APP No.:



Mutual Fund

COMMON APPLICATION FORM

	INFORMATION (Refe				
Name & Broker Code / ARN	Sub Broker / Sub Agent ARN	N Code *Employee Unique	e Identification Number	Sub Broker / Sub Agent Code	SIGN HERE First / Sole Applicant /
ARN- (ARN stamp here)					Guardian
lease sign alongside in case the E	UIN is left blank/not provide	ed.			SIGN HERE Second Applicant
Ve hereby confirm that the EUIN box e employee/relationship manager/s ovided by the employee/relationsh	sales person of the above di	istributor/sub broker or	notwithstanding the		
front commission shall be paid directl	y by the investor to the AMFI	registered distributor base	ed on the investor's as	sessment of various factors includi	ng the service rendered by the distributor.
RANSACTION CHARGES (Man Please tick (✓)any one)				I am an existing investo	w in Mutual Euroda
	am a First time investor 00 or more and your Distributo				isting investor) are deductible as applicable from the
rchase/ subcription amount and payab		pe issued against the balar	nce amount invested.	Of care have an evictima falls a	week as with 1000 well-dated and accompanies at the assume
. EXISTING INVESTOR'S F	OLIO NUMBER				umber with KYC validated, please mention the num . Mode of holding will be as per existing folio number
. GENERAL INFORMATION	APPLICATION FOR	R Zero Balance I	Folio 🗌 Invest N	ow ^MODE OF HOLDING :	Single Joint (Default) Any one or Survivo
. FIRST APPLICANT DETA	ILS				
AME					
AN / PEKRN [^] (First Applicant)			PAN / PEKRN	^ (Guardian)	
nme of Guardian if first applicar ontact Person for non individual	nt is minor /				
iuardian's Relationship With Min	or ourt Appointed Guardian	Date of Birth of 1st Applicant	D M M Y Y	Proof of Date of Birth Certificate	th and Guardian's Relationship with Minor Passport Others (please specify)
CCUPATION**^: Professiona	al Agriculturist	Housewife	Retired	Governmen	t Service/Public Sector
Business	Forex Dealer	Student	Private Sector S	Service Others	
TATUS*: Resident Individ Society PIO	FI / FII	AOP/BOI NRI	Minor through		Trust / Charities / NGOs
	Bank	FPI^^^ (^^^as and when applic	Governmen		Proprietor Defence Establishment Others
		(^^^as and when applic	Governmen	t Body Partr	
DUNTRY OF TAX RESIDENCE*	••^ India U.S.A of tax residence please in	(**^as and when applic Others (In case Condicate all countries in	Governmen	e is only India then details of Coundent for tax purposes and the	try of Birth & Nationality need not be provided) associated Tax ID Numbers
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DUNTRY OF TAX RESIDENCE* you have more than one country Country of Tax Residence In case Tax Identification Number is no OUNTRY OF BIRTH**^ ROSS ANNUAL INCOME DETAI ET-WORTH**^ in ₹ e you a Politically Exposed Pers . NET-WORTH**^ in ₹ . Is the entity involved in / provid Foreign Exchange / Money Char Gaming / Gambling / Lottery Servic . □ Declaration on Foreign Acc	India U.S.A of tax residence please in Tax Identification Numb at available, kindly provide its for the control of the control	COUNTRY OF NA countries in er (TIN) ** functional equivalent \$ COUNTRY OF NA	untry of Tax Residence which you are resissuing Country TIONALITY/CITIZE 5-10 Lacs related to a Politica led by Non-Indi han 1 year) To Any other Reporting Standard datory for all type of all Fund. Refer instricts an application is per details below.	e is only India then details of Coundent for tax purposes and the Identification Type (TIN of Identification Type (TIN of Identification Type) (TIN of Identifica	try of Birth & Nationality need not be provided) associated Tax ID Numbers Type of Documentary Evidence >1 Crore Y Y Y Y Yes No No No Io. XIII) investors to be KYC compliant through a Key IVR. "Self Help" Option (24 x 7) IVR Investor can avail below facilities 1. NAV

Corporate Office Address: One Indiabulls Centre, Tower 1, 12th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013

SMS

**SMS charges apply

5. SECOND APPLICANT DETAILS

Onlipiy 36	11a 31vi3 to 300 40t	7 1 1 1 to avail below facilities				
Types of Facilities	Single Folio	Multiple Folio				
NAV	SMS mynav	SMS mynav <space> last 6 digits of folio</space>				
Balance	SMS Balance	SMS balance <space> last 6 digits of folio</space>				
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio</space>				
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio</space>				

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

You can also follow us on 📑 🔁 in



application form (Refer instruction no. IV) OTM facility is ava		n is required for investment s who have Invest Easy fac			e cheques r	ot permitted	with single
Scheme					oduct Labelir	a please refer	r last page of application form)
(If you wish to invest in Direct Plan please mention Direct	•	e scheme name)		, ,		g produce reserv	, , , , , , , , , , , , , , , , , , ,
Option (Please ✓) ☐ Growth^^ ☐ Dividend Payment Details (Please issue cheque favouring sch	•	Dividend Reinvestme	ent I	Dividend F	requency		
Mode of Payment OTMFacility (OneTimeBankMandate	•	DD FundsTransfer	RTGS/NEF1	Γ 🔲 Cas	h (Refer Instru	uction No. XIV)	
	D Charges (if ap				Amount~ (I		I minus II
Instrument No/Cash Deposit Slip No.		_ Dated D D M M Y	YYY _ _	Drawn on E	` Bank	,	
Bank Branch		City					
(^^ Default option if not selected) ~Units will be allotted for the	net amount minu	s the transaction charges if	applicable. ^{\$} Inves	stors are red	quested to c	ollect the cas	h deposit slip from the DISC
10. NOMINATION - I wish to Nominate	Yes No	(Mandatory if mode	of holding is	s single)	(Refer In	struction l	No.V)
In case of existing investor, nomination details men	tioned in the be	low table will replace th	e existing deta	ils registe	red 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
	1 1 1 1						1st App.
							2nd App.
							3rd App.
11. UNITHOLDING OPTION - DEMAT MOD	E PHYS	ICAL MODE					
DEMAT ACCOUNT DETAILS - These details are Please ensure that the sequence of names as mentioned in the appl						Instruction	No. X.
National Depository		Central	Depository	.,,			
Securities Depository participant Name		Depository Securities	participant Name	e			
Limited DP ID No.		Limited					
BeneficiaryAccountNo.			Target ID No.				
Enclosures(Pleasetickanyonebox): ClientMax	sterList(CML)	TransactioncumHold	ingStatement		CancelledDe	liveryInstruction	onSlip(DIS)
							* * * *
12. POWER OF ATTORNEY (POA) HOLDER D	ETAILS (Refe	r Instruction No.II.1)				•	
12. POWER OF ATTORNEY (POA) HOLDER DE	ETAILS (Refe	r Instruction No.II.1)			PAN		
First Applicant POA Name Mr./Ms./M/s	ETAILS (Refe	r Instruction No.II.1)			PAN PAN	·	
First Applicant POA Name Second Applicant POA Name Mr./Ms./M/s	ETAILS (Refe	r Instruction No.II.1)				^	
First Applicant POA Name Second Applicant POA Name Third Applicant POA Name Mr./Ms./M/s Mr./Ms./M/s			e vou have onted	for SIP it is	PAN PAN	A	
First Applicant POA Name Second Applicant POA Name Third Applicant POA Name 13. SIP ENROLLMENT DETAILS Opted for Signature of the signature	P: ■ Yes	■ No (Incase			PAN PAN mandatory	to submit OT	M + SIP Enrolment Form)
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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)

APP No.

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from funds in my/our No my/our NRE/FCNR Acc SIGNATURE	sident of India.	unt/FCNR Account.	I/We undertake	that all ad	ditional purcl	hases made under	this folio will also be t	from funds	received fro	om abroa	ad through appr	oved banking chann	iels or from funds in
	enrolment form I/We under	stand that the a	mount will b	e debite	d from the	Bank account	t mentioned in O	ne Time	Bank Ma	andate	/ Invest Eas	y - Individuals I	Mandate Form.
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Investors are requ	ested to note that the amoun	t mentioned in (d like to i	nvest ii	schemes of	RMF on any tra	nsaction day.
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· · · / <u>—</u>	Ve hereby authorize R	eliance Mut	tual Fund		to debi	t (tick ✓) □	□SB □ C	CA _] CC [S	B-NRE [SB-NRO	Other
Cancel ×	Bank A/c no:					(Destination	n Bank Account Nu	umber)					
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STP Enrolment Form / 08th October 2014 / Ver 1.5



Mutual Fund APP No.

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM

TO BE FILLED IN CAPITAL LETTERS. PLEASE (4) WHEREVER APPLICABLE

DISTRIBUTOR / BROKER		BE FILLED IN CAPITA	AL LETTERS, PLEASE	(/) WHEREVER APPL	ICABLE		
Name & Broker Code / A		ker / Sub Agent AF	RN Code *Employ	yee Unique Identific	ation Num	ber Sub B	roker / Sub Agent Code
ARN- (ARN stamp here	∍)						
*Please sign below in case the EU I/We hereby confirm that the EUI manager/sales person of the above the distributor/sub broker.	N box has been intention	nally left blank by r	me/us as this transac the advice of in-approp	tion is executed with priateness, if any, pro	out any into	eraction or advice employee/relation	by the employee/relationship nship manager/sales person o
Sole /	1st Applicant / Guar uthorised Signatory	dian	2nd Applicant Auth	norised Signatory		3rd Applicant	Authorised Signatory
Upfront commission shall be paid dir 2. EXISTING UNIT HOLE			tributor based on the in	vestor's assessment o	f various fac	ctors including the s	service rendered by the distribut
3. APPLICANT DETAILS Name of Sole/1st holder			PAN No	. M A N D	AT		YC Acknowledgement Cop
Name of 2nd holder			PAN No				(YC Acknowledgement Cop
Name of 3rd holder			PAN No				
					ATT	,	YC Acknowledgement Cop
4. SYSTEMATIC TRANSF (If the investor wishes to invented to invented the investor wishes to invented the invented the invented to invented the inven	est in Direct Plan ple				Please ref	er respective SI	D/KIM for product labeling
Name of 'Transferee' Scheme	Plan/Option						
5. STP DETAILS (Refer Ins							
Fixed Transfer STP (R STP Frequency (Please		.7&9)			OR STE	Capital Appre	ciation STP (Refer Inst No.88
☐ Daily (Minimum One Month	,	☐ Fortnightly	☐ Monthly (Default)	Quarterly		Monthly (Default)	☐ Quarterly
First execution date will be on or after 7 calendar day from the date of submission of the form (excluding day of submission)	of every month	of every month	of every month *Incase the Investor ha	of the starting month of every Quarter as not specified any	1 st (of every Month	1st of the starting month of every Quarter
Amount of Transfer per li	netalment Re		date then the default d	ate would be 10th			
Enrolment Period (Please							
REGULAR From: M N		MYY		RPETUAL From:	MM	Y Y To:	M M Y Y
Only for Daily STP Enrolr	ment Period	To: DI	D M M Y Y				
6. DECLARATION & SIGNATU							
I/We would like to opt for Systematic Form, Scheme Information Docume the scheme and I/We have not receive form of trail commission or any othe hereby declare that the above inform the meaning of Regulation (S) undecanada. APPLICABLE TO NRIs Obbanking channels or from funds in my	Transfer Plan subject to to the Transferor and Treed nor been induced by a rmode), payable to him fation is given by the under the United States Secur	ansferee Scheme and ny rebate or gifts, dire or the different comp rsigned and particular ities Act of 1933, or a of Indian Nationality/	d Statement of Addition octly or indirectly, in maketing Schemes of varic rs given by me/us are considered by the U.S. Congring and I/We hereby	al Information before f ting this investment. The trus Mutual Funds from	illing up the l he ARN hold n amongst w	Enrolment Form. I/ ler has disclosed to hich the Scheme is	We have understood the details me/us all the commissions (in t s being recommended to me/us
Place:				Da	te: D	D M M Y	YYY
SIGNATURE							
SIGN HERE		SIGN HERE			SIGN HE	RE	
Sole/ 1 st applicant/Guardian	Authorised Signatory	2 nd app	olicant / Authorised	Signatory		3 rd applicant Au	thorised Signatory
Acknowledgement Red	eipt of STP Appli	cation Form (To be filled in by	the Unit holde	r)		
FOLIO NO.						APP No.:	
Received from				STP application	1	Stam	o of receiving branch
Amount of Transfer per Instalm	ent Rs.						
From Scheme / Plan / Option							
to Scheme / Plan / Option Mode & Frequency of STP							& Signature
cac a rioquonoy or orr						1	