

APP No.:

SIP ENROLMENT FORM FOR POST DATED CHEQUES

Please read the Terms & Conditions carefully, before filling up the application

1. 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.

2. EXISTING UNIT HOLDER INFORMATION FOLIO NO.

3. APPLICANT INFORMATION

Name of First / Sole applicant		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.
1st holder PAN	PAN Proof Enclosed <input type="checkbox"/>	Date of Birth*
<u>M a n d a t o r y</u>	<input type="checkbox"/> KYC Acknowledgement Copy	<u> D D M M Y Y Y Y Y Y </u>
Name of Guardian (In case of Minor) /Contact Person-Designation In case of non-individual Investors) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
Guardian's PAN	PAN Proof Enclosed <input type="checkbox"/>	Relation with Minor / Designation
<u>M a n d a t o r y</u>	<input type="checkbox"/> KYC Acknowledgement Copy	<u> </u>
Name of Second Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> NRI		
2nd holder PAN	PAN Proof Enclosed <input type="checkbox"/>	
<u>M a n d a t o r y</u>	<input type="checkbox"/> KYC Acknowledgement Copy	
Name of Third Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> NRI		
3rd holder PAN	PAN Proof Enclosed <input type="checkbox"/>	
<u>M a n d a t o r y</u>	<input type="checkbox"/> KYC Acknowledgement Copy	

4. SIP DETAILS

Name of Scheme	Plan	Option
DD Charge Rs.	Net Cheque/DD Amount Rs.	Cheque/DD No & Date
Frequency (Please✓) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	SIP Date: <input type="checkbox"/> 2 <input type="checkbox"/> 10 <input type="checkbox"/> 18 <input type="checkbox"/> 28	Bank/Branch
Enrolment Period : From : (MM/YY) To : (MM/YY)	Amount per Instalment: 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 :		

5. 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 filing 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. **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)