

Key Information Memorandum cum Common Application Form Equity & Sector Specific Schemes

Continuous offer of the following Schemes at NAV based prices.

Reliance Arbitrage Advantage Fund

An open ended Arbitrage Scheme

Reliance Equity Advantage Fund

An open ended Diversified Equity Scheme

Reliance NRI Equity Fund

An open ended Diversified Equity Scheme

Reliance Vision Fund

An open ended Equity Growth Scheme

Reliance Quant Plus Fund

An open ended Equity Scheme

Reliance Equity Fund

An open ended Diversified Equity Scheme

Reliance Growth Fund

An open ended Equity Growth Scheme

Reliance Long Term Equity Fund

An Open Ended Diversified Equity Scheme

Reliance Equity Opportunities Fund

An open ended Diversified Equity Scheme

Reliance Regular Savings Fund- Equity Option

An open ended Scheme

Reliance Regular Savings Fund- Balanced Option

An open ended Scheme

Reliance Infrastructure Fund

An Open ended Equity scheme

Reliance Natural Resources Fund

An open ended Equity Scheme.

Reliance Banking Fund

An open ended Banking Sector Scheme

Reliance Diversified Power Sector Fund

An open ended Power Sector Scheme

Reliance Media & Entertainment Fund

An open ended Media & Entertainment sector Scheme

Reliance Pharma Fund

An open ended Pharma Sector Scheme

Reliance Tax Saver (ELSS) Fund

An open ended Equity Linked Savings Scheme

Reliance Small Cap Fund

An open ended Equity Scheme

Reliance Index Fund - Nifty Plan

An open ended Index Linked Scheme

Reliance Index Fund - Sensex Plan

An open ended Index Linked Scheme

SPONSOR

Corporate Office

Reliance Capital Limited
H Block, 1st Floor
Dhirubhai Ambani Knowledge City
Koparkhairne, Navi Mumbai - 400 710
Tel: 022-3032 7000, Fax: 022-3032 7202

TRUSTEE

Corporate Office

Reliance Capital Trustee Co. Limited
One Indiabulls Centre, Tower 1,
11th & 12th Floor, Jupiter Mill Compound,
841, Senapati Bapat Marg
Elphinstone Road, Mumbai-400 013
Tel No. +91 022 30994600
Fax No. +91 022 30994699

INVESTMENT MANAGER

Corporate Office

Reliance Capital Asset Management Limited
One Indiabulls Centre, Tower 1, 11th & 12th Floor,
Jupiter Mill Compound, 841, Senapati Bapat Marg
Elphinstone Road, Mumbai-400 013
Tel No. +91 022 30994600 Fax No. +91 022 30994699
Customer Care: 1800-300-11111 (Toll free) / 3030 1111
www.reliancecmutual.com

REGISTRAR

Karvy Computershare Private Limited
Madhura Estate, Municipal No 1-9/13/C
Plot No 13 & 13C, Survey No 74 & 75
Madhapur Village, Serlingampally Mandal & Municipality
R R District, Hyderabad 500 081.
Tel: 040-40308000 Fax: 040-23394828

REGISTERED OFFICE:

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

CUSTODIAN

Deutsche Bank AG
Kodak House, Ground Floor,
Mumbai-400 001.

AUDITORS TO THE SCHEMES

Haribhakti & Co.
Chartered Accountants
42, Free Press House
Nariman Point
Mumbai-400 021.

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.reliancecmutual.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	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 2nd Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI 3rd 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 _____

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

(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]

(Refer instruction no. II-5)

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

(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

(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 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 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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Sole / 1st applicant/Guardian/
Authorised Signatory

2nd applicant/
Authorised Signatory

3rd 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 ARN-0032	Sub Broker / Sub Agent Code

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 |]
(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] _____
(Refer instruction no. II-5)

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 |]
(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 |]
(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 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 n d a t o r y] Mother's maiden name in full [M a n d a t o r y]
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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.

SIGNATURE	_____	_____	_____
	Sole / 1 st applicant/Guardian/ Authorised Signatory	2 nd applicant/ Authorised Signatory	3 rd 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.

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:98%;" 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:90%;" 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:98%;" type="text"/>	
Branch <input style="width:98%;" type="text"/>	
City <input style="width:30%;" type="text"/>	Pin Code <input style="width:20%;" type="text"/>
State <input style="width:50%;" type="text"/>	
MICR Code <input style="width:20%;" type="text"/>	IFSC Code <input style="width:30%;" 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:90%;" 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:98%;" type="text"/>	
Branch <input style="width:98%;" type="text"/>	
City <input style="width:30%;" type="text"/>	Pin Code <input style="width:20%;" type="text"/>
State <input style="width:50%;" type="text"/>	
MICR Code <input style="width:20%;" type="text"/>	IFSC Code <input style="width:30%;" 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:90%;" 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:98%;" type="text"/>	
Branch <input style="width:98%;" type="text"/>	
City <input style="width:30%;" type="text"/>	Pin Code <input style="width:20%;" type="text"/>
State <input style="width:50%;" type="text"/>	
MICR Code <input style="width:20%;" type="text"/>	IFSC Code <input style="width:30%;" 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:90%;" 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:98%;" type="text"/>	
Branch <input style="width:98%;" type="text"/>	
City <input style="width:30%;" type="text"/>	Pin Code <input style="width:20%;" type="text"/>
State <input style="width:50%;" type="text"/>	
MICR Code <input style="width:20%;" type="text"/>	IFSC Code <input style="width:30%;" 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 : _____	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.reliancemutual.com

4. BANK ACCOUNT DETAILS (Refer Instruction No.III) MANDATORY for Redemption/Dividend/Refunds, if anyA/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 st applicant/Guardian/ Authorised Signatory	2 nd applicant/Authorised Signatory	3 rd applicant/Authorised Signatory

Identification Proof to be provided by the Applicant/s

Category Number to be mention in the application form overleaf

01 Voter Identity Card 02 Driving License 03 Government / Defense identification card 04 Passport 05 Photo Ration Card 06 Photo Debit Card 07 Employee ID cards issued by companies registered with Registrar of Companies 08 Senior Citizen / Freedom Fighter ID card issued by Government.	09 Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament 10 ID card issued to employees of Scheduled Commercial / State/District Co-operative Banks 11 Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI, ICFA, MBA. 12 Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL). 13 Any other photo ID card issued by Central Govt. / State Govt. /Municipal authorities / Government organizations like ESIC / EPFO. 14 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	Sub Broker / Sub Agent Code
ARN-0032	

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. M A N D A T O R Y	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"/> REGULAR	<input type="checkbox"/> PERPETUAL (Default)
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)

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

SIGNATURE/S AS PER BANK RECORDS (MANDATORY)

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