

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- (ARN stamp here)				<div>SIGN HERE</div> <div>First / Sole Applicant / Guardian</div>
<p>*Please sign alongside in case the EUIN is left blank/not provided.</p> <p>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>				<div>SIGN HERE</div> <div>Second Applicant</div>
				<div>SIGN HERE</div> <div>Third Applicant</div>

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

[illegible]

(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

[illegible]

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 <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	Date of Birth of 1st Applicant <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Proof of Date of Birth and Guardian's Relationship with Minor <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others (please specify)
D	D	M	M	Y	Y			

OCCUPATION :** ☐ Professional ☐ Agriculturist ☐ Housewife ☐ Retired ☐ Government Service/Public Sector
☐ Business ☐ Forex Dealer ☐ Student ☐ Private Sector Service ☐ Others _____

STATUS^ :	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> PSU	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Minor through Guardian	<input type="checkbox"/> HUF	<input type="checkbox"/> Trust / Charities / NGOs
	<input type="checkbox"/> Society	<input type="checkbox"/> FI / FII	<input type="checkbox"/> NRI	<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Defence Establishment
	<input type="checkbox"/> PIO	<input type="checkbox"/> Bank	<input type="checkbox"/> FPI***	<input type="checkbox"/> Government Body	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Others _____
(***as and when applicable)						

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)

D	D	M	M	Y	Y	Y	Y
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 (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.11.6, 7 & IX

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 _____	Central Depository Securities Limited	Depository participant Name _____																															
	DP ID No. <table><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		I	N									Target ID No. <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
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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	<input type="text" value="Mr./Ms./M/s"/>	PAN*	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
Second Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN*	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
Third Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN*	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					




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 <input type="checkbox"/> No <input type="checkbox"/>	OR	I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS Yes <input type="checkbox"/> No <input type="checkbox"/>
(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.

 First / Sole Applicant / Guardian	 Second Applicant	 Third Applicant
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Check list for the documents to be submitted:

Documents	Companies	Trusts	Societies	Partnership Firms	NRI	FIs/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	✓	✓	✓	✓	✓	✓	✓

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 officeIVR. "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