

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 |
| 69253 | |

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)

| | | | | | | | |
|------------------------|---|---------------------------------------|---|--|--|---|---------------------------------------|
| MODE OF HOLDING | <input type="checkbox"/> Single | <input type="checkbox"/> Joint | <input type="checkbox"/> Any One or Survivor(s) (Default Joint) | | | | |
| OCCUPATION | <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 _____ |
| STATUS | <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 st applicant / Guardian Authorised Signatory | 2 nd applicant / Authorised Signatory | 3 rd 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