

Please refer complete details on all pages and scheme description / details while applying.

Express Building, 4th Floor, 14 - 'E' - Road, Churchgate, Mumbai - 400 020.

Sr. No. RNRFF00040936

1. DISTRIBUTOR / BROKER INFORMATION		FOR OFFICE USE ONLY
Name & Broker Code / ARN	Sub Broker / Sub Agent Code	Bank / Register Serial No.
ARN-3245		

2. EXISTING UNIT HOLDER INFORMATION For existing investors please fill in your Folio number, name & proceed to Investment & Payment Details.

EXISTING FOLIO NO. Name of Sole / 1st applicant

3. APPLICANT INFORMATION (Refer Instruction No. II)

MODE OF HOLDING	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Any one or survivor(s) Default Joint	<input type="checkbox"/> Former or Survivor (In case of Minor with joint applicant)			
OCCUPATION	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Housewife	<input type="checkbox"/> Others _____
STATUS	<input type="checkbox"/> Individual	<input type="checkbox"/> FIIs	<input type="checkbox"/> Society	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> Banks	<input type="checkbox"/> FIs	<input type="checkbox"/> Company/Body Corporate
	<input type="checkbox"/> Partnership firm	<input type="checkbox"/> HUF	<input type="checkbox"/> Minor	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> Trust	<input type="checkbox"/> Others _____

Name of First / Sole applicant Mr. Ms. M/s.

1st holder PAN PAN Mandatory PAN Proof Enclosed KYC Mandatory for investment of Rs. 50,000 & above [Are you KYC Compliant Please (✓) Yes or No] Date of Birth*

Name of Guardian (In case of Minor-Contact Person/Designation - In case of non-individual Investors) Mr. Ms. Relation with Minor/Designation

Guardian's PAN PAN Mandatory PAN Proof Enclosed KYC Mandatory for investment of Rs. 50,000 & above [Are you KYC Compliant Please (✓) Yes or No] Relation with Minor/Designation

Name of Second applicant Mr. Ms. M/s. ***In case of minor as joint applicant**

2nd holder PAN PAN Mandatory PAN Proof Enclosed KYC Mandatory for investment of Rs. 50,000 & above [Are you KYC Compliant Please (✓) Yes or No] Date of Birth*

Name of Third applicant Mr. Ms. M/s.

3rd holder PAN PAN Mandatory PAN Proof Enclosed KYC Mandatory for investment of Rs. 50,000 & above [Are you KYC Compliant Please (✓) Yes or No] Date of Birth*

Mailing Address of Sole / First Applicant (P.O. Box Address may not be sufficient)

Add 1

Add 2 District

City State PIN*

OVERSEAS CORRESPONDENCE ADDRESS (MANDATORY FOR NRI / FII APPLICANT)

City Country PIN*

CONTACT DETAILS OF SOLE/FIRST APPLICANT Tel. NO. STD Code Office Residence Mobile No. (For Receiving SMS Alert)

Email ID Please provide your email ID for email updates

I/We wish to receive Account Statement / Annual Report / Quarterly Statement via email instead of physical.

I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD (Please refer Instruction NO. VII)

Name as you would like to appear on Any Time Money Card (Max. 19 characters) Mother's maiden name in full

I WISH TO APPLY FOR TRANSACT ONLINE

4. BANK ACCOUNT DETAILS (Refer Instruction No. 15 & 16) (MANDATORY FOR REDEMPTION / DIVIDEND AND REFUND PAYOUT)

A/c. type SB Current NRO NRE FCNR Account No.

Bank Branch

Branch Address

Payable Location Branch City

PIN IFSC Code For Credit via NEFT 9 Digit MICR Code

5. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each plan (Refer instruction no. iv & 5) PAYMENT BY CASH IS NOT PERMITTED.

Plan	Option	Gross Amount	DD Charges	Net Cheque / DD Amount Rs.	Cheque / DD No. & Date	Bank / Branch
<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option					
<input type="checkbox"/> Dividend Plan	<input type="checkbox"/> Reinvestment Option <input type="checkbox"/> Payout Option					

6. SIP ENROLLMENT DETAILS The first SIP instalment date should be later or on 28 March, 2008.

Frequency (Please ✓) Monthly Quarterly SIP Date 2 10 18 28

Enrollment Period: From: To: Amount per Instalment: Rs.

7. SIP PAYMENT TYPES

OPTION I : Debit Through ECS (Fill Auto Debit / ECS Mandate Form)

OPTION II : Auto Debit Instruction (Investors having bank accounts with HDFC, HSBC, ICICI, Axis Bank tick this box & fill Auto Debit / ECS Mandate Form)

8. NOMINATION (Refer instruction no. v)

Nominee's Name Mr. Ms. Date of Birth*

Name of Parent / Guardian in case of Minor Mr. Ms. Relation with Minor / Designation

Address of Nominee / Guardian

City PIN

Specimen Signature of Nominee/ Minor Nominee's Guardian

9. DECLARATION

I/We would like to invest in Reliance Natural Resources Fund subject to terms of the Offer Document and subsequent amendments thereto. I/We have read the instructions and the Offer Document before filling the Application Form. I/We have understood the details of the scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. Declaration : I have read and understood the Terms and Conditions governing the investment under Reliance Natural Resources Fund of Reliance Mutual Fund and those relating to various services including, but not limited to ATMs/ Debit Card. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Managements Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM debit from my folio for the service charges as applicable from time to time. I confirm that I am resident of India. **Applicable to NRIs only:-** 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/S	Sole / 1st Applicant / Guardian / Authorised Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sr. No. RNRFF00040936

Received from _____ an application for allotment of Units under Reliance Natural Resources Fund as per details below.

<input type="checkbox"/> Growth Option	<input type="checkbox"/> Bonus Option	<input type="checkbox"/> Dividend Payout Option	<input type="checkbox"/> Dividend Reinvestment Option
Cheque / DD No. <input type="text"/> Dated <input type="text"/> Rs. <input type="text"/>			
drawn on <input type="text"/>			
Signature, Date & Stamp of receiving office <input type="text"/>			

