

**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	

**\*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

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 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)         (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

**5. SECOND APPLICANT DETAILS**

NAME  PAN / PEKRN^

OCCUPATION\* :  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector  
 Business  Forex Dealer  Student  Private Sector Service  Others \_\_\_\_\_

COUNTRY OF BIRTH\*  COUNTRY OF NATIONALITY/CITIZENSHIP^

COUNTRY OF TAX RESIDENCE^  India  U.S.A.  Others \_\_\_\_\_ (please specify)

If you have more than one country of tax residence please specify the names of all the countries separated by commas

FOREIGN TAX ID NO^  STATUS\*:  NRI  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)  DD  MM  YY  YY

Are you a Politically Exposed Person (PEP)\*  Yes  No Are you related to a Politically Exposed Person (PEP)  Yes  No

**6. THIRD APPLICANT DETAILS**

NAME  PAN / PEKRN^

OCCUPATION\* :  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector  
 Business  Forex Dealer  Student  Private Sector Service  Others \_\_\_\_\_

COUNTRY OF BIRTH\*  COUNTRY OF NATIONALITY/CITIZENSHIP^

COUNTRY OF TAX RESIDENCE^  India  U.S.A.  Others \_\_\_\_\_ (please specify)

If you have more than one country of tax residence please specify the names of all the countries separated by commas

FOREIGN TAX ID NO^  STATUS\*:  NRI  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)  DD  MM  YY  YY

Are you a Politically Exposed Person (PEP)\*  Yes  No Are you related to a Politically Exposed Person (PEP)  Yes  No

\*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

**7. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VI & VIII)**

## Correspondence Address (P.O. Box is not sufficient) ## Please note that your address details will be updated as per your KYC records with CVL / KRA

Landmark

City  Pin Code  State

Overseas Address (Mandatory for FIIs/NRIs/PIOs)

City  Pin Code  State

Email ID

Mobile + (Country Code)  Tel. No. \$TD Code  Office  Residence

Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts.

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

Bank Name

Account No.  A/c. Type (✓)  SB  Current  NRO  NRE  FCNR

Branch Address  Branch City

PIN  IFSC Code  For Credit via RTGS 9 Digit MICR Code\*  For Credit via NEFT

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

**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\*\*  Bonus  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.) \_\_\_\_\_ I minus II \_\_\_\_\_

InstrumentNo/Cash Deposit Slip No. \_\_\_\_\_ Dated  DD  MM  YY  YY  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





MUTUAL FUND

SIP ENROLLMENT DETAILS

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

Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) A Reliance Capital Company

APP No.

Table with 5 columns: Name & Broker Code / ARN, Sub Broker / Sub Agent ARN Code, Employee Unique Identification Number, Sub Broker / Sub Agent Code, RIA Code. Values include ARN-54241, ARN-, 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 First / Sole Applicant / Guardian Authorized Signatory, Second Applicant Authorized Signatory, Third Applicant Authorized 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.

Table with 2 columns: APPLICANT DETAILS, FOLIO NO. Fields include Name of Sole/1st holder, Name of 2nd holder, Name of 3rd holder, PAN No / PEKRN, KYC checkboxes.

Table with 2 columns: INITIAL INVESTMENT DETAILS. Fields include Cheque/ DD No./Cash Deposit Slip No., Cheque / DD / Cash Deposition Date, DD Charge Rs., Net Amount Rs., Bank Name, Branch, City.

Table with 2 columns: UNITHOLDING OPTION - Demat Mode, Physical Mode. Fields include National Securities Depository participant Name, DP ID No., Beneficiary Account No., Central Depository Securities Limited, Depository participant Name, Target ID No., Enclosures (Client Master List, Transaction cum Holding Statement, Cancelled Delivery Instruction Slip).

Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor only)

Email ID, Mobile no. fields.

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 through Online Mode, unless I have already opted for IPIN in the past and have created a username.

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)

Table with 6 columns: Scheme / Plan / Option, Frequency, Enrollment Period, SIP Date, SIP Amount, Reliance STEP-UP Facility (Optional). Includes radio buttons for Monthly, Quarterly, Yearly, REGULAR, PERPETUAL, and SIP Date options.

\*\* In case of Reliance Tax Saver Fund, Reliance Retirement fund - Income Generation Plan & Reliance Retirement fund- Wealth Creation Plan, the SIP & Step up Amount should be in multiples of Rs 500/- .

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.

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 signature lines.

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.



MUTUAL FUND

ONE TIME BANK MANDATE

(NACH / Direct Debit Mandate Form) (Applicable for Lumpsum Additional Purchases as well as SIP Registration)

Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) A Reliance Capital Company

APP No.

UMRN (For Office Use Only) field.

Date: DD MM YYYY

Create, Modify, Cancel checkboxes. Sponsor Bank Code, Utility Code, Reliance Mutual Fund to debit, Bank A/c no. fields.

With Bank (Name of Destination Bank), IFSC, MICR, amount of Rupees fields.

FREQUENCY: Monthly, Quarterly, Half Yearly, Yearly, Fixed Amount, Maximum Amount checkboxes.

Table with 2 columns: Reference 1, Reference 2. Fields include Folio No., Scheme / Plan reference Number, Appln No., Email ID, 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.

Table with 2 columns: PERIOD. Fields include From, To, Or Until Cancelled.

Signature of Account Holder, Name as in Bank Record fields for 1, 2, 3 applicants.

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.

OTBM + SIP Form / 21st March 2017 / Ver 1.9



# Supplementary KYC Information & FATCA-CRS Declaration - Individuals

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

PAN\*  Folio No. \*If PAN is not available

Name  Gender  M  F  O

Type of address given at KYC KRA  Residential  Residential or Business  Business

Place of Birth

Country of Birth

Nationality

Gross Annual Income Details in INR  Below 1 Lakh  1 - 5 Lacs  5 - 10 Lacs  10 - 25 Lacs  25 Lacs - 1 Crore  > 1 Crore  Net Worth in INR. In Lakhs ₹.  Net Worth as on  DD  MM  YY  YY  YY  YY (Date should not be older than one year)

Occupation Details  Business  Professional  Public Sector  Housewife  Retired  Others [Please specify]  Private Sector  Government Service  Agriculturist  Student  Forex Dealer

Politically Exposed Person [PEP]  Yes  Related to PEP  Not Applicable

Are you a tax resident of any country other than India?  Yes  No

If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below.

Country <sup>#</sup>	Tax Identification Number <sup>**</sup>	Identification Type (TIN or Other, please specify)

<sup>#</sup>To also include USA, where the individual is a citizen / green card holder of The USA  
<sup>\*\*</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent \$

Certification	Signature
I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.	<input type="text"/> Date <input type="text"/> dd <input type="text"/> mm <input type="text"/> yy <input type="text"/> yy <input type="text"/> yy <input type="text"/> yy Place <input type="text"/>

For investor convenience, Karvy Computershare is collecting this mandatory information for updating across all participating Karvy Serviced Mutual Funds (list in the cover email / letter) where you are already an investor or would become an investor in future.  
**Please submit the form duly filled, signed, for all the holders, separately, and submit at your nearest Karvy Computershare branch or you can dispatch the hard copy to -**  
**Karvy Computershare Pvt. Ltd., Karvy Selenium Tower B**  
**Unit – FATCA / CRS / UBO**  
**Plot Nos. 31 & 32 | Financial District | Nanakramguda**  
**Serilingampally Mandal | Hyderabad - 500032 | India**

**FATCA & CRS Terms & Conditions**  
Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. It is important that you respond to our request, even if you believe you have already supplied any previously requested information.