

COMMON APPLICATION FORM

Mutual Fund

(To be filled in CAPITAL letters)

APP No.:

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number
58603 - VRIDHI	ARN-		E026768

*Please sign alongside 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 →

First / Sole Applicant / Guardian

SIGN HERE →

Second Applicant

SIGN HERE →

Third Applicant

(Please tick (✓) any one) I am a First time investor across Mutual Funds **OR** I am an existing investor in Mutual Funds

2. 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. XI.

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.

National Securities Depository Limited	Depository participant Name _____ DP ID No. <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> Beneficiary Account No. _____	I	N									Central Depository Securities Limited	Depository participant Name _____ Target ID No. _____
I	N												

Enclosures (Please tick any one box): Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

3. EXISTING INVESTOR'S FOLIO NUMBER _____ (If you have an existing folio number with KYC validated, please mention the number here and proceed to section 11. Mode of holding will be as per existing folio number.)

4. GENERAL INFORMATION APPLICATION FOR Zero Balance Folio Invest Now **MODE OF HOLDING :** Single Joint (Default) Any one or Survivor

5. FIRST APPLICANT DETAILS

NAME _____

PAN / PEKRN[^] (First Applicant) _____ **PAN / PEKRN[^]** (Guardian) _____

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

Guardian's Relationship With Minor <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Court Appointed Guardian	Date of Birth of 1st Applicant <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	Proof of Date of Birth and Guardian's Relationship with Minor <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Others (please specify) _____
D	D	M	M	Y	Y	Y	Y			

OCCUPATION^{*} :** Professional Agriculturist Housewife Retired Government Service/Public Sector
 Business Forex Dealer Student Private Sector Service Others _____

STATUS[^] : Resident Individual PSU AOP/BOI Minor through Guardian HUF Trust / Charities / NGOs
 Society FI / FII NRI Company/Body Corporate Sole Proprietor Defence Establishment
 PIO Bank FPI^{***} Government Body Partnership Firm Others _____
(**as and when applicable)

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
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 (Mandatory for Non Individuals)

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

Are you involved / providing any of the mentioned services : Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above

Note: In case First Applicant is Non Individual please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Ref Ins No. XIV)

****In case First Applicant is Minor then details of Guardian will be required.**

6. SECOND 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)

D	D	M	M	Y	Y	Y	Y
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Are you a Politically Exposed Person (PEP)^{***} Yes No Are you related to a Politically Exposed Person (PEP) Yes No

ACKNOWLEDGMENT SLIP

APP No.:

Received from Mr/Ms/M/s : _____ an application for allotment of

Units under Scheme Reliance _____ Option _____ as per details below.

Instrument No/Cash Deposit Slip No. _____ Dated _____ Rs. _____ drawn on Bank _____

Time Stamp & Date of receiving office

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 PAN^

Second Applicant POA Name PAN^

Third Applicant POA Name PAN^

14. SIP ENROLLMENT DETAILS Opted for SIP: Yes No (Incase you have opted for SIP it is mandatory to submit 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 RELIANCE ANY TIME MONEY CARD ("THE CARD") Yes No (Please refer Instructions)

1) Name as you would like to appear on your card** (Maximum of 24 characters)
 (**Please mention the name of the first holder)

2) Mother's maiden name in full*

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

18. 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.

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

RELIANCE Mutual Fund **ONE TIME BANK MANDATE** (NACH / Direct Debit Mandate Form) (Applicable for Lumpsum Additional Purchases as well as SIP Registration) Reliance Capital Asset Management Limited **A Reliance Capital Company**

UMRN (For Office Use Only) APP No.

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

Create Modify Cancel 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:

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: To: Or Until Cancelled

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

1 _____ Name of Account Holder
 2 _____ Name of Account Holder
 3 _____ Name of Account Holder

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.



*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.

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
58603 - VRIDHI		E026768	

*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 Authorised Signatory	2nd Applicant Authorised Signatory	3rd Applicant Authorised Signatory
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Upront 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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> MANDATORY	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No / PEKRN. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> MANDATORY	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No / PEKRN. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> MANDATORY	<input type="checkbox"/> KYC Acknowledgement Copy

INITIAL INVESTMENT DETAILS

Cheque/ DD No./Cash Deposit Slip No. _____ Cheque / DD / Cash Deposition Date _____ DD Charge Rs. _____
Net Amount Rs. _____ 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 Limited	Depository participant Name	Central Depository Securities Limited	Depository participant Name
	DP ID No.		Target ID No.
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Beneficiary Account 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. + (Country Code) (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, 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. 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 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)		
					Amount	Frequency	Count
	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> REGULAR From: M M / Y Y To: M M / Y Y	<input type="checkbox"/> 2 <input type="checkbox"/> 10 (Default)	Rs. _____ (in figures)	Rs. _____ (Multiples of Rs. 100 only)	<input type="checkbox"/> Half-yearly	Increase SIP amount time(s) (Default 1time)
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> PERPETUAL (Default) (Refer Instruction No. 5)	<input type="checkbox"/> 18 <input type="checkbox"/> 28			<input type="checkbox"/> Yearly (Default)	
	<input type="checkbox"/> Yearly	From: M M / Y Y To: 1 2 / 9 9					

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
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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)

APP No.

Mutual Fund

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: _____

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.

From :	PERIOD		1 _____	2 _____	3 _____
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
	To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		1 _____	2 _____	3 _____
Or <input type="checkbox"/> Until Cancelled		Name of Account Holder	Name of Account Holder	Name of Account Holder	