

ECS MANDATE REGISTRATION FORM - (INVEST EASY)
DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent Code
ARN-97821	

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Application to be submitted at least 21 calendar days in advance for activation of the facility. Leave one box blank between two words.

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHICHEVER IS APPLICABLE PLEASE READ THE INSTRUCTIONS OVERLEAF CAREFULLY BEFORE FILLING UP THIS FORM
I/We as per the details below hold an account with your bank branch as per the particulars stated below.

REGISTRATION CUM MANDATE FORM

☐ New ECS Mandate registration ☐ Change in Bank Account for an existing Investor (Applicable for ECS)

Unitholding Option -

☐ Demat Mode ☐ Physical Mode

DEMAT ACCOUNT DETAILS - (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. Ref. Instruction No.12) Demat Account details are compulsory if demat mode is opted above.

National Securities Depository Limited	Depository participant Name _____							Central Depository Securities Limited	Depository participant Name _____															
	DP ID No.		I	N							Target ID No.													
	Beneficiary Account No.																							

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

APPLICANT DETAILS (Please refer to T&C - ECS Mandate Registration (Other than SIP))

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

Amount less than Rs. **5 0 0 0 0**

Enrollment Period: From: **M M Y Y** to **1 2 9 9**, unless terminated earlier

By signing this document 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.

BANK ACCOUNT DETAILS

1st/Sole Accountholder Name as in Bank Records

2nd Accountholder Name as in Bank Records

3rd Accountholder Name as in Bank Records

A/c. Type ☒ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR Account No. **M a n d a t o r y**
(Core Banking Account Number)

Bank
 Branch
 Address
 Branch City

PIN
 9 Digit MICR Code*
 IFSC Code

*Mandatory: Please enter the 9 digit number that appears after your cheque number.

MICR code starting and / or ending with 000 are not valid for ECS.

Mandatory Enclosures:

☐ Blank cancelled cheque or ☐ Copy of cheque

DECLARATION

I/We wish to inform you that I/we have registered with Reliance Mutual Fund through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/We hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund or a Bank holiday, execution of the transaction will happen next working day and allotment of units will happen as per the Terms and Conditions listed in the Document of the Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and, jointly and severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and, by reason of their acting upon the instructions issued by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal.

I/We would like to invest in Reliance Mutual Fund 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 filing application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. 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 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. **Applicable for NRI Investors:** 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/S AS PER RELIANCE MUTUAL FUND RECORDS (MANDATORY)

Sole/ 1 st applicant/ Guardian	
2 nd applicant	
3 rd applicant	

SIGNATURE/S AS PER BANK RECORDS (MANDATORY)

Sole/ 1 st applicant/ Guardian	
2 nd applicant	
3 rd applicant	

FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on

Credit Account Number

Recorded by

Customer Ref. No.

Bank use Mandate Ref. No.

REGISTERED OFFICE: "Reliance House", Nr. Mardla Plaza, Off. C.G. Road, Ahmedabad 380 006 Gujarat.