

# 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>SIGN HERE</div> <div>First / Sole Applicant / Guardian</div> |
| <div>*Please sign alongside in case the EUIN is left blank/not provided.</div> <div>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.</div> |                                 |  |                             | <div>SIGN HERE</div> <div>Second Applicant</div>                  |
|   |                                 |  |                             | <div>SIGN HERE</div> <div>Third Applicant</div>                   |

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

[illegible]

(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

[illegible]

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

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

|  |                                       |   |   |
|--|---------------------------------------|---|---|
| <b>Guardian's Relationship With Minor</b><br><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian | <b>Date of Birth of 1st Applicant</b> | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y | <b>Proof of Date of Birth and Guardian's Relationship with Minor</b><br><input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others (please specify) |
|--|---------------------------------------|---|---|

**OCCUPATION\*\*\*:** ☐ Professional ☐ Agriculturist ☐ Housewife ☐ Retired ☐ Government Service/Public Sector  
☐ Business ☐ Forex Dealer ☐ Student ☐ Private Sector Service ☐ Others \_\_\_\_\_

|                              |  |                                   |   |   |   |   |
|------------------------------|--|-----------------------------------|---|---|---|---|
| <b>STATUS^ :</b>             | <input type="checkbox"/> Resident Individual | <input type="checkbox"/> PSU      | <input type="checkbox"/> AOP/BOI            | <input type="checkbox"/> Minor through Guardian | <input type="checkbox"/> HUF              | <input type="checkbox"/> Trust / Charities / NGOs |
|                              | <input type="checkbox"/> Society             | <input type="checkbox"/> FI / FII | <input type="checkbox"/> NRI                | <input type="checkbox"/> Company/Body Corporate | <input type="checkbox"/> Sole Proprietor  | <input type="checkbox"/> Defence Establishment    |
|                              | <input type="checkbox"/> PIO                 | <input type="checkbox"/> Bank     | <input type="checkbox"/> FPI <sup>***</sup> | <input type="checkbox"/> Government Body        | <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> 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)**

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 (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<br>(in case Nominee is Minor) | Date of Birth<br>of Minor | Allocation<br>(%) | Sign of<br>Nominee | Sign of<br>Guardian | Signature of<br>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.

|   |   |  |                                   |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|-----------------------------------|---|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>National Securities Depository Limited</b>   | Depository participant Name _____   | <b>Central Depository Securities Limited</b> | 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> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | I   |  | N                                 |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |  |                                   |   |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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)




|   |           |   |
|---|-----------|---|
| <b>15. I WISH TO APPLY FOR TRANSCAT ONLINE</b> Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>OR</b> | <b>I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS</b> 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 |
|---|--|---|

**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

**SIP ENROLLMENT DETAILS**

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

Mutual Fund

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<br>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.

|   |                             |  |                             |
|---|-----------------------------|--|-----------------------------|
| <b>National Securities Depository Limited</b> | Depository participant Name | <b>Central Depository Securities Limited</b> | Depository participant Name |
| DP ID No.                                     | I N                         | Target ID No.                                |                             |
| Beneficiary Account No.                       |                             |  |                             |

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)<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> Yearly | <input type="checkbox"/> REGULAR<br>From: M M / Y Y To: M M / Y Y<br><input type="checkbox"/> PERPETUAL (Default)<br>(Refer Instruction No. 5)<br>From: M M / Y Y To: 1 2 / 9 9 | <input type="checkbox"/> 2 <input type="checkbox"/> 10 (Default)<br><input type="checkbox"/> 18 <input type="checkbox"/> 28 | Rs. (in figures) | Amount                               | Frequency   | Count                                       |
|                        |   |   |   |                  | Rs. (Multiples of Rs. 100 only)      | <input type="checkbox"/> Half-yearly<br><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 |
|---|--|---|

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** ☐

Sponsor Bank Code (For Office Use Only) Utility Code (For Office Use Only)

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:

|  |  |  |  |
|--|--|--|--|
| <b>PERIOD</b><br>From : D D M M Y Y Y Y<br>To : D D M M Y Y Y Y<br>Or <input type="checkbox"/> Until Cancelled | 1 _____<br>Signature of Account Holder | 2 _____<br>Signature of Account Holder | 3 _____<br>Signature of Account Holder |
|  | 1 _____<br>Name of Account Holder      | 2 _____<br>Name of Account Holder      | 3 _____<br>Name of Account Holder      |

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