

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-2405	

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
OCCUPATION	<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	
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. _____ Date of Birth**
 _____ (Refer Instruction No. IX.4) D D M 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"/> I WISH TO APPLY FOR TRANSCAT ONLINE I have read & understood the Terms & Conditions attached	<input type="checkbox"/> 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
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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.

Growth Option Bonus Option Dividend Reinvestment Dividend Payout

Cheque / DD No. _____ Dated _____ Rs. _____
 drawn on _____

4. BANK ACCOUNT DETAILS (Refer Instruction No.III) MANDATORY for Redemption/Dividend/Refunds, if anyA/c. Type SB Current NRO NRE FCNR Account No. M a n d a t o r yBank M a n d a t o r y

Branch _____ Branch City _____

PIN _____ IFSC Code For Credit via NEFT 9 Digit MICR Code* For Credit via EGS

Please ensure the name in this application form and in your bank account are the same

5. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option (Refer instruction no. IV) PAYMENT BY CASH IS NOT PERMITTED.

Scheme	Plan	Option	DD Charge Rs.	Net Cheque / DD Amount Rs.	Cheque / DD No. & Date	Bank / Branch
	<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option				
	<input type="checkbox"/> Dividend Plan	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout				

SIP ENROLLMENT DETAILS PDC Auto Debit / ECS (Refer Instruction No. I-12)Frequency (Please Monthly Quarterly SIP Date: 2 10 18 28 REGULAR Enrollment Period: From: M M Y Y To: M M Y Y PERPETUAL (Default) (Not applicable for PDCs) Enrollment Period: From: M M Y Y To: 1 2 9 9 Amount per Instalment: Rs. _____**6. DOCUMENTS ENCLOSED (Please) (MANDATORY)(Refer to Instruction No.I-9)**

For Corporate	For Systematic Transactions	For Additional Document
<input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Trust Deed <input type="checkbox"/> Bye-Laws <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Resolution / Authorization to invest <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)	<input type="checkbox"/> SIP Enrollment Form (Cheque or Auto Debit and ECS) <input type="checkbox"/> Cheques <input type="checkbox"/> Systematic Transfer Plan & Dividend Transfer Plan Enrollment Form <input type="checkbox"/> Systematic Withdrawal Plan Enrollment Form <input type="checkbox"/> Reliance SMART STEP Enrollment Form <input type="checkbox"/> Trigger Form <input type="checkbox"/> Reliance SIP Insure Form	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Others _____

7. NOMINATION (Refer to Instruction No.V) (Mandatory if mode of holding is single)

I/ We _____ (Unit holder 1) and _____ (Unit holder 2) and _____ (Unit holder 3) do hereby nominate the person(s) more particularly described hereunder/ and*/cancel the nomination made by me/ us on the _____ day of _____ in respect of the Units under Folio No. _____ (* strike out which is not applicable)

Name and Address of Nominee(s)	Name and Address of Guardian (to be furnished in case the Nominee is a minor)	Date of Birth (Minor)	Proportion (%) by which the units will be shared by each Nominee (should aggregate to 100%)	Signature of Nominee	Signature of Guardian
Nominee 1					
Nominee 2					
Nominee 3					

I/ We _____ (Unit holder 1) and _____ (Unit holder 2) and _____ (Unit holder 3) do hereby declare that we do not wish to nominate any person/person(s) in the folio/account.

Sole / 1st applicant/
Authorised Signatory2nd applicant/
Authorised Signatory3rd applicant/
Authorised Signatory**8. DECLARATION**I/We would like to invest in Reliance _____ 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 including but not limited to ATM/ Debit Card. 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

Sole / 1st applicant/Guardian/
Authorised Signatory2nd applicant/
Authorised Signatory3rd applicant/
Authorised Signatory**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

Call : 30301111 | Toll free: 1800-300-11111

www.reliancemutual.com

RELIANCE

Mutual Fund

Mutual Fund

APP No.: WE-00012649

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-2405	

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 ✓) Monthly (default) or Quarterly SIP Date 2 10 18 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 ✓ SB Current NRO NRE FCNR Account No. [M][a][n][d][a][t][o][r][y] _____
(Core Banking Account Number)

Bank [M][a][n][d][a][t][o][r][y] _____

Branch _____ City _____

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 / 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 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, lightning, 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 _____ 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.