

COMMON APPLICATION FORM

Mutual Fund

(To be filled in CAPITAL letters)

APP No.:

1. DISTRIBUTOR / BROKER I	NFORMATION (Refer Inst	ruction No. I.9)		
Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	First / Sole Applicant
58603 - VRIDHI			E026768	Guardian
*Please sign alongside in case the EUIN is left bla	ank/not provided.			SIGN HERE Second Applicant
		· · · · · · · · · · · · · · · · · · ·	advice by the employee/relationship manager/sales manager/sales person of the distributor/sub broker.	SIGN HERE Third Applicant
(Please tick (✓)any one) I an	m a First time investor acros	ss Mutual Funds OR	I am an existing investor in	Mutual Funds
		PHYSICAL MODE		
	- These details are compuls	sory if the investor wishes to h	nold the units in DEMAT mode. Re	f. Instruction No. XI.
National Depository	as mentioned in the application for	Central	Depository	
Securities participant Name Depository DRID No.		Depository Securities	participant Name	
DP ID No. BeneficiaryAccountNo.	I N	Limited	Target ID No.	
Enclosures (Please tick any one box):	Client Master List (0	CML) Transaction cum Ho	olding Statement Cancelled	Delivery Instruction Slip (DIS)
3. EXISTING INVESTOR'S FO	LIO NUMBER			r with KYC validated, please mention the numb de of holding will be as per existing folio numbe
4. GENERAL INFORMATION	APPLICATION FOR []	Zero Balance Folio 🗌 Invest		Single Joint (Default) Any one or Surviv
5. FIRST APPLICANT DETAIL				
IAME				
AN / PEKRN [^] (First Applicant)		PAN / PEK	RN [^] (Guardian)	
lame of Guardian if first applicant contact Person for non individuals Guardian's Relationship With Minor	r	e of Birth	v v v	nd Guardian's Relationship with Minor
O ratifer O wiotifer O cou				Passport O Others (please specific
OCCUPATION**^: O Profession			_	Government Service/Public Sector
O Business	O Forex Dealer			Others
STATUS [^] : O Resident Ir			ugh Guardian O HUF	O Trust / Charities / NGOs
O Society O PIO	O FI / FII O O Bank O	O NRI O Company/E O FPI^^^ O Governme	Body Corporate O Sole Proprie ont Body O Partnership	
_	- (°	^^as and when applicable)		Others
ROSS ANNUAL INCOME DETAIL) >1 Crore
ET-WORTH**^ in ₹		older than 1 year)	_ == == == == == == == == == == == == ==	(Mandatory for Non Individu
are you a Politically Exposed Perso		, , , , , , , , , , , , , , , , , , , ,	, ,	O Yes O No
Are you involved / providing any Applicable only for Non Individuals)			_	/ Gambling / Lottery / Casino Services f the above
	Individual please attach FATC nor then details of Guardian w	CA, CRS & Ultimate Beneficial O	wnership (UBO) Self Certification For	
6. SECOND APPLICANT DET	AILS			
IAME			PAN / PE	EKRN [^]
OCCUPATION*: O Professional	O Agriculturist O Housewife	O Retired O G	Government Service/Public Sector	TATUS^: O NRI
O Business	O Forex Dealer O Student	O Private Sector Service O C	Others	O Resident Individual
ROSS ANNUAL INCOME DETAIL	S**^ Please tick (✓) O Below 1	Lac O 1-5 Lacs O 5-10 Lacs (10-25 Lacs) >1 Crore
ET-WORTH**^ in ₹	(Net worth should not be	older than 1 year)	as on (Date) D D M M Y	YYY
Are you a Politically Exposed Perso	on (PEP)**^ O Yes O !	No Are you related to a Poli	tically Exposed Person (PEP)	O Yes O No
ReLIANCE	ACKNOWLEDGMENT SLIP			APP No.:

RELIANCE
Mutual Fund

ACKNOWLEDGMENT SLIP		APP No.:						
Received from Mr/Ms/M/s :		an application for allotment of	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				

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NAME																PA	N / F	PEKF	IIN						
CCUPATION : (O Professional	O Agric	culturist	Оно	ousewi	fe C	Retir	ed		() Gov	ernment/	Servic	e/Publi	lic Se	ctor		STAT	US^:	0	NRI				
(OBusiness	O Fore	x Dealer	O St	udent	С	Priva	te Secto	or Serv	vice () Oth	ers			_					0	Res	ident	Indiv	idual	
ROSS ANNUAL II	INCOME DETA	ILS**^ Ple	ease tick	(/) O I	Below	1 Lac	O 1-5	Lacs	O 5-	10 Lacs	s O	10-25 La	acs C) 25 L	_acs-	1 Cror	э () >1	Crore						
T-WORTH**^ in	ı₹		(Net wor	rth should	d not b	e older	than 1	year)				as on	(Date)	D	D	M N	1 Y	Υ	Υ						
e you a Politically	ly Exposed Pers	son (PEP	P)**^	O Yes	s O	No	Ar	e you ı	related	d to a	Politic	ally Exp	osed	Perso	on (l	PEP)		ΟY	es (_ O N	lo				
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Please indicate al				which	you a	re a re	sident		<u> </u>			ated Ta	xpaye	er Ider	ntific	ation	Num						type	e eg.	TIN et
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Country of B						Cour	ntry of	Birth								Cour	ntry c			Ť					
Country of Nation	ionality				Co	ountry	of Na	ational	ity						Со	untry	of N	atior	ality						
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Investor Desk. A RMF Virtual Branch Experience. For more details : Visit : www.reliancemutual.com







12. NOMINATION - I wish to In case of existing investor, nomin	_	Yes No tioned in the be	(Mandatory if mode of holding is single) (Refer Instruction No. VI) below table will replace the existing details registered in the folio									
Nomine	Name		Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants				
			(in case Nonlinee to limiter)	OI WIIIOI	(70)	Nominee	Guaruian	1st App.				
								2nd App.				
								3rd App.				
13. POWER OF ATTORNEY (P		ETAILS (Refer	Instruction No. II. 1)			PAN						
	/Ms./M/s /Ms./M/s					PAN						
	/Ms./M/s					PAN						
14. SIP ENROLLMENT DETA		IP: Yes	No (Incase	you have opte	ed for SIP it i	is mandatory	to submit SIF	P Enrolment Form)				
15. STP ENROLLMENT DETA	•		_	you have opte	ed for STP it	is mandatory	to submit S1	ΓP Enrolment Form)				
16. I WISH TO APPLY FOR REI	IANCE ANY TIN	ME MONEY CAI	RD ("THE CARD")	Yes No	(Please refe	r Instructio	ns)				
1) Name as you would like to	• •	card**	M	a n d	a t o	ry						
(**Please mention the name of the fit 2) Mother's maiden name in 1				(Maximu	m of 24 cha	racters)						
		M	a n d a t o	r y								
17. I WISH TO APPLY FOR TRANS	ACT ONLINE	Yes No		TO APPLY Foory Enclosure				ALS Yes No No TRATION FORM)				
18. DECLARATION AND SIGN	ATURE											
discretion, discontinue any of the services comme/us all the commissions (in the form of trail contended declare that the above information is give amount and the said charges shall be paid to the U.S. Commodity Futures Trading Commiss I confirm that I am resident of India. I I/We confirm that I am I/We are Non-Resident in my/our Non-Resident External /Ordenshing channels or from funds in my/our NI I have read and understood Instruction in 1961 read with Rules 114F to 114H of the Incide best of our knowledge and belief, true, contends in the contends in the location of the location in the location	mmission or any other re- on by the undersigned a distributors. I/We here on, as amended from tir- dent of Indian Nationa linary Account/FCNR IE/FCNR Account. o. XIII and hereby agr ome Tax Rules, 1962	node), payable to him nd particulars given by by confirm that I/We a ne to time or residents ality/Origin and I/We Account. I/We unde ee to abide by the sa	for the different competing Schen rmefus are correct and complete. re not United States persons with of Canada. hereby confirm that the funds for take that all additional purchase me. I hereby declare that the inf	nes of various Mi Further, I agree to in the meaning of or subscription ses made unde formation provide	utual Funds fro that the transac of Regulation (S have been rea r this folio will ded in the For	m amongst whi stion charge (if a 6) under the Uni mitted from abi also be from to m is in accorda	ch the Scheme pplicable) shall ted States Secu- road through n runds received nce with section	is being recommended to me/us. I be deducted from the subscription urities Act of 1933, or as defined by cormal banking channels or from I from abroad through approved on 285BA of the Income Tax Act,				
First / Sole Applica Guardian		※	Second Applicant		()		Third App					
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Mutual Fund UMRN		For Office	Use Only)			Б	D M	M V V V V				
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an amount of Rupees						₹	:					
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Reference / Folio No.		Email I	D:									
Scheme / Plan reference Number :	All schemes of F	Reliance Mutual I	Fund_		Phon	e No:						
I agree for the debit of mandate processing of	narges by the bank w	hom I am authorizinç	g to debit my account as per la	test schedule o	f charges of t	he bank.						
PERIOD From: D D M M Y Y Y To: 3 1 1 2 2 0 9	1Signat	ure of Account H	2 older Signat	ure of Accou	nt Holder	3	Signature o	f Account Holder				
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*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.									

OTM + SIP Form / 18th Feb 2016 / Ver 1.5



SIP ENROLLMENT DETAILS

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

Mutual Fullu	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							AFF	· NO.	
DISTRIBUTOR / BROKER INFORMATION Name & Broker Code / ARN		Sub Agent ARN	l Code	*Employee	Unique Identifica	ation Number		Sub Broker /	Sub Agent Co	ode
58603 - VRIDHI					02676				J	
*Bloom in the FUIN in the fill	de et e e e tale d									
*Please sign below in case the EUIN is left blank I/We hereby confirm that the EUIN box has been i the above distributor/sub broker or notwithstandir	ntentionally left blanl	k by me/us as thi propriateness, it	is transactior f any, provide	n is executed wi ed by the employ	thout any interactio yee/relationship ma	n or advice by th anager/sales pe	ne employee rson of the c	a/relationship listributor/sub	manager/sale broker.	s person of
Sole / 1st Applic Authorised			2nd Appl	icant Authori	sed Signatory		3rd Applic	ant Authori	ised Signato	ory
Upfront commission shall be paid directly by the in	nvestor to the AMFI	registered distri	ibutor based	on the investor	r's assessment of v	various factors i	including the	e service reno	dered by the	distributor.
APPLICANT DETAILS					IO NO.					
Name of Sole/1st holder				/ PEKRN.	MAND	DATORY		KYC A	cknowledge	ement Copy
Name of 2nd holder				/ PEKRN.	M A N C	DATORY		KYC A	cknowledge	ement Copy
Name of 3rd holder			PAN No	/ PEKRN.	M A N C	OATORY		KYC A	cknowledge	ement Copy
INITIAL INVESTMENT DETAILS										
Cheque/ DD No./Cash Deposit Slip No.		Cheque /	DD / Cash	Deposition Da			_ DD Char	•		
Net Amount Rs						ınch:				
UNITHOLDING OPTION - Dema	at Mode P	hysical Mode	e (Ref. Instr	<u> </u>	Demat Account de	tails are compu	lsory if den	nat mode is o	pted.)	
National Depository Securities participant Name				Central Depository	Depository participant Na	ame				
Depository DP ID No.	N			Securities	Target ID No.					
Enclosures (Please tick any one box)	· Client Mas	ster List (CML) Tr	Limited	 ım Holding Stat	tement	Cancelle	nd Delivery	Instruction	Slin (DIS)
Invest Easy Registration for Transac		•					Odricelle	u Belivery	motraction	Olip (D10)
		oun, mobile	,	. Oto (Approur				(Ear Donaisina)	Trong ation Ale	10.110.0110)
Email ID Email id & Mobile no. provided in this for	aum will aumana	ada tha aviat	ina datail	- in all #000		+ (Country Cod			Transaction Aler	
By providing Email-id, I understand that										
I wish to receive the IPIN through below				. , –						
SIP DETAILS (Refer Instruction No. 14. If the in			lease mention nrollment			ne. Please refer r	espective SI		uct labeling) STEP-UP I	Facility
Scheme / Plan / Option	Freque (Please√ a		(Please√ any		SIP Date (Please√any one)	SIP Amou	nt		(Optional)	actifity
	☐ Mor			o: M M / Y Y	□ 2 □10		-		Frequency	Count
	☐ Quai	/	RPETUAL (Rs.	Rs.	·	Half-yearly	Increase SIP amount
	☐ Year	(Ref	er Instruction	No. 5) o: <u>1 2 / 9 9</u>	□18 □28	(in figures)		ultiples of . 100 only)	Yearly (Default)	time(s) (Default 1time)
DECLARATION: I/We would like to invest in Reliance				subject to term	s of the Statement of A	Additional Information	on (SAI), Sche	eme Information	Document (SID)	Key Information
Memorandum (KIM) and subsequent amendments thereto. understand that the amount towards my lumpsum / systematicity directly or indirectly in making the investment I We detection.	/We have read, underst	tood (before filling a	application form debited from ba) and is/are bound nk account details	by the details of the S provided in my One Tir	SAI, SID & KIM included the Bank Mandate	uding details r Form. I/We ha	elating to various	s services. By fill	lling up this form d by any rebate or
Notifications / Directions or any other Applicable Laws enacte Management Limited (RCAM) liability. I understand that the Rapplicable from time to time. The ARN holder has disclosed to	d by the Government of CAM may, at its absolute	India or any Statuto e discretion, disconti	ory Authority. I a	ccept and agree to services completel	be bound by the said I y or partially without an	Terms and Condition by prior notice to me the different compe	ons including the Lagree RCAI	nose excluding/li M can debit from	imiting the Relia my folio for the s	nce Capital Asservice charges as
DECLARATION: I/We would like to invest in Reliance Memorandum (KIM) and subsequent amendments thereto. understand that the amount towards my lumpsum / systemat girts, directly or indirectly, in making this investment. I / We d Notifications / Directions or any other Applicable Laws enacte Management Limited (RCAM) liability. Lunderstand that the R applicable from time to time. The ARN holder has disclosed to Scheme is being recommended to melus. I hereby declare deducted from the subscription amount and the said charges defined by the U.S. Commodity Futures Trading Commission. I confirm that I am resident of India. I We confirm the	that the above information shall be paid to the distripute as amended from time to	ion is given by the u ibutors. I/We hereby to time or residents of	undersigned an y confirm that I / of Canada.	d particulars giver We are not United	by me/us are correct States persons within	and complete. Fu the meaning of Re	rther, I agree t gulation (S) ur	hat the transact der the United S	ion charge (if ap states Securities	plicable) shall be Act of 1933, or as
defined by the U.S. Commodity Futures Trading Commission, I confirm that I am resident of India. I/We confirm the from funds in my/our Non-Resident External /Ordinary Accoumy/our NRE/FCNR Account.	nat I am/We are Non-Res int/FCNR Account. I/We	sident of Indian Nati undertake that all a	ionality/Origin a additional purch	and I/We hereby co ases made under	onfirm that the funds for this folio will also be fro	r subscription have m funds received fi	been remitted rom abroad th	from abroad thr rough approved	rough normal bar banking channe	nking channels o Is or from funds ir
SIGNATURE										
By signing this SIP enrolment form I/We unders First / Sole Applicant /	tand that the amou	int will be debit			mentioned in One	e Time Bank M				andate Form.
Guardian		× ·	Second	Applicant				hird Applic	ant	
Investors are requested to note that the amount	mentioned in One	Time Bank Man	date should	be the maximu	m amount that you	u would like to i	invest in sc	hemes of RM	F on any tran	saction day.
8		ONE	TIME BA	ANK MAN	DATE		Reliance (Capital Asse	et Managen	nent Limited
ReLI ∕ NCe	(Accelled to	(NAC	H / Direct D	ebit Mandate I	Form)				•	l Company
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