

Bank use Mandate Ref. No._

Mutual Fund					APP No	.: ECAF-00003979	
	SIP ENROLMENT	cum AUTO	DEBIT/E	CS MAND	ATE FOR	M	
•	debit banks in Terms & Conditions Point No.1Overlea	f) TO BE FILLED	IN CAPITAL	LETTERS. PLEAS	SE (/) WHEREVE	ER APPLICABLE	
Name & Broke	OKER INFORMATION r Code / ARN Sub Broker / Sub Age	ent ARN Code	*Employee l	Jnique Identific	ation Number	Sub Broker / Sub Agent	Code
ARN-18			Ε04	0620			
	case the EUIN is left blank/not provided.		EU41	0629			
I/We hereby confirm t	hat the EUIN box has been intentionally left blar n of the above distributor/sub broker or notwitl	nk by me/us as this	transaction is	s executed witho	out any interact	ion or advice by the employee/re	alationshi
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SIGN HERE	Sole / 1st Applicant / Guardian Authorised Signatory	2nd Applic			3		
	Authorised dignatory				L		
·	all be paid directly by the investor to the AMFI reg	jistered distributor b	ased on the i			factors including the service rend	dered by th
Name of Sole/1st hol		PAN No /	PEKBN -	MAND	Folio No.	KYC Acknowledge	mont Con
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Name of 3rd holder		PAN No /		MAND		KYC Acknowledge	
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	ETAILS - (Please ensure that the sequence of na		in the applica	ation form match	es with that of t	he account held with any one of t	he
Depository Participant National Depositor	. Demat Account details are compulsory if demat		ve. Central	Depository			
Securities participa	nt Name	1 1	Depository	participant Nar	ne		
Depository DP ID N		S	Securities	Target ID No.			
	ary Account No. Client Master List		imited	Holding State	mont C	ancelled Delivery Instruction S	Olin (DIO)
	MENT DETAILS (Refer Instruction No.13	· / L	isaction cum	Tholding State	mentC	ancelled Delivery Instruction S	siip (Dio)
	Cheque/ DD Date	<u>'</u>	Charge Rs.		Cheque/ DD	Net Amount Rs	
Bank Name:		Branch:	3			City	
	.S (In case you are investing in Reliance Regular Sa b invest in Direct Plan please mention Direct Plan aga			ion details mandat	torily i.e Equity, D	Debt or Balanced.) (Refer Instruction	No. 22)
SCHEME NAME	o invest in Direct Fian please mention Direct Fian aga	anst the scheme ham	Plan			Option	
SIP DETAILS							
Frequency	Enrollment Period: (Please √a	ny one)		P Date		SIP Amount	
☐ Monthly (default)☐ Quarterly	REGULAR From: M M Y Y To	MIMIY IY		10 (default)		(in figures)	
☐ Yearly# (Please √any one)	Default) (Refer Instruction No. 14		18				(in words
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BANK ACCOUN							
1st/Sole Accountholde	r Name as in Bank Records						
2nd Accountholder Na	me as in Bank Records						
3rd Accountholder Nar	ne as in Bank Records				1 1 1		
A/c. Type ✓ SB	Current NRO NRE	FCNR					
Bank Name $\lfloor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $, n, d, a, t, o, r, v, , ,		(Core B	anking Accoun	ıt Number)		
Branch , ,					City		1 1
Address PIN	9 Digit MICR Code		1 1 1	IFSC Co	ode		1 1
Mandatory: Please er	nter the 9 digit number that appears after your	cheque number.		Manda	atory Enclos		
	d / or ending with 000 are not valid for ECS.			∐ Blan	k cancelled ch	neque Copy of cheque	
DECLARATION We wish to inform you that I	we have registered with Reliance Mutual Fund through the	ir authorised Service Pro	ovider(s) and rep	resentative for my/o	ur payment to the	above mentioned beneficiary by debit to	my/our abov
nentioned bank account. For the vith the amount requested, for the property and control to the c	we have registered with Reliance Mutual Fund through the his purpose IWe hereby approve to raise a debit to mylour at due remittance of the proceeds to the beneficiary. IWe underplete. If the transaction is delayed or not effected at all for a 85 per the Mutual Fund of a Bank holiday, execution of the revolution, fire, flood, fog, war, lightening, earthquake, chang nable control and which has the effect of preventing the perfore any claim against the Bank in respect of the amount so de so, for any loss, damage, osts, charges and expenses incumical and may be revoked only through a written letter withdrax.	pove mentioned account ertake to keep sufficient t reasons of incomplete or transaction will be poor	with your branch unds in the fund incorrect inform	i. I/We hereby authoring account on the da ation, I would not hol	ize you to honor all ate of execution of s d the Mutual Fund	such requests received through to debit n standing instruction. I hereby declare that or the responsible. If the date of debit to n	ny/our accou the particula ny/our accou
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rhatsoever. I/We shall not hav gainst all claims, actions, suit eguest for debit mandate is va	re any claim against the Bank in respect of the amount so de sor any loss, damage, costs, charges and expenses incurn alid and may be revoked only through a written letter withdray	bited pursuant to the ma ed by the Bank and , by r ving the mandate signed	indate submitted eason of their ac by the authorize	by me/us. I/We sha ting upon the instructed d signatories/benefic	l keep the Bank an tions issues by the ciaries and acknow	d, jointly and or severally indemnified froi above named authorized signatories/ben ledged at your counters and giving reaso	m time to tim eficiaries. The nable notice
ffect such withdrawal. We would like to invest in Rel mendments thereto. I/We hav	iance subject to terms of the read, understood (before filling application form) and is lare	e Statement of Additiona	Information (S/	Al), Scheme Informat M including details re	ion Document (SID), Key Information Memorandum (KIM) a ervices. I/We have not received not been i	nd subseque
ebate or gifts, directly or indire Regulations / Rules / Notification Miting the Reliance Capital A	ectly, in making this investment. If We declare that the amou ons / Directions or any other Applicable Laws enacted by the C sset Management Limited (RCAM) liability, I understand tha	nt invested in the Schem iovernment of India or an t the RCAM may, at its a	ie is through legi y Statutory Autho psolute discretio	timate sources only a brity. I accept and ag n, discontinue any of	and is not designed ree to be bound by t the services comp	for the purpose of contravention or evasi he said Terms and Conditions including th pletely or partially without any prior notice	on of any Ac ose excludin to me. I agre
competing Schemes of various complete. Further, I agree that within the manning of Boards	for the service charges as applicable from time to time. The A Mutual Funds from amongst which the Scheme is being reco the transaction charge (if applicable) shall be deducted from the Charge that I have School shape the I have School shaped the charge of the charge the I have School shaped the	mmended to me/us. I her he subscription amount	reby declare that and the said char	the above informations the shall be paid to the shall be paid to the shall be shall be the shall	n is given by the und ne distributors. I/We	dersigned and particulars given by me/us the hereby confirm that I We are not United to the control of the cont	are correct ai States persoi
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Customer Ref. No.

Autodebit - ECS Mandate Form / 24th March 2014 / Ver 1.4



Mutual Fund APP No.: ECAF-00003979

COMMON APPLICATION FORM

1. DISTRIBUT	OR / BROKER INFO			ERS & IN BLUE/BLACK INF	CONET.	
Name &	Broker Code / ARN		Agent ARN Code	*Employee Unique Identificatio	n Number S	ub Broker / Sub Agent Code
ARN-	18533			E040629		
I/We hereby conf		en intentionally left blank				employee/relationship manager/sales er/sales person of the distributor/sub
SIGN HERE	First / Sole Guard		Se	econd Applicant		Third Applicant
•	n shall be paid directly by the i	•		he investor's assessment of various fa	actors including the serv	ice rendered by the distributor.
(Please tick (√)	any one) 🔲 I am a Fir	st time investor acros	ss Mutual Funds	OR I am an existin	ng investor in Mutu	al Funds
purchase/subcription 2. EXISTING 3. GENERAL	on amount and payable to the DINVESTOR'S FOLIO INFORMATION	NUMBER	d against the balance amo	unt invested. (If you have an exis	sting folio number with K o section 9. Mode of hold	tor) are deductible as applicable from th YC validated, please mention the numbe ling will be as per existing folio number.)
4. FIRST APP	PLICANT DETAILS					
NAME Mr./Ms.	/M/s				#Da	te of Birth D D M M Y Y
PAN / PEKRN^ (1st Applicant/Gua	rdian)	ENCLO		.,	II 6 7 2 IV)	# Mandatory in case of minor
	ian if first applicant is mi n for non individuals	nor/ Mr./Ms./M/s	(Manualory for all	type of Investors. Refer instruction no.	, , , , , , , , , , , , , , , , ,	
	ationship With Minor*		Proof of Date of Birth	and Guardian's Relationship with	Minor*	Designation of the contact person
Father		ointed Guardian	Birth Certificate	—	(please specify)	(In case of non-individual Investors
STATUS :		FPI^^^	nt Priv. DI Minor Comp	ate Sector Service () (through Guardian () HU any/Body Corporate () So	Government Service/Pul Others F le Proprietor urtnership Firm	Trust / Charities / NGOs Defence Establishment Others
GROSS ANNUA	L INCOME DETAILS P			-10 Lacs 10-25 Lacs 25 La	acs-1 Crore >1 C	rore
NET-WORTH in	₹	(Net worth should not be	older than 1 year)	as on (Date)	D M M Y Y	(Mandatory for Non-Individuals
Politically Ex	& Non-Individuals (Authorized signosed Person (PEP) n of PEP, please refer instruct Politically Exposed Person (I	ion I.14).	ta/Trustee/whole time directors)	For Non-Individuals Only Is the entity involved in / providi Foreign Exchange / Money Chang Gaming / Gambling / Lottery Serviduals Money Lending / Pawning Any other information:	jer Services	Yes No
**In case First app	licant is minor then details for	Guardian will be required		-		
5. SECOND A	APPLICANT DETAILS	S				
NAME Mr./Ms.	/M/s					
ENCLOSED COCCUPATION:		C Acknowledgment	PAN / PEKRN		STATUS Government Service/Pul	
CROSS ANNUA		orex Dealer Stude			Others	
		lease tick (🗸) 🔛 Below 1		-10 Lacs 10-25 Lacs 25 La	acs-1 Crore	ure
NET-WORTH in Are you a Politic	cally Exposed Person (PE			elated to a Politically Exposed F	Person (PEP)	Yes No
ACKNOWLEDO (To be filled in by Received from			•	e stamped acknowledged slip for APP No.: an applicati	r future references	IVR. "Self Help" Option (24 x 7)
Units under Rel	liance			as per details below.		Investor can avail below facilities 1. NAV
Growth Op	otion Bonus Opti	on Dividend Re	einvestment D	lividend Payout		Account balance Account statement
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drawn on			- 1 044 O P M	larg. Elphinstone Road.Mumbai-400 01	f receiving office	For more details : Call : Toll free : 1800-300-11111 3030111

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Simply ser	nd **SMS to 966 400	1111 to avail below facilities
Types of Facilities	Single Folio	Multiple Folio
NAV	SMS mynav	SMS mynav <space> last 6 digits of folio</space>
Balance	SMS Balance	SMS balance <space> last 6 digits of folio</space>
Last 3 Transaction	SMS txn	SMS txn <space> last 6 digits of folio</space>
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio</space>



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12. POWER OF ATTORN	EY (POA) HOLDER D	ETAILS (Refe	r Instructi	on No.II.1)					
First Applicant POA Name	Mr./Ms./M/s				PAN / PEKRN	^			
Second Applicant POA Name	Mr./Ms./M/s				PAN / PEKRN	^			
Third Applicant POA Name	Mr./Ms./M/s				PAN / PEKRN	^			
13. SIP ENROLLMENT	DETAILS Opted for S	P: Yes	No						
(Mandatory if opted for SIP)	Type of SIP: Norm	al SIP 🔲 Micro	o SIP	Mode of SIP: PD	C Auto De	ebit / ECS (I	Refer Ins	No. I-13)	
Note: 1. Incase you have opted for 2. In case you have opted for				P Enrolment Cum Auto Debit / ECS it SIP Enrolment Form for Post date		is available on	RMF webs	ite / DISC of R	MF.
14. STP ENROLLMENT	DETAILS Opted for S	TP: Yes	No	(Incase you have opted for	STP it is mandatory t	to submit STF	Enrolmen	t Form)	
15. I WISH TO APPLY FOR 1	TRANSACT ONLINE Y	es No	OR	I WISH TO APPLY FOR II (Mandatory Enclosure : ON				es No	
Fund Application. Furthe	est Easy facility IPIN will be is	sued to you which o all Centre and / or Ti	can be used to	or transacting seamlessly through on transact through Online mode on Mobile / SMS investor has to man	RMF website, transac				
16. DECLARATION AND	SIGNATURE								
Me would like to invest in Reliance									
First / Sole A Guardian		⊗	Second /	Applicant	⊗	Third App	licant		