

COMMON APPLICATION FORM

(To be filled in CAPITAL letters)

APP No.:

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 1.9)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code**
ARN-0018	ARN -			

*Please sign alongside 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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

++ I/We, have invested in the Schem(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

2. INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 5 & proceed to section 9 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 12. Mode of holding will be as per existing folio number.)

[Please tick (✓) any one]
 I am a First time investor across Mutual Funds
OR
 I am an existing investor in Mutual Funds

3. UNITHOLDING OPTION - DEMAT MODE PHYSICAL MODE

DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI.

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.

NSDL	DP Name	DP ID	Beneficiary Account No.
CDSL	DP Name	Beneficiary Account No.	

Enclosures [Please tick (✓) any one box]: Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

4. GENERAL INFORMATION APPLICATION FOR Zero Balance Folio Investment **^MODE OF HOLDING :** [Please tick(✓)] Single Joint (Default) Any one or Survivor

5. FIRST APPLICANT DETAILS

NAME^ Mr. Ms. M/s. _____

(Please mention Name as per Aadhaar card. Refer instruction no.I. 17)

PAN / PEKRN^ _____ **CKYC Id^** _____

Aadhaar No^ _____ By sharing the Aadhaar number I provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

Name of Guardian if first applicant is minor / **Contact Person** for non individuals Mr. Ms. _____

Guardian's Relationship With Minor
 Father Mother Court Appointed Guardian
Date of Birth of 1st Applicant (Mandatory in case of Minor. Mention as per Aadhaar card) DD MM YYYY
Proof of Date of Birth and Guardian's Relationship with Minor
 Birth Certificate Passport Others _____

STATUS^ : Resident Individual PSU AOP/BOI Minor through Guardian HUF Trust /Charities / NGOs
 Society FI/FIL NRI Company/Body Corporate Sole Proprietor Defence Establishment
 PIO Bank FPI^ (^^as and when applicable) Government Body Partnership Firm Others _____

Are you involved / providing any of the mentioned services : Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 Money Lending / Pawning None of the above

Note: In case First Applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form (Ref Ins No. XIV) **In case First Applicant is Minor then details of Guardian will be required.

^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant prior to investing in Reliance Mutual Fund. Refer instruction no.II. 6, 7 & X

6. SECOND APPLICANT DETAILS

NAME^ Mr. Ms. _____

(Please mention Name as per Aadhaar card. Refer instruction no.I. 17)

PAN / PEKRN^ _____ **CKYC Id^** _____ **STATUS^ :** Resident Individual NRI

Aadhaar No^ _____ By sharing the Aadhaar number I provide my consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

ACKNOWLEDGMENT SLIP (Please retain this slip)

To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.

Application No.:

Name of the Investor Mr/Ms/M/s : _____

Scheme Name	Plan	Option	Payment Details	Time Stamp & Date of receiving office
			Amount ₹ _____ Instrument No/Cash Deposit Slip No. _____ Date : _____ Drawn on Bank _____	

11. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)

Bank Name

Account No. A/c. Type (✓) SB Current NRO NRE FCNR

Branch Address Branch City For Credit via NEFT

PIN IFSC Code MICR Code 9 Digit

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.

12. 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) OTBM 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)

(Please tick (✓) the appropriate boxes only if applicable to the scheme in which you plan to invest) **Option** Growth^{^^} Dividend Payout Dividend Reinvestment Dividend Frequency

Mode of Payment Cheque DD Funds Transfer OTBM Facility (One Time Bank Mandate) RTGS / NEFT Cash⁵ (Refer Instruction No. XV)

Investment Amount (₹)	DD Charges (if applicable) (₹)	Net Amount~ (₹)	Instrument No/Cash Deposit Slip No/UTR No.	Date	Drawn on Bank	Bank Branch	City
I	II	I minus II		D D M M Y Y Y Y			

(* Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. ⁵Investors are requested to collect the cash deposit slip from the DISC

Reason for Investment: House Children's education Children's Marriage Car Retirement Others

13. NOMINATION - I wish to Nominate Yes No (Mandatory if mode of holding is single) (Refer Instruction No. VI) In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio. Signature is mandatory if you do not wish to nominate

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.

14. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II. 1)

First Applicant POA Name	Mr./Ms./M/s	PAN [^]	<input type="text"/>
Second Applicant POA Name	Mr./Ms./M/s	PAN [^]	<input type="text"/>
Third Applicant POA Name	Mr./Ms./M/s	PAN [^]	<input type="text"/>

15. SIP ENROLLMENT DETAILS Opted for SIP: Yes No (Incase you have opted for SIP it is mandatory to submit OTBM + SIP Enrolment Form)

16. STP ENROLLMENT DETAILS Opted for STP: Yes No (Incase you have opted for STP it is mandatory to submit STP Enrolment Form)

17. I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS Yes No (Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)

18. DECLARATION AND SIGNATURE

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 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. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Nippon Life Asset Management Limited (formerly Reliance Capital 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 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 and the said charges shall be paid to the distributors. I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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.

I have read and understood Instruction no. XIII and hereby agree to abide by the same. I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.

SIGN HERE	<input type="checkbox"/> First / Sole Applicant / Guardian / Authorised Signatory	<input type="checkbox"/> Second Applicant / Authorised Signatory	<input type="checkbox"/> Third Applicant / Authorised Signatory
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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-0018 ARN -				

*Please sign below in case the EUJIN is left blank/not provided. I/We hereby confirm that the EUJIN 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.
++ 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 Mr./Ms./M/s	PAN No / PEKRN. <input type="text"/> <input type="checkbox"/> KYC
Name of 2nd holder Mr./Ms.	PAN No / PEKRN. <input type="text"/> <input type="checkbox"/> KYC
Name of 3rd holder Mr./Ms.	PAN No / PEKRN. <input type="text"/> <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 - Demat Mode 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. _____ Beneficiary Account No. _____	Central Depository Securities Limited	Depository Participant Name _____ Target ID No. _____
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Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement 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. + For receiving Transaction Alerts via SMS

Email id & Mobile no. provided in this form will supercede 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)		
					Amount	Frequency	Count
	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> REGULAR From : MM/YY To : MM/YY <input type="checkbox"/> PERPETUAL(Default) (Refer Instruction No. 5) From : MM/YY To : 1 2 / 9 9	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 18 <input type="checkbox"/> 23 <input type="checkbox"/> 28 (Any other date from 1 st to 28 th of a given month)	₹ _____ (in figures)	₹ _____ (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 (RNAAM) liability. I understand that the RNAAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNAAM 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 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	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	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.

ONE TIME BANK MANDATE

(NACH / Direct Debit Mandate Form)

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN

Date:

Sponsor Bank Code _____ (For Office Use Only) Utility Code _____ (For Office Use Only)

Create **Modify** **Cancel** I/We hereby authorize **Reliance Mutual Fund** to debit (tick ✓) SB CA CC SB-NRE SB-NRO 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.

From :	PERIOD		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
To:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Or	<input type="checkbox"/> Until Cancelled		

1 _____ Signature of Account Holder 2 _____ Signature of Account Holder 3 _____ Signature of Account Holder
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.

INSTRUCTIONS cum TERMS AND CONDITIONS

- (1) Auto Debit facility is offered only to the investors maintaining their bank accounts with Bank of Baroda / Bank of India / HDFC Bank / ICICI Bank / AXIS Bank / State Bank of India / Union Bank of India / Allahabad Bank / Punjab National Bank / Central Bank of India / Bank of Maharashtra. The above list is subject to change from time to time. "National Automated Clearing House (NACH)" is Direct Electronic Debit mode implemented by National Payments Corporation of India (NPCI), list of banks is available on NPCI website www.npci.org.in. The said list is subject to modifications. The investor agrees to abide by the terms and conditions of NACH Debit / Auto Debit facility of Reserve Bank of India / Banks. If any city / bank is removed from the above mentioned list RNAM at its sole discretion may accept Post Dated Cheques (PDC's) from the investors for the balance period.
- (2) Reliance Mutual Fund (RMF) / RNAM, its registrars and other service providers shall not be held responsible or will not be liable for any damages and will not compensate for any loss, damage etc. incurred to the investor. The investor assumes the entire risk of using this facility and takes full responsibility. Investor will not hold RMF / RNAM, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit / Auto Debit / local holidays.
- (3) Investors are required to submit One Time Bank Mandate Form and SIP Enrollment Form along with a photo copy/cancelled cheque of Debit Bank Account (as mentioned on the One Time Bank Mandate Form) atleast 21 working days before the first SIP installment date for NACH Debit & Auto Debit. Clearing. In case One Time Bank Mandate form is already registered in the folio then the subsequent SIP registration request provided in the same folio will be processed within 12 calendar days.
- (4) An investor can opt for Monthly, Quarterly or Yearly frequency for SIP. In case the investor has not specified the frequency then by default the frequency will be treated as Monthly. If an investor does not mention SIP start date appropriately, the SIP will by default start from the next month after meeting the minimum registration requirement of 21 working days or 12 calendar days as applicable (Refer point 3). If an investor does not mention SIP and date appropriately the tenure of SIP will be treated as perpetual i.e. the end date shall be considered as December 2099. In case an investor, who has opted for Perpetual SIP, subsequently intends to discontinue the same, a written communication thereof will be required to be furnished.
- (5) An investor shall have the option of choosing for 1 or more than 1 SIP in the same scheme same plan and in the same month. The investor can choose the SIP Dates from 1st to 28th of any given month for SIP registered through One Time Bank Mandate. For SIP registered through Standing instructions, Auto Debit or Post Dated Cheques (PDC), SIP Debit date shall continue to be 2nd, 7th, 10th, 18th, 23rd and 28th of any given month. More than one SIP for the same debit date shall be acceptable. If an investor does not mention SIP Date in the application form or multiple SIP dates are mentioned in the SIP Mandate or the SIP Date is unclear in the application form / SIP Mandate, the default SIP date shall be treated as 10th as per the frequency defined by the investor. In case the criteria are not met the SIP would start on the same date from the next month. Investors should check the same at the Designated Investor Service Centre of Reliance Mutual Fund before investing.
- (6) For details about the Scheme and its facility please refer the SID, SAI & KIM of the respective schemes / Addendum issued from time to time carefully before investing.
- (7) In case of three consecutive failures due to insufficient balance in bank account while processing request for SIP, RNAM shall reserve the right to terminate the SIP without any written request from the investor.
- (8) In case an investor wishes to change the bank account details for the existing SIP registered through Auto debit / NACH Debit mode, then he has to provide a cancellation of the existing One Time Bank Mandate and register a fresh One Time Bank Mandate with the new bank details. The existing SIP registration will not get cancelled. The investor has to submit the One Time Bank Mandate with the new bank details atleast 21 business days prior to the next SIP Debit date.
- (9) Allotment of units would be subject to realisation of credit.
- (10) In case the investor wishes to cancel the One Time Bank Mandate / SIP, investor will have to submit an One Time Bank Mandate Cancellation Form or SIP cancellation form, 21 business days prior to discontinuation.
- (11) Investors may note that all the transactions executed through Invest Easy such as "Online Transactions" (whether on our website or through any other application using the internet) "Transactions through call center", "Transactions through SMS", "Transactions through Mobile Phone" or any other facility as offered by RMF from time to time using the IPIN / One Time Password (OTP) will be considered as transaction through the mentioned broker (ARN) mentioned on this "SIP Enrollment Details" Form.
- (12) The Broker Code given in this mandate will be applicable for all the transactions done through Invest Easy mode. In case there is a change of Broker Code then the investor are requested to cancel the existing mandate and register a fresh mandate with us.
- (13) For Direct Investment Please Mention "Direct in the Column "Name & Broker Code/ARN".
- (14) Investors are required to clearly indicate the plans/options in the application form of the scheme. Investor may note that following shall be applicable for default plan

Scenario	Broker Code mentioned by the investor	Plan mentioned by the investor	Default Plan to be captured
1	Not mentioned	Not mentioned	Direct Plan
2	Not mentioned	Direct Plan	Direct Plan
3	Not mentioned	Regular Plan	Direct Plan
4	Mentioned	Direct Plan	Direct Plan
5	Direct	Not mentioned	Direct Plan
6	Direct	Regular Plan	Direct Plan
7	Mentioned	Regular Plan	Regular Plan
8	Mentioned	Not mentioned	Regular Plan

In cases of wrong/ invalid/ incomplete ARN codes mentioned on the application form, the application shall be processed under Regular Plan. The AMC shall contact and obtain the correct ARN code within 30 calendar days of the receipt of the application form from the investor/distributor. In case, the correct code is not received within 30 calendar days, the AMC shall reprocess the transaction under Direct Plan from the date of application without any exit load. Similarly, in the absence of clear indication as to the choice of option (Growth or Dividend Payout), by default, the units will be allotted under the Growth Option of the default /selected plan of the scheme.

- (15) Applications should be submitted at any of the Designated Investor Service Centre (DISCs) of RNAM or Karvy Computershare Pvt. Ltd.
- (16) Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing Account.
- (17) RNAM reserves the right to reject any application without assigning any reason thereof. RNAM in consultation with Trustees reserves the right to withdraw these offerings, modify the procedure, frequency, dates, load structure in accordance with the SEBI Regulations and any such change will be applicable only to units transacted pursuant to such change on a prospective basis.
- (18) No entry load will be charged with effect from August 1, 2009. Exit Load as applicable in the respective Scheme at the time of enrolment of SIP will be applicable.
- (19) In order to transact through Call Center, SMS, online mode whether through RMF website or any other application using the internet and /or through Mobile or any other device, the investor needs to have the IPIN, issued by RNAM. By filling this form the investor will be issued IPIN by default in case he has not opted for the same earlier. This IPIN can also be used by the investor to transact Online. If only the email id of the investor is registered with RNAM / RMF, investor can execute transaction through Call Center, transaction through mobile WAP (Web Access Portal) Site, transaction through RMF website. If only the mobile number of the investor is registered with RNAM/RMF, investor can execute transaction only through SMS. For further details investors are

requested to refer SAI.

- (20) Kindly note that in case of a folio with joint Unitholders, having mode of operations as "either or survivor" or "anyone or survivor any one of the investor(s) can transact through SMS, provided that such instruction is received via an SMS from the mobile number registered with RNAM with respect to the concerned folio.
- (21) **Permanent Account Number (PAN):** SEBI has made it mandatory for all applicants (in the case of application in joint names, each of the applicants) to mention his/her permanent account number (PAN) irrespective of the amount of purchase. Where the applicant is a minor, and does not possess his / her own PAN, he / she shall quote the PAN of his / her father or mother or the guardian, signing on behalf of the minor, as the case may be. In order to verify that the PAN of the applicants (in case of application in joint names, each of the applicants), the applicants shall attach along with the purchase application, a photocopy of the PAN card duly self-certified along with the original PAN Card. The original PAN Card will be returned immediately across the counter after verification. Micro SIP & Investors residing in the state of Sikkim are exempted from the mandatory requirement of PAN proof submission however they are required to mandatorily submit KYC Acknowledgement copy. Applications not complying with the above requirement may not be accepted/processed. Additionally, in the event of any Application Form being subsequently rejected for mismatch / non-verification of applicant's PAN details with the details on the website of the Income Tax Department, the investment transaction will be cancelled and the amount may be redeemed at the applicable NAV, subject to payment of exit load, if any. Please contact any of the Investor Service Centres/Distributors or visit our website www.reliancecmul.com for further details.
- (22) **Prevention of Money Laundering and Know Your Client (KYC):** SEBI has prescribed uniform KYC compliance procedure for all the investors dealing with the SEBI also issued KYC Registration Agency ("KRA") Regulations 2011 and the guidelines in pursuance of the said Regulations and for In-Person Verification (IPV). All investors (individual and non-individual) are required to be KYC compliant. However, applicants should note that minors cannot apply for KYC and any investment in the name of minors should be through a Guardian, who should be KYC compliant for the purpose of investing with a Mutual Fund. Should the applicant desire to change KYC related information, POS will extend the services of effecting such changes. In case of an existing investor of RMF who is already KYC Compliant under the erstwhile centralized KYC with CVL (CVL/MF) then there will be no effect on subsequent Purchase/Additional Purchase (or ongoing SIPs/STPs, etc) in the existing folios/accounts which are KYC compliant. Existing Folio holder can also open a new folio with Reliance Mutual Fund with the erstwhile centralized KYC.
 - (i) In case of an existing investor of Reliance Mutual Fund and who is not KYC Compliant as per our records, the investor will have to submit the standard KYC Application forms available in the website www.cvlkra.com along with supporting documents at any of the SEBI registered intermediaries at the time of purchase / additional purchase / new registration of SIP/STP etc. In Person Verification (IPV) will be mandatory at the time of KYC Submission.
 - (ii) Investors who have completed with KYC process before December 31, 2011 (KYC status with CVL-KRA as "MF - VERIFIED BY CVL/MF") and not invested in the schemes of Reliance Mutual Fund (i.e. not opened a folio earlier, and wishes to invest on or after December 01, 2012, such investors will be required to submit 'missing/not available' KYC information and complete the KYC requirements. Update of 'missing / not available' KYC information along with IPV is currently a one-time requirement and needs to be completed with any one of the mutual funds i.e. need not be done with all the mutual funds where investors have existing investments. The said form is available on RMF's website i.e. www.reliancecmul.com or on the website of Association of Mutual Funds in India i.e. www.amfiindia.com or on the website of any authorised KRA's. Once the same is done then the KYC status at CVL-KRA will change to 'Verified by CVL KRA' after due verification. In such a scenario, where the KYC status changes to 'Verified by CVL KRA', investors need not submit the 'missing/not available' KYC information to mutual funds again.
- (23) **Communication for the investors:** In accordance with SEBI Circular No. CIR/IMD/DF/16/ 2011 dated September 8, 2011 and SEBI Circular no. CIR/IMD/DP/31/2014 dated November 12, 2014 the investor whose transaction has been accepted by the RNAM/RMF shall receive a confirmation by way of email and/or SMS within 5 Business Days from the date of receipt of transaction request, same will be sent to the Unit holders registered e-mail address and/or mobile number.

Thereafter, a Consolidated Account Statement ("CAS") shall be issued in line with the following procedure:

1. Consolidation of account statement shall be done on the basis of PAN. In case of multiple holding, it shall be PAN of the first holder and pattern of holding.
 2. The CAS shall be generated on a monthly basis and shall be issued on or before 10th of the immediately succeeding month to the unit holder(s) in whose folio(s) transaction(s) has/have taken place during the month.
 3. In case there is no transaction in any of the mutual fund folios then CAS detailing holding of investments across all schemes of all Mutual Funds will be issued on half yearly basis (at the end of every six months i.e. September/ March).
 4. Investors having MF investments and holding securities in Demat account shall receive a Consolidated Account Statement containing details of transactions across all Mutual Fund schemes and securities from the Depository by email / physical mode.
 5. Investors having MF investments and not having Demat account shall receive a Consolidated Account Statement from the MF Industry containing details of transactions across all Mutual Fund schemes by email / physical mode. The word 'transaction' shall include purchase, redemption, switch, dividend payout, dividend reinvestment, systematic investment plan, systematic withdrawal plan and systematic transfer plan transactions. CAS shall not be received by the Unit holders for the folios wherein the PAN details are not updated. The Unit holders are therefore requested to ensure that the folio(s) are updated with their PAN. For Micro SIP and Sikkim based investors whose PAN details are not mandatorily required to be updated Account Statement will be dispatched by RNAM/RMF for each calendar month on or before 10th of the immediately succeeding month.
- In case of a specific request received from the Unit holders, RNAM / RMF will provide the account statement to the investors within 5 Business Days from the receipt of such request.
- (24) **Units held in the dematerialized form:** Unitholders can have an option to hold the units in dematerialized form in terms of the guidelines / procedural requirements as laid by the Depositories (NSDL/CDSL) / Stock Exchanges (NSE / BSE). 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.
 - (25) Employee Unique Identification Number (EUIDN) would assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leave the employment of the distributor.
 - (26) **Reliance STEP-UP Facility:** Under this facility the investor can increase the SIP installment (excluding MICRO SIP) at pre-defined intervals by a fixed amount. This facility is available for all categories of investors. For availing the said facilities, investors are required to note the following:
 1. Investor willing to register STEP-UP should provide the STEP-UP details along with the SIP enrollment details and is also required to fill up "One Time Bank Mandate Form" from which the amount shall be debited. Investors who are currently registered under Invest Easy - Individuals facility may avail this facility without registering the One Time Bank Mandate. 2. The minimum amount for Reliance STEP-UP facility is ₹100/- and in multiples of ₹100/- (except for Reliance Tax Saver (ELSS) Fund, Reliance Retirement fund - Income Generation Plan & Reliance Retirement fund-Wealth Creation Plan for which the minimum amount shall be ₹500/- and in multiple of ₹500/-). 3. Monthly SIP offers STEP-UP frequency at half yearly and yearly intervals. Quarterly and Yearly SIP offers STEP-UP frequency at yearly interval only. In case STEP-UP frequency is not indicated, it will be considered as Yearly by Default. 4. There should be clear indication about STEP-UP Count i.e. the number of times the SIP Installment amount should be increased. In case STEP-UP amount is mentioned and STEP-UP count is not indicated, it will be considered as 1 (One) by Default. 5. The date for Reliance STEP-UP Facility will correspond to the registered SIP. The enrolment period specified in the Reliance STEP-UP form should be less than or equal to the enrolment period mentioned in the SIP. 6. In case of any deviation in period, the tenure of the SIP shall be considered.

*I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Reliance Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate.

Authorisation to Bank: I/We wish to inform you that I/We have registered with Reliance Mutual Fund for NACH / Direct Debit through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary.

FOR OFFICE USE ONLY (Not to be filled in by Investor)

Affix Barcode	Date and Time Stamp No.

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM

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

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 25)

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code	RIA Code**
ARN-0018	ARN -			

*Please sign below in case the EUN is left blank/not provided. I/We hereby confirm that the EUN 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.

++ 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

Uprfront 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.

2. EXISTING UNIT HOLDER INFORMATION

FOLIO NO.

APPLICANT DETAILS

Name of Sole/1st holder Mr./Ms./M/s	PAN No / PEKRN.	<input type="text"/>	<input type="checkbox"/> KYC
Name of 2nd holder Mr./Ms.	PAN No / PEKRN.	<input type="text"/>	<input type="checkbox"/> KYC
Name of 3rd holder Mr./Ms.	PAN No / PEKRN.	<input type="text"/>	<input type="checkbox"/> KYC

4. SYSTEMATIC TRANSFER PLAN (STP) SCHEME DETAILS (Refer Instruction No.1, 5 & 26)

(If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

Name of 'Transferor' Scheme/Plan/Option

Name of 'Transferee' Scheme/Plan/Option

5. STP DETAILS (Refer Instruction No.6)

<input type="checkbox"/> Fixed Transfer STP (Refer Instruction No. 7 & 9) STP Frequency (Please ✓ any one)					<input type="checkbox"/> Capital Appreciation STP (Refer Inst No. 8 & 9) STP Frequency (Please ✓ any one)		
<input type="checkbox"/> Daily (Minimum One Month)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly	OR	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Quarterly
First execution date will be on or after 7 calendar days from the date of submission of the form (excluding date of submission)	1 st , 8 th , 15 th & 22 nd of every month	1 st & 15 th of every month	* of every month	* of the starting month of every Quarter		1 st of every Month	1 st of the starting month of every Quarter
Amount of Transfer per Instalment ₹ <input type="text"/>							

Enrolment Period (Please ✓ any one)

REGULAR From : To :
 PERPETUAL (Default) From : To :

Only for Daily STP Enrolment Period

From : To :

6. DECLARATION & SIGNATURE/S

I/We would like to opt for Systematic Transfer Plan subject to terms of the Scheme Information Document and subsequent amendments thereto. I/We have read the instructions of the Enrolment Form, Scheme Information Document of the Transferor and Transferee Scheme and Statement of Additional Information before filling up the Enrolment 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. 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.

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.

Place :

Date:

SIGNATURE

First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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Acknowledgement Receipt of STP Application Form (To be filled in by the Unit holder)

FOLIO NO.

APP No.:

Received from _____ STP application

Amount of Transfer per Instalment ₹ _____

From Scheme / Plan / Option _____

to Scheme / Plan / Option _____

Mode & Frequency of STP _____

Stamp of receiving branch

& Signature

Wealth Sets You Free

APP No.:

**Details of FATCA & CRS information
For Non-Individuals / Legal Entity**

Name of the entity

Type of address given at KRA Residential or Business Residential Business Registered Office

PAN Date of incorporation DD / MM / YYYY

City of incorporation

Country of incorporation

Please tick the applicable tax resident declaration-

1. Is "Entity" a tax resident of any country other than India Yes No
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number %	Identification Type (TIN or Other, please specify)

*Incase Tax Identification Number is not available, kindly provide its functional equivalent²
In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIN, etc.

Incase the Entity's Country of Incorporation / Tax residence is U. S. but entity is not a Specified U. S. Person, mention Entity's exemption code here _____

Please refer to para 3(vii) Exemption code for U. S. persons under Part D of FATCA instructions & Definitions

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, Financial institution³ or Direct reporting NFE⁴ (Please tick as appropriate)

Global Intermediary Identification Number (GIIN)
Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

GIIN not available (Please tick as applicable) Applied for
If the entity is financial institution, Not required to apply for- please specify 2 digits sub- category¹⁰
Not obtained – Non-participating FI

PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1. Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
3. Is the Entity an active ¹ non-financial Entity (NFE) <input type="checkbox"/> No	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part D)
4. Is the Entity a passive ² NFE <input type="checkbox"/> No	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹Refer 2 of Part D | ²Refer 3(iii) of Part D | ³Refer 1(i) | ⁴Refer 3(vi) of Part D

⁸ If passive NFE, please provide below additional details for each of Controlling person. (Please attach additional sheets if necessary)

Name and PAN / Any other Identification Number <small>(PAN, Aadhaar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)</small>		Occupation Type - Service, Business, Others	DOB - Date of Birth
City of Birth - Country of Birth		Nationality	Gender - Male, Female, Other
		Father's Name - Mandatory if PAN is not available	
1. Name & PAN	<input type="text"/>	Occupation Type	DOB <input type="text"/>
City of Birth	<input type="text"/>	Nationality	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth	<input type="text"/>	Father's Name	Others <input type="checkbox"/>
1. Name & PAN	<input type="text"/>	Occupation Type	DOB <input type="text"/>
City of Birth	<input type="text"/>	Nationality	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth	<input type="text"/>	Father's Name	Others <input type="checkbox"/>
1. Name & PAN	<input type="text"/>	Occupation Type	DOB <input type="text"/>
City of Birth	<input type="text"/>	Nationality	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth	<input type="text"/>	Father's Name	Others <input type="checkbox"/>

⁹Additional details to be filled by controlling persons with tax residency/ permanent residency / citizenship / Green Card in any country other than India:

To include US, where controlling person is a US citizen or green cardholder

⁹Incase Tax Identification Number is not available, kindly provide functional equivalent

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

⁹It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Part C : Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and here by confirm that the information provided by me /us on this Form is true, correct, and complete. I /We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and here by accept the same.

Date: / /

Name

Designation

Signature

SIGN HERE	First / Sole Applicant / Guardian/ Authorised Signatory	Second Applicant/ Authorised Signatory	Third Applicant/ Authorised Signatory
	<input type="text"/>	<input type="text"/>	<input type="text"/>