

SIP ENROLMENT FORM FOR POST DATED CHEQUES

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)		E113814	

*Please sign below in case the EUIN is left blank/not provided/transaction is "execution-only" in nature.
 I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

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

Name of Sole/1st holder		PAN No.	Folio No.	<input type="checkbox"/> KYC Acknowledgement Copy
		<input type="checkbox"/> MANDATORY		<input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder		PAN No.		<input type="checkbox"/> KYC Acknowledgement Copy
		<input type="checkbox"/> MANDATORY		<input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder		PAN No.		<input type="checkbox"/> KYC Acknowledgement Copy
		<input type="checkbox"/> MANDATORY		<input type="checkbox"/> KYC Acknowledgement Copy

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.33) 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.		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)

INITIAL INVESTMENT DETAILS (Refer Instruction No.20)

Cheque/ DD No.	Cheque/ DD Date	DD Charge Rs.	Cheque/ DD Net Amount Rs.
Bank Name:	Branch:	City:	

SCHEME DETAILS (In case you are investing in Reliance Regular Savings Fund please mention the Plan details mandatorily i.e Equity, Debt or Balanced.) (Refer Instruction No. 24)
 (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

SCHEME NAME	Plan	Option

SIP DETAILS

Frequency	Enrollment Period: (Please ✓ any one)	SIP Date	SIP Amount
<input type="checkbox"/> Monthly (default)	<input type="checkbox"/> REGULAR From: <input type="text"/> <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 type="text"/>	<input type="checkbox"/> 2 <input type="checkbox"/> 10 (default)	(in figures)
<input type="checkbox"/> Quarterly (Please ✓ any one)	<input type="checkbox"/> PERPETUAL (Default) From: <input type="text"/> <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 type="text"/>	<input type="checkbox"/> 18 <input type="checkbox"/> 28	(in words)
	(Refer Instruction No. 16)	(Select any one SIP Date)	

SIP POST DATED CHEQUE DETAILS

Cheque No.	Cheque Date	Amount (Rs.)	Cheque No.	Cheque Date	Amount (Rs.)
1 .			7.		
2 .			8.		
3 .			9.		
4 .			10.		
5 .			11.		
6 .			12.		

Cheque drawn on Bank	Total No. of Cheques:
Branch	Total Amount Rs.
City:	

DECLARATION & SIGNATURE/S

I/We would like to invest in _____ 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 filling application form) and is/are bound by the details of the SAI and SID. 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. 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.

Place: Date:

SIGNATURE

Sole / 1 st applicant/Guardian Authorised Signatory	2 nd applicant / Authorised Signatory	3 rd applicant Authorised Signatory
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Acknowledgement Receipt of Systematic Investment Plan Enrolment Form - PDC (To be filled in by the Unit holder)