

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
ARN- (ARN stamp here)	ARN-		

*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 TRANSACT ONLINE Yes No **OR** **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 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

Equity & Sector Specific CAF / 16th March 2016 / Ver 1.13

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.