

**COMMON APPLICATION FORM**

**1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 1.9)**

| Name & Broker Code / ARN | Sub Broker / Sub Agent ARN Code | *Employee Unique Identification Number | Sub Broker / Sub Agent Code |
|--------------------------|---------------------------------|--|-----------------------------|
| ARN-141775               |                                 | E231895                                |                             |

\*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.

SIGN HERE → First / Sole Applicant / Guardian

SIGN HERE → Second Applicant

SIGN HERE → Third Applicant

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/ subscription 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

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 BIRTH\*\*\*  COUNTRY OF NATIONALITY/CITIZENSHIP\*\*\*

COUNTRY OF TAX RESIDENCE\*\*\*  India  U.S.A.  Others (please specify)

FOREIGN TAX ID NO\*\*\*  If you have more than one country of tax residence please specify the details of all the countries

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)           (Mandatory for Non-Individuals)

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. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)**

Form W8 BEN-E / Declaration by FI/FFI/NFFE enclosed (Refer Ins No. XIII) **OR**  
 Unable to Provide FATCA status (Refer Ins No. XIII)  
(Where no box is ticked it will be understood by default that the applicant is unable to confirm the FATCA Status as of now and will confirm in future. For such cases AMC will contact the investor in due course of time)

**B. ULTIMATE BENEFICIARY OWNER DETAILS (Not applicable in case the investor or owner of the controlling interest is a company listed on a stock exchange or is a majority owned subsidiary of such a company)**

Applicant is the Ultimate Beneficial Owner(s) of this investment (Refer Ins No. XII) **OR**  
 Applicant is not the Ultimate Beneficial Owner(s) of this investment (Please submit the Declaration for 'Ultimate Beneficial Ownership' along with this form) (Refer Ins No. XII)  
(Where no box is ticked applicant will be treated as the Ultimate Beneficial Owner(s) of this investment by default)

**C. 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:** \_\_\_\_\_

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











MUTUAL FUND

SIP ENROLLMENT DETAILS
(Use this form if One Time Bank Mandate Form is registered in the folio)

Reliance Nippon Life Asset Management Limited
(formerly Reliance Capital Asset Management Limited)
A Reliance Capital Company

APP No.

DISTRIBUTOR / BROKER INFORMATION

Table with columns: Name & Broker Code / ARN, Sub Broker / Sub Agent ARN Code, \*Employee Unique Identification Number, Sub Broker / Sub Agent Code, RIA Code\*

\*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
First / Sole Applicant / Guardian Authorized Signatory
Second Applicant Authorized Signatory
Third Applicant Authorized 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.

APPLICANT DETAILS
Table with columns: Name of Sole/1st holder, Name of 2nd holder, Name of 3rd holder, PAN No / PEKRN, KYC

INITIAL INVESTMENT DETAILS

Cheque/ DD No./Cash Deposit Slip No. Cheque / DD / Cash Deposition Date DD Charge Rs.
Net Amount Rs. Bank Name: Branch: City

UNITHOLDING OPTION - Demat Mode Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)

Table for National Securities Depository Limited and Central Depository Limited with fields for participant name, DP ID No., and Target ID No.

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

Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor only)

Email ID Mobile no. +

Email id & Mobile no. provided in this form will supercede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

By providing Email-Id, I understand that IPIN will be issued to me by default through Online Mode, unless I have already opted for IPIN in the past and have created a username.

SIP DETAILS (Refer Instruction No. 14. 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)

Table for SIP DETAILS with columns: Scheme / Plan / Option, Frequency, Enrollment Period, SIP Date, SIP Amount, Reliance STEP-UP Facility (Optional)

\*\* In case of Reliance Tax Saver Fund, Reliance Retirement fund - Income Generation Plan & Reliance Retirement fund- Wealth Creation Plan, the SIP & Step up Amount should be in multiples of Rs 500/- .

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. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. 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 (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.

SIGNATURE

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form.

First / Sole Applicant / Guardian Second Applicant Third Applicant

Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of RMF on any transaction day.



MUTUAL FUND

ONE TIME BANK MANDATE
(NACH / Direct Debit Mandate Form)
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

Reliance Nippon Life Asset Management Limited
(formerly Reliance Capital Asset Management Limited)
A Reliance Capital Company

APP No.

UMRN

Date: DD MM YYYY

Create [x] Sponsor Bank Code (For Office Use Only) Utility Code (For Office Use Only)
Modify [x] I/We hereby authorize Reliance Mutual Fund to debit (tick) [ ] SB [ ] CA [ ] CC [ ] SB-NRE [ ] SB-NRO [ ] Other
Cancel [x] Bank A/c no:

With Bank (Name of Destination Bank) IFSC MICR
an amount of Rupees

FREQUENCY: [x] Monthly [x] Quarterly [x] Half Yearly [x] Yearly [ ] as & when presented DEBIT TYPE [x] Fixed Amount [ ] Maximum Amount

Table with columns: Reference 1, Folio No., Reference 2, Appln No., Scheme / Plan reference Number, Email ID, Phone No.

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD
From: DD MM YYYY
To: 3 1 1 2 2 0 9 9
Or [ ] Until Cancelled

1 Signature of Account Holder 2 Signature of Account Holder 3 Signature of Account Holder
1 Name as in Bank Record 2 Name as in Bank Record 3 Name as in Bank Record

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

OTBM + SIP Form / 21st March 2017 / Ver 1.9



