

COMMON APPLICATION FORM

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	SIGN HERE
ARN- (ARN stamp here)				First / Sole Applicant / Guardian
*Please sign alongside in case the EUIN is left blank/not provided.				SIGN HERE
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
				Second Applicant
				Third Applicant

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

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

4. 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 Father Mother Court Appointed Guardian Date of Birth of 1st Applicant Proof of Date of Birth and Guardian's Relationship with Minor Birth Certificate Passport Others (please specify)

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)

COUNTRY OF TAX RESIDENCE*** India U.S.A. Others (In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided)

If you have more than one country of tax residence please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers

Country of Tax Residence	Tax Identification Number (TIN) [%]	TIN issuing Country	Identification Type (TIN or Other)	Type of Documentary Evidence

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent \$

COUNTRY OF BIRTH*** COUNTRY OF NATIONALITY/CITIZENSHIP***

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 to be filled by Non-Individuals Only

A. NET-WORTH*** in ₹ _____ (Net worth should not be older than 1 year) as on (Date)

B. Is the entity involved in / providing any or the following services
 - Foreign Exchange / Money Changer Services Yes No - Money Lending / Pawning Yes No
 - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) Yes No Any other information: _____

C. Declaration on Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS) enclosed (Refer Ins No. XIII)

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

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



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

Investor can avail below facilities

- NAV
- Account balance
- Account statement
- Last 5 transactions

For more details : Call : 1800-300-1111

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) 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. XIV)
 Investment Amount (Rs.) _____ | DD Charges (if applicable) (Rs.) _____ | Net Amount~ (Rs.) _____ | minus II _____
 Instrument No./Cash Deposit Slip No. _____ Dated: | D | D | M | M | Y | Y | Y | Y | Y | Y | 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

10. NOMINATION - I wish to Nominate Yes No (Mandatory if mode of holding is single) (Refer Instruction No.V)
 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.

11. 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. 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. <table border="1"><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>		I	N									Target ID No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
	I		N																				
Beneficiary Account No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							

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

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

First Applicant POA Name	Mr./Ms./M/s _____	PAN*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Second Applicant POA Name	Mr./Ms./M/s _____	PAN*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Third Applicant POA Name	Mr./Ms./M/s _____	PAN*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

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

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

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

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.
 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.

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

Check list for the documents to be submitted:

Documents	Companies	Trusts	Societies	Partnership Firms	NRI	FIs/FPs	Investments through Constituted Attorney
1. Resolution/Authorisation to invest	✓	✓	✓	✓	✓	✓	✓
2. List of Authorised Signatories with Specimen Signature(s)	✓	✓	✓	✓	✓	✓	✓
3. Memorandum & Articles of Association	✓						
4. Trust Deed		✓					
5. Bye-Laws			✓				
6. Partnership Deed				✓			
7. Overseas Auditor's Certificate						✓	
8. Notarised Power of Attorney							✓
9. Foreign Inward Remittance Certificate in case of payment is made by DD from NRE/FCNR A/c where applicable					✓		
10. Proof of PAN	✓	✓	✓	✓	✓	✓	✓
11. KYC Compliant	✓	✓	✓	✓	✓	✓	✓

SIP ENROLLMENT DETAILS

Mutual Fund

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

APP No.

DISTRIBUTOR / BROKER INFORMATION

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

Sole / 1st Applicant / Guardian Authorised Signatory	2nd Applicant Authorised Signatory	3rd 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

FOLIO NO.

Name of Sole/1st holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No / PEKRN.	<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 _____ DP ID No. _____ Beneficiary Account No. _____	Central Securities Depository Limited	Depository participant Name _____ Target ID No. _____
---	---	--	--

Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement 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 (in figures)	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 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
---	--	---

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)

Mutual Fund

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

APP No.

UMRN _____ (For Office Use Only) _____ D D M M Y Y Y Y

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	1 _____	2 _____	3 _____
From: D D M M Y Y Y Y	Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
To: 3 1 1 2 2 0 9 9	Name of Account Holder	Name of Account Holder	Name of Account Holder
Or <input type="checkbox"/> Until Cancelled			

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.