

7. THIRD APPLICANT DETAILS

NAME PAN / PEKRN^

OCCUPATION^ : Professional Agriculturist Housewife Retired Government Service/Public Sector STATUS^: NRI
 Business Forex Dealer Student Private Sector Service Others _____ Resident Individual

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)

Are you a Politically Exposed Person (PEP)*** Yes No Are you related to a Politically Exposed Person (PEP) Yes No

^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 & X

8. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatory fill separate FATCA/CRS details form

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

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type
1			1			1		
2			2			2		
3			3			3		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. *In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Sole/First Applicant/Guardian		Second Applicant		Third Applicant	
Country of Birth		Country of Birth		Country of Birth	
Country of Nationality		Country of Nationality		Country of Nationality	

9. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VII & IX)

Correspondence Address (P.O. Box is not sufficient) ## Please note that your address details will be updated as per your KYC records with CVL / KRA

City Pin Code State

Email ID

Mobile + (Country Code) Tel. No. \$TD Code Office Residence

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

Account No. A/c. Type (✓) SB Current NRO NRE FCNR

BranchAddress Branch City

PIN IFSC Code 9 Digit MICR Code*

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 account.

11. 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 form)

(If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)

Option (Please ✓) Growth** 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. XV)

Investment Amount (Rs.) _____ DD Charges (if applicable) (Rs.) _____ Net Amount~ (Rs.) _____ I minus II

Instrument No/Cash Deposit Slip No. _____ Dated Drawn on Bank _____

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

Add convenience to your life with our value added service



Simply send **SMS to 966 400 1111 to avail below facilities		
Types of Facilities	Single Folio	Multiple Folio
NAV	SMS mynav	SMS mynav <space> last 6 digits of folio
Balance	SMS Balance	SMS balance <space> last 6 digits of folio
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio

**SMS charges apply



Investor Desk. A RMF Virtual Branch Experience.
For more details : Visit : www.reliancecmutual.com

You can also follow us on

12. NOMINATION - I wish to Nominate Yes No **(Mandatory if mode of holding is single) (Refer Instruction No. VI)**
In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nominee Name	Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
						1st App.
						2nd App.
						3rd App.

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

First Applicant POA Name	Mr./Ms./M/s	PAN^																		
Second Applicant POA Name	Mr./Ms./M/s	PAN^																		
Third Applicant POA Name	Mr./Ms./M/s	PAN^																		

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

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

16. I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS Yes No **(Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)**

17. 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 Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) (RNLAM) liability. I understand that the RNLAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNLAM 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 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.
- I have read and understood Instruction no. XIII and hereby agree to abide by the same. I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	RIA Code**
RAMESH BABU VASUDEVAN / 121571	ARN-			

*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.
 ++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser:

SIGN HERE	First / Sole Applicant / Guardian Authorised Signatory	Second Applicant Authorised Signatory	Third 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

APPLICANT DETAILS		FOLIO NO.
Name of Sole/1st holder	PAN No / PEKRN.	<input type="checkbox"/> KYC
Name of 2nd holder	PAN No / PEKRN.	<input type="checkbox"/> KYC
Name of 3rd holder	PAN No / PEKRN.	<input type="checkbox"/> KYC

INITIAL INVESTMENT DETAILS

Cheque/ DD No./Cash Deposit Slip No. _____ Cheque / DD / Cash Deposition Date _____ DD Charge ₹ _____
 Net Amount ₹ _____ Bank Name: _____ Branch: _____ City _____

UNITHOLDING OPTION - Demat Mode Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)

National Securities Depository	Depository participant Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Depository Securities Limited	Depository participant Name _____ Target ID No. _____
Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)			

Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor only)

Email ID _____ Mobile no. + _____ (For Receiving Transaction Alerts via SMS)

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 through Online Mode, unless I have already opted for IPIN in the past and have created a username.

SIP DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labelling)

Scheme / Plan / Option	Frequency (Please✓ any one)	Enrollment Period (Please✓ any one)	SIP Date (Please✓ any one)	SIP Amount (in figures)	Reliance STEP-UP Facility (Optional)		
					Amount	Frequency	Count
	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> REGULAR From: _____ To: _____ <input type="checkbox"/> PERPETUAL (Default) (Refer Instruction No. 5) From: _____ To: 1 2 / 9 9	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 18 (Default) <input type="checkbox"/> 23 <input type="checkbox"/> 28	₹ _____	₹ _____ (Multiples of Rs. 100 only)	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount time(s) (Default 1time)

** In case of Reliance Tax Saver Fund, Reliance Retirement fund - Income Generation Plan & Reliance Retirement fund- Wealth Creation Plan, the SIP & Step up Amount should be in multiples of ₹ 500/- .

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 filing application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. By filing 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 Nippon Life Asset Management Limited (RNLAM) liability. I understand that the RNLAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNLAM 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 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.

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

ONE TIME BANK MANDATE
(NACH / Direct Debit Mandate Form)
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN _____ (For Office Use Only) Date: DD MM YY YY

Create Sponsor Bank Code _____ (For Office Use Only) Utility Code _____ (For Office Use Only)
 Modify I/We hereby authorize **Reliance Mutual Fund** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other
 Cancel Bank A/c no: _____ (Destination Bank Account Number)

With Bank _____ IFSC _____ MICR _____
 an amount of Rupees ₹ _____

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

Reference 1 Folio No. _____ Email ID: _____
 Reference 2 Appln No. _____ Mobile / Phone No: _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD
 From: DD MM YY YY To: **3 1 1 2 2 0 9 9**
 Or Until Cancelled

1 _____ Signature of Account Holder
 2 _____ Signature of Account Holder
 3 _____ Signature of Account Holder

1 _____ Name as in Bank Record
 2 _____ Name as in Bank Record
 3 _____ Name as in Bank Record