

COMMON APPLICATION FORM

All Columns marked * are mandatory. Leave one box blank between two words.

1. DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN Sub Broker / Sub Agent Code

RITU AGARWAL ARN-23267

2. EXISTING UNIT HOLDER INFORMATION

For existing investors please fill in your Folio number, and attach a copy of your Account Statement

FOLIO NO. _____

3. DEMAT ACCOUNT DETAILS

National
Securities
Depository
Limited

Depository
Participant Name _____

Depository ID No. I N _____

Beneficiary Account No. _____

Central
Securities
Depository
Limited

Depository
Participant Name _____

Target ID No. _____

I/We authorise RCAM/RMF to obtain information from my DEMAT Account excluding investment details and capture in my Mutual Fund folio

4. APPLICANT INFORMATION (Refer Instruction No. II)

MODE OF HOLDING	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Any One or Survivor(s) (Default Joint)	<input type="checkbox"/> Former or Survivor (In case of Minor with joint applicant)
OCCUPATION	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Service	<input type="checkbox"/> Retired
STATUS	<input type="checkbox"/> Individual	<input type="checkbox"/> FIs	<input type="checkbox"/> Society	<input type="checkbox"/> AOP/BOI
	<input type="checkbox"/> Partnership firm	<input type="checkbox"/> HUF	<input type="checkbox"/> Minor	<input type="checkbox"/> NRI Repatriable
			<input type="checkbox"/> Banks	<input type="checkbox"/> Fls
			<input type="checkbox"/> Trust	<input type="checkbox"/> Company/Body Corporate
			<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> Others _____

Name of First / Sole applicant ☐ Mr. ☐ Ms. ☐ M/s.

1st holder PAN PAN Proof Enclosed ☐ Date of Birth*
M a n d a t o r y [Are you KYC Compliant Please (✓) Yes ☐ or No ☐] D D M M Y Y Y Y

Name of Guardian (In case of Minor) /Contact Person-Designation In case of non-individual Investors) ☐ Mr. ☐ Ms.

Guardian's PAN PAN Proof Enclosed ☐ Relation with Minor / Designation
M a n d a t o r y [Are you KYC Compliant Please (✓) Yes ☐ or No ☐]

Name of Second Applicant ☐ Mr. ☐ Ms. ☐ NRI

2nd holder PAN PAN Proof Enclosed ☐ Date of Birth*
M a n d a t o r y [Are you KYC Compliant Please (✓) Yes ☐ or No ☐] D D M M Y Y Y Y

Name of Third Applicant ☐ Mr. ☐ Ms. ☐ NRI

3rd holder PAN PAN Proof Enclosed ☐ Date of Birth*
M a n d a t o r y [Are you KYC Compliant Please (✓) Yes ☐ or No ☐] D D M M Y Y Y Y

Mailing Address* / Overseas Address* (Mandatory for NRI / FII Applicant) (Please provide your complete address. P.O. Box alone is not adequate)

Add 1 _____
Add 2 _____ District _____
Add 3 _____ City _____
_____ (Country) _____ PIN* _____ State _____

CONTACT DETAILS OF SOLE/FIRST APPLICANT

Tel. No. STD Code _____ Office _____ Residence _____ Mobile no. _____ (For Receiving SMS Alert)
Email ID _____ (For Receiving Email Alert)

☐ I WISH TO APPLY FOR TRANSACT ONLINE

I have Read & understood the Terms & Conditions attached.

☐ I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD

(Please refer to ATM Instruction)

☐ I/We wish to receive Account Statement/Annual

Report/Quarterly Statement via email instead of physical.

Name as you would like to appear on Any Time Money Card (Max. 19 characters)

M a n d a t o r y _____

Mother's maiden name in full

Please collect your time stamped acknowledged slip for future references

Received from _____ an application for allotment of

Units under Reliance _____ as per details below.

☐ Growth Option ☐ Bonus Option ☐ Dividend Reinvestment ☐ Dividend Payout

Cheque / DD No. _____ Dated _____ Rs. _____

drawn on _____

APP No.: WE00096723

Time Stamp & Date
of receiving office

5. BANK ACCOUNT DETAILS (Refer Instruction No.III) MANDATORY for Redemption/Dividend/Refunds, if any

A/c. Type ☒ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR Account No. M a n d a t o r y

Bank M a n d a t o r y Branch

Payable Branch

Location City

PIN IFSC Code for Credit via NEFT 9 Digit MICR Code* For Credit via ECS

Please ensure the name in this application form and in your bank account are the same

6. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option (Refer instruction no. IV) PAYMENT BY CASH IS NOT PERMITTED.

Scheme	Plan	Option	DD Charge Rs.	Net Cheque / DD Amount Rs.	Cheque / DD No. & Date	Bank / Branch
	<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option				
	<input type="checkbox"/> Dividend Plan	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout				

SIP ENROLLMENT DETAILS

Frequency (Please ☒ Monthly ☐ Quarterly SIP Date: ☐ 2 ☐ 10 ☐ 18 ☐ 28

Enrolment Period : From : (MM/YY) To : (MM/YY) Amount per Instalment: Rs.

SIP PAYMENT TYPES (Please Select any one option)

☐ OPTION I : Payment through post dated cheques. Number of Cheques Cheque Number From Cheque Number To

Bank Name Branch Name

☐ OPTION II : Auto Debit/ECS Mandate Form (For ECS locations please refer the Auto Debit/ECS Mandate Form. Auto Debit is available with HDFC, HSBC, ICICI and Axis Bank)

7. DIRECT CREDIT OF REDEMPTION / DIVIDEND PROCEEDS - IF ANY

RMF will endeavour to provide payment of Dividend / Redemption / Refund through NEFT, ECS, Cheque, Demand Draft or Direct Credit into investors bank account wherever possible.

8. DOCUMENTS ENCLOSED (Please ☒) (MANDATORY)

- ☐ Memorandum & Articles of Association ☐ Systematic Investment Plan ☐ Systematic Transfer Plan
- ☐ Trust Deed ☐ Bye-Laws ☐ Partnership Deed ☐ Cheques ☐ SIP Auto Debit /ECS Mandate Form
- ☐ Resolution / Authorisation to invest ☐ List of Authorised Signatories with Specimen Signature(s) ☐ Power of Attorney

9. NOMINATION

I/ We _____ and _____ *

(Unit holder 1) (Unit holder 2) (Unit holder 3)

do hereby nominate the person(s) more particularly described hereunder / and * /cancel the nomination made by me/ us on the _____ day of _____ in respect of the Units under Folio No. _____

(* strike out which is not applicable)

Name and Address of Nominee(s)	Date of Birth	Date of Name and Address of Guardian	Signature of Guardian	Proportion (%) by which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1		(to be furnished in case the Nominee is a minor)		
Nominee 2				
Nominee 3				

10. DECLARATION

I/We would like to invest in Reliance _____ subject to terms of the Offer Document and subsequent amendments thereto. I/We have read the instructions and the Offer Document before filling the Application Form. I/We have understood the details of the scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. Declaration : I have read and understood the Terms and Conditions governing the investment under Reliance _____ Fund of Reliance Mutual Fund and those relating to various services including, but not limited to ATMs/ Debit Card. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Managements 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 debit from my folio for the service charges as applicable from time to time. Applicable To NRIs Only 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

Sole / 1st applicant/Guardian/
Authorised Signatory

2nd applicant/
Authorised Signatory

3rd applicant/
Authorised Signatory

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

Express Building, 4th Floor, 14 E Road
Churchgate, Mumbai 400 020

Call : 30301111 | Toll free: 1800-300-11111
www.reliancemutual.com

- KYC Mandatory for investment of Rs. 50,000 & above
- For Direct Investment Please Mention "Direct in the Column "Name & Broker Code/ARN"

RELIANCE Mutual Fund
Anil Dhirubhai Ambani Group