

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	RIA Code**
ARN-18053 (Stamp here)	ARN-	EUIN E040403		

*Please sign below 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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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.

APPLICANT DETAILS		FOLIO NO.	
Name of Sole/1st holder <u>Mr./Ms./M/s</u>		PAN No / PEKRN.	MAIN DATORY <input type="checkbox"/> KYC
Name of 2nd holder <u>Mr./Ms.</u>		PAN No / PEKRN.	MAIN DATORY <input type="checkbox"/> KYC
Name of 3rd holder <u>Mr./Ms.</u>		PAN No / PEKRN.	MAIN DATORY <input type="checkbox"/> KYC

INITIAL INVESTMENT DETAILS

Cheque/ DD No./Cash Deposit Slip No. _____ Cheque / DD / Cash Deposition Date _____ DD Charge ₹ _____
Net Amount ₹ _____ Bank Name: _____ Branch: _____ City: _____

UNITHOLDING OPTION - <input type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)																											
National Securities Depository Limited	Depository Participant Name _____ DP ID No. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Beneficiary Account No. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	I	N															Central Depository Securities Limited	Depository Participant Name _____ Target ID No. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
I	N																										
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)																											

Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor only)

Email ID _____ Mobile no. + _____ (Country Code) _____ (For Receiving Transaction Alerts via SMS) _____

Email id & Mobile no. provided in this form will supersede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

By providing Email-id, I understand that IPIN will be issued to me by default through Online Mode, unless I have already opted for IPIN in the past and have created a username.

SIP DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)						
Scheme / Plan / Option	Frequency (Please - any one)	Enrollment Period (Please - any one)	SIP Date (Please - any one)	SIP Amount	Reliance STEP-UP Facility (Optional) (Refer Instruction No. 26)	
	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> REGULAR From : <u>MM/YY</u> To : <u>MM/YY</u> <input type="checkbox"/> PERPETUAL (Default) (Refer Instruction No. 5) From : <u>MM/YY</u> To : <u>1 / 9 9</u>	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 18 (Default) <input type="checkbox"/> 23 <input type="checkbox"/> 28 (Any other date from 1 st to 28 th of given month)	₹ _____ (in figures)	Amount	Frequency
				₹ _____ (Multiples of ₹ 100 only*)	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount time(s) (Default 1 time)

** In case of Reliance Tax Saver Fund, Reliance Retirement fund - Income Generation Plan & Reliance Retirement fund- Wealth Creation Plan, the Step up minimum Amount should be ₹ 500 and in multiples of ₹ 500/-.

DECLARATION : 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. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. 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 (RNAM) liability. I understand that the RNAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNAM 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 model), 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.

SIGNATURE

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form.

SIGN HERE X	First / Sole Applicant / Guardian / Authorised Signatory	X	Second Applicant / Authorised Signatory	X	Third Applicant / Authorised Signatory
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Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of RMF on any transaction day.

 

RELIANCE	MUTUAL FUND	ONE TIME BANK MANDATE (NACH / Direct Debit Mandate Form) (Applicable for Lumpsum Additional Purchases as well as SIP Registration)			Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) A Reliance Capital Company
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APP No.

Date: D D M M Y Y Y

UMRN (For Office Use Only)	Sponsor Bank Code (For Office Use Only)	Utility Code (For Office Use Only)
<input checked="" type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel	I/We hereby authorize Reliance Mutual Fund to debit (tick✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other	
Bank A/c no: (Destination Bank Account Number)		

With Bank _____ (Name of Destination Bank) IFSC _____ MICR _____

an amount of Rupees _____

FREQUENCY: Monthly Quarterly Half Yearly Yearly as & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No.	Email ID: _____
Reference 2 Appln No.	Mobile / Phone No: _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD	1 X _____ Signature of Account Holder	2 X _____ Signature of Account Holder	3 _____ Signature of Account Holder								
From : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y			
D	D	M	M	Y	Y	Y	Y				
To: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>3</td><td>0</td><td>1</td><td>2</td><td>2</td><td>0</td><td>9</td><td>9</td></tr></table>	3	0	1	2	2	0	9	9			
3	0	1	2	2	0	9	9				
Or <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Until Cancelled</td></tr></table>	Until Cancelled										
Until Cancelled											
1 _____ Name as in Bank Record	2 _____ Name as in Bank Record	3 _____ Name as in Bank Record									

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.