

SIP ENROLLMENT DETAILS

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

APP No.

Mutual Fund

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)							
<p>*Please sign below in case the EUIN is left blank/not provided.</p> <p>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.</p>							
SIGN HERE		Sole / 1st Applicant / Guardian Authorised Signatory		2nd Applicant Authorised Signatory		3rd Applicant Authorised Signatory	

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

APPLICANT DETAILS		FOLIO NO.	
Name of Sole/1st holder	PAN No / PEKRN.	<input type="text"/>	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No / PEKRN.	<input type="text"/>	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No / PEKRN.	<input type="text"/>	<input type="checkbox"/> KYC Acknowledgement Copy

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 _____	Central Depository Securities Limited	Depository participant Name _____																				
	DP ID No. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		I	N									Target ID No. <table border="1" style="display: inline-table; vertical-align: middle;"><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" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							
Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> 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.	+ (Country Code)	(For Receiving Transaction Alerts via SMS)
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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. 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)		
	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> REGULAR From: <u>MM/YY</u> To: <u>MM/YY</u> <input type="checkbox"/> PERPETUAL (Default) (Refer Instruction No. 5) From: <u>MM/YY</u> To: <u>1 2 / 9 9</u>	<input type="checkbox"/> 2 <input type="checkbox"/> 10 (Default) <input type="checkbox"/> 18 <input type="checkbox"/> 28	Rs. _____ (in figures)	Amount Rs. _____ (Multiples of Rs. 100 only)	Frequency <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly (Default)	Count Increase SIP amount _____ time(s) (Default 1time)

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 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 / Instructions issued by the Government of India or any State Government or Union Territory or Financial Institutions or any other authority. I/We agree to indemnify and hold harmless the Mutual Fund(s) and its Investment Manager 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 we have selected the scheme of investment. The above information is given by me/us is 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 foreign bank account held by me/us in India. ☐ I/We confirm that I am/We are Resident/Ordinary Account/FNCR 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/my NRE/FNCR 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.

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.

reliance

Mutual Fund

ONE TIME BANK MANDATE

(NACH / Direct Debit Mandate Form)
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

Reliance Capital Asset Management Limited
A Reliance Capital Company

APP No.

UMRN							(For Office Use Only)							D	D	M	M	Y	Y	Y	Y
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☒ Create
 ☐ Modify
 ☐ Cancel
 Sponsor Bank Code _____ (For Office Use Only)
 Utility Code _____ (For Office Use Only)
 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 with Branch)

IFSC

or MICR

an amount of Rupees	₹	
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FREQUENCY: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☒ as & when presented DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference / Folio No. _____ Email ID: _____

Scheme / Plan reference Number : All schemes of Reliance Mutual Fund 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.

		PERIOD							
From :		D	D	M	M	Y	Y	Y	Y
To:		3	1	1	2	2	0	9	9
Or		Until Cancelled							

1 _____
Signature of Account Holder

1 _____
Name of Account Holder

2 _____
Signature of Account Holder

2 _____
Name of Account Holder

3 _____
Signature of Account Holder

3 _____
Name of Account Holder

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.