

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	Sub Broker / Sub Agent Code
ARN-13308	

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)

APPLICATION FOR	<input type="checkbox"/> Zero Balance Folio	<input type="checkbox"/> Invest Now
MODE OF HOLDING	<input type="checkbox"/> Single	<input type="checkbox"/> Joint <input type="checkbox"/> Any One or Survivor(s) (Default Joint)
OCCUPATION	<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	
STATUS INDIVIDUAL	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	STATUS NON-INDIVIDUAL <input type="checkbox"/> FIIs <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. _____
(Refer Instruction No. IX.4)

Date of Birth**
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)

☐ I WISH TO APPLY FOR TRANSACT ONLINE
I have read & understood the Terms & Conditions attached

☐ I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD (Please refer to ATM Instruction)

Name as you would like to appear on Any Time Money Card (Max. 19 characters)

M a n d a t o r y

Mother's maiden name in full

M a n d a t o r y

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

Mutual Fund

Mutual Fund

APP No.:

SIP ENROLMENT cum AUTO DEBIT/ECS MANDATE FORM

(Please refer list of Autodebit banks in Terms & Conditions Point No.1 Overleaf) **TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHEREVER APPLICABLE**

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent Code
ARN-13308	

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.

APPLICANT DETAILS

Folio No.	
Name of Sole/1st holder	PAN No. <input type="checkbox"/> MANDATORY <input type="checkbox"/> KYC Acknowledgement Copy

INITIAL INVESTMENT DETAILS (Refer Instruction No.12)

Cheque/ DD No.	Cheque/ DD Date	DD Charge Rs.	Cheque/ DD Net Amount Rs.
Bank Name: Branch: City:			
SCHEME NAME Plan Option			

SIP DETAILS

Frequency (Please ✓) <input type="checkbox"/> Monthly (default) or <input type="checkbox"/> Quarterly	SIP Date	<input type="checkbox"/> 2 <input type="checkbox"/> 10 <input type="checkbox"/> 18 <input type="checkbox"/> 28	(Select any one SIP Date)
SIP AMOUNT (in figures)		(in words)	
<input type="checkbox"/> REGULAR		<input type="checkbox"/> PERPETUAL (Default)	
Enrollment Period: From: M M Y Y To: M M Y Y (Refer Instruction No.13)		Enrollment Period: From: M M Y Y To: 1 2 9 9	

BANK ACCOUNT DETAILS

1st/Sole Accountholder Name as in Bank Records	
2nd Accountholder Name as in Bank Records	
3rd Accountholder Name as in Bank Records	
A/c. Type ✓ <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	Account No. <input type="checkbox"/> MANDATORY (Core Banking Account Number)
Bank <input type="checkbox"/> MANDATORY	City
Branch Address	
PIN	9 Digit MICR Code
IFSC Code	

*Mandatory: Please enter the 9 digit number that appears after your cheque number.
MICR code starting and / or ending with 000 are not valid for ECS.

Mandatory Enclosures:

☐ Blank cancelled cheque ☐ Copy of cheque

DECLARATION

I/We wish to inform you that I/we have registered with Reliance Mutual Fund through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund or a Bank holiday, execution of the transaction will happen next working day and allotment of units will happen as per the Terms and Conditions listed in the Document of the Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and, jointly and severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and, by reason of their acting upon the instructions issued by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal.

I/We would like to invest in Reliance Mutual Fund subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Management Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM can debit from my folio for the service charges as applicable from time to time. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. **Applicable for NRI Investors:** I confirm that I am resident of India. I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my / our NRE/FCNR Account

SIGNATURE/S AS PER RELIANCE MUTUAL FUND (MANDATORY)

Sole/ 1 st applicant/ Guardian Authorised Signatory	
2 nd applicant / Authorised Signatory	
3 rd applicant Authorised Signatory	

SIGNATURE/S AS PER BANK RECORDS (MANDATORY)

Sole/ 1 st applicant/ Guardian Authorised Signatory	
2 nd applicant / Authorised Signatory	
3 rd applicant Authorised Signatory	

FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on	Scheme Code
Recorded by	Credit Account Number
Bank use Mandate Ref. No.	Customer Ref. No.