

Mutual Fund

APP No.:

INVESTMENT CUM ATM APPLICATION FORM

All Columns marked * are mandatory. TO BE FILLED IN CAPITAL LETTERS & IN BLUE/BLACK INK ONLY.

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.10)		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.	Sole / 1 st applicant/ Authorised Signatory
Name & Broker Code / ARN ARN-97821	Sub Broker / Sub Agent Code		

2. TRANSACTION CHARGES (Please tick any one of the below. Refer Instruction No. IV.4)		2 nd applicant/ Authorised Signatory
<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS Rs. 150 will be deducted as transaction charge for per purchase of Rs. 10,000 and more	<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS Rs. 100 will be deducted as transaction charge for per purchase of Rs. 10,000 and more	

3. RELATIONSHIP WITH THE DISTRIBUTOR (Please tick any one of the option. Refer Instruction No. I.14)		3 rd applicant/ Authorised Signatory
<input type="checkbox"/> Advisory	<input type="checkbox"/> Execution Only	

4. NATURE OF THE TRANSACTION (Please tick any one of the option. Refer Instruction No. I.14)	
<input type="checkbox"/> Advisory	<input type="checkbox"/> Execution Only

5. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio number incase you are an existing investor)	FOLIO NO.
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In case you are an existing investor with investments in Reliance Liquid Fund - Treasury Plan and/or Reliance Money Manager Fund and wish to opt for ATM facility please proceed to Pt. 9

6. Unitholding Option -	<input type="checkbox"/> Demat Mode	<input type="checkbox"/> Physical Mode
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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.X) 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) :	<input type="checkbox"/> Client Master List (CML)	<input type="checkbox"/> Transaction cum Holding Statement	<input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)
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7. APPLICANT INFORMATION (Refer Instruction No. II)

APPLICATION FOR	<input type="checkbox"/> Zero Balance Folio	<input type="checkbox"/> Invest Now	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"/> Current/Former MP/MLA/MLC/Head of State
	<input type="checkbox"/> Retired	<input type="checkbox"/> Civil Servant	<input type="checkbox"/> Politician	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> House wife	<input type="checkbox"/> Senior Executive of State owned corporation
	<input type="checkbox"/> Political Party Official	<input type="checkbox"/> Others				
STATUS INDIVIDUAL	1st Applicant	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> NRI	STATUS NON-INDIVIDUAL	<input type="checkbox"/> FIIs	<input type="checkbox"/> Society
	2nd Applicant	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> NRI		<input type="checkbox"/> Minor	<input type="checkbox"/> Fls
	3rd Applicant	<input type="checkbox"/> Resident Indian	<input type="checkbox"/> NRI		<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> AOP/BOI
						<input type="checkbox"/> Trust
						<input type="checkbox"/> HUF
						<input type="checkbox"/> Partnership firm
						<input type="checkbox"/> Others

Name of First / Sole applicant	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> M/s.	Date of Birth**
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1st holder PAN	<input type="checkbox"/> PAN Proof Enclosed	<input type="checkbox"/> KYC Acknowledgement Copy	#Document Category No.
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 Name of Guardian (In case of Minor)/(Contact Person Name - In case of non-individual Investors) ☐ Mr. ☐ Ms. Relation with Minor / Designation

Guardian's PAN	<input type="checkbox"/> PAN Proof Enclosed	<input type="checkbox"/> KYC Acknowledgement Copy	#Document Category No.
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Name of Second applicant	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	(Refer Instruction No. IX.4)
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2nd holder PAN	<input type="checkbox"/> PAN Proof Enclosed	<input type="checkbox"/> KYC Acknowledgement Copy	#Document Category No.
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Name of Third applicant	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	(Refer Instruction No. IX.4)
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3rd holder PAN	<input type="checkbox"/> PAN Proof Enclosed	<input type="checkbox"/> KYC Acknowledgement Copy	#Document Category No.
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Name of Third applicant	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	(Refer Instruction No. IX.4)
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3rd holder PAN	<input type="checkbox"/> PAN Proof Enclosed	<input type="checkbox"/> KYC Acknowledgement Copy	#Document Category No.
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Name of Third applicant	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	(Refer Instruction No. IX.4)
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3rd holder PAN	<input type="checkbox"/> PAN Proof Enclosed	<input type="checkbox"/> KYC Acknowledgement Copy	#Document Category No.
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Please collect your time stamped acknowledged slip for future references

Received from _____ an application for allotment of

Units under Reliance _____ as per details below.

<input type="checkbox"/> Growth Option	<input type="checkbox"/> Bonus Option	<input type="checkbox"/> Dividend Reinvestment	<input type="checkbox"/> Dividend Payout
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Cheque / DD No.	Dated	Rs.
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drawn on	
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Time Stamp & Date of receiving office

ARN-97821

APP No.:

[illegible]

Bank | M a n d a t o r y

Branch	Branch City
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PIN IFSC Code For Credit via NEFT 9 Digit MICR Code* For Credit via EGS

Please ensure the name in this application form and in your bank account are the same

Scheme	Plan	Option	Dividend Frequency	DD Charge	Net Cheque /	Cheque / DD No.	Bank / Branch
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Scheme	Plan	Option	Dividend Frequency	DD Charge Rs.	Net Cheque / DD Amount Rs.	Cheque / DD No. & Date	Bank / Branch
<input type="checkbox"/> Reliance Liquid Fund-Treasury Plan	<input type="checkbox"/> Retail Plan	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option					
<input type="checkbox"/> Reliance Money Manager Fund	<input type="checkbox"/> Institutional Plan	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvestment					

Frequency (Please ✓) ☐ Monthly ☐ Quarterly SIP Date: ☐ 2 ☐ 10 ☐ 18 ☐ 28

<input type="checkbox"/> REGULAR Enrollment Period: From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input checked="" type="checkbox"/> PERPETUAL (Default) (Not applicable for PDCs) Enrollment Period: From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Amount per Instalment: Rs. <input type="text"/>
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[illegible]

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

2) Mother's maiden name in full*

Note : 1) Applicable only if you have investments in Reliance Liquid Fund Treasury Plan or Reliance Money Manager Fund.

2) **Mobile No, Email Id & Date of Birth of the First /Sole applicant is mandatory. Please fill the necessary details under Section 7 Applicant Information of the form.** In case the details are not provided then the ATM request will be rejected.

1.9. NOMINATION (Per State Instruction No. 1) (Must be self-nominated for all "not to elect")

I/We	and	*
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I/ We _____, _____ and _____ *

(Unit holder 1) (Unit holder 2) (Unit holder 3)

do hereby nominate the person(s) more particularly described hereunder/ and */cancel the nomination made by me/ us on the _____ day of _____
in respect of the Units under Folio No. _____ (* strike out which is not applicable)

Name and Address of Nominee(s)	Name and Address of Guardian	Date of Birth (Minor)	Proportion (%) by which the units will be shared by each Nominee (should aggregate to 100%)	Signature of Nominee	Signature of Guardian
	(to be furnished in case the Nominee is a minor)				
Nominee 1					
Nominee 2					
Nominee 3					

OR		
I/ We _____	(Unit holder 1)	(Unit holder 2)
and _____	(Unit holder 3)	
do hereby declare that we do not wish to		
nominate any person/person(s) in the folio/account.		
		Sole / 1 st applicant/ Authorised Signatory _____ 2 nd applicant/ Authorised Signatory _____ 3 rd applicant/ Authorised Signatory _____

I/We would like to invest in Reliance subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key

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 ATM/ Debit 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. **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	SIGN HERE		
	Sole / 1 st applicant/Guardian/ Authorised Signatory	2 nd applicant/ Authorised Signatory	3 rd applicant/ Authorised Signatory

One Indiabulls Centre, Tower 1, 11th & 12th Floor,
Jupiter Mill Compound, 841, Senapati Bapat Marg
Elphinstone Road, Mumbai-400 013

RELIANCE

Mutual Fund