



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	
				<div>SIGN HERE</div> <div>First / Sole Applicant / Guardian</div>
				<div>SIGN HERE</div> <div>Second Applicant</div>
<div>*Please sign alongside in case the EUIN is left blank/not provided.</div> <div>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.</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

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	Date of Birth of 1st Applicant	Proof of Date of Birth and Guardian's Relationship with Minor
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	DD MM YY <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others (please specify)

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*** (***as and when applicable)	<input type="checkbox"/> Government Body	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Others _____

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 (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

☐ Yes ☐ No
 ☐ Yes ☐ No

☐ 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.II.6, 7 & IX

NAME

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

COUNTRY OF BIRTH* **COUNTRY OF NATIONALITY/CITIZENSHIP***

COUNTRY OF TAX RESIDENCE* ☐ India ☐ U.S.A. ☐ Others (please specify)

If you have more than one country of tax residence please specify the names of all the countries separated by commas

FOREIGN TAX ID NO^ STATUS^: ☐ NRI ☐ 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

NAME

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

COUNTRY OF BIRTH^ COUNTRY OF NATIONALITY/CITIZENSHIP^
COUNTRY OF TAX RESIDENCE^ ☐ India ☐ U.S.A. ☐ Others (please specify)

If you have more than one country of tax residence please specify the names of all the countries separated by commas

FOREIGN TAX ID NO^ STATUS^: ☐ NRI ☒ 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

*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 & 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

[illegible]**Overseas Address (Mandatory for FIIs/NRIs/PIOs)**[illegible]

Email ID

[illegible]

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.

Bank Name	M a n d a t o r y																					
Account No.	M a n d a t o r y										A/c. Type (✓)	SB	Current	NRO	NRE	FCNR						
Branch Address											Branch City											
PIN											IFSC Code	For Credit via RTGS					9 Digit MICR Code*	For Credit via NEFT				

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.

9. 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^s (Refer Instruction No. XIV)

Investment Amount (Rs.)	DD Charges (if applicable) (Rs.)	Net Amount~ (Rs.)
I	II	I minus II

Instrument No./Cash Deposit Slip No. _____ Dated DD MM YY YY YY YY Drawn on Bank _____

Instrument No./Cash Deposit Slip No.	Date	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

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.

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.		I	N						Target ID No.									
	Beneficiary Account No.																		
Enclosures (Please tick any one box) :																			
<input type="checkbox"/> Client Master List (CML)										<input type="checkbox"/> Transaction cum Holding Statement						<input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)			

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

First Applicant POA Name	Mr./Ms.	PAN*							
Second Applicant POA Name	Mr./Ms./M/s	PAN*							
Third Applicant POA Name	Mr./Ms./M/s	PAN*							

[illegible]

	Y	N	GP		Y	N	GP
15. UNUSUALS APPROVED FRANCHISE ONLINE					UNUSUALS APPROVED FRANCHISE ONLINE		




13. REGISTRATION AND SIGNATURE

/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

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 filing application form) and 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 of India. I/We agree to pay all taxes payable by me/us as per applicable law. I/We hereby acknowledge that the Commission shall have full discretion to 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 of the mutual fund units. I/We agree to open a bank account in the name of the Investor in the United States of America 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/FNCR 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/FNCR Account.

 First / Sole Applicant / Guardian	 Second Applicant	 Third Applicant
---	--	---

Check list for the documents to be submitted:

Documents	Companies	Trusts	Societies	Partnership Firms	NRI	FIRs/FPs	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 office

Corporate Office Address: One Indiabulls Centre, Tower 1, 12th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013



IVR. "Self Help" Option
(24 x 7)

IVR

Investor can avail below facilities

1. NAV
2. Account balance
3. Account statement
4. Last 5 transactions

For more details : Call : 1800-300-1111

Equity & Sector Specific CAF / 24th June 2015 / Ver 1.10