

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number
ARN-75067 (p here)	ARN-		E063823

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.

(Please tick (✓) any one) I am a First time investor across Mutual Funds **OR** I am an existing investor in Mutual Funds

2. 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. 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.

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

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

3. EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here and proceed to section 11. Mode of holding will be as per existing folio number.)

4. GENERAL INFORMATION

APPLICATION FOR Zero Balance Folio Invest Now **MODE OF HOLDING :** Single Joint (Default) Any one or Survivor

5. 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 <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> 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 <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Others (please specify)
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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*** Government Body Partnership Firm Others _____
(**as and when applicable)

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 (Mandatory for Non Individuals)

Are you a Politically Exposed Person (PEP)*** Yes No Are you related to a Politically Exposed Person (PEP)*** Yes No

Are you involved / providing any of the mentioned services : Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above

Note: In case First Applicant is Non Individual please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Ref Ins No. XIV)
**In case First Applicant is Minor then details of Guardian will be required.

6. 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

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

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**

7. 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

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)

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

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

Please indicate all Countries, other than India, 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 Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	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	

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

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

Email ID

Mobile + (Country Code) Tel. No. 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.

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

Bank Name

Account No. A/c. Type (✓) SB Current NRO NRE FCNR

BranchAddress Branch City

PIN IFSC Code 9 Digit MICR Code*

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.

11. 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. XV)

Investment Amount (Rs.) _____ DD Charges (if applicable) (Rs.) _____ || Net Amount~ (Rs.) _____ | minus ||

Instrument No/Cash Deposit Slip No. _____ Dated 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

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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12. 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

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.

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

First Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN^	<input type="text"/>
Second Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN^	<input type="text"/>
Third Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN^	<input type="text"/>

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

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




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

17. 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.

 First / Sole Applicant / Guardian	 Second Applicant	 Third Applicant
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