

COMMON APPLICATION FORM

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

| 1. DISTRIBUTOR / BROKER INFORMATION | |
|--|-----------------------------|
| Name & Broker Code / ARN ARN-42954 | Sub Broker / Sub Agent Code |

| 2. EXISTING UNIT HOLDER INFORMATION |
|---|
| For existing investors please fill in your Folio number, FOLIO NO. _____ |

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.

| 3. APPLICANT INFORMATION (Refer Instruction No. II) | |
|---|--|
| APPLICATION FOR <input type="checkbox"/> Zero Balance Folio | <input type="checkbox"/> Invest Now |
| MODE OF HOLDING <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any One or Survivor(s) (Default Joint) | <input type="checkbox"/> Former or Survivor (In case of Minor with joint applicant) |
| OCCUPATION <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Service <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Current/Former MP/MLA/MLC/Head of State <input type="checkbox"/> Retired <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician <input type="checkbox"/> Forex Dealer <input type="checkbox"/> House wife <input type="checkbox"/> Senior Executive of State owned corporation <input type="checkbox"/> Political Party Official <input type="checkbox"/> Others | |
| STATUS INDIVIDUAL 1st Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI 2nd Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI 3rd Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI | STATUS NON-INDIVIDUAL <input type="checkbox"/> FIIs <input type="checkbox"/> Society <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Fls <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Partnership firm <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Others |

Name of First / Sole applicant Mr. Ms. M/s.

1st holder PAN* PAN Proof Enclosed (Refer instruction no. II-4) Date of Birth**
 [M | a | n | d | a | t | o | r | y |] [Are you KYC Compliant Please (✓) Yes or No] [D | D | M | M | Y | Y | Y | Y]
(Refer instruction no. II-5) (**Date of birth mandatory if the applicant is minor)

Name of Guardian (In case of Minor) / Contact Person-Designation In case of non-individual Investors) Mr. Ms.

Guardian's PAN* PAN Proof Enclosed (Refer instruction no. II-4) Relation with Minor / Designation
 [M | a | n | d | a | t | o | r | y |] [Are you KYC Compliant Please (✓) Yes or No]

Name of Second Applicant Mr. Ms. NRI

2nd holder PAN* PAN Proof Enclosed (Refer instruction no. II-4) Date of Birth
 [M | a | n | d | a | t | o | r | y |] [Are you KYC Compliant Please (✓) Yes or No] [D | D | M | M | Y | Y | Y | Y]
(Refer instruction no. II-5)

Name of Third Applicant Mr. Ms. NRI

3rd holder PAN* PAN Proof Enclosed (Refer instruction no. II-4) Date of Birth
 [M | a | n | d | a | t | o | r | y |] [Are you KYC Compliant Please (✓) Yes or No] [D | D | M | M | Y | Y | Y | Y]
(Refer instruction no. II-5)

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

Email ID _____ (For Receiving Email Alert)

Investors providing Email Id would mandatorily receive only E – Statement of Accounts in lieu of physical Statement of Accounts. (Refer Instruction No. VI Point No. 2)

| | |
|---|--|
| <input type="checkbox"/> I WISH TO APPLY FOR TRANSACT ONLINE I have read & understood the Terms & Conditions attached | <input type="checkbox"/> I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD (Please refer to ATM Instruction) Name as you would like to appear on Any Time Money Card (Max. 19 characters) [M a n d a t o r y] Mother's maiden name in full [M a n d a t o r y] |
|---|--|

Please collect your time stamped acknowledged slip for future references
 Received from _____ an application for allotment of
 Units under Reliance _____ as per details below.

Growth Option Bonus Option Dividend Reinvestment Dividend Payout APP No. _____

Cheque / DD No. _____ Dated _____ Rs. _____
 drawn on _____
Time Stamp & Date of receiving office

4. 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 n d a t o r y

Bank M a n d a t o r y Branch City

PIN IFSC Code For Credit via N.E.F.T. 9 Digit MICR Code* For Credit via E.G.S.

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

5. 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

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) Enrollment Period: From: M M Y Y To: 1 2 9 9 Amount per Instalment: Rs. _____

SIP PAYMENT TYPES (Please Select any one option)

- OPTION I : Payment through Post Dated Cheques.** (New Investors are required to fill up and submit (i) Common Application Form and (ii) SIP Enrolment Form for Post Dated Cheques (available on our website and also available at all DISC). Existing investors have to submit only SIP Enrolment Form for Post Dated Cheques)
- OPTION II : Payment through Auto Debit or Electronic Clearing System (ECS)** (New Investors are required to fill up and submit (i) Common Application Form and (ii) SIP Enrolment cum Auto Debit /ECS Mandate Form. Existing investors have to submit only SIP Enrolment cum Auto Debit/ECS Mandate)

6. DOCUMENTS ENCLOSED (Please ✓) (MANDATORY)(Refer to Instruction No.I-9)

| For Corporate | For Systematic Transactions | For Additional Document |
|---|--|---|
| <input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Trust Deed <input type="checkbox"/> Bye-Laws <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Resolution / Authorization to invest <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s) | <input type="checkbox"/> SIP Enrollment Form (Cheque or Auto Debit and ECS) <input type="checkbox"/> Cheques <input type="checkbox"/> Systematic Transfer Plan & Dividend Transfer Plan Enrollment Form <input type="checkbox"/> Systematic Withdrawal Plan Enrollment Form <input type="checkbox"/> Reliance SMART STEP Enrollment Form <input type="checkbox"/> Trigger Form <input type="checkbox"/> Reliance SIP Insure Form | <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Others _____ |

7. NOMINATION (Refer to Instruction No.V)

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

8. DECLARATION

I/We would like to invest in Reliance _____ subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID 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 accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Managements 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. **Applicable for NRI Investors:** 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.

S
i
G
n
e
r
e

_____ Sole / 1st applicant/Guardian/
Authorised Signatory

_____ 2nd applicant/
Authorised Signatory

_____ 3rd 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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