

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
ARN-54241		E055018	

SIGN HERE → First / Sole Applicant / Guardian

SIGN HERE → Second Applicant

SIGN HERE → Third Applicant

*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.

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 DD MM YY

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

COUNTRY OF TAX RESIDENCE*** India U.S.A. Others (please specify)

FOREIGN TAX ID NO*** If you have more than one country of tax residence please specify the details of all the countries

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) DD MM YY YY YY (Mandatory for Non-Individuals)

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. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Form W8 BEN-E / Declaration by FI/FFI/NFFE enclosed (Refer Ins No. XIII) **OR**
 Unable to Provide FATCA status (Refer Ins No. XIII)
(Where no box is ticked it will be understood by default that the applicant is unable to confirm the FATCA Status as of now and will confirm in future. For such cases AMC will contact the investor in due course of time)

B. ULTIMATE BENEFICIARY OWNER DETAILS (Not applicable in case the investor or owner of the controlling interest is a company listed on a stock exchange or is a majority owned subsidiary of such a company)

Applicant is the Ultimate Beneficial Owner(s) of this investment (Refer Ins No. XII) **OR**
 Applicant is not the Ultimate Beneficial Owner(s) of this investment (Please submit the Declaration for 'Ultimate Beneficial Ownership' along with this form) (Refer Ins No. XII)
(Where no box is ticked applicant will be treated as the Ultimate Beneficial Owner(s) of this investment by default)

C. 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:** _____

**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

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></tr> </table>		I	N					Target ID No. _____
	I		N						
Beneficiary Account No. _____									

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^	_____
Second Applicant POA Name	Mr./Ms./M/s _____	PAN^	_____
Third Applicant POA Name	Mr./Ms./M/s _____	PAN^	_____

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

✘ First / Sole Applicant / Guardian	✘ Second Applicant	✘ Third Applicant
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Check list for the documents to be submitted:

Documents	Companies	Trusts	Societies	Partnership Firms	NRI	FII/FPIs	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	✓	✓	✓	✓	✓	✓	✓

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)

IVR

Investor can avail below facilities

1. NAV
2. Account balance
3. Account statement
4. Last 5 transactions

For more details : Call : 1800-300-1111

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN-54241		E055018	

*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

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 Depository Securities Limited	Depository participant Name _____ Target ID No. _____
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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	Reliance STEP-UP Facility (Optional)		
					Amount	Frequency	Count
	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> REGULAR From: MM / YY To: MM / YY <input type="checkbox"/> PERPETUAL (Default) (Refer Instruction No. 5) From: MM / YY To: 1 2 / 9 9	<input type="checkbox"/> 2 <input type="checkbox"/> 10 (Default) <input type="checkbox"/> 18 <input type="checkbox"/> 28	Rs. _____ (in figures)	Rs. _____ (Multiples of Rs. 100 only)	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount time(s) (Default 1time)

DECLARATION: 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. 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.

First / Sole Applicant / Guardian Second Applicant 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)
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

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

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 : D D M M Y Y Y Y 1 _____ 2 _____ 3 _____

To: 3 1 1 2 2 0 9 9 1 _____ 2 _____ 3 _____

Or Until Cancelled 1 _____ 2 _____ 3 _____

Signature of Account Holder Signature of Account Holder Signature of Account Holder
Name of Account Holder Name of Account Holder Name of Account Holder

**Know Your Client (KYC)
Application Form (For Individuals Only)**



Application No. :

Please fill in ENGLISH and in BLOCK LETTERS with black ink

CIVL

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (As appearing in supporting identification document).

Name

Father's/Spouse Name

2. Gender Male Female B. Marital status Single Married C. Date of Birth d d / m m / y y | y y

3. Nationality Indian Other (Please specify) _____

4. Status Please tick (✓) Resident Individual Non Resident Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

5. PAN Please enclose a duly attested copy of your PAN Card

Unique Identification Number (UID)/Aadhaar, if any: _____

6. Proof of Identity submitted for PAN exempt cases Please Tick (✓)

UID (Aadhaar) Passport Voter ID Driving Licence Others _____

PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

(Please see guideline 'D' overleaf)

B. Address Details (please see guidelines overleaf)

1. Address for Correspondence

City / Town / Village Pin Code
 State Country

2. Contact Details

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)
Mobile (ISD) (STD) Fax (ISD) (STD)
E-Mail Id.

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y | y y

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village Pin Code
 State Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____

*Not more than 3 Months old. Validity/Expiry date of proof of address submitted d d / m m / y y | y y

C. Other Details (please see guidelines overleaf)

1. Gross Annual Income Details (Please tick (✓): Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac > 25 Lacs

OR

Net-worth in ₹. (*Net worth should not be older than 1 year) _____ as on (date) d d / m m / y y | y y

2. Occupation (Please tick (✓) any one and give brief details):

Private Sector Service Public Sector Government Service Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (Please specify) _____

3. Please tick, if applicable: Politically Exposed Person Related to a Politically Exposed Person

For definition of PEP, please refer guideline overleaf

4. Any other information: _____

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place:

Date:

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done on d d / m m / y y | y y

AMC/Intermediary name OR code _____

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

*Please note that the KYC Application Form and overleaf instructions should be printed on the same page (back to back). If printed separately then both the pages should be attached and signed by the applicant.