

Mutual Fund

APP No.:

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	First / Sole Applicant /						
ARN- (ARN stamp here)				Guardian						
*Please sign alongside in case the I	EUIN is left blank/not provided.			SIGN HERE Second Applicant						
	sales person of the above distribu	y me/us as this transaction is executed tor/sub broker or notwithstanding the tributor/sub broker.		SIGN HERE Third Applicant						
	• •	ered distributor based on the investor's as	ssessment of various factors including th	ie 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, purchase/ subcription amount and paya			150 (new investor) & ₹ 100 (existing	g investor) are deductible as applicable from the						
2. EXISTING INVESTOR'S I	FOLIO NUMBER			r with KYC validated, please mention the number of holding will be as per existing folio number.)						
3. GENERAL INFORMATIO	N APPLICATION FOR \Box	Zero Balance Folio Invest N	low ^MODE OF HOLDING :	Single Joint (Default) Any one or Survivol						
4. FIRST APPLICANT DET	TAILS									
NAME										
PAN / PEKRN [^] (First Applicant)		PAN / PEKRI	¶^ (Guardian)							
Name of Guardian if first applic Contact Person for non individu										
Guardian's Relationship With Min	nor	e of Birth	Proof of Date of Birth and Gu	ardian's Relationship with Minor						
Father Mother C		st Applicant	Birth Certificate Pas	sport Others (please specify)						
OCCUPATION**^: Profession	nal Agriculturist H	ousewife Retired	Government Ser	vice/Public Sector						
Business	Forex Dealer St	udent Private Sector	Service Others							
STATUS^: Resident Individual Society PIO	dual PSU	NRI Company/E	gh Guardian HUF dody Corporate Sole Prop at Body Partnersh							
COUNTRY OF BIRTH**^	C	(^^as and when applicable) DUNTRY OF NATIONALITY/CITI	ZENSHIP**^							
COUNTRY OF TAX RESIDENCE	CE**^ India U.S.A.	Others	(please specify)							
FOREIGN TAX ID NO**^		If you ha	ave more than one country of tax resider	nce please specify the details of all the countries						
GROSS ANNUAL INCOME DETA	AILS**^ 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 (Mandatory for Non-Individuals)						
Are you a Politically Exposed Pe	erson (PEP)**^ Yes	No Are you related to a Politic	cally Exposed Person (PEP)	Yes No						
	Mand	atory to be filled by Non-Ind	ividuals Only							
A. FOREIGN ACCOUNT TAX C	OMPLIANCE ACT (FATCA)									
Form W8 BEN-E / Declarati	ion by FI/FFI/NFFE enclosed (R	efer Ins No. XIII) OR								
Unable to Provide FATCA s	,									
AMC will contact the inves	•	at the applicant is unable to confir	m the FATCA Status as of now an	d will confirm in future. For such cases						
B. ULTIMATE BENEFICIARY OV owned subsidiary of such a co		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 the Ultimate Be	neficial Owner(s) of this investm	ent (Refer Ins No. XII) OR								
		tment (Please submit the Declaratio ate Beneficial Owner(s) of this inves		o' along with this form) (Refer Ins No. XII)						
C. Is the entity involved in / pr	oviding any or the following s	ervices								
- Foreign Exchange / Money Cha	anger Services	Yes No - Money	Lending / Pawning	Yes No						
- Gaming / Gambling / Lottery Ser	vices (e.g. casinos, betting syndica	ates) Yes No Any oth	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 [^] 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	Individua
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	
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 Retired 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 FORFIGN TAX ID NO^ STATUS^: NRI Resident	Individuo
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NET-WORTH^ in ₹ (Net worth should not be older than 1 year) as on (Date) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
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 investors.	ating 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 C	VL / KR/
Landmark	
City Pin Code State	
Overseas Address (Mandatory for FIIs/NRIs/PIOs)	
City Pin Code State	İ
Email ID	
Mobile + (Country Code)	
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	nt of Accour
8. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)	
Bank Name Mandatory	
Account No. Mandatory A/c. Type (/) SB Current NRO NRE	FCNR
	TONI
Branch Address Branch City	
PIN IFSC Code For Creditivia R TGS 9 Digit MICR Code* For Creditivia N E FT	
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	
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 (If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)	ation form)
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® (Refer Instruction No. XIV)	
Investment Amount (Rs.) DD Charges (if applicable) (Rs.) Net Amount~ (Rs.)	
Instrument No/Cash Deposit Slip No. Dated	
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
Default option in not selected) ~Onlis will be allotted for the riet amount minus the transaction charges if applicable. Investors are requested to collect the cash deposit slip from	me DISC

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lomination Required	Nomin	ee Name			Gua (in case N	rdian Na Iominee i		Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature o Applicants
Yes							•					1st App.
No												2nd App.
												3rd App.
. UNITH	OLDING OPTION -	DEMAT MO	DE	■ PHYS	ICAL MC	DE						
	CCOUNT DETAILS - TI										Ref. Instru	ıction No. X.
ase ensure	that the sequence of names as me	entioned in the a	pplication	n form match	es with that o	f the acco		epository	he Depositor	y Participant.		
ecurities	participant Name					Depositor Securities Limited	tory		ma			
epository	DP ID No.	I N						participant Name				
mited	Beneficiary Account No.				arget ID No.							
iclosures (Please tick any one box) :	Client	Master I	_ist (CML)	Tra	ansaction	cum Hold	ling Statement		Cancelled I	Delivery Instruc	tion Slip (DIS)
. POWI	R OF ATTORNEY (PO	A) HOLDEI	R DET	AILS (Re	fer Instr	uction	No.II.1)				
st Applic	ant POA Name Mr./M	s./M/s								PAI	1 ^	
cond Ap	olicant POA Name Mr./M	s./M/s								PAI	۷^	
rd Appli	cant POA Name	s./M/s								PAI	N^	
3. SIP I	NROLLMENT DETAIL	S Opted f	or SIP:	Yes	No		(Incase	you have opt	ed for SIP it	is mandator	y to submit SIF	P Enrolment Form)
4. STP	ENROLLMENT DETAI	LS Opted t	for STF	r: ☐ Ye	s No		(Incase	you have opt	ed for STP i	it is mandato	ry to submit S	TP Enrolment Form)
5. I WISH	TO APPLY FOR TRANSA	CT ONLINE	Yes	No	0	R	I WISH	TO APPLY F	OR INVES	ST EASY F	OR INDIVIDU	JALS Yes ■ No
5. I WISH	TO APPLY FOR TRANSA	CT ONLINE	Yes	No No	0							UALS Yes No BISTRATION FORM)
6. DECI	ARATION AND SIGNA	TURE					(Mandate	ory Enclosur	e : ONE TII	ME BANK M	ANDATE REG	GISTRATION FORM)
6. DECL	ARATION AND SIGNA to invest in Reliance	TURE	sul	bject to terms	of the Statem	ent of Ado	(Mandate	rmation (SAI), S	cheme Inform	ME BANK M.	nt (SID), Key Infe	ormation Memorandum (KIM
16. DECL	ARATION AND SIGNA to invest in Reliance	TURE	sul	bject to terms	of the Statem	ent of Ado	(Mandate	rmation (SAI), S	cheme Inform	ME BANK M.	nt (SID), Key Infe	ormation Memorandum (KIM
6. DECL We would like absequent an eliance Any Tources only a cuthority. I according the control of the control	ARATION AND SIGNA to invest in Reliance lendments thereto. I/We have read ime Money. Card. I/We have not re ind is not designed for the purpose of epit and agree to be bound by the sai ontinue any of the services complete	TURE , understood (betoeived nor been of contravention of Terms and Constant of Terms an	sul fore filling induced b or evasior ditions ind	bject to terms application fo y any rebate of any Act / Icluding those orior notice to	of the Statem irm) and is/ard or gifts, direct Regulations/ sexcluding/ limi me, I agree R	ent of Add e bound b y or indire Rules / No ting the Re CAM can	(Mandate ditional Info y the detail ctly, in mak ottifications eliance Cap debit from n	rmation (SAI), S s of the SAI, SII ing this investm 'Directions or a bital Asset Man ny folio for the se	cheme Inform D & KIM incluent. I / We deent. I / We deent Limite gement Limite	nation Docume ding details reladare that the aricable Laws en ded (RCAM) liabis as as applicable	ant (SID), Key Info titing to various s nount invested ir acted by the Go lity. I understand from time to time	ormation Memorandum (KIM services including but not limit the Scheme is through legit vernment of India or any Stat that the RCAM may, at its abs . The ARIN holder has disclos
6. DECL Ve would like bbsequent ar bliance Any T urces only a uthority. I acc scretion, disc e/us all the cc	ARATION AND SIGNA to invest in Reliance lendments thereto. I/We have read ime Money Card. I/We have not re ind is not designed for the purpose o ept and agree to be bound by the sai ontinue any of the services complete mmissions (in the form of trail cown that the above information is given b that the above information is given b	, understood (bet ceived nor been i of contravention of d Terms and Con ely or partially with ission or any oth	sul fore filling induced b or evasior ditions ind nout any p er mode), d and pari	oject to terms application for y any rebate of any Act / I cluding those orior notice to payable to hir iculars given I	of the Statem rm) and is/ar or gifts, directl Regulations / excluding/limi me. I agree Ri n for the differ	ent of Adde e bound b y or indire Rules / No ting the Re CAM can o ent compe	ditional Info y the detail ctly, in make stifications eliance Cap debit from in sting Scheri	rmation (SAI), S s of the SAI, SII ing this investm I Directions or a ittal Asset Mana ny folio for the se hear of various M Further, I agree	cheme Inform 2 & KIM incluent. I / We dee ny other Appl gement Limite ervice charge- utual Funds fr that the transa	nation Docume ding details rela clare that the ar- icable Laws en- ed (RCAM) liables as as applicable om amongst wation charge (if	ant (SID), Key Info ting to various s nount invested in acted by the Go lity. I understand from time to time inch the Scheme applicable) shall	ormation Memorandum (KIM nervices including but not limit the Scheme is through legit vernment of India or any Stat that the RCAM may, at its abs . The ARN holder has disclos is being recommeded to me ble deducted from the subscr
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6. DECI We would like beequent an eliance Any Turces only a athority. I acc scretion, disce/us all the common and the U.S. Com	ARATION AND SIGNA to invest in Reliance lendments thereto. I/We have read ime Money. Card. I/We have not re ind is not designed for the purpose o ept and agree to be bound by the sai ontinue any of the services complete missions (in the form of trail commet that the above information is given b esaid charges shall be paid to the dis odity Futures Trading Commission,	TURE , understood (beceived nor been in footherwarehion of forms and Con ely or partially with sission or any othey the undersignent tributors. I/We has as amended from the of Indian Nation of	sulfore filling induced by revasion distributions incommended by the revasion distribution out any per mode), dand partereby contime to time to time to time anality/O	bject to terms application for young rebate of any Act / loluding those or or or or otice to payable to hir iculars given I firm that I /We me or resident rigin and I/W	of the Statem rm) and is/arr or gifts, direct Regulations / excluding/limi me. I agree Ri n for the differ oy me/us are are not United s of Canada.	ent of Adde bound by or indire Rules / Not CAM can ent compeourect and d States pofirm that t	ditional Info y the detail ctly, in mak biffications eliance Cap debit from r sting Scher d complete. ersons with	rmation (SAI), SI s of the SAI, SII ing this investm Directions or a sital Asset Mana ny folio for the se sof various M Further, I agree in the meaning of	cheme Inform 2 & KIM incluent. I / We den y other Appl gement Limite rivice charge: utual Funds fr that the transf f Regulation have been re	mation Docume ding details rela clare that the ar- icable Laws en ed (RCAM) liabi as as applicable om amongst with action charget with (S) under the U	nt (SID), Key Infrating to various s nount invested in acted by the Golity. I understand from time to time inch the Scheme applicable) shall nited States Sectoroad through n	ormation Memorandum (KIM services including but not limit in the Scheme is through legit wermment of India or any Stat that the RCAM may, at its abs i. The ARN holder has disclos is being recommended to me tibe deducted from the subscr urities Act of 1933, or as defin
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ACKNOWLEDGMENT SLIP	•		APP No.:			
Received from Mr/Ms/M/s:	i		an application for allotment of			
Units under Scheme Reliar	nce		Option	as per details below.	I	
Cheque / DD No	Dated	Rs	drawn on _	Time Stamp & Date of receiving office		

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

IVR
Investor can avail below facilities
1. NAV
2. Account balance
3. Account statement
4. Last 5 transactions
For more details: Call: 1800-300-11111

OTM + SIP Form / 29th December 2014 / Ver 1.2

ReLI**∧**NCe

SIP ENROLLMENT DETAILS

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

APP No.

DISTRIBUTOR / BROKER INFORMATION									
Name & Broker Code / ARN S ARN = (ARN stamp here)	ub Broker / Sub Aç	gent ARN Co	de	*Employee	e Unique Identi	fication Number	Sub Broke	er / Sub Agent C	ode
*Please sign below in case the EUIN is left blank/not pro	vided.								
I/We hereby confirm that the EUIN box has been intention the above distributor/sub broker or notwithstanding the ad	ally left blank by me vice of in-appropria	e/us as this tra ateness, if any	insaction , provide	is executed wit d by the employ	thout any interac yee/relationship	ction or advice by the emp manager/sales person o	oloyee/relations f the distributor/	hip manager/sal sub broker.	es person of
SIGN HERE Sole / 1st Applicant / G Authorised Signate		2n	nd Appli	cant Authori	sed Signatory	3rd A	pplicant Auth	orised Signat	iory
Upfront commission shall be paid directly by the investor	to the AMFI registe	ered distributo	or based			of various factors includi	ng the service r	endered by the	distributor.
APPLICANT DETAILS Name of Sole/1st holder		-	DAN No	FOL / PEKRN.	IO NO.	DATORY			
				/ PEKRN.		DATORY		Acknowledg	
Name of 2nd holder				/ PEKRN.	IVI A I	DATORY	==-	Acknowledg	
Name of 3rd holder				/ PERNIN.	M A I	N D A T O R Y	L KYC	Acknowledg	ement Copy
Unitholding Option - Dem DEMAT ACCOUNT DETAILS - (Please ensure to	_	Physical I e of names		tioned in the	application fo	rm matches with that	of the accoun	nt held with an	y one of the
Depository Participant. Ref. Instruction No. 25)				Isory if dema	t mode is opt	ed above.		Triola War ar	
National Depository Securities participant Name				Central Depository	Depository participant				
Depository DP ID No.			→	Securities	Target ID N				
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SIP DETAILS (Refer Instruction No. 15. If the investor with	_					ame. Please refer respecti		•,	
Scheme / Plan / Option	Frequency (Please / any one)		llment F ease√ any o		SIP Date (Please√any one)	SIP Amount	Reliand	e STEP-UP (Optional)	racility
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	Quarterly	PERPET		efault)	(Default)	Rs.	Rs	☐ Half-yearly	Increase SIP amount
	☐ Yearly	(Refer Ins	struction N		□18 □28	(in figures)	(Multiples of	☐ Yearly (Default)	time(s)
DECLARATION: I/We would like to invest in Reliance							Rs. 100 only)		(Default 1time
Information (SAI), Scheme Information Document (SID), Ke bound by the details of the SAI, SID & KIM including deta transaction will be debited from bank account details provisinvestment. I /We declare that the amount invested in the Notifications / Directions or any other Applicable Laws ena excluding/ limiting the Reliance Capital Asset Managemer without any prior notice to me. I agree RCAM can debit from commission or any other mode), payable to him for the diffe above information is given by the undersigned and particula amount and the said charges shall be paid to the distributor 1933, or as defined by the U.S. Commodity Futures Trading I confirm that I am resident of India. I // We confirm through normal banking channels or from funds in my/our funds received from abroad through approved banking chan SIGNATURE	at I am/We are Non Non-Resident Exte Inels or from funds i	-Resident of I rnal /Ordinary n my/ our NRI	Indian Na y Accoun E/FCNR	ationality/Origin nt/FCNR Accou Account.	n and I/We hereb int. I/We underta	y confirm that the funds fo ake that all additional pu	or subscription h rchases made u	ave been remitt nder this folio w	ed from abroad rill also be from
By signing this SIP enrolment form I/We understand the First / Sole Applicant / Guardian	at the amount will			Applicant	mentioned in	One Time Bank Mandat	Third App		andate Form
Investors are requested to note that the amount mention	ned in One Time B	ank Mandate	should b	he the maximu	m amount that y	you would like to invest	in schemes of	RMF on any trai	nsaction day
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Or Until Cancelled 1				2			3		

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

Name of Account Holder

Name of Account Holder

Name of Account Holder