

COMMON APPLICATION FORM

Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) A Reliance Capital Company

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Mutual Fund

(To be filled in CAPITAL letters)

APP No.:

1. DISTRIBU	UTOR / BROKER	R INFORMATION (Refer I	nstruction No. I.9)					
Name & Bro	oker Code / ARN	Sub Agent ARN Code	Sub Ag	ent Code	*Employee Unic	ue Identification Number	SIGN HERE	First / Sole Applicant /
ARN- (A	ARN stamp here)						SIGN HERE	Guardian
*Please sign alongs	side in case the EUIN is left	blank/not provided.					SIGN HERE	Second Applicant
1		n intentionally left blank by me/us as this twithstanding the advice of in-appropriate					SIGN HERE	Third Applicant
(Please tick ((√)any one)	am a First time investor ac	ross Mutual Funds	OF	lam an	existing investor in	Mutual Fun	ds
2 LINITHOL	DING OPTION	- DEMAT MODE	PHYSICAL MO	ODE				
DEMAT AC	COUNT DETAILS	S - These details are comp es as mentioned in the application	ulsory if the invest	or wishes to			f. Instructio	n No. XI.
National [Depository		I I I I I I I I I I I I I I I I I I I	Central	Depository	2 Depository Fundament		
Damastasını	participant Name			Depository Securities	participant Nam	ne		
Limited	OP ID No. BeneficiaryAccountNo.	I N		Limited	Target ID No.			
Enclosures (Ple	ease tick any one box):	Client Master Lis	st (CML)	ansaction cum H	olding Statement	Cancelled	Delivery Instru	ction Slip (DIS)
3. EXISTING	G INVESTOR'S F	FOLIO NUMBER						ated, please mention the number Il be as per existing folio number.)
4. GENERA	L INFORMATION	APPLICATION FOR	Zero Balance F	olio 🗌 Inves			•	
5. FIRST AF	PPLICANT DETA	ILS						
NAME								
PAN / PEKRN	^ (First Applicant)			PAN / PEK	(RN [^] (Guardian)			
Name of Guar Contact Perso	rdian if first applica on for non individual	nt is minor /						
Guardian's Re	elationship With Mir	nor			Pr	oof of Date of Birth a	nd Guardian'	s Relationship with Minor
O Father	O Mother O Co		Date of Birth of 1st Applicant	D M M Y	YYYY	Birth Certificate	Passport	O Others (please specify)
OCCUPATION	N**^: O Profession	onal O Agriculturist	O House	wife (O Retired		Governm	ent Service/Public Sector
o o o o i Airio.	O Business		•		O Private Secto		_	
STATUS^:	O Besident	t Individual O PSU	O AOP/BOI	Minor thro	ugh Guardian	O HUF	0	Trust / Charities / NGOs
	O Society	O FI / FII			Body Corporate	O Sole Proprie	_	
	O PIO	O Bank	-	O Governme		Partnership		Others
GROSS ANNU	JAL INCOME DETA	ILS**^ Please tick (✓)	(^^^as and when applicable)		∩ 10-25 Lacs	25 Lacs-1 Crore		
NET-WORTH*		(Net worth should not					1000	Mandatory for Non Individuals
	itically Exposed Per						O Yes O	•
Are you invol		y of the mentioned service	s: Foreign Exc	hange / Mone	y Changer Service	ces Gaming	/ Gambling /	Lottery / Casino Services
Note: In case I	First Applicant is No	on Individual please attach FA Minor then details of Guardia		-			f the above rm (Ref Ins N	lo. XIV)
	APPLICANT DE		20 Toquilou.					
NAME						PAN / PI	EKRN^	
	 √ : ○ Professional	O Agriculturist O Housev	vife O Retired		Government Service) NRI
COOCI ATION	O Business	O Forex Dealer O Studen	_				_	Resident Individual
GROSS ANNU	_	ILS**^ Please tick (✓) ○ Below	_			25 Lacs-1 Crore	>1 Crore	
NET-WORTH*		(Net worth should not	_	-			y y y	
	itically Exposed Per				itically Exposed		O Yes O I	No

RELIANCE
Mutual Fund

ACKNOWLEDGMENT SLIP		APP No.:			
Received from Mr/Ms/M/s :		an application for allotment of			
Units under Scheme Reliance		Option	as per details below.		
Instrument No/Cash Deposit Slip No	Dated	Rs	drawn on Bank	Time Stamp & Date of receiving office	

NAME	-								
						PAN / PEI	KRN [^]		
CCUPATION*: OF	Professional O	Agriculturist O Ho	ousewife O Retire	d O	Government Service/P	ublic Sector ST/	ATUS^: O NRI		
O E	Business O	Forex Dealer O St	tudent O Private	e Sector Service O	Others		O Reside	nt Individual	
ROSS ANNUAL INC	COME DETAILS*	*^ Please tick (🗸)	Below 1 Lac O 1-5 L	Lacs O 5-10 Lacs	O 10-25 Lacs O 2	5 Lacs-1 Crore	>1 Crore		
T-WORTH**^ in ₹_		(Net worth should	d not be older than 1 ye	ear)	as on (Date)	D M M Y Y	/ Y Y		
e you a Politically E	Exposed Person ((PEP)**^ O Yes	s O No Are	you related to a Pol	itically Exposed Pe	rson (PEP)	Yes O No		
		•	nvestors to be KYC	compliant through	a Key Registered	Agency (KRA) app	ointed by SEBI prio	r to investing in	
eliance Mutual Fund		on no.II. 6, 7 & X							
FATCA and CRS		or Individuals/H	, ,,,			•	eparate FATCA/C		
	· · · · · · · · · · · · · · · · · · ·			for tax purpose, ass		dentification Numbe		on type eg. TIN et	
	st Applicant/Gu		;	Second Applican			Third Applicant	l al a maifi a pai a m	
Country #	ax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	
			1			1			
			2			2			
			3			3			
	esidence is only Indi	a then details of Count	try of Birth & Nationality	/ need not be provided.	⁵In case Tax Identifica	tion Number is not avai	ılable, kindly provide its	functional equivalent	
	st Applicant/Gu			Second Applican			Third Applicant		
Country of Birt			Country of E	Birth		Country of Birth			
Country of Nation	nality		Country of Nati	ionality		Country of Nati	ionality		
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Add convenience to your life with our value added service

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Investor Desk. A RMF Virtual Branch Experience. For more details : Visit : www.reliancemutual.com



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12. NOMINATION - I wish to Nominate Yes No (Mandatory if mode of holding is single) (Refer Instruction No. VI) In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio										
	ninee Name		Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants		
								1st App.		
								2nd App.		
								3rd App.		
13. POWER OF ATTORNEY	(POA) HOLDER DE	TAILS (Refer	Instruction No. II. 1)							
First Applicant POA Name	13. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No. II. 1) First Applicant POA Name Mr./Ms./M/s PAN^									
Second Applicant POA Name	Mr./Ms./M/s					PAN	ı^			
Third Applicant POA Name	Mr./Ms./M/s					PAN	1^			
14. SIP ENROLLMENT DE	ETAILS Opted for SIP	: Yes	No (Incase	you have opte	ed for SIP it	is mandatory	to submit OT	M + SIP Enrolment Form)		
15. STP ENROLLMENT D	ETAILS Opted for S	TP: Yes	No (Incase	you have opte	ed for STP it	is mandatory	y to submit S	TP Enrolment Form)		
16. I WISH TO APPLY FOR	RELIANCE ANY TIME	MONEY CA	RD ("THE CARD")	Yes No		Please refe	er Instructio	ons)		
1) Name as you would like	• • • • •	card**	M	a n d	a t o	r y				
(**Please mention the name of t 2) Mother's maiden name	,			(Maximur	m of 24 cha	racters)				
		M	a n d a t o	r y						
17. I WISH TO APPLY FOR INV	/EST EASY FOR INDIVI	DUALS Yes	No (Mandatory	Enclosure : 0	ONE TIME B	ANK MANDA	ATE REGISTE	RATION FORM)		
18. DECLARATION AND SI	IGNATURE									
I/We would like to invest in Reliance subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services including but not limited to Reliance Any Time Money. Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Plules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) (RNLAM) liability. I understand that the RNLAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNLAM and ebit from my folio for the services completely or partially without any prior notice to me. I agree RNLAM and ebit from my folio for the services completely or partially without any prior notice to me. I agree RNLAM and ebit from my folio for the services completely or partially without any prior notice to me. I agree RNLAM and ebit from my folio for the service charges of the form of trail commission or any other mode), payable to thim 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. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and th										
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. I have read and understood Instruction no. XIII and hereby agree to abide by the same. I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.										
First / Sole App Guardian	blicant /	⊗	Second Applicant		0	>	Third Ap	plicant		