

APP No.:

**COMMON APPLICATION FORM FOR EQUITY / SECTOR / ELSS SCHEMES**

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHICHEVER IS APPLICABLE

Please read the instructions carefully, before filling up the application. All Columns marked \* are mandatory. Leave one box blank between two words.

**1. DISTRIBUTOR / BROKER INFORMATION**

Name & Broker Code / ARN	Sub Broker / Sub Agent Code
<b>35275</b>	

**FOR OFFICE USE ONLY**

Date and Time of Receipt	Bank / Register Serial No.

**2. EXISTING UNIT HOLDER INFORMATION**

For existing investors please fill in your Folio number, name & proceed to Investment & Payment Details.

FOLIO NO. \_\_\_\_\_ Name of Sole/  
1st applicant \_\_\_\_\_

**3. APPLICANT INFORMATION (Refer Instruction No. II)**

<b>MODE OF HOLDING</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Any One or Survivor(s) (Default Joint)				
<b>OCCUPATION</b>	<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 _____
<b>STATUS</b>	<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"/> Partnership firm	<input type="checkbox"/> HUF	<input type="checkbox"/> Minor	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> Company/Body Corporate	
						<input type="checkbox"/> Others _____	

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

1st holder PAN \_\_\_\_\_ Enclosed \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
 PAN Proof  Form 60/61  Form 49A

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

Guardian's PAN \_\_\_\_\_ Enclosed \_\_\_\_\_ Relation with Minor / Designation \_\_\_\_\_  
 PAN Proof  Form 60/61  Form 49A

Name of Second Applicant  Mr.  Ms.  NRI \_\_\_\_\_

2nd holder PAN \_\_\_\_\_ Enclosed \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
 PAN Proof  Form 60/61  Form 49A

Name of Third Applicant  Mr.  Ms.  NRI \_\_\_\_\_

3rd holder PAN \_\_\_\_\_ Enclosed \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
 PAN Proof  Form 60/61  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 \_\_\_\_\_ Residence \_\_\_\_\_ Mobile no. (For Receiving SMS Alert) \_\_\_\_\_

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  SB  Current  NRO  NRE  FCNR Account No. \_\_\_\_\_  
 Bank \_\_\_\_\_ Branch \_\_\_\_\_  
 Branch Address \_\_\_\_\_  
 Branch City \_\_\_\_\_ PIN \_\_\_\_\_ 9 Digit MICR Code\* \_\_\_\_\_

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.:

Signature, Date & Stamp  
of receiving office

**5. INVESTMENT & PAYMENT DETAILS (Separate cheque/Demand Draft is required for investment in each 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 <input type="checkbox"/> 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 \_\_\_\_\_ 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 NV, Citibank N.A, Deutsche Bank AG, HDFC Bank Limited, The Hongkong and Shanghai Banking Corporation, ICICI Bank Limited, IDBI Bank Limited, Kotak Mahindra Bank Ltd., Standard Chartered Bank, UTI Bank Limited, \*Centurion Bank of Punjab will receive their redemption / dividend proceeds (if any) directly into their bank account.

In case you wish to receive a cheque / demand draft, please indicate your preference below : (Please ✓ in this box)

I / We want to receive the redemption / dividend proceeds (if any) by way of a cheque / demand draft instead of direct credit into my / our bank account.

**7. DOCUMENTS ENCLOSED (Please ✓) (MANDATORY)**

- Memorandum & Articles of Association  Systematic Investment Plan  Systematic Transfer Plan
- Trust Deed  Bye-Laws  Partnership Deed  Cheques  SIP Auto Debit Facility
- Resolution / Authorisation to invest  List of Authorised Signatories with Specimen Signature(s)  Power of Attorney

**8. NOMINATION**

Nominee's Name  Mr.  Ms. \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
D | D | M | M | Y | Y | Y | Y

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. 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 to be linked.

Existing Folio No. \_\_\_\_\_ 16 Digit ATM Card Number \_\_\_\_\_

**For New Card Applicant**

Name as you would like to appear on your card M | a | n | d | a | t | o | r | y | \_\_\_\_\_ (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. No card shall be issued for subscription through DDs/third party cheques.**

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

**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 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 \_\_\_\_\_ 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 / 1 <sup>st</sup> applicant / Guardian Authorised Signatory	2 <sup>nd</sup> applicant / Authorised Signatory	3 <sup>rd</sup> applicant 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