

Mutual Fund APP No.:

SIP ENROLMENT cum AUT (Please refer list of Autode bit banks in Terms & Conditions Point No.1Overleaf) TO BE FIL		MANDATE FORM		
DISTRIBUTOR / BROKER INFORMATION		· ·		
Name & Broker Code / ARN Sub Broker / Sub Agent ARN Code		Identification Number	Sub Broker / Sub Agent Code	
ARN-97821-tamp here)	E11381	4		
"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is manager/sales person of the above distributor or not withstanding the advice of in-approp and the distributor has not charged any advisory fees on this transaction".	an "execution-only" tra riateness, if any, provid	ansaction without any inters ed by the employee/relation	action or advice by the employee/relations iship manager/sales person of the distribu	hip to:
Upfront commission shall be paid directly by the investor to the AMFI registered distributor based	d on the investor's assess		ding the service rendered by the distributor.	_
APPLICANT DETAILS Name of Sole/1st holder	PAN No.	Folio No.	KYC Acknowledgement Cop	7V
Name of 2nd holder	PAN No.	MANDATORY	KYC Acknowledgement Cop	
Name of 3rd holder	PAN No.	MANDATORY	KYC Acknowledgement Cop	-
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.) Demat Account details are compulsory if demat mode is opted above.				
National Depository	Central Depo	Central Depository		
Securities participant Name	Securities	urities		إ:
Limited Beneficiary Account No.	Limited	et ID No.		긥
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.13)				
· ·	D Charge Rs	Cheque/ DD N	let Amount Rs.	
Bank Name: Branch			City	
SCHEME DETAILS (In case you are investing in Reliance Regular Savings Fund please mention the Option details mandatorily i.e Equity, Debt or Balanced.) (Refer Instruction No. 22) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)				
SCHEME NAME	Plan		Option	
SIP DETAILS				Ī
Frequency Enrollment Period: (Please / any one)	SIP Date		SIP Amount	П
Monthly (default) REGULAR From: M M Y Y To: M M Y Y	y	default)	(in figures)	4
Quarterly PERPETUAL From: M M N Y Y TO: 1 2 9 1 (Please ✓ any one) (Default) (Refer Instruction No. 14)	(Select any one S	SIP Date)	(in word:	s)
BANK ACCOUNT DETAILS				
1st/Sole Accountholder Name as in Bank Records				
2nd Accountholder Name as in Bank Records				ı
3rd Accountholder Name as in Bank Records				_
A/c. Type √ SB Current NRO NRE FCNR				
Bank Name				Ţ
Account No. Mandatory (Core Banking Account Number)				
Address				
PIN 9 Digit MICR Code *Mandatory: Please enter the 9 digit number that appears after your cheque numb	er.	Mandatory Enclose	ures:	╡
MICR code starting and / or ending with 000 are not valid for ECS.		Blank cancelled che	eque Copy of cheque	
DECLARATION I/We wish to inform you that I/we have registered with Reliance Mutual Fund through their authorises	d Service Provider (s) an dr	representative for my/our payr	nent to the above mentioned beneficiary by del	bit
to my/our above mentioned bank account. For this purpose ITWe hereby approve to raise a debit to it received through to debit my/our account with the amount requested, for due remittance of the pro- execution of standing instruction. I hereby declare that the particulars given above, are correct a	ny/our above mentioned a oceeds to the beneficiary, and complete. If the trans	account with your branch. I/We I/We undertake to keep suffic action is delayed or not effect	hereby authorize you to honor all such reques sient funds in the funding account on the date led at all for reasons of incomplete or incorre	of oct
information, I would not note the Mutual Fund or the responsible. If the date or debt, to my/our attansaction will happen as per the Terms and Co be in default by reason of, any failure or delay in completion of this service, where such failure or	nditions listed in the Document of the country of t	on business day as per the M ment of the Mutual Fund. The s e or in part, by any acts of Go	above mentioned Bank holiday, execution of the above mentioned Bank shall not be liable for, nor d, dvil war, civil commotion, riot, strike, mutin	or ly,
If We wish to inform you that I/we have registered with Reliance Mutual Fund through their authorises to my/our above mentioned bank account. For this purpose I/We hereby approve for raise a debitto i received through to debit my/our account with the amount requested, for due remittance of the presecution of standing instruction. I hereby declare that the particulars given above are correct a information, I would not hold the Mutual Fund or the responsible. If the date of debit to my/our at transaction will happen next working day and allo ment of units will happen as per the Terms and Cobe in default by reason of, any failure or delay in completion of this service, where such failure or revolution, it is, flood, fog, west lightening, earthquake, change of Government policies, Unavailability mentioned Banks reasonable control and which mentioned Banks reasonable control and with the mentioned Banks reasonable control and the properties of the propertie	service by the above ments amount so debited purs	ntioned Bank. I/We shall not d suant to the mandate submitter	ny other cause of perifivinion is beyond the abov dispute or challenge any debit, raised under th d by me/us. I/We shall keep the Bank and, joint	is tly
and or severally indemnitied from time to time, against all daims, actions, suits, for any ioss, damag issues by the above named authorized signatories/beneficiaries. This requestr debit mand atte is si signatories/beneficiaries and acknowledged at your counters and giving reason able notice to effect	a, costs, charges and expe /alid and may be revoked such with drawal.	only through a written letter wit	d , by reason of their acting upon the instruction thdrawing the mandate signed by the authorize	ns ed
If We would like to invest in Reliance subject to terms of the Memorandum (RIM) and subsequent amendments thereto. If We have read, understood (before it various services. If We have not received nor been induced by any rebate or gifts, directly or indirect sources only and is not designed for the purpose of contravention or evasion of any Act / Regulation any Statutory Authority. Laccept and agree to be bound by the said Terms and Conditions including that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially from time to time. The ARIN holder has disclosed to mefus all the commissions (in the form of trail Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription am am resident of India. If We confirm that I am/We are Non-Resident of Indian Nationality/Origin an banking channels or from funds in my/our Non-Resident External / Ordinary Account-CNIR Account abroad through approved banking channels or from funds in my/our NRE/FCNR Account.	Statement of Additional lling application form) and	Information (SAI), Scheme	Information Document (SID), Key Information fithe SAI, SID & KIM including details relating	to
various services. Invertieve not received not been induced by any reduce or girts, directly or induced sources only and is not designed for the purpose of contravention or evasion of any Act / Regulation any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including the state DC Manager (it is accept and agree to be bound by the said Terms and Conditions including the state DC Manager (it is accept and agree to be bound by the said Terms and Conditions including	ns / Rules / Notifications / E those excluding / limiting t	Directions or any other Applicathe Reliance Capital Asset Ma	the trivested in the scriene is through regitima able Laws en acted by the Government of India nagement Limited (RCAM) liability. I understan	or
from time to time. The ARN holder has disclosed to me/us all the commissions (in the form of trail.) Funds from a mongst which the Scheme is being recommended to me/us. I hereby declare that the	commission or any other in above information is given	mode), payable to him for the or both to be and particular to be a bell to be a side to the distributor.	different competing Schemes of various Mutu culars given by me/us are correct and complet	al e.
rurrier, ragree mat the trainsaction rarge (in approximal) shall be deduced from the subscription am resident of India. We confirm that I am/We are Non-Resident of India. Nationality/Origin an banking channels or from funds in my/our Non-Resident External / Ordinary Account FCNR Account	d I/We hereby confirm that it. I/We undertake that all a	at the funds for subscription hadditional purchases made unc	ave been remitted from abroad through norm der this folio will also be from funds received fro	al
SIGNATURE/S AS PER RELIANCE MUTUAL FUND RECORDS (MANDATORY)	SIGNATURE	E/S AS PER BANK RI	ECORDS (MANDATORY)	
Sole/1* applicant/ Guardian	Sole / 1" applicar Guardian			
Authorised Signatory 2 nd applicant /	Authorised Signs 2 rd applicant /	-		\dashv
Authorised Signatory 3 ^e applicant	Authorised Signs 3 ^{et} applicant			\dashv
Authorised Signatory FOR OFFICE USE ONLY (Not to be filled in by Investor)	Authorised Signa	atory		
Recorded on	Scheme Code	Lini		
Recorded by	Credit Accour			Ī
Bank use Mandate Ref. No.	Customer Ref	. No.		_