RELIANCE Mutual Fund

Reliance Capital Asset Management Limited
A Reliance Capital Company

APP No.:

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- (ARN stamp here)			

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/ subcription 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 D D M M Y Y Y Y

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 ☐ Society ☐ PIO ☐ PSU ☐ FI / FII ☐ Bank ☐ AOP/BOI ☐ NRI ☐ FPI^^^ (^^^as and when applicable) ☐ Minor through Guardian ☐ Company/Body Corporate ☐ Government Body ☐ HUF ☐ Sole Proprietor ☐ Partnership Firm ☐ Trust / Charities / NGOs ☐ Defence Establishment ☐ Others

COUNTRY OF TAX RESIDENCE^** ☐ India ☐ U.S.A. ☐ Others (In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided)

If you have more than one country of tax residence please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers

Country of Tax Residence	Tax Identification Number (TIN) %	TIN issuing Country	Identification Type (TIN or Other)	Type of Documentary Evidence

% In case Tax Identification Number is not available, kindly provide its functional equivalent $

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

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

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. NET-WORTH**^ in ₹ (Net worth should not be older than 1 year) as on (Date) D D M M Y Y Y Y

B. 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:

C. ☐ Declaration on Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS) enclosed (Refer Ins No. XIII)

**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 piror to investing in Reliance Mutual Fund. Refer instruction no.II.6, 7 & IX

Debt & Liquid CAF / 18th Feb 2016 / Ver 1.12

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)

Investor can avail below facilities
1. NAV
2. Account balance
3. Account statement
4. Last 5 transactions

For more details : Call : 1800-300-11111

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

5. 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

COUNTRY OF TAX RESIDENCE^ ☐ India ☐ U.S.A. ☐ Others (In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided)

If you have more than one country of tax residence please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers

Country of Tax Residence	Tax Identification Number (TIN) %	TIN issuing Country	Identification Type (TIN or Other)	Type of Documentary Evidence

% In case Tax Identification Number is not available, kindly provide its functional equivalent $

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

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

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 **STATUS^:** ☐ NRI

☐ Business ☐ Forex Dealer ☐ Student ☐ Private Sector Service ☐ Others _____ ☐ Resident Individual

COUNTRY OF TAX RESIDENCE^ ☐ India ☐ U.S.A. ☐ Others (In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided)

If you have more than one country of tax residence please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers

Country of Tax Residence	Tax Identification Number (TIN) %	TIN issuing Country	Identification Type (TIN or Other)	Type of Documentary Evidence

% In case Tax Identification Number is not available, kindly provide its functional equivalent $

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

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

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 piror 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.** STD 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 Mandatory

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

BranchAddress **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.

Debt & Liquid CAF / 18th Feb 2016 / Ver 1.12

Add convenience to your life with our value added service

SMS

Simply send **SMS to 966 400 1111 to avail below facilities		
Types of Facilities	**Single Folio**	**Multiple Folio**
NAV	SMS mynav	SMS mynav <space> last 6 digits of folio
Balance	SMS Balance	SMS balance <space> last 6 digits of folio
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio

**SMS charges apply

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

You can also follow us on

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^^ ☐ Dividend Payout ☐ Dividend Reinvestment **Dividend Frequency** _____

Payment Details (Please issue cheque favouring scheme name)

Mode of Payment ☐ OTMFacility (OneTimeBankMandate) ☐ Cheque ☐ DD ☐ FundsTransfer ☐ RTGS/NEFT ☐ Cash[$] (Refer Instruction No. XIV)

Investment Amount (Rs.) _____ I DD Charges (if applicable) (Rs.) _____ II Net Amount~ (Rs.) _____ I minus II

Instrument No/Cash Deposit Slip No. _____ Dated D D M M Y Y Y Y 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

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 _____ DP ID No. I N BeneficiaryAccountNo.	**Central Depository Securities Limited**	Depository participant Name _____ Target ID No.

Enclosures(Pleasetickanyonebox): ☐ ClientMasterList(CML) ☐ TransactioncumHoldingStatement ☐ CancelledDeliveryInstructionSlip(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 OTM + 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 RELIANCE ANY TIME MONEY CARD ("THE CARD") Yes ☐ No ☐ (Please refer Instructions)

1) Name as you would like to appear on your card**

(**Please mention the name of the first holder) Mandatory (Maximum of 24 characters)

2) Mother's maiden name in full*

Mandatory

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
⊗	⊗	⊗