	
e	Authorised	י אואוופרטו א		Autilo	nacu aignatury		AUGIOIISE	.a Dignatury	

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

One Indiabulls Centre, Tower 1, 11th & 12th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg Elphinstone Road, Mumbai–400 013

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