

**Mutual Fund** 

APP No.:

## **COMMON APPLICATION FORM**

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the employee/relationship manageriades person of the above distributor/rusb between contentionationship with ordinary in processor and processor in the content of the content of the processor in the content of the content of the processor in the content of the con	*Please sign alongside in case the I	EUIN is left blank/not provided.			SIGN HERE Second Applicant								
TRANSACTION CHARGES (Almonatory to be filled if you have invested through a distributor)  (Please lick (*) pany only   lam a First time investor across Mutual Funds  In case the autorisptic amounts 11,0000 cm are an expectation amounts 11,0000 cm and the provided of the live before the	the employee/relationship manager	/sales person of the above distribu	tor/sub broker or notwithstanding the		SIGN HERE Third Applicant								
Place   Dick (*) any one)     am a First time investor scross Mutual Funds   OR     am an existing investor in Mutual Funds   Increase the subscription error of the 10,000 or now and your Districtor has option for newer Transpaction Charges, of £100 (resting investor) are decided scaled as explicable from the control respect of the problem of the		• •		sessment of various factors including th	ne service rendered by the distributor.								
2. EXISTING INVESTOR'S FOLIO NUMBER    ExiSTING INVESTOR'S FOLIO NUMBER   ExiSTING INVESTOR'S FOLIO NUMBER    S. GENERAL INFORMATION   APPLICATION FOR   Zero Balance Folio   Invest Now   *MODE OF HOLDING:   Single   Judet Cultural   Any one or Survivor   A. FIRST APPLICANT DETAILS    Semenal Information   APPLICATION FOR   Zero Balance Folio   Invest Now   *MODE OF HOLDING:   Single   Judet Cultural   Any one or Survivor   A. FIRST APPLICANT DETAILS    NAME	(Please tick (√)any one) ☐ I am a First time investor across Mutual Funds OR ☐ I am an existing investor in Mutual Funds												
3. GENERAL INFORMATION APPLICATION FOR   Zero Balance Folio   Invest Now "MODE OF HOLDING:   Single   Joint (between Any one of Survivol Any one of Survivol Invest Applicant)   Applicant Is minor /				150 (new investor) & ₹ 100 (existing	g investor) are deductible as applicable from the								
### APPLICANT DETAILS  NAME    PAN / PEKRN* (First Asplicant)	2. EXISTING INVESTOR'S I	FOLIO NUMBER											
NAME    PAN / PEKRN* (First Applicant)   PAN / PEKRN* (Guardian)	3. GENERAL INFORMATIO	N APPLICATION FOR	Zero Balance Folio  Invest N	ow ^MODE OF HOLDING :	Single Joint (Default) Any one or Survivo								
PAN / PEKRN* (First Applicant)   PAN / PEKRN* (Guardian)   Name of Guardian* if first applicant is minor / Contact Person for not individuals Guardian* if first applicant is minor /   Father   Mother   Court Appointed Guardian   Date of Birth   Of 1st Applicant   Proof of Date of Birth and Guardian* Relationship with Minor   Father   Mother   Court Appointed Guardian   Date of Birth   Proof of Date of Birth and Guardian* Relationship with Minor   Father   Mother   Court Appointed Guardian   Petited   Government Service/Public Sector	4. FIRST APPLICANT DET	TAILS											
Name of Guardian if first applicant is minor / Contact Person for non individuals  Guardian's Relationship With Minor Father   Mother   Court Appointed Guardian   Pate of Birth   Court Applicant   Processional   Agriculturiat   Housewife   Refired   Government Service/Public Sector   Others   Birth Certificate   Passport   Others   Court Applicant   Private Sector Service   Others   Pathwiship Firm   Others   StaTus':   Resident Individual   PSU   AOP/BCI   Minor through Guardian   HUF   Pathwiship Firm   Others   Sole Proprietor   Defence Establishment   Pilo   Pathwiship Firm   Others   Potence Establishment   Pot	NAME												
Contact Person for non individuals  Guardian's Relationship With Minor Father   Mother   Court Appointed Guardian   Of 1st Applicant   Proof of Date of Birth   Birth Certificate   Passport   Others    Government Service   Published   Passport   Others    Status:   Resident Individual   PSU   AOP/BOI   Minor through Guardian   HUF   Trust / Charrites / NGOs   Society   FI / FII   NRI   Company/Body Corporate   Sole Proprietor   Defence Establishment   Proof of Date of Birth and Guardian's Relationship with Minor of 1st Applicant   Private Sector Service   Others    STATUS:   Resident Individual   PSU   AOP/BOI   Minor through Guardian   HUF   Trust / Charrites / NGOs   Society   FI / FII   NRI   Company/Body Corporate   Sole Proprietor   Defence Establishment   Private Sector Service   Others   Sole Proprietor   Defence Establishment   Private Sector Service   Others   Sole Proprietor   Defence Establishment   Private Sector Service   Defence Sector Service   Private Sector Service   Defence Sector Service   Private Sector Servi	PAN / PEKRN <sup>^</sup> (First Applicant)		PAN / PEKRI	√ (Guardian)									
Stather   Mother   Court Appointed Guardian   State of Birth   Birth Certificate   Passport   Others													
Father   Mother   Court Appointed Guardian   of at Applicant   o	Guardian's Relationship With Mi	nor		Proof of Date of Birth and Gua	ardian's Belationship with Minor								
Business   Forex Dealer   Student   Private Sector Service   Others		Dat											
STATUS*:   Resident Individual   PSU   AOP/BOI   Minor through Guardian   HUF   Trust / Charities / NGOS   Society   F1 / F1   NR1   Company/Eody Corporate   Sole Proprietor   Defence Establishment   PIO   Bank   FI/ F1   NR1   Company/Eody Corporate   Sole Proprietor   Defence Establishment   PIO   Partnership Firm   Others   Pool   Partnership Firm   Others   Partnership Firm   Partnership Firm   Others   Partnership Firm   Partnership Firm   Others   Partnership Firm   Partnership Fir	OCCUPATION**^: Profession	nal Agriculturist H	ousewife Retired	Government Ser	rvice/Public Sector								
Society   F1 / F1   Bank   F1 / F1 / F1 / F1   Bank   F1 / F1 / F1 / F1   Bank   F1 / F1 / F1 / F1 / F1   Bank   F1 / F1	Business	Forex Dealer St	udent Private Sector	Service Others									
Society	STATUS <sup>^</sup> : Resident Individ	idual PSU	AOP/BOI Minor throu	gh Guardian HUF	Trust / Charities / NGOs								
COUNTRY OF TAX RESIDENCE*** India U.S.A. Others If you have more than one country of tax residence please specify the details of all the countries GROSS ANNUAL INCOME DETAILS*** Please tick (/) Below 1 Lac 1.5 Lacs 5.10 Lacs 10.25 Lacs 2 Lacs-1 Crore 1.1 Crore  NET-WORTH*** in 7			FPI^^^ Governmen										
FOREIGN TAX ID NO***  GROSS ANNUAL INCOME DETAILS*** Please tick (/)  Below 1 Lac  1.5 Lacs  5-10 Lacs  10.25 Lacs  25 Lacs-1 Crore  >1 Crore  NET-WORTH*** in ₹	COUNTRY OF BIRTH**^	Co		ZENSHIP**^									
GROSS ANNUAL INCOME DETAILS*** Please tick (/)	COUNTRY OF TAX RESIDENCE	CE**^ India U.S.A.	Others	(please specify)									
NET-WORTH**^ in   Wet worth should not be older than 1 year.  As on (Date) D M M Y Y Y (Mandatory for Non-Individuals)  Are you a Politically Exposed Person (PEP)***	FOREIGN TAX ID NO**^		If you ha	ave more than one country of tax resider	nce please specify the details of all the countries								
Are you a Politically Exposed Person (PEP)*** Yes No Are you related to a Politically Exposed Person (PEP) Yes No    Mandatory to be filled by Non-Individuals Only	GROSS ANNUAL INCOME DETA	<b>\ILS**</b> ^ Please tick (✓) Below 1	Lac 1-5 Lacs 5-10 Lacs	10-25 Lacs 25 Lacs-1 Crore	] >1 Crore								
Mandatory to be filled by Non-Individuals Only  A. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)  Form W8 BEN-E / Declaration by FI/FFI/NFFE enclosed (Refer Ins No. XIII)  OR  Unable to Provide FATCA status (Refer Ins No. XIII)  (Where no box is ticked it will be understood by default that the applicant is unable to confirm the FATCA Status as of now and will confirm in future. For such cases AMC will contact the investor in due course of time)  B. ULTIMATE BENEFICIARY OWNER DETAILS (Not applicable in case the investor or owner of the controlling interest is a company listed on a stock exchange or is a majority owned subsidiary of such a company)  Applicant is the Ultimate Beneficial Owner(s) of this investment (Refer Ins No. XII)  OR  Applicant is not the Ultimate Beneficial Owner(s) of this investment (Please submit the Declaration for 'Ultimate Beneficial Ownership' along with this form) (Refer Ins No. XII) (Where no box is ticked applicant will be treated as the Ultimate Beneficial Owner(s) of this investment by default)  C. Is the entity involved in / providing any or the following services  Foreign Exchange / Money Changer Services  Yes No  Money Lending / Pawning	NET-WORTH**^ in ₹	(Net worth should not be	older than 1 year)	as on (Date)	Y Y (Mandatory for Non-Individuals)								
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□ Form W8 BEN-E / Declaration by FI/FFI/NFFE enclosed (Refer Ins No. XIII)  □ Unable to Provide FATCA status (Refer Ins No. XIII)  (Where no box is ticked it will be understood by default that the applicant is unable to confirm the FATCA Status as of now and will confirm in future. For such cases AMC will contact the investor in due course of time)  B. ULTIMATE BENEFICIARY OWNER DETAILS (Not applicable in case the investor or owner of the controlling interest is a company listed on a stock exchange or is a majority owned subsidiary of such a company)  □ Applicant is the Ultimate Beneficial Owner(s) of this investment (Refer Ins No. XII) OR  □ Applicant is not the Ultimate Beneficial Owner(s) of this investment (Please submit the Declaration for 'Ultimate Beneficial Ownership' along with this form) (Refer Ins No. XII) (Where no box is ticked applicant will be treated as the Ultimate Beneficial Owner(s) of this investment by default)  C. Is the entity involved in / providing any or the following services  □ Foreign Exchange / Money Changer Services  □ Yes □ No □ Money Lending / Pawning □ Yes □ No		Mand	atory to be filled by Non-Ind	ividuals Only									
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Applicant is the Ultimate Beneficial Owner(s) of this investment (Refer Ins No. XII)  Applicant is not the Ultimate Beneficial Owner(s) of this investment (Please submit the Declaration for 'Ultimate Beneficial Ownership' along with this form) (Refer Ins No. XII) (Where no box is ticked applicant will be treated as the Ultimate Beneficial Owner(s) of this investment by default)  C. Is the entity involved in / providing any or the following services  - Foreign Exchange / Money Changer Services  - Money Lending / Pawning  - Money Lending / Pawning	B. ULTIMATE BENEFICIARY OV	WNER DETAILS (Not applicable	in case the investor or owner of the	controlling interest is a company lis	sted on a stock exchange or is a majority								
Applicant is not the Ultimate Beneficial Owner(s) of this investment (Please submit the Declaration for 'Ultimate Beneficial Ownership' along with this form) (Refer Ins No. XII) (Where no box is ticked applicant will be treated as the Ultimate Beneficial Owner(s) of this investment by default)  C. Is the entity involved in / providing any or the following services  - Foreign Exchange / Money Changer Services  - Money Lending / Pawning  - Money Lending / Pawning			ent (Refer Ins No XII) OR										
C. Is the entity involved in / providing any or the following services  - Foreign Exchange / Money Changer Services	Applicant is not the Ultimate	Beneficial Owner(s) of this inves	tment (Please submit the Declaratio		p' along with this form) (Refer Ins No. XII)								
- Foreign Exchange / Money Changer Services			• • • • • • • • • • • • • • • • • • • •	ment by detault)									
				Lending / Pawning	☐ Yes ☐ No								
	- Gaming / Gambling / Lottery Ser	vices (e.g. casinos, betting syndical		er information:									

5. SECOND APPLICANT DETAILS												
NAME PAN / PEKRN^												
OCCUPATION*: Professional Agriculturist Housewife Retired Government Service/Public Sector												
☐ Business ☐ Forex Dealer ☐ Student ☐ Private Sector Service ☐ Others												
COUNTRY OF BIRTH^ COUNTRY OF NATIONALITY/CITIZENSHIP^												
COUNTRY OF TAX RESIDENCE <sup>^</sup> India U.S.A. Others (please specify)												
If you have more than one country of tax residence please specify the names of all the countries separated by commas												
FOREIGN TAX ID NO^ STATUS^: NRI Resident Individual												
GROSS ANNUAL INCOME DETAILS <sup>^</sup> Please tick (/) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 Crore >1 Crore												
NET-WORTH <sup>^</sup> in ₹ (Net worth should not be older than 1 year) as on (Date) D D M M Y Y Y Y												
Are you a Politically Exposed Person (PEP)^ Yes No Are you related to a Politically Exposed Person (PEP) Yes No												
6. THIRD APPLICANT DETAILS												
NAME PAN / PEKRN^												
OCCUPATION^: Professional Agriculturist Housewife Government Service/Public Sector												
Business Forex Dealer Student Private Sector Service Others												
COUNTRY OF BIRTH^ COUNTRY OF NATIONALITY/CITIZENSHIP^												
COUNTRY OF TAX RESIDENCE^ India U.S.A. Others (please specify)												
If you have more than one country of tax residence please specify the names of all the countries separated by commas  STATUS^:   NRI   Resident Individual												
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GROSS ANNUAL INCOME DETAILS Please tick (/) Below 1 Lac 1-5 Lacs 5-10 Lacs 25 Lacs 25 Lacs-1 Crore >1 Crore												
NET-WORTH^ in ₹ (Net worth should not be older than 1 year) as on (Date) D D M M Y Y Y Y Y  Are your a Politically Exposed Person (PEP)^ Yes No Are you related to a Politically Exposed Person (PEP) Yes No												
Are you a Politically Exposed Person (PEP)^YesNo Are you related to a Politically Exposed Person (PEP)YesNo ^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant through a Key Registered Agency (KRA) appointed by SEBI piror to investing in												
Reliance Mutual Fund. Refer instruction no.II.6, 7 & IX												
7. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VI & VIII)												
## Correspondence Address (P.O. Box is not sufficient) ## Please note that your address details will be updated as per your KYC records with CVL / KRA												
Landmark												
City												
Overseas Address (Mandatory for FIIs/NRIs/PIOs)												
City Pin Code State												
Email ID												
Mobile + (Country Code)  Tel. No. \$TD Code Office Residence  Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts												
8. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)												
Bank Name Mandaltory												
Account No. Mandatory Alc. Type (🗸) SB Current NRO NRE FCNR												
Branch Address Branch City												
PIN IFSC Code For Credit via RTG S 9 Digit MICR Code* For Credit via NEFT												
Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.												
9. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV) OTM facility is available to investors who have Invest Easy facility registered with RMF.												
Scheme (Refer Instruction No. I-10) (For Product Labeling please refer last page of application form) (If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)												
Option (Please ✓)       □ Growth^ □ Bonus       □ Dividend Payout       □ Dividend Reinvestment             Dividend Frequency												
Payment Details (Please issue cheque favouring scheme name)												
Mode of Payment OTM Facility (One Time Bank Mandate) Cheque DD Funds Transfer RTGS / NEFT Cash <sup>®</sup> (Refer Instruction No. XIV)												
Investment Amount (Rs.) DD Charges (if applicable) (Rs.) Net Amount~ (Rs.)												
Instrument No/Cash Deposit Slip No. Dated DID IM IM IY IY IY IY Drawn on Bank												
Bank Branch  City  (^ Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. *Investors are requested to collect the cash deposit slip from the DISC												

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Nomination		inee Name			Guard	lian Nan	ne	Date of Birth	Allocation	Sign of	Sign of	Signature of
Required					(in case No	minee is	s Minor)	of Minor	(%)	Nominee	Guardian	Applicants  1st App.
Yes												1007,665
No P												2nd App.
-												3rd App.
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Securities	participant Name					Deposito Securitie	- 1	articipant Nar	me			
Depository Limited	DP ID No.	I N				Limited						
	Beneficiary Account No.						Ta	arget ID No.				
nclosures (F	Please tick any one box) :	Clien	t Master I	ist (CML)	Tran	saction	cum Hold	ding Statement		Cancelled	Delivery Instruc	tion Slip (DIS)
<u> </u>	·											Сир (Сто)
2. POWE	R OF ATTORNEY (P		R DET	AILS (Re	ter Instru	ction	No.II.1	)			1 1 1	
rst Applica	ant POA Name	Ms./M/s								PA	N'	
cond App	licant POA Name Mr.	Ms./M/s								PA	in'	
ird Applic	cant POA Name	Ms./M/s								PA	N^	
13. SIP E	NROLLMENT DETA	ILS Opted	or SIP:	Yes	No		(Incase	you have opte	ed for SIP it	is mandato	ry to submit SIF	P Enrolment Form)
IA STRE	NROLLMENT DET	VII S Optod	for STE	: Yes	s No		(Incase	you have onto	nd for STP i	t is mandate	ony to submit S	ΓP Enrolment Form)
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15. I WISH	TO APPLY FOR TRANS	ACT ONLINE	Yes	No	OF	_					OR INDIVIDU	JALS Yes No No (ISTRATION FORM)
16 DECL	ARATION AND SIGN	ATURE				(	manaat	ory Enclosure	o. ONE III	IIL BARKK	IANDAIL NEC	io manore i oniii,
	ARATION AND SIGN to invest in Reliance	AIURE	sul	niect to terms	of the Statemer	nt of Addit	tional Info	rmation (SAI) S	cheme Inform	nation Docum	ent (SID) Key Inf	ormation Memorandum (KIM)
ihsequent ame	endments thereto I/We have re	ad, understood (be received nor beer	ofore filling	application for	rm) and is/are l	nound by	the detail	s of the SAL SIF	) & KIM includ	dina details re	lating to various s	ervices including but not limite
ources only an uthority. I acce	me Money Card. I/We have not d is not designed for the purposept and agree to be bound by the	e of contravention said Terms and Co	or evasion nditions inc	of any Act / Following those of	Regulations / Ru excluding/limitin	ules / Not ig the Rel	ifications iance Cap	/ Directions or ar pital Asset Manag	ny other Appli gement Limite	cable Laws e ed (RCAM) lial	nacted by the Go bility. I understand	vernment of India or any Statu that the RCAM may, at its abso
iscretion, disco ne/us all the cor	ntinue any of the services comp ntmissions (in the form of trail cor	etely or partially winnission or any oth	thout any p er mode),	prior notice to r payable to hin	ne. I agree HC/ n for the differen	AM can de		nv tolio tor the se	rvice charges			
ereby deciare i	said charges shall be paid to the odity Futures Trading Commission	TDy the undersigne				t competi	ing Schen	nés of various Mu	utuai Funds in	s as applicable om amongst v	e from time to time which the Scheme "if applicable) shall	is being recommended to me/
mount and the:		distributors. I/We h n. as amended fror	ereby con	firm that I /We	are not United S	rect and o	complete.	Further, I agree t	hat the transa	s as applicable om amongst v action charge (	if applicable) shal	be deducted from the subscrip
mount and the second of the se	nat I am resident of India.	n, as amended fror	ereby con n time to tir	firm that I /We ne or residents	are not United S s of Canada.	rect and o States per	complete. rsons with	Further, I agree t in the meaning o	hat the transa f Regulation (	s as applicable om amongst v action charge ( (S) under the U	if applicable) shall Jnited States Sec	be deducted from the subscripurities Act of 1933, or as define
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## OTM + SIP Form / 29th December 2014 / Ver 1.2

## ReLI**∆**NCe

## **SIP ENROLLMENT DETAILS**

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\*This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us.

Name of Account Holder

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