

COMMON APPLICATION FORM

All Columns marked * are mandatory. Leave one box blank between two words. TO BE FILLED IN CAPITAL LETTERS

1. DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent Code

2. EXISTING UNIT HOLDER INFORMATION

For existing investors please fill in your Folio number,

FOLIO NO. _____

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

3. APPLICANT INFORMATION (Refer Instruction No. II)

APPLICATION FOR	<input type="checkbox"/> Zero Balance Folio	<input type="checkbox"/> Invest Now
MODE OF HOLDING	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any One or Survivor(s) (Default Joint)	<input type="checkbox"/> Former or Survivor (In case of Minor with joint applicant)
OCCUPATION	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Service <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> House wife <input type="checkbox"/> Others _____	
STATUS	<input type="checkbox"/> Resi Individual <input type="checkbox"/> FIIs <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Banks <input type="checkbox"/> FIs <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Partnership firm <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> Others _____	

Name of First / Sole applicant Mr. Ms. M/s. _____

1st holder PAN PAN Proof Enclosed Date of Birth* _____
 [M a n d a t o r y] [Are you KYC Compliant Please (✓) Yes or No] [D D M M Y Y Y Y Y Y]

Name of Guardian (In case of Minor) / Contact Person - Designation In case of non-individual Investors) Mr. Ms. _____

Guardian's PAN PAN Proof Enclosed Relation with Minor / Designation _____
 [M a n d a t o r y] [Are you KYC Compliant Please (✓) Yes or No]

Name of Second Applicant Mr. Ms. NRI _____

2nd holder PAN PAN Proof Enclosed Date of Birth* _____
 [M a n d a t o r y] [Are you KYC Compliant Please (✓) Yes or No] [D D M M Y Y Y Y Y Y]

Name of Third Applicant Mr. Ms. NRI _____

3rd holder PAN PAN Proof Enclosed Date of Birth* _____
 [M a n d a t o r y] [Are you KYC Compliant Please (✓) Yes or No] [D D M M Y Y Y Y Y Y]

Mailing Address*
 Add 1 _____
 Add 2 _____ District _____
 Add 3 _____ City _____
 State _____ (Country) _____ PIN* _____

Overseas Address* (Mandatory for NRI / FII Applicant) (Please provide your complete address. P.O. Box alone is not adequate)
 Add 1 _____
 Add 2 _____
 City _____ (Country) _____ PIN* _____

CONTACT DETAILS OF SOLE/FIRST APPLICANT
 Tel. No. STD Code _____ Office _____ Residence _____ Mobile no. _____ (For Receiving SMS Alert)
 Email ID _____ (For Receiving Email Alert)

Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts. (Refer Instruction No. VI)

<input type="checkbox"/> I WISH TO APPLY FOR TRANSACT ONLINE I have read & understood the Terms & Conditions attached	<input type="checkbox"/> I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD (Please refer to ATM Instruction) Name as you would like to appear on Any Time Money Card (Max. 19 characters) [M a n d a t o r y] _____ Mother's maiden name in full [M a n d a t o r y] _____
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Please collect your time stamped acknowledged slip for future references
 Received from _____ an application for allotment of
 Units under Reliance _____ as per details below.

Growth Option Bonus Option Dividend Reinvestment Dividend Payout

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

4. BANK ACCOUNT DETAILS (Refer Instruction No.III) MANDATORY for Redemption/Dividend/Refunds, if any

A/c. Type ✓ SB Current NRO NRE FCNR Account No. M a i n d a t o r y

Bank M a i n d a t o r y Branch City

PIN IFSC Code f o r C r e d i t v i a N E F T 9 Digit MICR Code* f o r C r e d i t v i a E C S

Please ensure the name in this application form and in your bank account are the same

5. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option (Refer instruction no. IV) PAYMENT BY CASH IS NOT PERMITTED.

Scheme	Plan	Option	DD Charge Rs.	Net Cheque / DD Amount Rs.	Cheque / DD No. & Date	Bank / Branch
	<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option				
	<input type="checkbox"/> Dividend Plan	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout				

SIP ENROLLMENT DETAILS

Frequency (Please ✓) Monthly Quarterly SIP Date: 2 10 18 28

Enrolment Period : From : _____ (MM/YY) To : _____ (MM/YY) Amount per Instalment: Rs. _____

SIP PAYMENT TYPES (Please Select any one option)

OPTION I : Payment through post dated cheques. Number of Cheques Cheque Number From Cheque Number To

Bank Name Branch Name

OPTION II : Auto Debit/Electronic Clearing System (ECS) Mandate Form (For ECS locations and Auto Debit Banks, please refer the Auto Debit/ECS Mandate Form.)
ECS locations and Auto Debit Banks are subject to change from time to time

6. DOCUMENTS ENCLOSED (Please ✓) (MANDATORY)

For Corporate	For Systematic Transactions	For Additional Document
<input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Trust Deed <input type="checkbox"/> Bye-Laws <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Resolution / Authorization to invest <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)	<input type="checkbox"/> SIP Enrollment Form <input type="checkbox"/> Cheques <input type="checkbox"/> SIP Auto Debit /ECS Mandate Form <input type="checkbox"/> Systematic Transfer Plan <input type="checkbox"/> Systematic Withdrawal Plan <input type="checkbox"/> PIN Agreement Form	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Others _____

7. NOMINATION

I/ We _____, _____ and _____*
(Unit holder 1) (Unit holder 2) (Unit holder 3)

do hereby nominate the person(s) more particularly described hereunder/ and*/cancel the nomination made by me/ us on the _____ day of _____ in respect of the Units under Folio No. _____ (* strike out which is not applicable)

Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian (to be furnished in case the Nominee is a minor)	Signature of Guardian	Proportion (%) by which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1				
Nominee 2				
Nominee 3				

8. DECLARATION

I/We would like to invest in Reliance _____ subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID including details relating to various services including but not limited to ATM/ Debit Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Managements 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. Applicable for NRI Investors: 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	_____	_____	_____
	Sole / 1 st applicant/Guardian/ Authorised Signatory	2 nd applicant/ Authorised Signatory	3 rd applicant/ Authorised Signatory

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

- KYC Mandatory for investment of Rs. 50,000 & above

Express Building, 4th Floor, 14 E Road
Churchgate, Mumbai 400 020Call : 30301111 | Toll free: 1800-300-11111
www.reliance mutual.com**RELIANCE Mutual Fund**
Anil Dhirubhai Ambani Group

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All Columns marked * are mandatory. Leave one box blank between two words. TO BE FILLED IN CAPITAL LETTERS

1. DISTRIBUTOR / BROKER INFORMATION		2. EXISTING UNIT HOLDER INFORMATION	
Name & Broker Code / ARN	Sub Broker / Sub Agent Code	For existing investors please fill in your Folio number,	
		FOLIO NO.	

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

3. APPLICANT INFORMATION (Refer Instruction No. II)

APPLICATION FOR	<input type="checkbox"/> Zero Balance Folio	<input type="checkbox"/> Invest Now	
MODE OF HOLDING	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any One or Survivor(s) (Default Joint)	<input type="checkbox"/> Former or Survivor (In case of Minor with joint applicant)	
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STATUS	<input type="checkbox"/> Resi Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Banks <input type="checkbox"/> Fls <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Partnership firm <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> Others		

Name of First / Sole applicant Mr. Ms. M/s.

1st holder PAN PAN Proof Enclosed Date of Birth* _____

| M | a | n | d | a | t | o | r | y | | [Are you KYC Compliant Please (✓) Yes or No] | D | D | M | M | Y | Y | Y | Y |

Name of Guardian (In case of Minor) /Contact Person-Designation In case of non-individual Investors) Mr. Ms.

Guardian's PAN PAN Proof Enclosed Relation with Minor / Designation _____

| M | a | n | d | a | t | o | r | y | | [Are you KYC Compliant Please (✓) Yes or No] |

Name of Second Applicant Mr. Ms. NRI

2nd holder PAN PAN Proof Enclosed Date of Birth* _____

| M | a | n | d | a | t | o | r | y | | [Are you KYC Compliant Please (✓) Yes or No] | D | D | M | M | Y | Y | Y | Y |

Name of Third Applicant Mr. Ms. NRI

3rd holder PAN PAN Proof Enclosed Date of Birth* _____

| M | a | n | d | a | t | o | r | y | | [Are you KYC Compliant Please (✓) Yes or No] | D | D | M | M | Y | Y | Y | Y |

Mailing Address*

Add 1 _____

Add 2 _____ District _____

Add 3 _____ City _____

State _____ (Country) _____ PIN* _____

Overseas Address* (Mandatory for NRI / FII Applicant) (Please provide your complete address. P.O. Box alone is not adequate)

Add 1 _____

Add 2 _____

City _____ (Country) _____ PIN* _____

CONTACT DETAILS OF SOLE/FIRST APPLICANT

Tel. No. STD Code _____ Office _____ Residence _____ Mobile no. _____ (For Receiving SMS Alert)

Email ID _____ (For Receiving Email Alert)

Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts. (Refer Instruction No.VI)

I WISH TO APPLY FOR TRANSCACT ONLINE I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD (Please refer to ATM Instruction)

I have read & understood the Terms & Conditions attached _____

Name as you would like to appear on Any Time Money Card (Max. 19 characters) _____

| M | a | n | d | a | t | o | r | y | | _____

Mother's maiden name in full _____

| M | a | n | d | a | t | o | r | y | | _____

Please collect your time stamped acknowledged slip for future references

Received from _____ an application for allotment of

Units under Reliance _____ as per details below. APP No. WE00119889

Growth Option Bonus Option Dividend Reinvestment Dividend Payout

Cheque / DD No. _____ Dated _____ Rs. _____

drawn on _____

Time Stamp & Date of receiving office

4. BANK ACCOUNT DETAILS (Refer Instruction No.III) MANDATORY for Redemption/Dividend/Refunds, if anyA/c. Type SB Current NRO NRE FCNR Account No. M a n d a t o r yBank M a n d a t o r yBranch Branch CityPIN 9 Digit MICR Code* For Credit via N E F T For Credit via E C S

Please ensure the name in this application form and in your bank account are the same

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SIP ENROLLMENT DETAILSFrequency (Please Monthly Quarterly SIP Date: 2 10 18 28

Enrolment Period : From : _____ (MM/YY) To : _____ (MM/YY) Amount per Instalment: Rs. _____

SIP PAYMENT TYPES (Please Select any one option) **OPTION I : Payment through post dated cheques.** Number of Cheques Cheque Number From Cheque Number To Bank Name Branch Name **OPTION II : Auto Debit/Electronic Clearing System (ECS) Mandate Form (For ECS locations and Auto Debit Banks, please refer the Auto Debit/ECS Mandate Form.)**
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7. NOMINATIONI/ We _____ (Unit holder 1), _____ (Unit holder 2) and _____ (Unit holder 3) *
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in respect of the Units under Folio No. _____ (* strike out which is not applicable)

Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian (to be furnished in case the Nominee is a minor)	Signature of Guardian	Proportion (%) by which the units will be shared by each Nominee (should aggregate to 100%)
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Nominee 2				
Nominee 3				

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S i g n a t u r e	_____	_____	_____
	Sole / 1 st applicant/Guardian/ Authorised Signatory	2 nd applicant/ Authorised Signatory	3 rd applicant/ Authorised Signatory

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

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