

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- (ARN stamp here)	ARN-			

*Please sign below 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 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 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	PAN No / PEKRN.		<input type="checkbox"/> KYC
Name of 2nd holder	PAN No / PEKRN.		<input type="checkbox"/> KYC
Name of 3rd holder	PAN No / PEKRN.		<input type="checkbox"/> KYC

INITIAL INVESTMENT DETAILS

Cheque/ DD No./Cash Deposit Slip No. _____ Cheque / DD / Cash Deposition Date _____ DD Charge Rs. _____
 Net Amount Rs. _____ 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)		
					Amount	Frequency	Count
	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> REGULAR From: _____ To: _____ <input type="checkbox"/> PERPETUAL (Default) (Refer Instruction No. 5) From: _____ To: 1 2 / 9 9	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 18 (Default) <input type="checkbox"/> 23 <input type="checkbox"/> 28	₹ _____ (in figures)	₹ _____ (Multiples of Rs. 100 only)	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Increase SIP amount time(s) (Default 1time)

** In case of Reliance Tax Saver Fund, Reliance Retirement fund - Income Generation Plan & Reliance Retirement fund- Wealth Creation Plan, the SIP & Step up Amount should be in multiples of Rs 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 (RNLAM) liability. I understand that the RNLAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNLAM 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.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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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.

UMRN _____ (For Office Use Only)

Date: DD MM YY YY

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

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

Cancel 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.	Scheme / Plan reference Number : All schemes of Reliance Mutual Fund
Reference 2	Appln No.	Email ID: _____ 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			1 _____	2 _____	3 _____	
	DDMMYYYY	1	2	3	Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
To:	31122099	1	2	3	Name as in Bank Record	Name as in Bank Record	Name as in Bank Record
Or	<input type="checkbox"/> Until Cancelled						