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-6136		E033574	

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

Equity & Sector Specific CAF / 03rd Nov 2015 / Ver 1.11

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.

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 ☐ OTM Facility (One Time Bank Mandate) ☐ Cheque ☐ DD ☐ Funds Transfer ☐ 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 Beneficiary Account No.	**Central Depository Securities Limited**	Depository participant Name _____ Target ID No.

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (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 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 TRANSACT ONLINE Yes ☐ No ☐

OR

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

16. 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
⊗	⊗	⊗

Check list for the documents to be submitted:

Documents	Companies	Trusts	Societies	Partnership Firms	NRI	FIIs/FPIs	Investments through Constituted Attorney
1. Resolution/Authorisation to invest	✓	✓	✓	✓		✓	
2. List of Authorised Signatories with Specimen Signature(s)	✓	✓	✓	✓		✓	✓
3. Memorandum & Articles of Association	✓						
4. Trust Deed		✓					
5. Bye-Laws			✓				
6. Partnership Deed				✓			
7. Overseas Auditor's Certificate						✓	
8. Notarised Power of Attorney							✓
9. Foreign Inward Remittance Certificate in case of payment is made by DD from NRE/FCNR A/c where applicable					✓		
10. Proof of PAN	✓	✓	✓	✓	✓	✓	✓
11. KYC Compliant	✓	✓	✓	✓	✓	✓	✓

RELIANCE Mutual Fund

Reliance Capital Asset Management Limited
A Reliance Capital Company

APP No.:

Details of Ultimate Beneficial Owner including FATCA & CRS information for Non Individual Investors

Name of the entity

Type of address given at KRA | Residential or Business | Residential | Business | Registered Office

"Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes"

Customer ID / Folio Number

PAN

Date of incorporation D D / M M / Y Y Y Y

City of incorporation

Country of incorporation

Entity Constitution Type
Please tick as appropriate

a *Partnership Firm* b *HUF* c *Private Limited Company* d *Public Limited Company* e *Society* f *AOP/BOI*
g *Trust H Liquidator* h *Limited Liability Partnership* I *Arti cial Juridical Person* j *Others specify* _____

Please tick the applicable tax resident declaration-

1. Is "Entity" a tax resident of any country other than India Yes ☐ No ☐

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number %	Identification Type *(TIN or Other , please specify)*

%In case Tax Identification Number is not available, kindly provide its functional equivalent$
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specifed U.S. Person, mention Entity's exemption code here ☐ (Refer Instruction No. 3.viii)

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a,

Financial institution[6] ☐
or
Direct reporting NFE[7] ☐
(please tick as appropriate)

GIIN

Note: *If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below*

Name of sponsoring entity

GIIN not available *(please tick as applicable)* ☐ **Applied for**

If the entity is financial institution, ☐ Not required to apply for - please specify 2 digits sub-category[10] ☐☐

Not obtained – Non-participating FI

PART B *(please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")*

1.	Is the Entity a *publicly traded company*[1] *(that is, a company whose shares are regularly traded on an established securities market)*	Yes ☐ *(If yes, please specify any one stock exchange on which the stock is regularly traded)* Name of stock exchange _____
2.	Is the Entity a *related entity*[2] of a publicly traded company *(a company whose shares are regularly traded on an established securities market)*	Yes ☐ *(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)* Name of listed company _____ Nature of relation: ☐ Subsidiary of the Listed Company or ☐ Controlled by a Listed Company Name of stock exchange _____
3.	Is the Entity an *active*[3] NFE	Yes ☐ *(If yes, please fill UBO declaration in the next section.)* Nature of Business _____ Please specify the sub-category of Active NFE ☐☐ *(Mention code – refer 2c of Part D)*
4.	Is the Entity a *passive*[4] NFE	Yes ☐ *(If yes, please fill UBO declaration in the next section.)* Nature of Business _____

[1]Refer 2a of Part D | [2]Refer 2b of Part D | [3]Refer 2c of Part D | [4]Refer 3(ii) of Part D | [6]Refer 1 of Part D | [7]Refer 3(vii) of Part D | [10]Refer1A of Part D

UBO Declaration

Category *(Please tick applicable category):* ☐ Unlisted Company ☐ Partnership Firm ☐ Limited Liability Partnership Company ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust ☐ Others (please specify_____)

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's[5] should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name - *Beneficial owner / Controlling person* **Country** - *Tax Residency** **Tax ID No.** - *Or functional equivalent for each country[%]*	**Tax ID Type** - *TIN or Other, please specify* **Beneficial Interest** - *in percentage* **Type Code**[11] - *of Controlling person*	**Address** - *Include State, Country, PIN / ZIP Code & Contact Details* **Address Type** -
1. Name Country Tax ID No.[%]	Tax ID Type Type Code AddressType ○ Residence ○ Business ○ Registered office	Address ZIP State: Country:
2. Name Country Tax ID No.[%]	Tax ID Type Type Code AddressType ○ Residence ○ Business ○ Registered office	Address ZIP State: Country:
3. Name Country Tax ID No.[%]	Tax ID Type Type Code AddressType ○ Residence ○ Business ○ Registered office	Address ZIP State: Country:

 # If passive NFE, please provide below additional details. *(Please attach additional sheets if necessary)*

PAN / Any other Identification Number *(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)* **City of Birth - Country of Birth**	**Occupation Type** - *Service, Business, Others* **Nationality** **Father's Name** - *Mandatory if PAN is not available*	**DOB** - *Date of Birth* **Gender** - *Male, Female, Other*
1. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB D D M M Y Y Y Y Gender Male ☐ Female ☐ Others ☐
2. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB D D M M Y Y Y Y Gender Male ☐ Female ☐ Others ☐
3. PAN City of Birth Country of Birth	Occupation Type Nationality Father's Name	DOB D D M M Y Y Y Y Gender Male ☐ Female ☐ Others ☐

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

[%] In case Tax Identification Number is not available, kindly provide functional equivalent

[4] **Refer 3(iii) of Part D** | [5] **Refer 3(vi) of Part D** | [11] **Refer 3(iv) (A) of Part D**

FATCA - CRS Terms and Conditions

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.

Please note that you may receive more than one request for information if you have multiple relationships with (insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

[$] It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Certification

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.

Name

Designation

Signature | Signature | Signature

Place _____

Date / / _____

Details of UBOI FATCA & CRS Information for Non Individuals Investor Form / 03rd Nov 2015 / Ver 1.0

Reliance Capital Asset Management Limited
A Reliance Capital Company

Mutual Fund

APP No.:

SIP ENROLMENT cum AUTO DEBIT/ECS MANDATE FORM

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN-6136		E033574	

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.

APPLICANT DETAILS

Folio No.

Name of Sole/1st holder	PAN No / PEKRN. (MANDATORY)	☐ KYC Acknowledgement Copy
Name of 2nd holder	PAN No / PEKRN. (MANDATORY)	☐ KYC Acknowledgement Copy
Name of 3rd holder	PAN No / PEKRN. (MANDATORY)	☐ KYC Acknowledgement Copy

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. Demat Account details are compulsory if demat mode is opted above.

National Securities Depository Limited	Depository participant Name _____ DP ID No. I N Beneficiary Account No.	**Central Depository Securities Limited**	Depository participant Name _____ Target ID No.

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

INITIAL INVESTMENT DETAILS (Refer Instruction No.13 & 29)

Cheque/ DD No./Cash Deposit Slip No. _____ **Cheque / DD / Cash Deposition Date** _____ **DD Charge Rs.** _____

Net Amount Rs. _____ Bank Name: _____ Branch: _____ City _____

SCHEME DETAILS (In case you are investing in Reliance Regular Savings Fund please mention the Option details mandatorily i.e Equity, Debt or Balanced. Refer Instruction No. 22)

SCHEME NAME _____ Plan _____ Option _____

SIP DETAILS

Frequency
☐ Monthly (default)
☐ Quarterly
☐ Yearly
(Please ✓ any one)

Enrollment Period: (Please ✓ any one)
☐ **REGULAR** From: M M Y Y To: M M Y Y
☐ **PERPETUAL** From: M M Y Y To: 1 2 9 9
(Default) (Refer Instruction No. 14)

SIP Date
☐ 2 ☐ 10 (default)
☐ 18 ☐ 28
(Select any one SIP Date)

SIP Amount
_____ (in figures) _____
_____ (in words)

BANK ACCOUNT DETAILS

1st/Sole Accountholder Name as in Bank Records

2nd Accountholder Name as in Bank Records

3rd Accountholder Name as in Bank Records

A/c. Type ✓ ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Bank Name Mandatory

Account No. Mandatory (Core Banking Account Number)

Branch Address _____ City _____

PIN _____ 9 Digit MICR Code _____ IFSC Code _____

***Note:** Please enter the 9 digit MICR number that appears after your cheque number on the cheque copy.
MICR code starting and / or ending with 000 are not valid for ECS. In case the bank account number specified on the mandate form is not matching with the cheque copy provided then the mandate will be rejected.

Mandatory Enclosures:
☐ Blank cancelled cheque ☐ Copy of cheque

DECLARATION

I/We wish to inform you that I/we have registered with Reliance Mutual Fund through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund or a Bank holiday, execution of the transaction will happen next working day and allotment of units will happen as per the Terms and Conditions listed in the Document of the Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and, jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and , by reason of their acting upon the instructions issues by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal.

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/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. **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/S AS PER RELIANCE MUTUAL FUND RECORDS (MANDATORY)

Sole/ 1st applicant/ Guardian Authorised Signatory	
2nd applicant / Authorised Signatory	
3rd applicant Authorised Signatory	

SIGNATURE/S AS PER BANK RECORDS (MANDATORY)

Sole/ 1st applicant/ Guardian Authorised Signatory	
2nd applicant / Authorised Signatory	
3rd applicant Authorised Signatory	

FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on _____ **Scheme Code** _____

Recorded by _____ **Credit Account Number** _____

Bank use Mandate Ref. No. _____ **Customer Ref. No.** _____

Autodebit - ECS Mandate Form / 24th June 2015 / Ver 1.6

Reliance Capital Asset Management Limited
A Reliance Capital Company

Mutual Fund

APP No.

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHEREVER APPLICABLE

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN-6136		E033574	

***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 | Sole / 1st Applicant / Guardian Authorised Signatory | 2nd Applicant Authorised Signatory | 3rd Applicant Authorised 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.

2. EXISTING UNIT HOLDER INFORMATION

FOLIO NO.

3. APPLICANT DETAILS

Name of Sole/1st holder	PAN No. (MANDATORY)	☐ KYC Acknowledgement Copy
Name of 2nd holder	PAN No. (MANDATORY)	☐ KYC Acknowledgement Copy
Name of 3rd holder	PAN No. (MANDATORY)	☐ KYC Acknowledgement Copy

4. SYSTEMATIC TRANSFER PLAN (STP) SCHEME DETAILS (Refer Instruction No.1, 5 & 23)

(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)

Name of 'Transferor' Scheme/Plan/Option

Name of 'Transferee' Scheme/Plan/Option

5. STP DETAILS (Refer Instruction No.6)

☐ Fixed Transfer STP (Refer Instruction No.7&9)

STP Frequency (Please ✓ any one)

☐ Daily (Minimum One Month)	☐ Weekly	☐ Fortnightly	☐ Monthly (Default)	☐ Quarterly
First execution date will be on or after 7 calendar days from the date of submission of the form (excluding date of submission)	1st, 8th, 15th & 22nd of every month	1st & 15th of every month	* _____ of every month	* _____ of the starting month of every Quarter
			*Incase the Investor has not specified any date then the default date would be 10th	

Amount of Transfer per Instalment Rs. _____

OR

☐ Capital Appreciation STP (Refer Inst No.8&9)

STP Frequency (Please ✓ any one)

☐ Monthly (Default)	☐ Quarterly
1st of every Month	1st of the starting month of every Quarter

Enrolment Period (Please ✓ any one)

☐ **REGULAR** From : M M Y Y To : M M Y Y

☐ **PERPETUAL** (Default) From : M M Y Y To : M M Y Y

Only for Daily STP Enrolment Period

From : D D M M Y Y To : D D M M Y Y

6. DECLARATION & SIGNATURE/S

I/We would like to opt for Systematic Transfer Plan subject to terms of the Scheme Information Document and subsequent amendments thereto. I/We have read the instructions of the Enrolment Form, Scheme Information Document of the Transferor and Transferee Scheme and Statement of Additional Information before filling up the Enrolment Form. I/We have understood the details of the scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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. 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. **APPLICABLE TO NRIs ONLY**; I am a 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.

Place : Date: D D M M Y Y Y Y

SIGNATURE

SIGN HERE	SIGN HERE	SIGN HERE
Sole/ 1st applicant/Guardian Authorised Signatory	2nd applicant / Authorised Signatory	3rd applicant Authorised Signatory

Acknowledgement Receipt of STP Application Form (To be filled in by the Unit holder)

FOLIO NO.

APP No.:

Received from _____ STP application

Amount of Transfer per Instalment Rs. _____

From Scheme / Plan / Option _____

to Scheme / Plan / Option _____

Mode & Frequency of STP _____

Stamp of receiving branch

& Signature

STP Enrolment Form / 08th October 2014 / Ver 1.5