

## Key Information Memorandum cum Common Application Form Debt & Liquid Schemes

Continuous offer of the following Schemes at NAV based prices.

**Reliance  
Money Manager  
Fund**

An open ended Income Scheme

**Reliance  
Medium Term Fund**

(An open ended Income Scheme  
with no assured returns)

**Reliance  
Liquidity Fund**

An open ended Liquid Scheme

**Reliance  
Liquid Fund**

An open ended Liquid scheme

**Reliance Floating  
Rate Fund -  
Short Term Plan**

An open ended Income Scheme

**Reliance  
Short Term Fund**

A open ended Income Scheme

**Reliance  
Regular Savings Fund-  
Debt Option**

An open ended scheme

**Reliance  
Income Fund**

A open ended Income Scheme

**Reliance  
Dynamic Bond Fund**

A open ended Income Scheme

**Reliance Gilt  
Securities Fund**

(An open ended Government  
Securities Scheme)

**Reliance Monthly  
Income Plan**

(An open ended Fund. Monthly  
Income is not assured & is subject to  
the availability of distributable surplus)

**Reliance  
Interval Fund-**

A debt oriented interval scheme

**REGISTERED OFFICE:**

"Reliance House",  
Nr. Mardia Plaza,  
Off. C.G. Road,  
Ahmedabad 380 006.

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. For further details of the scheme/Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations etc. investors should, before investment, refer to the Scheme Information Document and Statement of Additional Information available free of cost at any of the Investor Service Centres or distributors or from the website [www.reliancecmul.com](http://www.reliancecmul.com)

The Scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM. This KIM is dated November 10, 2010.

## COMMON APPLICATION FORM

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

### 1. DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN <b>ARN-0032</b>	Sub Broker / Sub Agent Code
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### 2. EXISTING UNIT HOLDER INFORMATION

For existing investors please fill in your Folio number,  
FOLIO NO. \_\_\_\_\_

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.

### 3. 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)	<input type="checkbox"/> Former or Survivor (In case of Minor with joint applicant)
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 <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Fls <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Partnership firm <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Others _____
	2nd Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI	
	3rd Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI	

Name of First / Sole applicant  Mr.  Ms.  M/s.

1st holder PAN\* PAN Proof Enclosed  (Refer instruction no. II-4) Date of Birth\*\*  
 [M a n d a t o r y] [Are you KYC Compliant Please (✓) Yes  or No  ] [D D M M Y Y Y Y Y Y]  
(Refer instruction no. II-5) (\*\*Date of birth mandatory if the applicant is minor)

Name of Guardian (In case of Minor) /Contact Person-Designation In case of non-individual Investors)  Mr.  Ms.

Guardian's PAN\* PAN Proof Enclosed  (Refer instruction no. II-4) Relation with Minor / Designation  
 [M a n d a t o r y] [Are you KYC Compliant Please (✓) Yes  or No  ]

Name of Second Applicant  Mr.  Ms.  NRI

2nd holder PAN\* PAN Proof Enclosed  (Refer instruction no. II-4) Date of Birth  
 [M a n d a t o r y] [Are you KYC Compliant Please (✓) Yes  or No  ] [D D M M Y Y Y Y Y Y]  
(Refer instruction no. II-5)

Name of Third Applicant  Mr.  Ms.  NRI

3rd holder PAN\* PAN Proof Enclosed  (Refer instruction no. II-4) Date of Birth  
 [M a n d a t o r y] [Are you KYC Compliant Please (✓) Yes  or No  ] [D D M M Y Y Y Y Y Y]  
(Refer instruction no. II-5)

#### Mailing Address

Add 1 \_\_\_\_\_  
 Add 2 \_\_\_\_\_ District \_\_\_\_\_  
 Add 3 \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ (Country) \_\_\_\_\_ PIN \_\_\_\_\_

#### Overseas Address (Mandatory for NRI / FII Applicant) (Please provide your complete address. P.O. Box alone is not adequate)

Add 1 \_\_\_\_\_  
 Add 2 \_\_\_\_\_  
 City \_\_\_\_\_ (Country) \_\_\_\_\_ PIN \_\_\_\_\_

#### CONTACT DETAILS OF SOLE/FIRST APPLICANT

Tel. No. STD Code \_\_\_\_\_ Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile no. \_\_\_\_\_ (For Receiving SMS Alert)

Email ID \_\_\_\_\_ (For Receiving Email Alert)

Investors providing Email Id would mandatorily receive only E – Statement of Accounts in lieu of physical Statement of Accounts. (Refer Instruction No. VI Point No. 2)

<input type="checkbox"/> I WISH TO APPLY FOR TRANSACT ONLINE	<input type="checkbox"/> I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD (Please refer to ATM Instruction)
I have read & understood the Terms & Conditions attached	Name as you would like to appear on Any Time Money Card (Max. 19 characters) [M a n d a t o r y]
	Mother's maiden name in full [M a n d a t o r y]

Please collect your time stamped acknowledged slip for future references

Received from \_\_\_\_\_ an application for allotment of Units under Reliance \_\_\_\_\_ as per details below.

Growth Option  Bonus Option  Dividend Reinvestment  Dividend Payout

Cheque / DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Rs. \_\_\_\_\_  
 drawn on \_\_\_\_\_

APP No.:

Time Stamp & Date  
of receiving office

**4. BANK ACCOUNT DETAILS (Refer Instruction No.III) MANDATORY for Redemption/Dividend/Refunds, if any**

A/c. Type ✓  SB  Current  NRO  NRE  FCNR Account No. M a n d a t o r y

Bank M a n d a t o r y Branch  City

PIN  IFSC Code  For Credit via N.E.F.T. 9 Digit MICR Code\*  For Credit via E.G.S.

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

**5. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option (Refer instruction no. IV) PAYMENT BY CASH IS NOT PERMITTED.**

Scheme	Plan	Option	DD Charge Rs.	Net Cheque / DD Amount Rs.	Cheque / DD No. & Date	Bank / Branch
	<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option				
	<input type="checkbox"/> Dividend Plan	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout				

**SIP ENROLLMENT DETAILS**

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

REGULAR Enrollment Period: From: M M Y Y To: M M Y Y  PERPETUAL (Default) Enrollment Period: From: M M Y Y To: 1 2 9 9 Amount per Instalment: Rs. \_\_\_\_\_

**SIP PAYMENT TYPES ( Please Select any one option)**

- OPTION I : Payment through Post Dated Cheques.** (New Investors are required to fill up and submit (i) Common Application Form and (ii) SIP Enrolment Form for Post Dated Cheques ( available on our website and also available at all DISC). Existing investors have to submit only SIP Enrolment Form for Post Dated Cheques)
- OPTION II : Payment through Auto Debit or Electronic Clearing System (ECS)** (New Investors are required to fill up and submit (i) Common Application Form and (ii) SIP Enrolment cum Auto Debit /ECS Mandate Form. Existing investors have to submit only SIP Enrolment cum Auto Debit/ECS Mandate)

**6. DOCUMENTS ENCLOSED (Please ✓) (MANDATORY)(Refer to Instruction No.I-9)**

For Corporate	For Systematic Transactions	For Additional Document
<input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Trust Deed <input type="checkbox"/> Bye-Laws <input type="checkbox"/> Partnership Deed <input type="checkbox"/> Resolution / Authorization to invest <input type="checkbox"/> List of Authorised Signatories with Specimen Signature(s)	<input type="checkbox"/> SIP Enrollment Form (Cheque or Auto Debit and ECS) <input type="checkbox"/> Cheques <input type="checkbox"/> Systematic Transfer Plan & Dividend Transfer Plan Enrollment Form <input type="checkbox"/> Systematic Withdrawal Plan Enrollment Form <input type="checkbox"/> Reliance SMART STEP Enrollment Form <input type="checkbox"/> Trigger Form <input type="checkbox"/> Reliance SIP Insure Form	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Others _____

**7. NOMINATION (Refer to Instruction No.V)**

I/ We \_\_\_\_\_ (Unit holder 1) \_\_\_\_\_ (Unit holder 2) and \_\_\_\_\_ (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)	Date of Birth	Name and Address of Guardian (to be furnished in case the Nominee is a minor)	Signature of Guardian	Proportion (%) by which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1				
Nominee 2				
Nominee 3				

**8. DECLARATION**

I/We would like to invest in Reliance \_\_\_\_\_ subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID 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 accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Managements 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/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.

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**e**  
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**i**  
**n**  
**e**

\_\_\_\_\_  
Sole / 1<sup>st</sup> applicant/Guardian/  
Authorised Signatory

\_\_\_\_\_  
2<sup>nd</sup> applicant/  
Authorised Signatory

\_\_\_\_\_  
3<sup>rd</sup> applicant/  
Authorised Signatory

**ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)**

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

Call : 30301111 | Toll free: 1800-300-11111  
www.reliancemutual.com



## COMMON APPLICATION FORM

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

### 1. DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent Code
ARN-0032	

### 2. EXISTING UNIT HOLDER INFORMATION

For existing investors please fill in your Folio number,

FOLIO NO.

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.

### 3. 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)	<input type="checkbox"/> Former or Survivor (In case of Minor with joint applicant)
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 <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Fls <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Partnership firm <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Others
	2nd Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI	
	3rd Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI	

Name of First / Sole applicant  Mr.  Ms.  M/s.

1st holder PAN\* PAN Proof Enclosed  (Refer instruction no. II-4)

[Are you KYC Compliant Please (✓) Yes  or No  ]

Date of Birth\*\*

Name of Guardian (In case of Minor) /Contact Person-Designation In case of non-individual Investors)  Mr.  Ms.

Guardian's PAN\* PAN Proof Enclosed  (Refer instruction no. II-4)

[Are you KYC Compliant Please (✓) Yes  or No  ]

Relation with Minor / Designation

Name of Second Applicant  Mr.  Ms.  NRI

2nd holder PAN\* PAN Proof Enclosed  (Refer instruction no. II-4)

[Are you KYC Compliant Please (✓) Yes  or No  ]

Date of Birth

Name of Third Applicant  Mr.  Ms.  NRI

3rd holder PAN\* PAN Proof Enclosed  (Refer instruction no. II-4)

[Are you KYC Compliant Please (✓) Yes  or No  ]

Date of Birth

#### Mailing Address

Add 1

Add 2  District

Add 3  City

State  (Country)  PIN

#### Overseas Address (Mandatory for NRI / FII Applicant) (Please provide your complete address. P.O. Box alone is not adequate)

Add 1

Add 2

City  (Country)  PIN

#### CONTACT DETAILS OF SOLE/FIRST APPLICANT

Tel. No. STD Code  Office  Residence  Mobile no.  (For Receiving SMS Alert)

Email ID  (For Receiving Email Alert)

Investors providing Email Id would mandatorily receive only E – Statement of Accounts in lieu of physical Statement of Accounts. (Refer Instruction No. VI Point No. 2)

I WISH TO APPLY FOR TRANSACT ONLINE

I have read & understood the Terms & Conditions attached

I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD (Please refer to ATM Instruction)

Name as you would like to appear on Any Time Money Card (Max. 19 characters)

Mother's maiden name in full

Please collect your time stamped acknowledged slip for future references

Received from  an application for allotment of Units under Reliance  as per details below.

APP No.:

Growth Option  Bonus Option  Dividend Reinvestment  Dividend Payout

Cheque / DD No.  Dated  Rs.

drawn on

Time Stamp & Date  
of receiving office

**4. BANK ACCOUNT DETAILS (Refer Instruction No.III) MANDATORY for Redemption/Dividend/Refunds, if any**

A/c. Type ✓  SB  Current  NRO  NRE  FCNR Account No. M a n d a t o r y

Bank M a n d a t o r y Branch  City

PIN  IFSC Code  For Credit via N.E.F.T. 9 Digit MICR Code\*  For Credit via E.G.S.

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

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Scheme	Plan	Option	DD Charge Rs.	Net Cheque / DD Amount Rs.	Cheque / DD No. & Date	Bank / Branch
	<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option				
	<input type="checkbox"/> Dividend Plan	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout				

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

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**7. NOMINATION (Refer to Instruction No.V)**

I/ We \_\_\_\_\_ (Unit holder 1) and \_\_\_\_\_ (Unit holder 2) and \_\_\_\_\_ (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)	Date of Birth	Name and Address of Guardian (to be furnished in case the Nominee is a minor)	Signature of Guardian	Proportion (%) by which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1				
Nominee 2				
Nominee 3				

**8. DECLARATION**

I/We would like to invest in Reliance \_\_\_\_\_ subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID 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 accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Managements 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/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.

<b>SIGNATURE</b>	_____	_____	_____
	Sole / 1 <sup>st</sup> applicant/Guardian/ Authorised Signatory	2 <sup>nd</sup> applicant/ Authorised Signatory	3 <sup>rd</sup> applicant/ Authorised Signatory

**ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)**

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

Call : 30301111 | Toll free: 1800-300-11111  
www.reliancemutual.com





11th floor & 12th floor, One Indiabuuls Centre, Tower 1, Jupiter Mills Compound, 841,  
Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013.

Reliance Capital Asset Management Limited  
A Reliance Capital Company

App. No.

**MULTIPLE BANK ACCOUNTS REGISTRATION FORM**

Please read the instruction carefully. **TO BE FILLED IN CAPITAL LETTERS USE BLACK / BLUE INK ONLY**

Folio No. <input style="width:90%;" type="text"/>	PAN No. <input style="width:90%;" type="text"/>
(For Existing Unit Holders)	
Name of sole / First Unit Holder <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	
<input style="width:100%;" type="text"/>	

Please register the following Bank account as the **default** into which any redemption / dividend proceeds will be paid. Enclosed is a cancelled cheque leaf / copy of cheque leaf for the following account to enable you to verify the bank details

Account No. <input style="width:95%;" type="text"/>	Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	
Bank Name <input style="width:100%;" type="text"/>		
Branch <input style="width:100%;" type="text"/>		
City <input style="width:30%;" type="text"/>	Pin Code <input style="width:20%;" type="text"/>	State <input style="width:40%;" type="text"/>
MICR Code <input style="width:20%;" type="text"/>	IFSC Code <input style="width:40%;" type="text"/>	
Document attached (Any One): <input type="checkbox"/> Cancelled / Copy of cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Bank Passbook <input type="checkbox"/> Bank Certificate (Refer. Inst. no.3)		

Please register the following bank accounts as **additional** accounts for my folio. I/we can choose to receive any payment processed in this accounts , by making a specific request in my redemption request.

Account No. <input style="width:95%;" type="text"/>	Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	
Bank Name <input style="width:100%;" type="text"/>		
Branch <input style="width:100%;" type="text"/>		
City <input style="width:30%;" type="text"/>	Pin Code <input style="width:20%;" type="text"/>	State <input style="width:40%;" type="text"/>
MICR Code <input style="width:20%;" type="text"/>	IFSC Code <input style="width:40%;" type="text"/>	
Document attached (Any One): <input type="checkbox"/> Cancelled / Copy of cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Bank Passbook <input type="checkbox"/> Bank Certificate (Refer. Inst. no.3)		

Account No. <input style="width:95%;" type="text"/>	Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	
Bank Name <input style="width:100%;" type="text"/>		
Branch <input style="width:100%;" type="text"/>		
City <input style="width:30%;" type="text"/>	Pin Code <input style="width:20%;" type="text"/>	State <input style="width:40%;" type="text"/>
MICR Code <input style="width:20%;" type="text"/>	IFSC Code <input style="width:40%;" type="text"/>	
Document attached (Any One): <input type="checkbox"/> Cancelled / Copy of cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Bank Passbook <input type="checkbox"/> Bank Certificate (Refer. Inst. no.3)		

Account No. <input style="width:95%;" type="text"/>	Account Type : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	
Bank Name <input style="width:100%;" type="text"/>		
Branch <input style="width:100%;" type="text"/>		
City <input style="width:30%;" type="text"/>	Pin Code <input style="width:20%;" type="text"/>	State <input style="width:40%;" type="text"/>
MICR Code <input style="width:20%;" type="text"/>	IFSC Code <input style="width:40%;" type="text"/>	
Document attached (Any One): <input type="checkbox"/> Cancelled / Copy of cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Bank Passbook <input type="checkbox"/> Bank Certificate (Refer. Inst. no.3)		

P.T.O



**ACKNOWLEDGEMENT**

Received from _____	
An application for multiple bank accounts registration	
Folio no: _____	
Default A/c no: _____	Additional A/c no : _____
Additional A/c no : _____	Additional A/c no : _____
Additional A/c no : _____	

App. No.
Signature, Date & Stamp

Account No.	<input type="text"/>	Account Type :	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR
Bank Name	<input type="text"/>						
Branch	<input type="text"/>						
City	<input type="text"/>	Pin Code	<input type="text"/>	State	<input type="text"/>		
MICR Code	<input type="text"/>	IFSC Code	<input type="text"/>				
Document attached (Any One): <input type="checkbox"/> Cancelled / Copy of cheque <input type="checkbox"/> Bank statement <input type="checkbox"/> Bank Passbook <input type="checkbox"/> Bank Certificate (Refer. Inst. no.3)							

#### DECLARATION & SIGNATURE/S

I/we have read and understood the terms & conditions given below for registration of multiple banks accounts. I/we understand that my /our application form is liable to be rejected if it is not filled as per the directions provided herein and in case the correct and complete supporting documents are not provided by me/us.

I/we hereby declare that the particulars given above are correct and express my/our willingness to receive credit of Dividend / Redemption proceeds through the mode indicated above. If the transactions is delayed or not effected at all for reasons of incomplete / incorrect information, I/we would not hold Reliance Mutual Fund / Reliance Capital Asset Management Limited, its registrars and other service providers responsible. I/we will also inform Reliance Mutual Fund / Reliance Capital Asset Management Limited, about any changes in my/our bank account.

Place : \_\_\_\_\_ Date : \_\_\_\_\_

#### SIGNATURE/S

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

#### INSTRUCTIONS AND TERMS & CONDITIONS

- This facility allows a unit holder to register multiple bank account details for all investments held in the specified folio (existing or new). Individuals/ HUF can register upto 5 different bank accounts for a folio by using this form. Non-individuals can register upto 10 different bank accounts for a folio. For registering more than 5 accounts, please use extra copies of this form.
- Please enclose a cancelled cheque leaf for each of such banks accounts. This will help in verification of the account details and register them accurately. The application will be processed only for such accounts for which cancelled cheque leaf is provided. Accounts not matching with such cheque leaf thereof will not be registered.
- If the bank account number on the cheque leaf is handwritten or investor name is not printed on the face of the cheque, bank account statement or pass book giving the name, address and the account number should be enclosed. If photocopies are submitted, investors must produce original for verification.
- Bank account registration request will be accepted and processed only if all the details are correctly filled and the necessary documents are submitted. The request is liable to be rejected if any information is missing or incorrectly filled or if there is deficiency in the documents submitted.
- The first/sole unit holder in the folio should be one of the holders of the bank account being registered.
- The investors can change the default bank account by submitting this form. In case multiple bank accounts are opted for registration as default bank account, the mutual fund retains the right to register any one of them as the default bank account.
- A written confirmation of registration of the additional bank account details will be dispatched to you within 10 calendar days of receipt of such request.
- If any of the registered bank accounts are closed/ altered, please intimate the AMC in writing of such change with an instruction to delete/alter it from of our records.
- The Bank Account chosen as the primary/default bank account will be used for all Redemption payouts/ Dividend payouts. At anytime, investor can instruct the AMC to change the default bank account by choosing one of the additional accounts already registered with the AMC.
- If request for redemption received together with a change of bank account or before verification and validation of the new bank account, the redemption request would be processed to the currently registered default (old) bank account.
- If in a folio, purchase investments are vide SB or NRO bank account, the bank account types for redemption can be SB or NRO only. If the purchase investments are made vide NRE account(s), the bank accounts types for redemption can be SB/ NRO/ NRE.
- The registered bank accounts will also be used to identify the pay-in proceeds. Hence, unit holder(s) are advised to register their various bank accounts in advance using this facility and ensure that payments for ongoing purchase transactions are from any of the registered bank accounts only, to avoid fraudulent transactions and potential rejections due to mismatch of pay-in bank details with the accounts registered in the folio.



ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)



Toll Free 1800-300-11111  
www.reliance mutual.com



### MICRO SIP FORM

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

#### 1. DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent Code
ARN-0032	

#### 2. EXISTING UNIT HOLDER INFORMATION

For existing investors please fill in your Folio number.  
FOLIO NO. \_\_\_\_\_

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.

#### 3. APPLICANT INFORMATION (Refer Instruction No. II)

<b>APPLICATION FOR</b>	<input type="checkbox"/> Zero Balance Folio	<input type="checkbox"/> Invest Now
<b>MODE OF HOLDING</b>	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any One or Survivor(s) (Default Joint)	<input type="checkbox"/> Former or Survivor (In case of Minor with joint applicant)
<b>OCCUPATION</b>	<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 _____	
<b>STATUS INDIVIDUAL</b>	1st Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI 2nd Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI 3rd Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI	<b>STATUS NON-INDIVIDUAL</b> <input type="checkbox"/> FIIs <input type="checkbox"/> Society <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Fls <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Partnership firm <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Others _____

Name of First / Sole applicant  Mr.  Ms.  M/s. Date of Birth\* | D | D | M | M | Y | Y | Y | Y |

Document Category No. | Document ID No. |  
If ID proof is Category 10 or 11 then please mention the name of the company / Institute \_\_\_\_\_

Name of Guardian (In case of Minor) / Contact Person - Designation In case of non-individual Investors)  Mr.  Ms. \_\_\_\_\_

Document Category No. | Document ID No. |  
If ID proof is Category 10 or 11 then please mention the name of the company / Institute \_\_\_\_\_

Relation with Minor / Designation |  
Name of Second Applicant  Mr.  Ms.  NRI Date of Birth\* | D | D | M | M | Y | Y | Y | Y |

Document Category No. | Document ID No. |  
If ID proof is Category 10 or 11 then please mention the name of the company / Institute \_\_\_\_\_

Name of Third Applicant  Mr.  Ms.  NRI Date of Birth\* | D | D | M | M | Y | Y | Y | Y |

Document Category No. | Document ID No. |  
If ID proof is Category 10 or 11 then please mention the name of the company / Institute \_\_\_\_\_

**Mailing Address\***  
Add 1 | District |  
Add 2 | City |  
Add 3 |  
State | (Country) | PIN\* |

**Overseas Address\* (Mandatory for NRI / FII Applicant) (Please provide your complete address. P.O. Box alone is not adequate)**  
Add 1 |  
Add 2 |  
City | (Country) | PIN\* |

**CONTACT DETAILS OF SOLE/FIRST APPLICANT**  
Tel. No. STD Code \_\_\_\_\_ Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile no. \_\_\_\_\_ (For Receiving SMS Alert)  
Email ID \_\_\_\_\_

Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts. (Refer Instruction No. 23)

<input type="checkbox"/> I WISH TO APPLY FOR TRANSACT ONLINE I have read & understood the Terms & Conditions attached	<input type="checkbox"/> I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD (Please refer to ATM Instruction) Name as you would like to appear on Any Time Money Card (Max. 19 characters)   M   a   i   n   d   a   t   o   r   y   _____ Mother's maiden name in full   M   a   n   d   a   t   o   r   y   _____
--	---

Please collect your time stamped acknowledged slip for future references

Received from \_\_\_\_\_ an application for allotment of Units under Reliance \_\_\_\_\_ as per details below.

Growth Option  Bonus Option  Dividend Reinvestment  Dividend Payout

APP No.:

Cheque / DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Rs. \_\_\_\_\_  
drawn on \_\_\_\_\_

Time Stamp & Date of receiving office

**4. BANK ACCOUNT DETAILS (Refer Instruction No.III) MANDATORY for Redemption/Dividend/Refunds, if any**A/c. Type ✓  SB  Current  NRO  NRE  FCNR Account No. M a a n d a t o r yBank M a a n d a t o r y

Branch \_\_\_\_\_ Branch City \_\_\_\_\_

PIN \_\_\_\_\_ IFSC Code F o r C r e d i t v i a N E F T 9 Digit MICR Code\* F o r C r e d i t v i a E C S

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

**5. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option (Refer instruction no. IV) PAYMENT BY CASH IS NOT PERMITTED.**

Scheme	Plan	Option	DD Charge Rs.	Net Cheque / DD Amount Rs.	Cheque / DD No. & Date	Bank / Branch
	<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option				
	<input type="checkbox"/> Dividend Plan	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout				

**SIP ENROLLMENT DETAILS (Maximum SIP Amount is Rs. 4000/- Per Month or 12000/- Per Quarter)**Frequency (Please ✓)  Monthly  Quarterly SIP Date:  2  10  18  28

Enrolment Period : From : \_\_\_\_\_ (MM/YY) To : \_\_\_\_\_ (MM/YY) Amount per Instalment: Rs. \_\_\_\_\_

**SIP PAYMENT TYPES ( Please Select any one option)** OPTION I : Payment through post dated cheques. Number of Cheques \_\_\_\_\_ Cheque Number From \_\_\_\_\_ Cheque Number To \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch Name \_\_\_\_\_

 OPTION II : SIP Enrolment cum Auto Debit/Electronic Clearing System (ECS) Mandate Form (For ECS locations and Auto Debit Banks, please refer the Auto Debit/ECS Mandate Form.) ECS locations and Auto Debit Banks are subject to change from time to time**6. DOCUMENTS ENCLOSED (Please ✓) (MANDATORY)** Systematic Transfer Plan  Systematic Withdrawal Plan  Cheques  SIP Auto Debit /ECS Mandate Form  PIN Agreement  
 Power of Attorney  Identification Proof (Please Refer Point No.3)**7. NOMINATION**I/ We \_\_\_\_\_ (Unit holder 1) \_\_\_\_\_ (Unit holder 2) \_\_\_\_\_ and \_\_\_\_\_ (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)	Date of Birth	Name and Address of Guardian	Signature of Guardian	Proportion (%) by which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1		(to be furnished in case the Nominee is a minor)		
Nominee 2				
Nominee 3				

**8. DECLARATION**

I/We would like to invest in Reliance \_\_\_\_\_ subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID 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 accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Managements 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/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. Maximum SIP Amount is Rs. 4000/- Per Month or 12000/- Per Quarter. Only one SIP per month or per quarter is permitted per Folio / Scheme/Plan.

**9. SIGNATURE**

Sole / 1 <sup>st</sup> applicant/Guardian/ Authorised Signatory	2 <sup>nd</sup> applicant/Authorised Signatory	3 <sup>rd</sup> applicant/Authorised Signatory

**Identification Proof to be provided by the Applicant/s**

Category Number to be mention in the application form overleaf

<b>01</b> Voter Identity Card <b>02</b> Driving License <b>03</b> Government / Defense identification card <b>04</b> Passport <b>05</b> Photo Ration Card <b>06</b> Photo Debit Card <b>07</b> Employee ID cards issued by companies registered with Registrar of Companies <b>08</b> Senior Citizen / Freedom Fighter ID card issued by Government.	<b>09</b> Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament <b>10</b> ID card issued to employees of Scheduled Commercial / State/District Co-operative Banks <b>11</b> Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI, ICFA, MBA. <b>12</b> Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL). <b>13</b> Any other photo ID card issued by Central Govt. / State Govt. /Municipal authorities / Government organizations like ESIC / EPFO. <b>14</b> Permanent Account No (PAN No.)
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APP No.:

## SIP ENROLMENT cum AUTO DEBIT/ECS MANDATE FORM

(Please refer list of Autodebit banks in Terms & Conditions Point No.1 Overleaf) TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHEREVER APPLICABLE

DISTRIBUTOR / BROKER INFORMATION	
Name & Broker Code / ARN <b>ARN-0032</b>	Sub Broker / Sub Agent Code

**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.**

### REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT/ECS (Debit clearing)

- New SIP Registration - by existing investor     
  New SIP Registration - by new investor (Also attach the Common Application Form duly filled & signed)  
 Change in Bank Account for an existing investor with Reliance Mutual Fund (Applicable only for ECS)

### APPLICANT DETAILS

Folio No.		
Name of Sole/1st holder	PAN No. <b>M A N D A T O R Y</b>	KYC : Yes / No

SCHEME NAME \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_ SIP Amount \_\_\_\_\_

Frequency (Please ✓)  Monthly (default) or  Quarterly    SIP Date     2     10     18     28    (Select any one SIP Date)

<input type="checkbox"/> <b>REGULAR</b>	<input type="checkbox"/> <b>PERPETUAL (Default)</b>
Enrollment Period: From: [M][M][Y][Y] To: [M][M][Y][Y] (Refer Instruction No.1.3)	Enrollment Period: From: [M][M][Y][Y] To: [1][2][9][9]

### BANK ACCOUNT DETAILS

1st/Sole Accountholder Name as in Bank Records \_\_\_\_\_

2nd Accountholder Name as in Bank Records \_\_\_\_\_

3rd Accountholder Name as in Bank Records \_\_\_\_\_

A/c. Type ✓  SB     Current     NRO     NRE     FCNR    Account No. **M a n d a t o r y** \_\_\_\_\_  
(Core Banking Account Number)

Bank **M a n d a t o r y** \_\_\_\_\_

Branch \_\_\_\_\_ City \_\_\_\_\_

PIN \_\_\_\_\_ 9 Digit MICR Code \_\_\_\_\_ IFSC Code \_\_\_\_\_

\*Mandatory: Please enter the 9 digit number that appears after your cheque number.  
MICR code starting and / or ending with 000 are not valid for ECS.

**Mandatory Enclosures:**

Blank cancelled cheque     Copy of cheque

### DECLARATION

I/We wish to inform you that I/we have registered with Reliance Mutual Fund through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/we authorised Service Provider(s) and representative to raise a debit on my/our above mentioned account with your branch. I/We hereby authorize you to honour all such requests received through authorised Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the authorised Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund or a Bank holiday, execution of the SIP will happen on the day of Holiday/next working day and allotment of units will happen as per the Terms and Conditions listed in the Statement of Additional Information & Scheme Information Document of the Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance of this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and authorised Service Provider(s) and representative, jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and authorised Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal.

I/We would like to invest in **Reliance** Fund subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to 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 accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Managements 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/We undertake that all 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/S AS PER RELIANCE MUTUAL FUND (MANDATORY)	SIGNATURE/S AS PER BANK RECORDS (MANDATORY)
Sole/ 1 <sup>st</sup> applicant/ Guardian Authorised Signatory	Sole/ 1 <sup>st</sup> applicant/ Guardian Authorised Signatory
2 <sup>nd</sup> applicant / Authorised Signatory	2 <sup>nd</sup> applicant / Authorised Signatory
3 <sup>rd</sup> applicant Authorised Signatory	3 <sup>rd</sup> applicant Authorised Signatory

### FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on _____	Scheme Code _____
Recorded by _____	Credit Account Number _____
Bank use Mandate Ref. No. _____	Customer Ref. No. _____