

## COMMON APPLICATION FORM

(To be filled in CAPITAL letters)

APP No.:

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)				
Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	Employee Unique Identification Number	RIA Code*
ARN- <b>132061</b> <small>(p here)</small>	ARN-		<b>E352389</b>	
<p>*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.</p> <p>++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser:</p>				
SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory	

<b>2. INVESTOR'S FOLIO NUMBER</b>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	[Please tick (✓) any one] <input type="checkbox"/> I am a First time investor across Mutual Funds OR <input type="checkbox"/> I am an existing investor in Mutual Funds
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<b>3. UNITHOLDING OPTION - <input type="checkbox"/> DEMAT MODE <input type="checkbox"/> PHYSICAL MODE</b>			
<b>DEMAT ACCOUNT DETAILS</b> - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI. 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.			
<b>NSDL</b>	DP Name	DP ID	<input style="width: 100%;" type="text"/>
<b>CDSL</b>	DP Name	Beneficiary Account No.	<input style="width: 100%;" type="text"/>
Enclosures [Please tick ( ✓ ) any one box]: <input type="radio"/> Client Master List (CML) <input type="radio"/> Transaction cum Holding Statement <input type="radio"/> Cancelled Delivery Instruction Slip (DIS)			

4. GENERAL INFORMATION APPLICATION FOR ☐ Zero Balance Folio ☐ Investment ^MODE OF HOLDING : [Please tick(✓)] ☐ Single ☐ Joint (Default) ☐ Any one or Survivor

[illegible]

6. SECOND APPLICANT DETAILS																																	
NAME*	Mr.	Ms.																						PAN / PEKRN*									
CKYC Id*																								Aadhar No.*									STATUS*: <input type="radio"/> Resident Individual <input type="radio"/> NRI

7. THIRD APPLICANT DETAILS																																	
NAME*	Mr.	Ms.																						PAN / PEKRN*									
CKYC Id*																								Aadhar No.*									STATUS*: <input type="radio"/> Resident Individual <input type="radio"/> NRI

	<b>MUTUAL FUND</b>	<h2 style="margin: 0;">ACKNOWLEDGMENT SLIP ( Please retain this slip)</h2> <p style="margin: 0;">To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.</p> <p style="margin: 0;">Name of the Investor Mr/Ms/M/s : _____</p>	Application No.: _____
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Corporate Office Address: Reliance Centre, 7th Floor, South Wing, Off Western Express Highway, Santacruz (East), Mumbai - 400 055.

8. ADDITIONAL KYC DETAILS										
OCCUPATION***	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1 <sup>st</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 <sup>nd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 <sup>rd</sup> Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GROSS ANNUAL INCOME DETAILS***		Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH*** in `	Date
1st Applicant								(Net worth should	D D M M Y Y Y Y
2nd Applicant								not be older	D D M M Y Y Y Y
3rd Applicant								than 1 year)	D D M M Y Y Y Y
Guardian									D D M M Y Y Y Y

PEP DETAILS***		1st Applicant		2nd Applicant		3rd Applicant		Guardian	
Are you a Politically Exposed Person (PEP)***		Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
Are you related to a Politically Exposed Person (PEP)***		Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>

**9. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatory fill separate FATCA/CRS details form**

# Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

Sole/First Applicant/Guardian			Second Applicant			Third Applicant		
Country #***	Tax Payer Ref. ID No*	Identification Type	Country #	Tax Payer Ref. ID No*	Identification Type	Country #	Tax Payer Ref. ID No*	Identification Type
1			1			1		
2			2			2		
3			3			3		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. \*In case Tax Identification Number is not available, kindly provide its functional equivalent

Sole/First Applicant/Guardian		Second Applicant		Third Applicant	
Country of Birth***		Country of Birth		Country of Birth	
Country of Nationality***		Country of Nationality		Country of Nationality	

**10. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VII & IX)**


Correspondence Address** (P.O. Box is not sufficient)					Overseas Address (Mandatory for NRI / FI/ Applicants)					
House /Flat No.					House /Flat No.					
Street Address					Street Address					
City/ Town	State				City/ Town	State				
Country	Pin Code				Country	Pin Code				
Tel. (Res.)	STD Code				Tel. (Off.)			Mobile No.	(Country Code)	
Email ID										

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.

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

Bank Name																
Account No.											A/c. Type (✓)	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR
BranchAddress											Branch City	For Credit via NEFT				
PIN			IFSC Code	or Credit via RTGS					MICR Code	9 Digit						

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.




**Add convenience to your life with our value added service**

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



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For more details : Visit : [www.reliancecmutual.com](http://www.reliancecmutual.com)

You can also follow us on   

**12. 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) OTBM 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)

[Please tick (✓) the appropriate boxes only if applicable to the scheme in which you plan to invest] Option ☐ Growth<sup>^</sup> ☐ Dividend Payout ☐ Dividend Reinvestment Dividend Frequency \_\_\_\_\_

Mode of Payment ☐ Cheque ☐ DD ☐ Funds Transfer ☐ OTBM Facility (One Time Bank Mandate) ☐ RTGS / NEFT ☐ Cash<sup>3</sup> (Refer Instruction No. XV)

Investment Amount (₹)	DD Charges (if applicable) (₹)	Net Amount~ (₹)	Instrument No/Cash Deposit Slip No/UTR No.	Date	Drawn on Bank	Bank Branch	City
I	II	I minus II		D D M M Y Y Y Y			

(<sup>1</sup> Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. <sup>3</sup>Investors are requested to collect the cash deposit slip from the DISC

Reason for Investment: ☐ House ☐ Children's education ☐ Children's Marriage ☐ Car ☐ Retirement ☐ Others \_\_\_\_\_

**13. NOMINATION - I wish to Nominate** ☐ Yes ☐ No (Mandatory if mode of holding is single) (Refer Instruction No. VI) In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio. Signature is mandatory if you do not wish to nominate

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.

**14. POWER OF ATTORNEY (POA) HOLDER DETAILS** (Refer Instruction No. II. 1)

First Applicant POA Name	Mr./Ms./M/s	PAN <sup>+</sup>											
Second Applicant POA Name	Mr./Ms./M/s	PAN <sup>+</sup>											
Third Applicant POA Name	Mr./Ms./M/s	PAN <sup>+</sup>											

**15. SIP ENROLLMENT DETAILS** Opted for SIP: ☐ Yes ☐ No (Incase you have opted for SIP it is mandatory to submit OTBM + SIP Enrolment Form)

**16. STP ENROLLMENT DETAILS** Opted for STP: ☐ Yes ☐ No (Incase you have opted for STP it is mandatory to submit STP Enrolment Form)

**17. I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS** ☐ Yes ☐ No (Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)




**18. 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 Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) (RNLAM) liability. I understand that the RNLAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNLAM 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 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.

<b>SIGN HERE</b>	 First / Sole Applicant / Guardian / Authorised Signatory	 Second Applicant / Authorised Signatory	 Third Applicant / Authorised Signatory
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