

## **COMMON APPLICATION FORM**

**Mutual Fund** 

(To be filled in CAPITAL letters)

APP No.:

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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 state that the sequenced increase a mentioned in the application from matches with that of the account less than your one of the Depository Participant. Name Depository  Depository Depository  Depository Depository  Deposi	I/We hereby confirm that th	ne EUIN box has bee	n intentionally left blank by me/us as		•			SIGN HERE	Third Applicant		
DEMAT ACCOUNT DETAILS - These details are computery if the investor wishes to hold the units in DEMAT mode. Ref. instruction No. XI.  Please sough and the sequence of anime as mentioned in the application from matches with test of the accounts deth lawy one of the Depository Periodogan.  National Sequence of anime as mentioned in the application from matches with test of the accounts deth lawy one of the Depository periodogan.  Depository por ID No.	(Please tick (√)an	ny one)	am a First time investor	across Mutual Funds	o OR	I am an existin	ng investor in	Mutual Fu	nds		
DEMAT ACCOUNT DETAILS - These details are computery if the investor wishes to hold the units in DEMAT mode. Ref. instruction No. XI.  Please sough and the sequence of anime as mentioned in the application from matches with test of the accounts deth lawy one of the Depository Periodogan.  National Sequence of anime as mentioned in the application from matches with test of the accounts deth lawy one of the Depository periodogan.  Depository por ID No.	2 UNITHOLDIN	G OPTION	- DEMAT MODE	PHYSICAL M	ODE						
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Depository DP ID No.   I N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*									
Endeaures (Please tok any one body:    Client Master List (CML)   Transaction cum Holding Statement   Cancelated Delivery Instruction Sip (DIS)						articipant Name					
3. EXISTING INVESTOR'S FOLIO NUMBER  4. GENERAL INFORMATION   APPLICATION FOR   Zero Balance Folio   Invest Now   MODE OF HOLDING:   Single   Joint (Debuild)   Any one or Starting Filter and proceed to section 11. Mode of holding will be as per existing folio number.  5. FIRST APPLICANT DETAILS  NAME   PAN / PEKRN' (First Applicant)   PAN / PEKRN' (Guardian)   PAN / PEKRN' (Guardian)   PAN / PEKRN' (First Applicant)   PAN / PEKRN' (Guardian)   PAN / PEKRN' (Guardian)   PAN / PEKRN' (Guardian)   PAN / PEKRN' (First Applicant)   PAN / PEKRN'   PEKRN' (First Applicant)   PAN / PEKRN' (First	Limited					arget ID No.					
4. GENERAL INFORMATION APPLICATION FOR   Zero Balance Folio   Invest Now "MODE OF HOLDING:   Single   Joint (Dubud)   Any one of Surviv.  5. FIRST APPLICANT DETAILS  NAME	Enclosures (Please tie	ck any one box):	Client Master	List (CML)	ransaction cum Hold	ling Statement	Cancelled I	Delivery Instr	uction Slip (DIS)		
4. GENERAL INFORMATION  APPLICATION FOR Zero Balance Folio   Invest Now 'MODE OF HOLDING:   Single   Joint (Invest   Any one or Surviv)  5. FIRST APPLICANT DETAILS  NAME	3. EXISTING IN	VESTOR'S F	FOLIO NUMBER								
SFIRST APPLICANT DETAILS  NAME    PAN / PEKRN' (First Applicant)	4. GENERAL IN	IFORMATIO	APPLICATION FOR	I □ Zero Balance F	olio □ Invest N			_			
PAN / PEKRN* (First Applicant)  Name of Guardian* if first applicant is minor / Contact Person for non individuals  Guardian* Relationship With Minor O Father O Mother O Court Appointed Guardian  OCCUPATION***: O Professional O Agriculturist O Business O Forex Dealer O Student O Private Sector Service O Others STATUS*: O Resident Individual O PSU O AOP/BOI O Minor through Guardian O HUF O Trust / Charities / NGOs O Society FI / Fill NRI O Company/Body Corporate O Sole Proprietor O Defence Establishment O PIO O Bank O FPI** O Government Body O Partnership Firm O Others  STATUS**: Please tick (/ ) O Below 1 Lac O 1-5 Lacs O 5-10 Lacs O 10-25 Lacs O 25 Lacs-1 Crore O 1 Crore  NET-WORTH*** In ₹ Defence State of Guardian O Private Sector Service O Others  Money Lending / Pawning O Pawning O Partnership Firm O Others  STATUS*: As on (Date) O Many Y Y Y Y O Mandatory for Non Individuals  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.  ***GROSS ANNUAL INCOME DETAILS*** Please tick (/ ) O Below 1 Lac O 1-5 Lacs O 5-10 Lacs O 10-25 Lacs O 5-10 Lacs O 10-25 Lacs			_						_		
PAN / PEKRN* (First Applicant)  Name of Guardian* if first applicant is minor / Contact Person for non individuals  Guardian* Relationship With Minor O Father O Mother O Court Appointed Guardian  OCCUPATION***: O Professional Agriculturist O Business O Forex Dealer O Student O Private Sector Service O Others O Business O Forex Dealer O AOP/BOI O Minor through Guardian O HUF O Trust / Charities / NGOs O Society O FI / FII O NRI O Company/Body Corporate O Sole Proprietor O Defence Establishment O PIO O Bank O FPI** O Government Body O Partnership Firm O Others  GROSS ANNUAL INCOME DETAILS*** Please tick (v) O Below 1 Lac O 1-5 Lacs O 5-10 Lacs O 10-25 Lacs O 25 Lacs-1 Crore O 1 Crore  NET-WORTH*** In ₹ Morey Or Professional O Agriculturist O Housewife O Retired O Power Services O Others O 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 Non Individual please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Ref Ins No. XIV)  ***In case First Applicant is Monor the details of Guardian will be required.  ***GROSS ANNUAL INCOME DETAILS*** Please tick (v) O Below 1 Lac O 1-5 Lacs O 10-25 Lacs O 25 Lacs-1 Crore O 1 Crore  ***Money Lending / Pawning None of the above  **None of the above  **None of the above  ***None of the above  ***None of the above  ***None of the above  ***OCCUPATION**** O Professional O Agriculturist O Housewife O Retired O Government Service/Public Sector STATUS** O No  ***Resident Individual O Provided DETAILS**** Please tick (v) O Below 1 Lac O 1-5 Lacs O 5-10 Lacs O 10-25 Lacs O 25 Lacs-1 Crore O 1 Crore  ****None of the above  ***PAN / PEKRN**  ***OCCUPATION*** O Professional O Agriculturist O Housewife O Retired O Government Service/Public Sector O 1-1 Crore  ****None of the above  ***PAN / PEKRN**  ***OCCUPATION*** O Professional O Agriculturist O Housewife O Retired O Government Service/Public Sector O 1-1 Crore  ****OCCUPATIO	NAME										
Name of Guardian if first applicant is minor / Contact Person for non individuals  Guardian's Relationship With Minor    Father   Mother   Court Appointed Guardian   Court Appointed Guardian   Court Appointed Guardian   Court Appointed Guardian   Court Applicant   Court Appointed Guardian											
Guardian's Relationship With Minor O Father O Mother O Court Appointed Guardian O Agriculturist O Housewife Retired O Government Service/Public Sector O Business O Forex Dealer O Student O Private Sector Service O Others O Society O FI / FII O NRI O Government Body O Partnership Firm O Others O Bank O FII / FII O NRI O Government Body O Partnership Firm O Others O Brown Person (PEP)*** O Yes O No Are your related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)** O Yes O No Are you related to a Politically Exposed Person (PEP)** O Yes O No Are you related to a Politically Exposed Person (PEP)** O Yes O No Are you related to a Politically Exposed Person (PEP)** O Yes O No Are you related to a Politically Exposed Person (PEP)** O Yes O No Are you related to a Politically Exposed Person (PEP)** O Yes O No Are you related to a Politically Exposed Person (PEP)** O Yes O No Are you related to a Politically Exposed Person (PEP)** O Yes O No Are you related to a Politically Exposed Person (PEP)** O Yes O No Are you related to a Politically Exposed Person (PEP)** O Yes O No Are you related to a Po	PAN / PEKRN <sup>^</sup> (Firs	st Applicant)			PAN / PEKRI	<b>N</b> ^ (Guardian)					
O Business O Forex Dealer O Student O Private Sector Service O Others	Guardian's Relatio	onship With Mir	nor		D M M Y Y				•		
STATUS*:	OCCUPATION**^	: O Profession	onal O Agriculturi	st O House	ewife O	Retired	(	) Governi	ment Service/Public Sector		
Society		O Busines	S O Forex Dea	aler O Stude	nt O	Private Sector Serv	rice (	Others_			
O PIO O Bank O FPI^^ O Government Body O Partnership Firm O Others Or and when applicable)  GROSS ANNUAL INCOME DETAILS*** Please tick (✓) Below 1 Lac O 1-5 Lacs O 5-10 Lacs O 10-25 Lacs O 25 Lacs-1 Crore O >1 Crore  NET-WORTH*** in ₹ (Net worth should not be cider than 1 year) as on (Date) D D M M Y Y Y Y (Mandatory for Non Individual Are you a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP)*** O Yes O No Are you involved / providing any of the mentioned services: Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services (Applicable only for Non Individuals) 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	STATUS <sup>^</sup> :	O Resident	t Individual O PSU	O AOP/BOI	O Minor throug	h Guardian (	) HUF		Trust / Charities / NGOs		
GROSS ANNUAL INCOME DETAILS*** Please tick (✓)		O Society	O FI/FII	O NRI	O Company/Bo	ody Corporate (	Sole Proprie	etor C	Defence Establishment		
RET-WORTH**^ in ₹		O PIO	O Bank	•	-	Body (	Partnership	Firm (	Others		
Are you a Politically Exposed Person (PEP)**^	GROSS ANNUAL I	NCOME DETA	ILS**^ Please tick (✓) O Be			10-25 Lacs	cs-1 Crore	>1 Crore			
Are you involved / providing any of the mentioned services: ☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services (Applicable only for Non Individuals) ☐ 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 ☐ ☐ OGovernment 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 ₹ as on (Date) ☐ M M Y Y Y Y	NET-WORTH**^ in	₹	(Net worth should r	ot be older than 1 year)		as on (Date)	M M Y	Y   Y   Y	(Mandatory for Non Individual		
(Applicable only for Non Individuals)	Are you a Politically	y Exposed Per	son (PEP)**^ O Yes	O No Are you	related to a Politic	cally Exposed Perso	n (PEP)**^ (	O Yes O	No		
**In case First Applicant is Minor then details of Guardian will be required.  6. SECOND APPLICANT DETAILS  NAME  OCCUPATION^: ○ Professional ○ Agriculturist ○ Housewife ○ Retired ○ Government Service/Public Sector STATUS^: ○ NRI ○ Business ○ Forex Dealer ○ Student ○ Private Sector Service ○ Others ────────────────────────────────────						Changer Services		_	/ Lottery / Casino Services		
NAME  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) □ □ M M Y Y Y			the state of the s		ate Beneficial Ow	nership (UBO) Self (	Certification For	m (Ref Ins	No. XIV)		
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 ₹	6. SECOND AP	PLICANT DE	TAILS								
O Business O Forex Dealer O Student O Private Sector Service O Others O Resident Individual  GROSS ANNUAL INCOME DETAILS**^ Please tick (✓) O Below 1 Lac O 1-5 Lacs O 5-10 Lacs O 10-25 Lacs O 25 Lacs-1 Crore O >1 Crore  NET-WORTH**^ in ₹	NAME						PAN / PE	KRN <sup>^</sup>			
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) □ □ □ M M Y Y Y Y	OCCUPATION <sup>^</sup> : (	) Professional	O Agriculturist O Hou	sewife O Retired	O Go	vernment Service/Public	Sector S1	TATUS^:	O NRI		
NET-WORTH**^ in ₹ (Net worth should not be older than 1 year) as on (Date) D D M M Y Y Y Y	(	Business	O Forex Dealer O Stud	ent O Private Sect	or Service O Oth	ners	_		Resident Individual		
30 51 (54.6)	GROSS ANNUAL I	NCOME DETA	ILS**^ Please tick (✓) O Be	low 1 Lac O 1-5 Lacs	O 5-10 Lacs O	10-25 Lacs O 25 La	ics-1 Crore	>1 Crore			
Are you a Politically Exposed Person (PEP)*** O Yes O No Are you related to a Politically Exposed Person (PEP) O Yes O No	NET-WORTH** <sup>^</sup> in	₹	(Net worth should r	ot be older than 1 year)		as on (Date)	M M Y	YYY			
	Are you a Politically	y Exposed Per	son (PEP)**^ O Yes	O No Are you	related to a Politic	cally Exposed Perso	n (PEP)	Yes O	No		

RELIANCE
Mutual Fund

7. THIRD APPL	ICANT DETAILS							
NAME [						PAN / PE	KRN'	
OCCUPATION <sup>^</sup> : (		Agriculturist O Ho	ousewife O Retire	d O e Sector Service O 0	Government Service/Po	ublic Sector ST	ATUS^: O NRI O Resider	nt Individual
GROSS ANNUAL I	NCOME DETAILS*	'^ Please tick (✓) O	Below 1 Lac O 1-5 I	Lacs O 5-10 Lacs	O 10-25 Lacs O 2	5 Lacs-1 Crore	>1 Crore	
NET-WORTH**^ in	₹	(Net worth should	d not be older than 1 y	ear)	as on (Date)	D M M Y	7   Y   Y	
Are you a Politicall	y Exposed Person (	PEP)**^ O Yes	s O No Are	you related to a Pol	itically Exposed Pe	rson (PEP)	Yes O No	
	type of Investors. It und. Refer instructi		nvestors to be KYC	compliant through	a Key Registered	Agency (KRA) app	ointed by SEBI prior	to investing in
8. FATCA and C			IIE (Mandatani)	Non Individual	luvantara abasila	l mandatanı fill a	emovete FATCA/CI	DC deteile form
		or Individuals/H	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				eparate FATCA/Cl r and it's Identification	
	First Applicant/Gu		-	Second Applican		lentineation Nambe	Third Applicant	in type eg. The etc.
Country #	Tax Identification Identification			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 Indi	a then details of Count	ry of Birth & Nationality	need not be provided.	<sup>%</sup> In case Tax Identifica	tion Number is not ava	ilable, kindly provide its t	unctional equivalent \$
Sole/F	First Applicant/Gu	ardian		Second Applican	t		Third Applicant	
Country of E	Birth		Country of I	Birth		Country of I	Birth	
Country of Nati	ionality		Country of Nat	ionality		Country of Nat	ionality	
9. CONTACT D	<b>ETAILS OF SOL</b>	E / FIRST APPLI	ICANT (Refer In	struction No. VII	& IX)			
## Corresponden	ce Address (P.O. I	Box is not sufficient	) ## Please	note that your add	ress details will b	e updated as per y	our KYC records w	ith CVL / KRA
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City			Pin Cod	le		State		
Email ID								
Mobile + (Country C	Gode)		Tel. No.	\$TD Code Offic	e	Res	sidence	
		o get instant transaction					Accounts in lieu of physica	al Statement of Accounts.
				Dividend/Refund	-	-		
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Account No.	Manda	t o r y			A/c. Type (✓)	SB Current	NRO	IRE FCNR
BranchAddress					Branch City			
PIN		IFSC Code F	or Credit	via R TG S	9 Digit MICR C	ode* For Credi	t via NEFT	
Please ensure the nar	ne in this application fo	rm and in your bank ac	count are the same. P	lease update your IFSC	and MICR Code in ord	er to get payouts via el	ectronic mode in to you	bank account.
				required for investments in the required for invest Easy for the requirement of the requi			not permitted with si	ngle
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Option (Please /)		☐ Dividend P	-	Dividend Reinvest	ment <b>D</b> i	vidend Frequency		
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Instrument No/Cas	sh Deposit Slip No		D	Pated D D M M	Y Y Y Y Dr	awn on Bank		
Bank Branch				City	e			
(^^ Default option if	not selected) ~Units w	vill be allotted for the	net amount minus the	e transaction charges	if applicable. Investo	ors are requested to o	collect the cash deposi	t slip from the DISC

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## SMS





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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												
Nomin	ee Name		Guardian I		Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants			
			(		OT MINIO	(70)	Nominee	Guardian	1st App.			
									2nd App.			
									3rd App.			
13. POWER OF ATTORNEY (I		DETAILS (Refe	r Instruction	No. II. 1)			BAN					
–	Ir./Ms./M/s						PAN					
Second Applicant POA Name Mr./Ms./M/s PAN' PAN' PAN' PAN' PAN'												
	Third Applicant POA Name  Mr./Ms./M/s  PAN^ PAN^ PAN^ PAN^ PAN^ PAN^ PAN^ PAN^											
15. STP ENROLLMENT DET		SIP: Yes	No No S						TP Enrolment Form)			
16. I WISH TO APPLY FOR TRAN		Yes No	OR	I WISH 1	O APPLY FO	OR INVEST	FEASY FOR	R INDIVIDU <i>A</i>				
17. DECLARATION AND SIG	NATURE			(manaata	ary Endicodito	. 0112 111112						
I/We would like to invest in Reliance subsequent amendments thereto. I/We have Reliance Any Time Money Card. I/We have sources only and is not designed for the pury Authority. I accept and agree to be bound by discretion, discontinue any of the services corne/us all the commissions (in the form of trail hereby declare that the above information is gramount and the said charges shall be paid to the U.S. Commodity Futures Trading Commis Confirm that I am resident of India.	not received nor been oose of contravention on he said Terms and Con mpletely or partially with commission or any othe vien by the undersigner he distributors. I/We he sion, as amended from esident of Indian National trdinary Account/FCN	fore filling application for induced by any rebate or revasion of any Act I fill ditions including those court any prior notice to remode), payable to him d and particulars given bereby confirm that I //We time to time or residents condity/Origin and I //We condity/Origin and I //We condity/Origin and I //We	rm) and is/are bound or gifts, directly or for legulations / Pules / excluding/limiting the me. I agree RCAM c. in for the different con ny me/us are correct are not United States of Canada.	d by the detail directly, in mak Notifications e Reliance Cap an debit from in peting Scher and complete. s persons with at the funds fr	s of the SAI, SIE ing this investme I Directions or a joital Asset Mana ny folio for the se nes of various M Further, I agree in the meaning c  or subscription	& KIM includent. I/We declered to the Application of the Applicat	ling details relat lare that the am cable Laws ena d (RCAM) liabili as applicable from amongst wh ction charge (if a S) under the Un	ing to various sount invested in invested in cited by the Gorty. I understand rom time to time ich the Scheme applicable) shall ited States Securoad through n	the Scheme is through legitimate vernment of India or any Statutory that the RCAM may, at its absolute . The ARN holder has disclosed to is being recommended to me/us. I be deducted from the subscription urities Act of 1933, or as defined by ormal banking channels or from			
banking channels or from funds in my/ our N  I have read and understood Instruction 1961 read with Rules 114F to 114H of the In the best of our knowledge and belief, true, o	no. XIII and hereby a come Tax Rules, 196											
First / Sole Application	cant /	⊗	Second A	pplicant		0	×	Third Ap	plicant			
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an amount of Rupees									7			
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\*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Reliance Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate.

Authorisation to Bank: I/We wish to inform you that I/we have registered with Reliance Mutual Fund for NACH / Direct Debit 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.

FOR OFFICE USE ONLY (Not to be filled in by Investor)												
Affix Barcode	Date and Time Stamp No.											

## OTM + SIP Form / 18th Feb 2016 / Ver 1.5



## SIP ENROLLMENT DETAILS

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

APP No.

	/ BROKER INFORMAT		Broker	· / Sub Age	nt ARN	l Code	*Employe	e Unique Identi	fication	Number		Sub Brol	ker / Sub Agent (	Code
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applicable from time to t Scheme is being recom deducted from the subsi defined by the U.S. Com	me. The ARN holder has disclose mended to me/us. I hereby decla cription amount and the said char modity Futures Trading Commiss	ed to me/us all th are that the abov ges shall be paid ion, as amended	e commi e informa to the dis from time	ssions (in the ation is giver stributors. I/V	e form of by the u le hereb	trail commiss undersigned a y confirm that of Canada	ion or any other mo and particulars give I /We are not Unite	ode), payable to him en by me/us are cor d States persons wit	for the dif rect and o hin the m	ferent compe complete. Fur eaning of Rec	eting Sche rther, I ag gulation (S	emes of various ree that the tra S) under the Un	Mutual Funds from nsaction charge (if a ited States Securitie	amongst which the applicable) shall be is Act of 1933, or as
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