

APP No.:

# **COMMON APPLICATION FORM FOR RELIANCE SIP INSURE**

1. DISTRIBUTOR /	BROKER INFO	ORMATI	ON (Refer Ir	struction No.	1.7)									
Name & Broker Co	ode / ARN		Sub Agent ARN	Code	e Sub Agent Code				*Employee Unique Identification Number				RIA Code <sup>++</sup>	
ARN- (ARN st	amp here)													
*Please sign alongside ir employee/relationship m distributor/sub broker. ++ I/We, have invested investments under Direct	nanager/sales per	son of the	above distribut	or/sub broker	or notwithstand	ng the advice of	in-appropriaten	ess, if any,	provided b	y the emplo	yee/relationsh	nip manager/	sales person of the	
SIGN HERE	First / Sole Authorise	e Applic	ant /			Second App Authorised S	olicant /				Third A	oplicant / d Signate		
2. INVESTOR'S FOLIO NUMBER  (If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 5 & proceed to section 9 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 12. Mode of holding will be as per existing folio number.)  [Please tick (<) any one]  [I am a First time investor across Mutual FORE  OR  I am an existing investor in Mutual Funds														
3. GENERAL INFO	RMATION	^M	ODE OF HOL	DING : ( Pleas	se tick ✓ )	Single O Joint (D	efault) An	y one or Survi	vor					
4. FIRST APPLICAN	nt details													
NAME^ Mr. Ms. M/s. (Please mention Name a	s per Aadhaar ca	rd. Refer in	struction no.l. 13	B)										
PAN / PEKRN^**  Aadhaar  No.^**				with the a	∟ g the Aadhaar r sset manageme								raphic information urpose of updating	
	D D	M M	Y	Y	in my/our folios.	0.0 .1 .1		NID!	O 810	0.01				
^Mandatory for all ty		It is man	datory for inv			Resident Inc			⊃PIO und. Refe	Others or instruction				
5. SECOND APPLI														
NAME <sup>^</sup> Mr. Ms.														
(Please mention Name a PAN / PEKRN^	s per Aadhaar ca	rd. Refer in	struction no.l. 13  CKY  Id^							ST	atus^: O	Resident In	dividual O NRI	
Aadhaar No <sup>^**</sup>				with the as			•	-	-				raphic information urpose of updating	
6. THIRD APPLICA	NT DETAILS													
NAME <sup>^</sup> Mr. Ms. (Please mention Name a	s per Aadbaar ca	rd Pafar in	struction no L 13	3)										
DAN /			CKY	c						ST	ATUS^: O	Resident In	dividual O NRI	
Aadhaar No.'''				with the as									raphic information urpose of updating	
7. ADDITIONAL KY	C DETAILS													
OCCUPATION	Professional	Agricul	turist House	ewife Retire	d Governme	nt Service/Publi	Sector Busin	ness Fore	ex Dealer	Student	Private Sea	ctor Service	Others	
1 <sup>st</sup> Applicant	0	0	C	0		0			0	0	(	)	0	
2 <sup>nd</sup> Applicant	0	0				0			0	0		)	0	
3 <sup>rd</sup> Applicant	0	0		0		0			0	0		)	0	
GROSS ANNUAL INC	COME DETAILS		Below 1 La	c 1-5 Lac	cs 5-10 Lacs	10-25 Lacs	25 Lacs-1 C	rore >1	l Crore	NET-WOR	RTH <sup>^™</sup> in ₹		Date	
1st Applicant			0	0	0	0	0		0	(Net wor	th should	D D N	MYYYY	
2nd Applicant			0	0	0	0	0		0		e older	D D N	M Y Y Y Y	
3rd Applicant			0	0	0	0	0	0 0			l year)	D D N	M Y Y Y Y	
PEP DETAILS***					1st Applicar	ıt		2 nd Applicant				3 rd Applicant		
Are you a Politically E	xposed Person	(PEP) <sup>^↔</sup>		Ye	s O	Yes O No O				Yes O No O				
Are you related to a Politically Exposed Person (PEP)***			Ye	s O	No O	Ye	Yes ○ No ○			Yes O No O				

## 8. FATCA and CRS DETAILS (Mandatory)

# Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Sole/First Applicant				Second Applicant		Third Applicant					
Country # ^**	Tax Payer Ref. ID No <sup>%</sup>	Identification Type	Country "	Tax Payer Ref. ID No <sup>%</sup>	Identification Type	Country*	Tax Payer Ref. ID No <sup>%</sup>	Identification Type			
1			1			1					
2			2			2					
3			3			3					

2						2										2	2													
3						3										3	3													
In case Country of Ta	In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be pro-				e provi	vided. <sup>8</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent																								
	Sole/First	Applican	1							Sec	ond A	Applicant					Third Applicant													
Country of Birth^	Country of Birth^**  Country of Birth									Country of Birth																				
Country of Nation	Country of Nationality^**  Country of Nationality					ity								Country of Nationality				У												
9. CONTACT DET	AILS OF S	SOLE / FII	RST A	APPLICAI	NT (Re	efer I	nstru	ıction N	ło. VII	& VII)																				
Correspondence Ad												Overseas Address (Mandatory for NRI / FII Applicants)																		
**Please note that your	address de				ur KYC	reco	rds w	/Ith CKY	C / KR	'A										Hor	100	/Flat	No	—	—	—				
House /Flat No.														ПОС	JSE /	/ FIUI	NO.													
		S	reet A	Address																Stre	et A	ddre	ess							
City/ Town				State								City/ To	wn									Sta	te							
Country				Pin Cod	le							Country	у									Pin	Code	•						
Tel. (Res.)	STI	D Code				Tel.	- 1											Mol						(C	bunt	ry Cod	e)			
Email ID							" ∟ 	_								1		, 	<b>o.</b> [		1	<u>                                     </u>			 		 		 	
Please register your Mobile	No & Email Id	with us to get i	nstant tr	ansaction ale	erts via S	MS & I	Email.	Investors	providi	ina Emo	ail Id wo	ould mandat	orily rec	eive	only E	- State	ement	of Acco	ounts	in lieu	of ph	vsical	Stateme	ent of	Accou	nts.				
	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.																													
10. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)																														
Bank Name									VI	a	П	a l					У							L	$\perp$		$\perp$			
Account No.		M	a	n d	a	t	0	r	У				A/	c. 1	lype (	<b>(</b> )		SB	] [	(	Curre	ent		NR	<b>80</b>		NR	!E		FCNR
BranchAddress																Bra	ınch	City					For	Cr	edit	via	NEF	FT		
PIN			SC C	ode	1	Fo	r	Cre	dit	v i	d R	1 G \$			M	ICR	Cod	е						9 [	Dig	git				
Please ensure the nam	ne in this app	lication form	and in	your bank	accou	nt are	the s	same. P	lease	updat	e your	IFSC and I	WICR C	ode	in ord	ler to	get	payou	ts vic	a elec	troni	c mod	de in to	you	r ban	k acco	ount.			
11. INVESTMENT	& PAYME	NT DETAI	LS (Se	eparate Ap	plicati	ion Fe	orm i	s requi	red fo	r inve	stmen	nt in each	Plan/	Opt	tion. <i>I</i>	Multi	iple c	:hequ	es no	ot pe	rmitt	ted w	ith sin	gle	appli	cation				
form (Refer instru	uction no. N	1																İ												
Scheme													(Refer	Inst	truction	n No	. I-8)	(For Pr	rodu	ct Lab	eling	g pleo	ise refe	er las	st paç	ge of c	oilqqı	ation fo	rm)	
(If you wish to inves	t in Direct I	Plan please	e men	ition Direc	t Plan	ago	inst	the sc	heme	nam	ne)																			
<b>Option</b> (Please√)	○ Grow	th^^	0	Dividend	Payo	J†		$\bigcirc$ D	ivider	nd Re	inves	tment			Div	iden	nd Fr	eque	ncy					—	—					
Payment Details (F	Please issu	e cheque	favou	uring sche	eme r	ame	e)																							
Mode of Payment	0 1	•		, .	Time	1						1	Ir	nve	stme	nt A	mou	ınt (₹)	_											—
Instrument No				C	ated	D	D	W	M	Y	YY	Y	Orawr	n oı	n Ban	ık _														
Bank Branch ——												City —																		
(^^ Default option i	(^^ Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable.																													
12. SIP ENROLL	MENT D	ETAILS																												
SIP Date: 2	2 7	10 (Default)		18	23		28	]#			er date n month		equer	псу	: /	Mont	hly	a	uart	erly		Yearl	<b>y</b> (I	Refe	er Ins	structi	on N	lo. X)		
REGULAR Enrollment	Period: Fro	m: M	M	Y   Y   T	o: M		۸   Y	ſΙΥ							<b>TUAL</b> nent P	erio	d: Fr	om:		Λ [ /	M	Y	Y To		M	M	Y   Y			
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SIP Amount ₹ \_\_\_\_\_ (Refer Instruction No. VI)

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Nominee Name & Address	Guardian Name (in case Nominee is Minor)	Relationship with Investor	Date of Birth	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants		
							1st App		
							2nd App.		
							3rd App		
14. DECLARATION AND SIGNATURE									
I/We would like to invest in Reliance	llia a ana ali anti an fama) ana dia /ana	_ subject to terms of the Staten							
amendments thereto. I/We have read, understood (before fil I/We have not received nor been induced by any rebate or a	•		-	_		-			
teliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) (RNAM) liability. I understand that the RNAM may, at its absolute discretion, discontinue any of the services									
ompletely or partially without any prior notice to me. Lagree RNAM 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									
			•		-		•		
information is given by the undersigned and particulars give charges shall be paid to the distributors. I/We hereby	'								
validating/authenticating and (ii) updating my/our Aadh	'		-	5			J. J J .		
sharing/disclosing of my Aadhaar number(s) including o			-						
purpose of updating the same in my/our folios.							•		
	an Nationality/Origin and I/Wa	horoby confirm that the fund	c for cubecripti	an hawa haan r	amittad from al	aroad through	normal hanking channols of		
from funds in my/our Non-Resident External /Ordinary /	, ,	•					•		
approved banking channels or from funds in my/our NRE							3		
I have read and understood Instruction no. XIII and he									
1961 read with Rules 114F to 114H of the Income Tax Rules, the best of our knowledge and belief, true, correct and co	'	ided by me /us in the Form, its	supporting Ani	nexures as well	as in the docun	nentary eviden	ce provided by me/us are, to		
I understand that SIP is also available without insurance of	•	ome a member of Group Term	insurance Poli	cv issued by Rel	iance Life Insur	ance Company	Ltd. as a part of Reliance SIF		
Insure facility.	371	γ		,		,			
I	_(name of the investor), being th	ne beneficiary under Group Teri	m Insurance Po	icy issued by M	/S Reliance Life	Insurance Comp	pany Ltd do hereby nominate		
Mr/Ms/Mrsag							beneficiary above named) as		
the person to whom the moneys secured under the said Grou									
by Reliance Life Insurance Company Ltd subject to the terms ( Additional Information.	and conditions of insurance, rea	d along with the Certificate of In:	suarance of the	group term insu	rance policy, Sch	eme Informatio	n Document and Statement of		
Signed aton th	is	day of	_20						
First / Sole Applicant	/								
Authorised Signator									
HERE Adminised signator	7								
	•			-					

13. NOMINATION (Mandatory. Refer Instruction No. V)

6										
ReLI∆NCe	MUTUAL FUND	ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)								
	TOND	Please collect your ti	APP No.:							
Received from Mr/M	s/M/s :			an applic	cation for allotment of					
Units under Reliance				as per details below.						
○ Growth Option	O Divid	dend Reinvestment	O Dividend Payout							
Cheque		Dated	₹		Time Stamp & Date					
drawn on					of receiving office					



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

# Investor can avail below facilities 1. NAV

- NAV
   Account balance
   Account statement
   Last 5 transactions
   Latest Dividend declared

For more details : Call : Toll free : 1800-300-11111 | 30301111



Or

Until Cancelled

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Reliance Nippon Life Asset Management Limited

Relia		SIP INSURE ENROLLM Use this form if One Time Bank Mandate		,	A Reliance Capital Compan
DISTRIBUTOR / BE	ROKER INFORMATION	Ose II is form if One Time bank /wandale	romi is regisiereu ii	Title folio)	APP No.
Name & Broker		Agent ARN Code   *Employee Unique Identific	ation Number Su	b Broker / Sub Agent Code	RIA Code**
ARN- (ARN S	stamp here) ARN-				
*Please sign below in employee/relationship	case the EUIN is left blank/not provided. I/V manager/sales person of the above distr	Ve hereby confirm that the EUIN box has been inte ibutor/sub broker or notwithstanding the advice o	entionally left blank by me of in-appropriateness, if	e/us as this transaction is execu any, provided by the employee	ted without any interaction or advice by the /relationship manager/sales person of the
distributor/sub broker.		der Direct Plan. I/We hereby give you my/our con the above mentioned Mutual Fund Distributor / SI			
SIGN	First / Sole Applicant /	Second Applic			hird Applicant /
HERE		Authorised Sign			
		 NFI registered distributor based on the investor's a			
APPLICANT DET	rails  nolder Mr./Ms./M/s		PAN No / PEKRN.		
Name of 2nd hold			PAN No / PEKRN.	MANDAI	O R Y KYC
Name of 3rd holde			PAN No / PEKRN.	MANDAI	O R Y KYC
INITIAL INVESTA	MENT DETAILS				- Kie
Cheque/ DD No		Cheque / DD Date		DD Ch	arge ₹
Net Amount ₹	Bank Nan			Branch:	City:
UNITHOLDING	OPTION - Demat Mode	Physical Mode (Ref. Instruction No. 2	4) Demat Account deta	ils are compulsory if demat m	ode is opted.)
	pository rticipant Name		Depository Depositor	,	
<b>Depository</b> DP	ID No.	<del></del>	urities Target ID		
	neficiary Account No.  se tick any one box) : Client I	Master List (CML) Transaction	ited larger larg		ed Delivery Instruction Slip (DIS)
		S, Call, Mobile, Internet etc (Applicable			ed Delivery Histrochori Silp (Dis)
Email ID			Mobile		For Receiving Transaction Alerts via SMSI
	no, provided in this form will supp	ercede the existing details in our record			
	<u> </u>	to me by default through Online Mode, unle			
SIP DETAILS (Refer	Instruction No. 14. If the investor wishes to investor	est in Direct Plan please mention Direct Plan against	the scheme name. Please	refer respective SID/KIM for prod	uct labeling)
Sche	eme / Plan / Option	Frequency Enrollment (Please / any one) (Please / any		SIP Date (Please √any one)	SIP Amount
		Monthly REGULAR		2 7 7 10	
		(Default) From : MM / YY 1  Quarterly PERPETUAL(Defo	ault)	(Default)	₹
		(Refer Instruction N		(Any other date from	(in figures)
DECLAPATION : I/We wo	ould like to invest in Reliance				ument (SID), Key Information Memorandum (KIM) a
subsequent amendments the	hereto. I/We have read, understood (before filling	application form) and is/are bound by the details of the SA	II, SID & KIM including details	relating to various services. By filling	up this form I understand that the amount towards r
declare that the amount in Government of India or any absolute discretion, disconti	vested in the Scheme is through legitimate source Statutory Authority. I accept and agree to be boun inue any of the services completely or partially with	es only and is not designed for the purpose of contravent d by the said Terms and Conditions including those excluding out any prior notice to me. I agree RNAM can debit from my	ion or evasion ot any Act / R ling/ limiting the Reliance Nip folio for the service charges a:	egulations / Rules / Notitications /D pon Life Asset Management Limited s applicable from time to time. The AR	irections or any other Applicable Laws enacted by the (RNAM) liability. I understand that the RNAM may, at N holder has disclosed to me/us all the commissions
the form of frail commission undersigned and particulars	n or any other mode), payable to him for the ditter s given by me/us are correct and complete. Further,	ent competing Schemes of various Mutual Funds from ar Lagree that the transaction charge (if applicable) shall be d n-Resident of Indian Nationality/Origin and I/We hereby co	nongst which the Scheme is leducted from the subscription	being recommended to me/us. I hei n amount and the said charges shall b	reby declare that the above information is given by to be paid to the distributors.
my/our Non-Resident Exterr	an of initials.	ke that all additional purchases made under this folio will a	lso be from funds received fro	m abroad through approved banking	g channels or from funds in my/ our NRE/FCNR Accour
SIGNATURE  By signing this SIP en	rolment 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.
SIGN	First / Sole Applicant /	Second Applic		(X)	Third Applicant /
Investors are requests	Authorised Signatory	Authorised Sig One Time Bank Mandate should be the maximu	/		Authorised Signatory  PMF on any transaction day
ReLI∆NC	MUTUAL	ONE TIME BANK A	MANDATE		ance Nippon Life Asset Management Limite Reliance Capital Asset Management Limite
RELIMING	FUND	(NACH / Direct Debit Ma (Applicable for Lumpsum Additional Purcha		•	A Reliance Capital Compar
JMRN (For Office	e Use Only)			Г	
	nsor Bank Code (For Office U	se Only) Utility Co	ada (For O	Date: ffice Use Only)	
Create 🗹 📄	TISOT DUTIK CODE	<b>Nutual Fund</b> to debit (tick√		CA CC SB-I	NRE SB-NRO Other
C	e hereby authorize Reliance No.   Re		1		NICE SBYNO SINCE
Dan	IN A/ C IIO.				
With Bank	(Name of Destination Bank)	IFSC		MICR	<b>a</b>
an amount of Rupe FREQUENCY:		Half Voarly Voarly 7 == 0t	on procented		₹   mount √ Maximum Amount
	*   Monthly   x   Quarterly   x		·	DEBIT TYPE   X   Fixed A	
	olio No.	Email ID:			
	ppln No.	Mobile / Phone No:			
	mandate processing charges by the bank	s whom I am authorizing to debit my account as	s per latest schedule of a	harges of the bank.	
From : D D	M M Y Y Y Y 1			3	
To: 3 1	1 2 2 0 9 9	Signature of Account Holder	Signature of Acco	unt Holder Sig	nature of Account Holder

2 Name

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# OTBM + SIP Form / 26th June 2017 / Ver 1.7

- Auto Debit facility is offered only to the investors maintaining their bank accounts with Bank of Baroda / Bank of India / HDFC Bank / ICICI Bank / AXIS Bank / State Bank of India / Union Bank Of India / Allahabad Bank / Puniab India / HDFC Bank / ICICI Bank / AXIS Bank / State Bank of India / Union Bank Of India / Allahabad Bank / Punjab National Bank / Central Bank of India / Bank of Maharashtra. The above list is subject to change from time to time. "National Automated Clearing House (NACH)" is Direct Electronic Debit mode implemented by National Payments Corporation of India (NPCI), list of banks is available on NPCI website www.npci.org.in. The said list is subject to modifications. The investor agrees to abide by the terms and conditions of NACH Debit / Auto Debit facility of Reserve Bank of India / Banks. If any city / bank is removed from the above mentioned list RNAM at its sole discretion may accept Post Dated Cheques (PDCS) from the investors for the balance period.
- sole alscretion may accept host paties a needues (PUC), sill off me investors for the balance period... Reliance Mutual Fund (RMF) FNAM, its registrars and other service providers shall not be held responsible or will not be liable for any damages and will not compensate for any loss, damage etc. incurred to the investor. The investor assumes the entire risk of using this facility and takes full responsibility, investor will not hold RMF. RNAM, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit (Aust Debit (Jose) beliefue.

- RNAM, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various cleaning cycles of NACH Debit? Auto Debit? Auto Debit? Auto Debit? Auto Debit of Nach Debit Debi

- the next SIP Debit date.
- Allotment of units would be subject to realisation of credit
- Allotment of units would be subject to realisation of credit. In case the Investor wishes to cancel the One Time Bank Mandate / SIP, Investor will have to submit an One Time Bank Mandate Cancellation Form or SIP cancellation form, 21 business days prior to discontinuation. Investors may note that all the transactions executed through Invest Easy such as "Online Transactions" (whether on our website or through any other application using the internet) "Transactions through call center", "Transactions through SMS", "Transactions through Mobile Phone" or any other facility as offered by RWF from time to time using the IPIN / One Time Password (OTP) will be considered as transaction through the mentioned broker (ARN) mentioned on this "SIP Enrollment Details" Form.

  The Broker Code given in this mandate will be applicable for all the transactions done through Invest Easy mode. In case there is a change of Broker Code then the investor are requested to cancel the existing mandate and register a fresh mandate with us.

  For Direct Investment Please Mention "Direct in the Column "Name & Broker Code/ARN. Investors are required to clearly indicate the plans/options in the application form of the scheme.

- Investors are required to clearly indicate the plans/options in the application form of the scheme. Investor may note that following shall be applicable for default plan

Scenario	Broker Code mentioned by the investor	Plan mentioned by the investor	Default Plan to be captured
1	Not mentioned	Not mentioned	Direct Plan
2	Not mentioned	Direct Plan	Direct Plan
3	Not mentioned	Regular Plan	Direct Plan
4	Mentioned	Direct Plan	Direct Plan
5	Direct	Not mentioned	Direct Plan
6	Direct	Regular Plan	Direct Plan
7	Mentioned	Regular Plan	Regular Plan
8	Mentioned	Not mentioned	Regular Plan

In cases of wrong/ invalid/ incomplete ARN codes mentioned on the application form, the application shall be processed under Regular Plan. The AMC shall contact and obtain the correct ARN code within 30 calendar days of the receipt of the application form from the investor/distributor. In case, the correct code is not received within 30 calendar days, the AMC shall reprocess the transaction under Direct Plan from the date of application without any exit load. Similarly, in the absence of clear indication as to the choice of option (Growth or Divident Payout), by default, the units will be allotted under the Growth Option of the default /selected plan of the scheme.

- Applications should be submitted at any of the Designated Investor Service Centre (DISCs) of RNAM or Karvy Computershare Pvt. Ltd.

- Applications should be submitted at any of the Designated Investor Service Centre (DISCs) of KNAM or Karly Computershare Pxt. Ltd.

  Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing Account.

  RNAM reserves the right to reject any application without assigning any reason thereof, RNAM in consultation with Trustees reserves the right to withdraw these offerings, modify the procedure, frequency, dates, load structure in accordance with the SEBI Regulations and any such change will be applicable only to units transacted pursuant to such change on a prospective basis. No entry load will be charged with effect from August 1, 2009. Exit Load as applicable in the respective Scheme at the time of enrolment of SIP will be applicable.

  In order to transact through Call Center, SMS, online mode whether through RMF website or any other application using the internet and /or through Mobile or any other device, the investor needs to have the IPIN, issued by RMAM. By filling this form the investor will be issued IPIN by default in case he has not opted for the same earlier. This IPIN can also be used by the investor to Transact Online. If only the email id of the investor is registered with RNAM / RMF, investor can execute Transaction through Call Center, Transaction through call Center, Transaction through call Center, Transaction through SMS. For further details investors are **‰**

- requested to refer SAI.

  Kindly note that in case of a folio with joint Unitholders, having mode of operations as "either or survivor" or "anyone or survivor any one of the investor(s) can transact through SMS, provided that such instruction is received vide an SMS from the mobile number registered with RNAM with respect to the concerned folio.

  Permanent Account Number (PAN): SEBI has made it mandatory for all applicants (in the case of application in joint names, each of the applicants) to mention his/her permanent account number (PAN) irrespective of the amount of purchase. Where the applicant is a minor, and does not possess his / her own PAN, he / she shall quote the PAN of his/her father or mother or the guardian, signing on behalf of the minor, as the case may be, in order to verify that the PAN of the applicants in case of application in joint names, each of the applicants, the applicants shall attach along with the purchase application, a photocopy of the PAN card duly self-certified along with the original PAN Card. The original PAN Card will be returned immediately across the counter after verification. Micro SIP & Investors residing in the state of Sikkim are exempted from the mandatory requirement of PAN proof submission however they are required to mandatorily submit IKY? Acknowledgement copy. Applications not complying with the obver requirement may not be accepted/processed. Additionally, in the event of any Application form being subsequently rejected for mismatch / non-verification of applicant's PAN details with the defails on the website of the income fax Department, the investment transaction will be cancelled and the amount may be redeemed at the applicable NAV, subject to payment of exit load, if any, Please contact any of the investor Service Centres/Distributors or visit our website www.refulencem.tutual.com for further details.

  Prevention of Money Laundering and Know Your Client (KYC): SEBI has prescribed uniform uniform wiform KYC compliance procedure for all the investors dealing wi
- N.T.L.

  In case of an existing investor of Reliance Mutual Fund and who is not KYC Compliant as per our records, the investor will have to submit the standard KYC Application forms available in the website www.cukra.com along with supporting documents at any of the SEBI registered intermediaries at the time of purchase / additional purchase / new registration of SIP/STP etc. In Person Verification (IPV) will be mandatory at the time of KYC Submission. (i)
- Investors who have complied with KYC process before December 31, 2011 (KYC status with CVL-KRA as "MF-VERIFED BY CVLMF1 and not invested in the schemes of Reliance Mutual Fund i.e not opened a folio earlier, and wishes to invest on or after December 01, 2012, such investors will be required to submit 'missing/not available' KYC information and complete the IPV requirements.
  - information and complete the IPV requirements.

    Updation of 'missing' not available' KYC information along with IPV is currently a one-time requirement and needs to be completed with any one of the mutual funds ie. need not be done with all the mutual funds where investors have existing investments. The said form is available on RMFs website i.e. www.reliancemutual.com or on the website of Association of Mutual Funds in India i.e. www.amfilindia.com or on the website of any authorised KRA's. Once the same is done then the KYC status at CVL-KRA will change to Verified by CVL-KRA' after due verification. In such a scenario, where the KYC status changes to 'Verified by CVL-KRA', investors need not submit the 'missing/not available' KYC Information to mutual funds again.

    Communication for the investors: in accordance with SEBI Circular No. Cir/ IMD/ DF/16/ 2011 dated September 8, 2011 and SEBI Circular no. CIR/MRD/DP/31/2014 dated November 12, 2014 the investor whose transaction has been accepted by the RNAMVRMF shall receive a confirmation by way of email and/or SMS within 5 Business Days from the date of receipt of fransaction request, same will be sent to the Unit holders registered e-mail address and/or mobile number.

- mobile number.

  Thereafter, a Consolidated Account Statement ("CAS") shall be issued in line with the following procedure:

  1. Consolidation of account statement shall be done on the basis of PAN. In case of multiple holding, it shall be PAN of the first holder and pattern of holding.

  2. The CAS shall be generated on a monthly basis and shall be issued on or before 10th of the immediately succeeding month to the unit holder(s) in whose folio(s) transaction(s) has/have taken place during the month.
- In case there is no transaction in any of the mutual fund folios then CAS detailing holding of investments across all schemes of all Mutual Funds will be issued on half yearly basis (at the end of every six months (i.e. September/March))
- all schemes of all Mutual Funds will be issued on half yearly basis (at the end of every six months (i.e. September/Marchl)

  4. Investors having MF investments and holding securities in Demat account shall receive a Consolidated Account Statement containing details of transactions across all Mutual Fund schemes and securities from the Depository by email / physical mode.

  5. Investors having MF investments and not having Demat account shall receive a Consolidated Account Statement from the MF industry containing details of transactions across all Mutual Fund schemes by email / physical mode. The word 'transaction' shall include purchase, redemption, switch, dividend payout, dividend reinvestment, systematic investment plan, systematic withforwal plan and systematic transfer plan transactions. CAS shall not be received by the Unit holders for the folio(s) wherein the PAN details are not updated. The Unit holders are therefore requested to ensure that the folio(s) are updated with the PAN. For Micro SIP and Sikkim based investors whose PAN details are not mandatorily required to be updated Account Statement will be dispatched by RNAW/RWF for each calendar month on or before 10th of the immediately succeeding month.

  In case of a specific request received from the Unit holders, RNAM / RWF will provide the account statement to the investors within 5 Business Days from the receipt of such request.

  Units held in the dematerialized form: Unitholders can have a option to hold the units in dematerialized form in terms of the guidelines / procedural requirements as laid by the Depositories (NSDL/CDSL) / Stock Exchanges (NSE/SSL). 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.

  Employee Unique Identification Number (EUIN) would assist in tackling the problem of mis-selling even if the

- Employee Unique Identification Number (EUIN) would assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leave the employment of the distributor.

\*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Reliance Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate

Authorisation to Bank: I/We wish to inform you that I/we have registered with Reliance Mutual Fund for NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by 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.

FOR OFFICE USE ONLY (Not to be filled in by Investor)									
Affix Barcode	Date and Time Stamp No.								