

COMMON APPLICATION FORM

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

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	
ARN- (ARN stamp here)				<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> SIGN HERE → First / Sole Applicant / Guardian </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> SIGN HERE → Second Applicant </div> <div style="border: 1px solid black; padding: 5px;"> SIGN HERE → Third Applicant </div>

*Please sign alongside in case the EUIN is left blank/not provided.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

TRANSACTION CHARGES (Mandatory to be filled if you have invested through a distributor)

(Please tick (✓) any one) ☐ I am a First time investor across Mutual Funds **OR** ☐ I am an existing investor in Mutual Funds

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, of ₹ 150 (new investor) & ₹ 100 (existing investor) are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

2. EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here and proceed to section 9. Mode of holding will be as per existing folio number.)

3. GENERAL INFORMATION

APPLICATION FOR ☐ Zero Balance Folio ☐ Invest Now ***MODE OF HOLDING :** ☐ Single ☐ Joint (Default) ☐ Any one or Survivor

4. FIRST APPLICANT DETAILS

NAME

PAN / PEKRN* (First Applicant) **PAN / PEKRN*** (Guardian)

Name of Guardian if first applicant is minor / **Contact Person** for non individuals

Guardian's Relationship With Minor <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	Date of Birth of 1st Applicant 	Proof of Date of Birth and Guardian's Relationship with Minor <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others (please specify)
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OCCUPATION* :** ☐ Professional ☐ Agriculturist ☐ Housewife ☐ Retired ☐ Government Service/Public Sector
☐ Business ☐ Forex Dealer ☐ Student ☐ Private Sector Service ☐ Others (please specify)

STATUS* : ☐ Resident Individual ☐ PSU ☐ AOP/BOI ☐ Minor through Guardian ☐ HUF ☐ Trust / Charities / NGOs
☐ Society ☐ FI / FII ☐ NRI ☐ Company/Body Corporate ☐ Sole Proprietor ☐ Defence Establishment
☐ PIO ☐ Bank ☐ FPI*** ☐ Government Body ☐ Partnership Firm ☐ Others (***as and when applicable)

COUNTRY OF BIRTH*** **COUNTRY OF NATIONALITY/CITIZENSHIP*****

COUNTRY OF TAX RESIDENCE*** ☐ India ☐ U.S.A. ☐ Others (please specify)

FOREIGN TAX ID NO*** 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 ☐ 25 Lacs-1 Crore ☐ >1 Crore

NET-WORTH*** in ₹ (Net worth should not be older than 1 year) as on (Date) (Mandatory for Non-Individuals)

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

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 ☐ Yes ☐ No
 – Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) ☐ Yes ☐ No **Any other information:**

**In case First applicant is minor then details for Guardian will be required *Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant through a Key Registered Agency (KRA) appointed by SEBI prior to investing in Reliance Mutual Fund. Refer instruction no.II.6, 7 & IX

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

In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nomination Required	Nominee Name	Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
<input type="checkbox"/> Yes							1st App.
<input type="checkbox"/> No							2nd App.
							3rd App.

11. UNITHOLDING OPTION - ☐ DEMAT MODE ☐ PHYSICAL MODE**DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. X.**

Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

National Securities Depository Limited	Depository participant Name _____	Central Depository Securities Limited	Depository participant Name _____																										
	DP ID No. <table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		I	N							Target ID No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
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Beneficiary Account No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																													

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

12. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No.II.1)

First Applicant POA Name	Mr./Ms./M/s _____	PAN*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Second Applicant POA Name	Mr./Ms./M/s _____	PAN*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Third Applicant POA Name	Mr./Ms./M/s _____	PAN*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

13. SIP ENROLLMENT DETAILS Opted for SIP: ☐ Yes ☐ No (Incase you have opted for SIP it is mandatory to submit SIP Enrolment Form)**14. STP ENROLLMENT DETAILS** Opted for STP: ☐ Yes ☐ No (Incase you have opted for STP it is mandatory to submit STP Enrolment Form)




15. I WISH TO APPLY FOR TRANSCAT ONLINE Yes <input type="checkbox"/> No <input type="checkbox"/>	OR	I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS Yes <input type="checkbox"/> No <input type="checkbox"/>
(Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)		

16. DECLARATION AND SIGNATURE

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 Reliance Any Time Money 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. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

☐ 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.

 First / Sole Applicant / Guardian	 Second Applicant	 Third Applicant
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Check list for the documents to be submitted:

Documents	Companies	Trusts	Societies	Partnership Firms	NRI	FIs/FPIs	Investments through Constituted Attorney
1. Resolution/Authorisation to invest	✓	✓	✓	✓		✓	
2. List of Authorised Signatories with Specimen Signature(s)	✓	✓	✓	✓		✓	✓
3. Memorandum & Articles of Association	✓						
4. Trust Deed		✓					
5. Bye-Laws			✓				
6. Partnership Deed				✓			
7. Overseas Auditor's Certificate						✓	
8. Notarised Power of Attorney							✓
9. Foreign Inward Remittance Certificate in case of payment is made by DD from NRE/FCNR A/c where applicable					✓		
10. Proof of PAN	✓	✓	✓	✓	✓	✓	✓
11. KYC Compliant	✓	✓	✓	✓	✓	✓	✓

ACKNOWLEDGMENT SLIP

APP No.:

Received from Mr/Ms/M/s : _____ an application for allotment of

Units under Scheme Reliance _____ Option _____ as per details below.

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

Time Stamp & Date
of receiving office

Corporate Office Address: One Indiabulls Centre, Tower 1, 12th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013

IVR. "Self Help" Option
(24 x 7)**IVR**

Investor can avail below facilities

- NAV
- Account balance
- Account statement
- Last 5 transactions

For more details : Call : 1800-300-1111

Mutual Fund

(Use this form if One Time Bank Mandate Form is registered in the folio)

APP No.

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN- (ARN stamp here)			

*Please sign below in case the EUIN is left blank/not provided.
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN HERE Sole / 1st Applicant / Guardian
Authorised Signatory 2nd Applicant Authorised Signatory 3rd Applicant Authorised Signatory

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

APPLICANT DETAILS

FOLIO NO.

Name of Sole/1st holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY	<input type="checkbox"/> KYC Acknowledgement Copy

Unitholding Option -

☒ Demat Mode ☐ Physical Mode

DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Ref. Instruction No. 25) Demat Account details are compulsory if demat mode is opted above.

National Securities Depository Limited	Depository participant Name	Central Depository Securities Limited	Depository participant Name
DP ID No.	<input type="text"/>	Target ID No.	<input type="text"/>
Beneficiary Account No.	<input type="text"/>		

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor with mode of holding as either Single or Anyone or Survivor)

Email ID

Mobile no. + (Country Code) (For Receiving Transaction Alerts via SMS) Tel. No. STD Code Office Residence

Email id & Mobile no. provided in this form will supercede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

By providing Email-id, I understand that IPIN will be issued to me by default, unless I have already opted for IPIN in the past and have created a username.

I wish to receive the IPIN through below selected mode: ☐ Physical Mode (Default) ☐ Online Mode

SIP DETAILS (Refer Instruction No. 15. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

Scheme / Plan / Option	Frequency (Please/ any one)	Enrollment Period (Please/ any one)	SIP Date (Please/ any one)	SIP Amount	Reliance STEP-UP Facility (Optional)		
	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> REGULAR From: <input type="text"/> / <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> PERPETUAL (Default) (Refer Instruction No. 5) From: <input type="text"/> / <input type="text"/> / <input type="text"/> To: 1 2 / 9 9	<input type="checkbox"/> 2 <input type="checkbox"/> 10 (Default) <input type="checkbox"/> 18 <input type="checkbox"/> 28	Rs. <input type="text"/> (in figures)	Amount	Frequency	Count
					Rs. <input type="text"/> (Multiples of Rs. 100 only)	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount time(s) (Default 1time)

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. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. 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. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

☐ 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

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of RMF on any transaction day.

ONE TIME BANK MANDATE

(NACH / ECS / Direct Debit Mandate Form)
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

Mutual Fund

APP No.

UMRN (For Office Use Only)

Create ☒ **Modify** ☐ **Cancel** ☐ I/We hereby authorize **Reliance Mutual Fund** to debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c no: (Destination Bank Account Number)

With Bank (Name of Destination Bank with Branch) IFSC or MICR

an amount of Rupees ₹

FREQUENCY: ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ as & when presented **DEBIT TYPE** ☒ Fixed Amount ☒ Maximum Amount

Reference / Folio No. Email ID:

Scheme / Plan reference Number : All schemes of Reliance Mutual Fund Phone No:

PERIOD From : <input type="text"/> / <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/> Or <input type="checkbox"/> Until Cancelled	1 <input type="text"/> Signature of Account Holder 1 <input type="text"/> Name of Account Holder	2 <input type="text"/> Signature of Account Holder 2 <input type="text"/> Name of Account Holder	3 <input type="text"/> Signature of Account Holder 3 <input type="text"/> Name of Account Holder
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*This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us.