

Mutual Fund

APP No.:

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 Sign HERE Guardian
ARN - 85155 here) E070576
*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.
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
purchase/ subcription 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 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 Survi
4. FIRST APPLICANT DETAILS
NAME PAN / PEKRN^
Name of Guardian if first applicant is minor / Contact Person for non individuals PAN / PEKRN (Guardian)
Guardian's Relationship With Minor Proof of Date of Birth and Guardian's Relationship with Minor
Father Mother Court Appointed Guardian Of minor Birth D D M M Y Y 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^^ ☐ Government Body ☐ Partnership Firm ☐ Others ☐ Other
COUNTRY OF BIRTH** COUNTRY OF NATIONALITY/CITIZENSHIP**
COUNTRY OF TAX RESIDENCE
FOREIGN TAX ID NO**^ If you have more than one country of tax residence please specify the details of all the country of tax residence please specify the de
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 Y (Mandatory for Non-Individual
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) C. Is the entity involved in / providing any or the following services
Form W8 BEN-E / Declaration by FI/FFI/NFFE enclosed (Refer Ins No. XIII) - Foreign Exchange / Money Changer Services Yes No.
Unable to Provide FATCA status (Refer Ins No. XIII)
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)
**In case First applicant is minor then details for Guardian will be required Agency (KRA) appointed by SEBI piror to investing in Reliance Mutual Fund. Refer instruction no.II.6, 7 & IX
ACKNOWLEDGMENT SLIP APP No.: IVR. "Self Help" Option

an application for allotment of Received from Mr/Ms/M/s: Units under Scheme Reliance _ Option _ _as per details below. Time Stamp & Date Cheque / DD No. Dated Rs. drawn on _ of receiving office

(24 x 7) IVR (24 x 7)
Investor can avail below facilities
1. NAV NAV
 Account balance
 Account statement
 Last 5 transactions
 For more details: Call: 1800-300-11111

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Simply ser	nd **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</space>
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Last 3 Transaction	SMS txn	SMS txn <space> last 6 digits of folio</space>
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio</space>
**SMS charges apply		

Add convenience to your life with our value added service



Investor Desk. A RMF Virtual Branch Experience.

For more details: Visit: www.reliancemutual.com

You can also follow us on





			() (Mandatory if mode mentioned in the below to			g details r	egistered	in the folio	
Nomination Required	Nomine		Guardian Name (in case Nominee is I	• • • • • • • • • • • • • • • • • • •	Date of Birth of Minor		Sign of Nominee	Sign of Guardian	Signature of Applicants
Yes									1st App.
No No									2nd App.
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National Securities Depository	Depository participant Name DP ID No.		plication form matches with that	Central	with any one of the Depository participant Name		Participant.		
Limited	Beneficiary Account No	D. I N			Target ID No.				
Enclosures ((Please tick any one bo	ox): Client M	laster List (CML)	ransaction cum Ho	olding Statement		Cancelled D	elivery Instruc	tion Slip (DIS)
12. POWE	ER OF ATTORNE	Y (POA) HOLDER	DETAILS (Refer Insti	ruction No.II.	1)				
First Applic	cant POA Name	Mr./Ms./M/s					PAN	r	
Second Ap	plicant POA Name	Mr./Ms./M/s					PAN	r	
Third Appli	icant POA Name	Mr./Ms./M/s					PAN	r	
13. SIP E	ENROLLMENT D	ETAILS Opted for	r SIP: Yes No	(Incas	e you have opte	ed for SIP it	is mandatory	to submit SIF	P Enrolment Form)
14. STP	ENROLLMENT I	DETAILS Opted fo	r STP: Yes No	(Incas	e you have opte	ed for STP it	is mandator	y to submit S	TP Enrolment Form)
15. I WISH	I TO APPLY FOR TF	RANSACT ONLINE	Yes No (TO APPLY F tory Enclosur				UALS Yes No Ristration FORM)
16. DECL	LARATION AND S	SIGNATURE							
subsequent an Reliance Any T sources only a Authority. I acc discretion, disc me/us all the cohereby declare amount and the the U.S. Comm	cept and agree to be bound continue any of the services commissions (in the form of the that the above information e said charges shall be paid modity Futures Trading Com that I am resident of India. firm that I am/We are Nor	by the said Ierms and Condi a completely or partially withor rail commission or any other is given by the undersigned to the distributors. I/We her amission, as amended from ti a-Resident of Indian Nation	subject to terms of the Stater efilling application form) and is/a duced by any rebate or gifts, direct evasion of any Act / Regulations; to itons including flose excluding/limut any prior notice to me. I agree F mode), payable to him for the diffe and particulars given by me/us are aby confirm that I / We are not Unite me to time or residents of Canada. Ality/Origin and I/We hereby coil. Account. I/We undertake that it	re bound by the deta tly or indirectly, in ma ! Rules / Notification: iting the Reliance C: 3CAM can debit from rent competing Sche correct and complete d States persons wi	ails of the SAI, SIL aking this investme s / Directions or an apital Asset Mana; my folio for the se mes of various M e. Further, I agree thin the meaning of for subscription	& KIM includ ent. I / We dect ny other Applic gement Limite envice charges utual Funds fro that the transar of Regulation (\$	ing details relationed that the am cable Laws enationed (RCAM) liabilities as applicable from amongst who ction charge (if is a) under the Un mitted from ab	ting to various s to ount invested in acted by the Go ity. I understand rom time to time ich the Scheme applicable) shall ited States Sectoroad through r	that the HCAM may, at its absol . The ARN holder has disclosed is being recommended to me/u be deducted from the subscript untities Act of 1933, or as defined normal banking channels or from the transfer of the subscript or the subscript the subscript or the su
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Check list for the documents to be submitted:

Documents	Companies	Trusts	Societies	Partnership Firms	NRI	FIIs/FPIs	Investments through Constituted Attorney
1. Resolution/Authorisation to invest	✓	✓	✓	✓		✓	
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							✓
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	√	✓	✓	✓	✓	✓	√

Equity & Sector Specific CAF / 15th October 2014 / Ver 1.8