

**COMMON APPLICATION FORM**

All Columns marked \* are mandatory. **TO BE FILLED IN CAPITAL LETTERS & IN BLUE/BLACK INK ONLY.**

<b>1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)</b>		Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.	Sole / 1 <sup>st</sup> applicant/ Authorised Signatory
Name & Broker Code / ARN ARN-82882	Sub Broker / Sub Agent Code		
<b>2. TRANSACTION CHARGES (Please tick any one of the below. Refer Instruction No. IV.4)</b>		2 <sup>nd</sup> applicant/ Authorised Signatory	
<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS Rs. 150 will be deducted as transaction charge for per purchase of Rs. 10,000 and more	<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS Rs. 100 will be deducted as transaction charge for per purchase of Rs. 10,000 and more		
<b>3. RELATIONSHIP WITH THE DISTRIBUTOR (Please tick any one of the option. Refer Instruction No. I.13)</b>		3 <sup>rd</sup> applicant/ Authorised Signatory	
<input type="checkbox"/> Advisory <input type="checkbox"/> Execution Only			
<b>4. NATURE OF THE TRANSACTION (Please tick any one of the option. Refer Instruction No. I.13)</b>			
<input type="checkbox"/> Advisory <input type="checkbox"/> Execution Only			

**5. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio number incase you are an existing investor)** FOLIO NO. \_\_\_\_\_

**6. Unitholding Option -**  Demat Mode  Physical Mode

**DEMAT ACCOUNT DETAILS -** (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. Ref. Instruction No.X) Demat Account details are compulsory if demat mode is opted above.

<b>National Securities Depository Limited</b>	Depository participant Name _____ DP ID No. I N _____ Beneficiary Account No. _____	<b>Central Depository Securities Limited</b>	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)

**7. APPLICANT INFORMATION (Refer Instruction No. II)**

**APPLICATION FOR**  Zero Balance Folio  Invest Now **MODE OF HOLDING**  Single  Joint  Any One or Survivor(s) (Default Joint)

**OCCUPATION**  Business  Professional  Service  Retired  Student  Current/Former MP/MLA/MLC/Head of State  
 Retired  Civil Servant  Politician  Forex Dealer  House wife  Senior Executive of State owned corporation  
 Political Party Official  Others

**STATUS INDIVIDUAL** 1st Applicant  Resident Indian  NRI **STATUS NON-INDIVIDUAL**  FIIs  Society  Banks  Trust  HUF  
2nd Applicant  Resident Indian  NRI  Minor  Fls  AOP/BOI  Partnership firm  
3rd Applicant  Resident Indian  NRI  Company/Body Corporate  Others

Name of First / Sole applicant  Mr.  Ms.  M/s. Date of Birth\*\* D D M M Y Y Y Y Y Y

1st holder PAN  PAN Proof Enclosed  KYC Acknowledgement Copy #Document Category No. \_\_\_\_\_ (\*\*Mandatory if the applicant is minor  
Mandatory if opted for ATM card)

Name of Guardian (In case of Minor)/(Contact Person Name - In case of non-individual Investors)  Mr.  Ms. Relation with Minor / Designation M a n d a t o r y

Guardian's PAN  PAN Proof Enclosed  KYC Acknowledgement Copy #Document Category No. \_\_\_\_\_

Name of Second applicant  Mr.  Ms. (Refer Instruction No. IX.4)

2nd holder PAN  PAN Proof Enclosed  KYC Acknowledgement Copy #Document Category No. \_\_\_\_\_

Name of Third applicant  Mr.  Ms. (Refer Instruction No. IX.4)

3rd holder PAN  PAN Proof Enclosed  KYC Acknowledgement Copy #Document Category No. \_\_\_\_\_

#Mandatory for MICRO SIP Investors (Refer Instruction No. IX)

**Mailing Address**

Add 1 \_\_\_\_\_  
Add 2 \_\_\_\_\_ District \_\_\_\_\_  
Add 3 \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ (Country) \_\_\_\_\_ PIN \_\_\_\_\_

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

Add 1 \_\_\_\_\_  
Add 2 \_\_\_\_\_  
City \_\_\_\_\_ (Country) \_\_\_\_\_ PIN \_\_\_\_\_

**CONTACT DETAILS OF SOLE/FIRST APPLICANT (Mobile No or Email Id is mandatory. Refer Instruction No. VI)**

Tel. No. STD Code \_\_\_\_\_ Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile no. \_\_\_\_\_ (For Receiving SMS Alert)

Email ID \_\_\_\_\_ (For Receiving Email Alert)

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.

Please collect your time stamped acknowledged slip for future references

Received from \_\_\_\_\_ an application for allotment of

Units under Reliance \_\_\_\_\_ as per details below. APP No.: WD-

Growth Option  Bonus Option  Dividend Reinvestment  Dividend Payout

Cheque / DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Rs. \_\_\_\_\_

drawn on \_\_\_\_\_

Time Stamp & Date  
of receiving office

**8. 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 i n d a t o r y

Bank M a i n d a t o r y Branch City \_\_\_\_\_

PIN \_\_\_\_\_ IFSC Code f o r C r e d i t v i a N E F T 9 Digit MICR Code\* f o r F r e d i t v i a E G S

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

**9. 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**  PDC  Auto Debit / ECS (Refer Instruction No. I-12)

Frequency (Please ✓)  Monthly  Quarterly SIP Date:  2  10  18  28

REGULAR Enrollment Period: From: M M Y Y To: M M Y Y  PERPETUAL (Default) (Not applicable for PDCs) Enrollment Period: From: M M Y Y To: 1 2 9 9 Amount per Instalment: Rs. \_\_\_\_\_

I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD (Not applicable for Zero Balance Folios. Please refer ATM Instructions)

**1) Name as you would like to appear on your card\*\*** M a i n d a t o r y (Maximum of 24 characters)  
 (\*\*Please mention the name of the first holder)

**2) Mother's maiden name in full\*** M a i n d a t o r y

Note : 1) Applicable only if you have investments in Reliance Liquid Fund Treasury Plan or Reliance Money Manager Fund.  
 2) Mobile No, Email Id & Date of Birth of the First /Sole applicant is mandatory. Please fill the necessary details under Section 7 Applicant Information of the form. In case the details are not provided then the ATM request will be rejected.

I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS I have read & understood and accept the Terms & Conditions attached

**10. NOMINATION (Refer to Instruction No.V) (Mandatory if mode of holding is single)**

I/ We \_\_\_\_\_ (Unit holder 1) and \_\_\_\_\_ (Unit holder 2) and \_\_\_\_\_ (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)	Name and Address of Guardian (to be furnished in case the Nominee is a minor)	Date of Birth (Minor)	Proportion (%) by which the units will be shared by each Nominee (should aggregate to 100%)	Signature of Nominee	Signature of Guardian
Nominee 1					
Nominee 2					
Nominee 3					

OR

I/ We \_\_\_\_\_ (Unit holder 1) and \_\_\_\_\_ (Unit holder 2) and \_\_\_\_\_ (Unit holder 3) do hereby declare that we do not wish to nominate any person/person(s) in the folio/account.

Sole / 1<sup>st</sup> applicant/ Authorised Signatory \_\_\_\_\_  
 2<sup>nd</sup> applicant/ Authorised Signatory \_\_\_\_\_  
 3<sup>rd</sup> applicant/ Authorised Signatory \_\_\_\_\_

**11. 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 including but not limited to ATM/ Debit 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. **Applicable for NRI Investors:** 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**

**SIGN HERE**

\_\_\_\_\_ Sole / 1<sup>st</sup> applicant/Guardian/ Authorised Signatory

\_\_\_\_\_ 2<sup>nd</sup> applicant/ Authorised Signatory

\_\_\_\_\_ 3<sup>rd</sup> applicant/ Authorised Signatory

**ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)**

One Indiabulls Centre, Tower 1, 11th & 12th Floor,  
 Jupiter Mill Compound, 841, Senapati Bapat Marg  
 Elphinstone Road, Mumbai-400 013

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**www.reliancemutual.com**



**Mutual Fund**