

COMMON APPLICATION FORM

TO BE FILLED IN CAPITAL LETTERS & IN BLUE/BLACK INK ONLY.

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

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN- (ARN stamp here)			

*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	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
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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.

TRANSACTION CHARGES (Mandatory to be filled if you have invested through a distributor)

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

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, of ₹ 150 (new investor) & ₹ 100 (existing investor) are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

2. EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here and proceed to section 9. Mode of holding will be as per existing folio number.)

3. GENERAL INFORMATION

MODE OF HOLDING : Single Joint (Default) Any one or Survivor

4. FIRST APPLICANT DETAILS

NAME #Date of Birth

PAN / PEKRN* ENCLOSURE PAN card copy KYC Acknowledgment #Mandatory in case of minor

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

Guardian's Relationship With Minor* <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	Proof of Date of Birth and Guardian's Relationship with Minor* <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others (please specify)	Designation of the contact person (In case of non-individual Investors)
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OCCUPATION : Professional Agriculturist Housewife Retired Government Service/Public Sector
 Business Forex Dealer Student Private Sector Service Others

STATUS : 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

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) (Mandatory for Non-Individuals)

For Individuals** & Non-Individuals (Authorized signatories/Promoters/Partners/Karta/Trustee/whole time directors)	For Non-Individuals Only
<input type="checkbox"/> Politically Exposed Person (PEP) (For definition of PEP, please refer instruction I.14).	Is the entity involved in / providing any or the following services
<input type="checkbox"/> Related to a Politically Exposed Person (PEP)	- Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other information: _____	- Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No
	- Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
	Any other information: _____

**In case First applicant is minor then details for Guardian will be required

5. SECOND APPLICANT DETAILS

NAME

ENCLOSURE PAN card copy KYC Acknowledgment PAN / PEKRN* STATUS: NRI Resident Individual

OCCUPATION : Professional Agriculturist Housewife Retired Government Service/Public Sector
 Business Forex Dealer Student Private Sector Service Others

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

ACKNOWLEDGMENT SLIP

(To be filled in by the Applicant)

Please collect your time stamped acknowledged slip for future references

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

APP No.:

Units under Reliance _____ as per details below.

Growth Option Bonus Option Dividend Reinvestment Dividend Payout

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

Time Stamp & Date
of receiving office



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

Investor can avail below facilities

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

For more details :

Call : Toll free : 1800-300-1111 | 30301111

6. THIRD APPLICANT DETAILS

NAME

ENCLOSED PAN card copy KYC Acknowledgment **PAN / PEKRN*** **STATUS:** NRI Resident Individual

OCCUPATION Professional Agriculturist Housewife Retired Government Service/Public Sector
 Business Forex Dealer Student Private Sector Service Others _____

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

7. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VI & VII)

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 Landmark

Overseas Address (Mandatory for FIIs/NRIs/PIOs)

City Pin Code State

Email ID

Mobile + (Country Code) Tel. No. STD 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.

8. 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

Branch Address 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.

9. 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) PAYMENT BY CASH IS NOT PERMITTED. 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)

Option (Please ✓) Growth** Bonus 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

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

Instrument 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.

10. NOMINATION (Refer to Instruction No.V) (Mandatory if mode of holding is single)

In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nomination Required	Nominee Name	Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
<input type="checkbox"/> Yes							1st App.
<input type="checkbox"/> No							2nd App.
							3rd App.

11. DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. X.

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 _____	Central Depository Securities Limited	Depository participant Name _____
	DP ID No. <input type="text" value="I N"/>		Target ID No. <input type="text"/>
	Beneficiary Account No. <input type="text"/>		

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

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 txn	SMS txn <space> last 6 digits of folio
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio

**SMS charges apply

Please note your Statement of Account is sent once a month through CAS or ECAS if email id is updated in the folio. To have an access to the folio statement visit our website to generate an instant account statement.



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

You can also follow us on

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

First Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN / PEKRN^	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN / PEKRN^	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN / PEKRN^	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13. SIP ENROLLMENT DETAILS Opted for SIP: Yes No(Mandatory if opted for SIP) Type of SIP: Normal SIP Micro SIP Mode of SIP: PDC Auto Debit / ECS (Refer Ins No. I-13)

Note : 1. In case you have opted for SIP through ECS / Auto Debit mode it is mandatory to submit SIP Enrolment Cum Auto Debit / ECS Mandate Form
 2. In case you have opted for SIP through Post dated cheques (PDC) it is mandatory to submit SIP Enrolment Form for Post dated cheques. The form is available on RMF website / DISC of RMF.

14. STP ENROLLMENT DETAILS Opted for STP: Yes No (In case you have opted for STP it is mandatory to submit STP Enrolment Form)**15. I WISH TO APPLY FOR TRANSCACT ONLINE** Yes No **OR** **I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS** Yes No
(Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)

Note : 1) If you have opted for Transact Online facility IPIN will be issued to you which can be used for transacting seamlessly through Online Mode.
 2) If you have opted for Invest Easy facility IPIN will be issued to you which can be used to transact through Online mode on RMF website, transact through Call Center & Reliance Mutual Fund Application. Further, in order to transact through Call Centre and / or Transact through Mobile / SMS investor has to mandatorily fill and submit "ECS Mandate Registration form - Invest Easy". The form is available on RMF website / DISC of RMF.

16. 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.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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