

COMMON APPLICATION FORM FOR EQUITY / SECTOR SCHEMES

TO BE FILLED IN CAPITAL LETTERS. PLEASE () PROVIDE EITHER IS A
Please read the instructions carefully, before filling up this form. Columns marked * are mandatory. Leave one blank word.

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

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

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)			
OCCUPATION	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Service	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> House wife <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"/> Fls <input type="checkbox"/> Trust <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"/> Others _____

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

1st holder PAN _____ Enclosed _____ Date of Birth* _____
 PAN Proof Form 60/6 Form 49A

Name of Guardian in case of Minor/Contact Person-Designation (In case of dual investors) Mr. Ms. _____

Guardian's PAN _____ Enclosed _____ Relation with Minor / Designation _____
 PAN Proof Form 60/6 Form 49A

Name of Second Applicant Mr. Ms. NRI _____

2nd holder PAN _____ Enclosed _____ Date of Birth* _____
 PAN Proof Form 60/6 Form 49A

Name of Third Applicant Mr. Ms. NRI _____

3rd holder PAN _____ Enclosed _____ Date of Birth* _____
 PAN Proof Form 60/6 Form 49A

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 _____ ZIP _____

CONTACT DETAILS OF SOLE/FIRST APPLICANT
 Tel. No. STD Code _____ Office _____ denceResi _____ Mobile no. (For Receiving SMS) _____

Wish to receive Account Statement/Annual Report/Quarterly Statement via email instead of physical, Please provide your email ID _____

4. BANK ACCOUNT DETAILS (Refer Instruction No. III) MANDATORY

A/c. Type 3B Current NRO NRE FCNR Account No. _____
 Bank _____ Branch _____
 Branch Address _____
 Branch _____ PIN _____ 9 Digit MICR Code* _____
 City _____

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

<input type="checkbox"/> Growth Option	Rs. _____	<input type="checkbox"/> Dividend Reinvestment	Rs. _____
<input type="checkbox"/> Bonus Option	Rs. _____	<input type="checkbox"/> Dividend Payout	Rs. _____

Cheque / DD No. _____ Dated _____ Rs. _____ drawn on _____

APP No.: WE00005728

Signature, Date & Stamp of receiving office

5. INVESTMENT & PAYMENT DETAILS Separate cheque/Demand Draft is required for investment scheme/plan. (Mandatory)

Scheme	Plan	Option	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 Payout			

SIP ENROLLMENT DETAILS

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

Enrolment Period : From : (MM/YY) To : (MM/YY) Amount per Instalment: Rs.

PAYMENT TYPES

OPTION I. Payment through post dated cheques. Number of Cheques _____ Cheque Number From _____ To _____ Cheque Number To _____

Bank Name _____ Branch Name _____

OPTION II. Debit Through ECS (You only need to tick this box & fill SIP Auto Debit (ECS) Mandate Form)

OPTION III. Auto Debit Instruction (You only need to tick this box & fill Auto Debit Form)

6. DIRECT CREDIT OF REDEMPTION / DIVIDEND PROCEEDS - IF ANY

Unitholders having bank accounts with ABN AMRO Bank, ANZ Bank, Citibank, Deutsche Bank AG, HDFC Bank Limited, The Hongkong Banking Corporation, ICICI Bank Limited, IDBI Bank Limited, Kotak Bank Ltd., Standard Chartered Bank, UTI Bank Limited, Bank of Punjab will receive their redemption / dividend proceeds (if any) into their bank account.

In case you wish to receive a cheque / demand draft, please prefer below : (Please tick in this box)

I / We want to receive the redemption / dividend proceeds via cheque / demand draft instead of direct credit into my/our account.

7. DOCUMENTS ENCLOSED (Please tick) (MANDATORY)

Memorandum & Articles of Association Systematic Investment Plan Systematic Transfer Plan

Trust Deed Bye-Laws Partners/Shareholders SIP Auto Debit Facility

Resolution / Authorisation to invest List of Authorised Signatory Specimen Signature(s) Power of Attorney

8. NOMINATION

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

Name of Parent/ Guardian In case of Minor Ms. _____ Relation with Minor / Designation _____

Address of Nominee /Guardian _____

City _____ PIN _____

Specimen Signature of Nominee/Minor, Nominee's Guardian

9. Reliance Any Time Money - Debit Card

Please read the instructions carefully

For Existing Card Holders

If you already have a Reliance Any Time Money Card, please furnish the following information to which the new folio that you now wish to open is

Existing Folio No. _____ 16 Digit ATM Card Number _____

For New Card Applicant

Name as you would like to appear on your card _____ (Maximum of 24 characters)

Mother's maiden name in full. _____

Please contact RCAM for the Schemes under which cards are issued.

Card will be issued only for subscription through self/cheque shall be issued for subscription through DDs/cheques.

For Existing Investor : Do you wish to change your primary account? Yes _____ No _____ If yes please specify the Scheme _____

10. DECLARATION

I/We would like to invest in Reliance _____ 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 been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We have read and understood the Terms and Conditions governing the investment under Reliance _____ 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 Management 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 through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account/FCNR Account. I/We undertake that all additional payments made under this folio will also be from funds received from approved banking channels or from funds in my/ our NRE/FCNR Account.

SIGNATURE/S	Sole / 1 st applicant / Guardian	2 nd applicant /	3 rd applicant
	Authorised Signatory	Authorised Signatory	Authorised Signatory

ACKNOWLEDGMENT SLIP To be filled in by the Applicant)

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

Call : 30301111 www.reliancemutual.com

RELIANCE Mutual Fund
Anil Dhirubhai Ambani Group