

APP No.:

COMMON APPLICATION FORM

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Pease tick (*) any one) I am a First time investor across Mutual Funds OR I am an existing investor in Mutual Funds	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.										
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2. EXISTING INVESTOR'S FOLIO NUMBER State	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										
S. GENERAL INFORMATION APPLICATION FOR Zero Balance Folio Invest Now "MODE OF HOLDING: Single Joint (owwell, Any one of Sunhor Management of Sunhor Management (Sunhor) A. FIRST APPLICANT DETAILS VAME PERRN' (First Applicant) PAN / PERRN' (Guardian) PAN / PERRN' (Guardian) PAN / PERRN' (Guardian) PAN / PERRN' (Guardian) PAN / PERRN' (First Applicant is minor / Pather Mother Court Appointed Guardian Date of Birth Pather Mother Court Appointed Guardian Date of Birth Pather Person For non individuals Passport Others Person Passport Other			ed against the balance amount invested.	(If you have an existing folio number	with KYC validated, please mention the number						
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Name PAN / PEKRN' (First Applicant) PAN / PEKRN' (Guardian)	3. GENERAL INFORMATION	APPLICATION FOR [Zero Balance Folio 🗌 Invest N	ow ^MODE OF HOLDING : S	Single Joint (Default) Any one or Survivor						
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Business Forex Dealer Student Private Sector Service Others	Father Mother C			Birth Certificate Pass	sport Others (please specify)						
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COUNTRY OF TAX RESIDENCE***	Society	FI/FII	NRI Company/E	Sody Corporate Sole Propr	ietor Defence Establishment						
FOREIGN TAX ID NO** GROSS ANNUAL INCOME DETAILS*** Please tick (*/*) Below 1 Lac	COUNTRY OF BIRTH**	C		ZENSHIP**							
If you have more than one country of tax residence please specify the details of all the countries	COUNTRY OF TAX RESIDENC	E**^ India U.S.A.	Others	(please specify)							
AFOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) No No No No No No No N			If you ha	ave more than one country of tax residen	ce please specify the details of all the countries						
NET-WORTH*** in Net worth should not be older than 1 year)		JLS**^ Please tick (✓) Below 1	Lac 1-5 Lacs 5-10 Lacs	10-25 Lacs 25 Lacs-1 Crore	>1 Crore						
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) 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) 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	NET-WORTH**^ in ₹		_		Y Y Y (Mandatory for Non-Individuals)						
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Form W8 BEN-E / Declaration by FI/FFI/NFFE enclosed (Refer Ins No. XIII) 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) 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		Mano	latory to be filled by Non-Ind	ividuals Only							
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C. Is the entity involved in / providing any or the following services - Foreign Exchange / Money Changer Services		Control of the contro			' along with this form) (Refer Ins No. XII)						
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	- Gaming / Gambling / Lottery Serv	vices (e.g. casinos, betting syndic	ates) Yes No Any oth	er 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 piror to investing in Reliance Mutual Fund. Refer instruction no.II.6, 7 & IX

Equity & Sector Specific CAF / 09th February 2015 / Ver 1.9

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Required	Nor	ninee Name			(in case No	ominee	is Minor)	of Minor	(%)	Nominee	Guardian	Applicants 1st App.
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11. UNITH	OLDING OPTION -	DEMAT M	ODE	PHYS	ICAL MO	DE						
With State Control	ACCOUNT DETAILS -		20000			0.000	ishes t	hold the u	nits in DEI	MAT mode.	Ref. Instru	uction No. X.
CO	that the sequence of names as	mentioned in the	applicatio	n form matche	es with that of			vith any one of t	he Depositor	Participant.		
National Securities	Depository					Central Deposit	tory	Depository				
Depository						Securit Limited	-	participant Na	me		-	
Limited	DP ID No.	IN				Lillingo		Farget ID No.	1.1.1	1.1.1	111	TITITI
	Beneficiary Account No.							arget ID No.				
Enclosures	(Please tick any one box) :	Clien	t Master	List (CML)	Tra	nsaction	cum Ho	ding Statement	t	Cancelled [Delivery Instruc	tion Slip (DIS)
12. POW	ER OF ATTORNEY (P	OA) HOLDE	R DET	AILS (Re	fer Instru	ıction	No.II.	1)				
irst Appli	cant POA Name Mr									PAN	V^	
Second Ap	plicant POA Name Mr									PAN	V^	
hird Appl	icant POA Name Mr									PAN	V^	
13. SIP	ENROLLMENT DETA	ILS Opted	for SIP:	☐ Yes	□ No		(Incase	vou have opt	ed for SIP it	is mandatory	v to submit SI	P Enrolment Form)
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Documents		Companies	Trusts	Societies	Firms	NRI	100000000000000000000000000000000000000	Investments Constituted				
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 Proof of P KYC Com 		1	1	1	√	1	1	✓ ✓				

ACKNOWLEDGMENT SLIF	•			APP No.:			
Received from Mr/Ms/M/s	:	- A	an application for allotme				
Units under Scheme Relia	nce		Option	as per details below.			
Cheque / DD No	Dated	Rs	drawn on _		Time Stamp & Date		

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

OTBM + SIP Form / 21st March 2017 / Ver 1.6



SIP ENROLLMENT DETAILS

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

DISTRIBUTOR / BROKER INFO		nt ARN Code	*Employee Unique	Identificatio	n Number	Sub Bro	ker / Sub Agent	Code	RIA Co	ode [↔]
ARN-54241 here)	ARN-		E0550	018						
*Please sign below in case the EUIN is advice by the employee/relationship	left blank/not provided. I manager/sales person of	We hereby of	onfirm that the EUIN box istributor/sub broker or	has been in notwithstand	tentionally left t	blank by m	ne/us as this trans propriateness, if	saction is ex	ecuted without ar	y interaction or
manager/sales person of the distributor ++ I/We, have invested in the Scheme of my/our investments under Direct Pla	r/sub broker.									
SIGN SIGN	n or all schemes Manage	by you, to th	e above mentioned SEBI	i-negistered	investment Au	IVISOT.		Third	Applicant	
HERE Authori	sed Signatory	ALCO I	Authoris	sed Sig	natory		A	uthoris	ed Signate	ry
Upfront commission shall be paid directl APPLICANT DETAILS	y by the investor to the All	IFI registered	distributor based on the i		sessment of va	rious facto	ors including the s	ervice rend	ered by the distrib	utor.
Name of Sole/1st holder				PA	N No / PEKF	RN.	MAND	AT DR	Y	☐ KYC
Name of 2nd holder				PA	N No / PEKF	RN.	MAND	AT OR	Y	☐ KYC
Name of 3rd holder				PA	N No / PEKF	RN.	MAND	ATOR.	Y	☐ KYC
INITIAL INVESTMENT DET	TAILS									
Cheque/ DD No./Cash Deposit Slip	No		Cheque / DD / Cash De	position Da	ate		DD	Charge Rs	<u> </u>	
Net Amount Rs.	Bank Name:					Branch:	<u> </u>		City	
UNITHOLDING OPTION -	Demat Mode	Physic	al Mode (Ref. Instruct	tion No. 24)	Demat Accour	nt details	are compulsory	if demat mo	de is opted.)	
National Depository Securities participant Name _			182	Central	Deposito					
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Supplementary KYC Information & FATCA-CRS Declaration - Individuals

(Please consult your professional tax advisor for further guidance on your tax residency, FATCA / CRS Guidance)

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PAN*	Folio No. *If PAN is not available							
Name					Gend	er M	FO	
Type of address given at KYC KRA	Residential	Residential or Business Business						
Place of Birth								
Country of Birth								
Nationality								
Gross Annual Income Details in INR Below 1 Lakh 1 - 5 Lacs 5 - 10 Lacs 25 Lacs - 1 Crore Net Worth in INR. In Later 10 - 25 Lacs > 1 Crore Net Worth as on □□□M (Date should no								
Occupation Details Business Private Sector Go	Professional Public Sector rernment Service Agriculturist	Housewife Student	Retire	==	Others [F	Please sp	pecify]	
Politically Exposed Person [PEP]	Yes Related	to PEP	Not A	pplicable				
Are you a tax resident of any country of	ther than India? Yes	No						
lf yes, please indicate all countrie	in which you are resident for tax pu	irposes and the	e associated	Tax ID Nun	nbers be	elow.		
Country*	Tax Identification Nur	nber [%]		dentificat or Other, p				
FTo also include USA, where the individual In case Tax Identification Number is not a	_							
Certifica		Si	gnature					
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.	Date Place	d d m	m y y	УУ				
For investor convenience, Karvy Compute Mutual Funds (list in the cover email / letter	share is collecting this mandatory inf where you are already an investor or	ormation for up would become	dating acros	s all particip future.	ating Ka	rvy Ser	viced	

Please submit the form duly filled, signed, for all the holders, separately, and submit at your nearest Karvy Computershare branch or you can dispatch the hard copy to -

Karvy Computershare Pvt. Ltd., Karvy Selenium Tower B Unit – FATCA / CRS / UBO Plot Nos. 31 & 32 | Financial District | Nanakramguda Serilingampally Mandal | Hyderabad - 500032 | India

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: 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.

It is important that you respond to our request, even if you believe you have already supplied any previously requested information.