

APP No.:

**COMMON APPLICATION FORM**

All Columns marked \* are mandatory. TO BE FILLED IN CAPITAL LETTERS & IN BLUE/BLACK INK ONLY.

**1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)**

Name & Broker Code / ARN <b>ARN-13308</b>	Sub Broker / Sub Agent Code
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**2. EXISTING UNIT HOLDER INFORMATION**

For existing investors please fill in your Folio number,

FOLIO NO. \_\_\_\_\_

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.

**3. APPLICANT INFORMATION (Refer Instruction No. II)**

<b>APPLICATION FOR</b>	<input type="checkbox"/> Zero Balance Folio	<input type="checkbox"/> Invest Now
<b>MODE OF HOLDING</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Joint
<b>OCCUPATION</b>	<input type="checkbox"/> Any One or Survivor(s) (Default Joint) <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Service <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Current/Former MP/MLA/MLC/Head of State <input type="checkbox"/> Retired <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician <input type="checkbox"/> Forex Dealer <input type="checkbox"/> House wife <input type="checkbox"/> Senior Executive of State owned corporation <input type="checkbox"/> Political Party Official <input type="checkbox"/> Others	
<b>STATUS INDIVIDUAL</b>	1st Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI 2nd Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI 3rd Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI	<b>STATUS NON-INDIVIDUAL</b> <input type="checkbox"/> FII's <input type="checkbox"/> Society <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Fls <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Partnership firm <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Others

Name of First / Sole applicant  Mr.  Ms.  M/s.  
 \_\_\_\_\_

1st holder PAN  PAN Proof Enclosed  KYC Acknowledgement Copy #Document Category No. \_\_\_\_\_ Date of Birth\*\*  
 \_\_\_\_\_ (Refer Instruction No. IX.4)  D  M  Y  Y  Y  Y  
 (\*\*Date of birth mandatory if the applicant is minor)

Name of Guardian (In case of Minor)/(Contact Person Name - In case of non-individual Investors)  Mr.  Ms. Relation with Minor / Designation  
 \_\_\_\_\_ M a n d a t o r y

Guardian's PAN  PAN Proof Enclosed  KYC Acknowledgement Copy #Document Category No. \_\_\_\_\_  
 \_\_\_\_\_ (Refer Instruction No. IX.4)

Name of Second applicant  Mr.  Ms.  
 \_\_\_\_\_

2nd holder PAN  PAN Proof Enclosed  KYC Acknowledgement Copy #Document Category No. \_\_\_\_\_  
 \_\_\_\_\_ (Refer Instruction No. IX.4)

Name of Third applicant  Mr.  Ms.  
 \_\_\_\_\_

3rd holder PAN  PAN Proof Enclosed  KYC Acknowledgement Copy #Document Category No. \_\_\_\_\_  
 \_\_\_\_\_ (Refer Instruction No. IX.4)

**#Mandatory for MICRO SIP Investors (Refer Instruction No. IX)**

**Mailing Address**

Add 1 \_\_\_\_\_  
 Add 2 \_\_\_\_\_ District \_\_\_\_\_  
 Add 3 \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ (Country) \_\_\_\_\_ PIN \_\_\_\_\_

**Overseas Address (Mandatory for NRI / FII Applicant) (Please provide your complete address. P.O. Box alone is not adequate)**

Add 1 \_\_\_\_\_  
 Add 2 \_\_\_\_\_  
 City \_\_\_\_\_ (Country) \_\_\_\_\_ PIN \_\_\_\_\_

**CONTACT DETAILS OF SOLE/FIRST APPLICANT**

Tel. No. STD Code \_\_\_\_\_ Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile no. \_\_\_\_\_ (For Receiving SMS Alert)  
 Email ID \_\_\_\_\_ (For Receiving Email Alert)

Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts. (Refer Instruction No. VI)

<input type="checkbox"/> <b>I WISH TO APPLY FOR TRANSCAT ONLINE</b> I have read & understood the Terms & Conditions attached	<input type="checkbox"/> <b>I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD</b> (Please refer to ATM Instruction) Name as you would like to appear on Any Time Money Card (Max. 19 characters) _____ Mother's maiden name in full _____
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Please collect your time stamped acknowledged slip for future references  
 Received from \_\_\_\_\_ an application for allotment of

Units under Reliance \_\_\_\_\_ as per details below. APP No.:

Growth Option  Bonus Option  Dividend Reinvestment  Dividend Payout

Cheque / DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Rs. \_\_\_\_\_  
 drawn on \_\_\_\_\_

Time Stamp & Date of receiving office

