

9. 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) OTM 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)
Option (Please ✓) Growth** Dividend Payout Dividend Reinvestment **Dividend Frequency** _____
Payment Details (Please issue cheque favouring scheme name)
Mode of Payment OTM Facility (OneTimeBankMandate) Cheque DD Funds Transfer RTGS/NEFT Cash^{\$}(Refer Instruction No. XIV)
Investment Amount (Rs.) _____ DD Charges (if applicable) (Rs.) _____ || _____ Net Amount~ (Rs.) _____ | minus ||
Instrument No/Cash Deposit Slip No. _____ Dated D | D | M | M | Y | Y | Y | Y | Drawn on Bank _____
Bank Branch _____ City _____
(* Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. ^{\$} Investors are requested to collect the cash deposit slip from the DISC

10. NOMINATION - I wish to Nominate Yes No (Mandatory if mode of holding is single) (Refer Instruction No.V)
In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

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.

11. 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. X.
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.

National Securities Depository Limited	Depository participant Name _____	Central Depository Securities Limited	Depository participant Name _____																		
	DP ID No. <table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		I	N							Target ID No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
	I		N																		
Beneficiary Account No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					

Enclosures(Pleasetickanyonebox): ClientMasterList(CML) TransactioncumHoldingStatement CancelledDeliveryInstructionSlip(DIS)

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

First Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Second Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Third Applicant POA Name	<input type="text" value="Mr./Ms./M/s"/>	PAN*	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

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

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

15. I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD ("THE CARD") Yes No (Please refer Instructions)

1) Name as you would like to appear on your card**
(**Please mention the name of the first holder) (Maximum of 24 characters)

2) Mother's maiden name in full*

16. I WISH TO APPLY FOR TRANSCAT ONLINE Yes No **OR** **I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS** Yes No
(Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)

17. 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 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 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 confirm that I / We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

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.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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SIP ENROLLMENT DETAILS

(Use this form if One Time Bank Mandate Form is registered in the folio)

Mutual Fund

APP No.

DISTRIBUTOR / BROKER INFORMATION

Table with 4 columns: Name & Broker Code / ARN, Sub Broker / Sub Agent ARN Code, *Employee Unique Identification Number, Sub Broker / Sub Agent Code

*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.

SIGN HERE buttons for Sole / 1st Applicant / Guardian, 2nd Applicant, and 3rd Applicant.

Upront 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

Form for Applicant Details including Name of Sole/1st holder, Name of 2nd holder, Name of 3rd holder, PAN No / PEKRN, and KYC Acknowledgement Copy checkboxes.

INITIAL INVESTMENT DETAILS

Form for Initial Investment Details including Cheque/ DD No./Cash Deposit Slip No., Cheque / DD / Cash Deposition Date, DD Charge Rs., Net Amount Rs., Bank Name, Branch, and City.

UNITHOLDING OPTION - Demat Mode Physical Mode (Ref. Instruction No. 25) Demat Account details are compulsory if demat mode is opted.)

Form for Unitholding Option including Depository participant Name, DP ID No., Beneficiary Account No., Central Depository Securities Limited, and Target ID No.

Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor only)

Form for Invest Easy Registration including Email ID and Mobile no. fields.

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, unless I have already opted for IPIN in the past and have created a username.

I wish to receive the IPIN through below selected mode: Physical Mode (Default) Online Mode

SIP DETAILS (Refer Instruction No. 15. 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)

Table for SIP Details with columns: Scheme / Plan / Option, Frequency, Enrollment Period, SIP Date, SIP Amount, and Reliance STEP-UP Facility (Optional).

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.

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.

Signature boxes for First / Sole Applicant / Guardian, Second Applicant, and Third Applicant.

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)

Mutual Fund

APP No.

UMRN and DDMMYYYY fields.

Create, Modify, Cancel buttons and Sponsor Bank Code, Utility Code fields.

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

Bank A/c no: and Destination Bank Account Number fields.

With Bank (Name of Destination Bank with Branch), IFSC, or MICR fields.

an amount of Rupees field.

FREQUENCY: Monthly Quarterly Half Yearly Yearly as & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference / Folio No. and Email ID fields.

Scheme / Plan reference Number: All schemes of Reliance Mutual Fund and Phone No. fields.

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.

PERIOD From To Or fields and Signature of Account Holder, Name of Account Holder fields.

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.

Mutual Fund

APP No.

SYSTEMATIC TRANSFER PLAN (STP) ENROLMENT FORM

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

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN- (ARN stamp here)			

*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.

SIGN HERE →	Sole / 1st Applicant / Guardian Authorised Signatory	2nd Applicant Authorised Signatory	3rd Applicant Authorised Signatory
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Upront 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.

3. APPLICANT DETAILS

Name of Sole/1st holder	PAN No. <input type="text"/> M A N D A T O R Y <input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No. <input type="text"/> M A N D A T O R Y <input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No. <input type="text"/> M A N D A T O R Y <input type="checkbox"/> KYC Acknowledgement Copy

4. SYSTEMATIC TRANSFER PLAN (STP) SCHEME DETAILS (Refer Instruction No.1, 5 & 23)
(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)

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)					OR	<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		<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 <small>*Incase the Investor has not specified any date then the default date would be 10th</small>	* 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 **Rs.**

Enrolment Period (Please ✓ any one)

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

Only for Daily STP Enrolment Period

From: D D M M Y Y To: D D M M Y Y

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/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada. **APPLICABLE TO NRIs ONLY**; I am a 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.

Place: Date: D D M M Y Y Y Y

SIGNATURE

SIGN HERE →	SIGN HERE →	SIGN HERE →
Sole/ 1 st applicant/Guardian Authorised Signatory	2 nd applicant / Authorised Signatory	3 rd applicant Authorised Signatory

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 Rs. _____

From Scheme / Plan / Option _____

to Scheme / Plan / Option _____

Mode & Frequency of STP _____

Stamp of receiving branch

& Signature