

**TRANSACTION SLIP**

Please use separate transaction slip for each scheme. This Form is for use of Existing Investors only. To be filled in CAPITAL LETTERS

**1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No.7)**

Name &amp; Broker Code / ARN Sub Broker / Sub Agent ARN Code Employee Unique Identification Number Sub Broker / Sub Agent Code

ARN-97821

E113814

Folio/Account No:

If the Employee Unique Identification Number box is left blank please refer the declaration related to EUIN.

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. Investor Details (Refer Instruction No.5 & 6)**

|                                     | Name | PAN No. | KYC Acknowledgement Copy |
|-------------------------------------|------|---------|--------------------------|
| Name of First applicant             |      |         | <input type="checkbox"/> |
| Name of Guardian (In case of Minor) |      |         | <input type="checkbox"/> |
| Name of Second Applicant            |      |         | <input type="checkbox"/> |
| Name of Third Applicant             |      |         | <input type="checkbox"/> |

**3. 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.10) 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)

**4. Additional Purchase (Refer Instruction No.4.2 & 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)**

Cheque/ DD No. Cheque/ DD Date DD Charge Rs. Cheque/ DD Net Amount Rs.

Bank Name: Branch: City:

Scheme Plan Option

**5. Redemption (Refer Instruction No.4.3 & 4.4)**

|   |      |  |
|---|------|--|
| <input type="checkbox"/> Partial Redemption | OR   | <input type="checkbox"/> Full Redemption |
| Amount: Rs or Units:                        |      |  |
| Scheme                                      | Plan | Option                                   |

\*Please specify the bank details in which you wish to receive the redemption proceeds.

\*Bank Account No: Bank Name: (Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.)

**6. Switch (Refer Instruction No. 8) (If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)**

|   |      |                                      |
|---|------|--------------------------------------|
| <input type="checkbox"/> Partial Switch | OR   | <input type="checkbox"/> Full Switch |
| Amount: Rs or Units:                    |      |                                      |
| From Scheme                             | Plan | Option                               |
| To Scheme                               | Plan | Option                               |

Switch over application needs to be submitted only at Designated Investor Service Centre (DISC) of RMF

**DECLARATION**

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 &amp; KIM including details relating to various services including but not limited to Reliance Any Time Money 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/Directives 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. 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.

☐ EUIN: 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 / 1<sup>st</sup> applicant/Guardian/ Authorised Signatory

 2<sup>nd</sup> applicant

 3<sup>rd</sup> applicant

**ACKNOWLEDGEMENT SLIP (To be filled by the investor)**

ARN-97821

APP No.:

Folio/Account No:

Received from Mr./Mrs.

☐ Additional Purchase ☐ Redemption ☐ Switch