

SIP ENROLMENT FORM FOR POST DATED CHEQUES

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHEREVER APPLICABLE

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN- (ARN stamp here)			

*Please sign below in case the EUIN is left blank/not provided.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN HERE →	Sole / 1st Applicant / Guardian Authorised Signatory	2nd Applicant Authorised Signatory	3rd Applicant Authorised Signatory
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Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

APPLICANT DETAILS

Folio No. _____

Name of Sole/1st holder	PAN No / PEKRN. _____	<input type="checkbox"/> MANDATORY <input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No / PEKRN. _____	<input type="checkbox"/> MANDATORY <input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No / PEKRN. _____	<input type="checkbox"/> MANDATORY <input type="checkbox"/> KYC Acknowledgement Copy

Unitholding Option - Demat Mode Physical Mode

DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Ref. Instruction No.30) Demat Account details are compulsory if demat mode is opted above.

National Securities Depository Limited	Depository participant Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Depository Securities Limited	Depository participant Name _____ Target ID No. _____
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Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

INITIAL INVESTMENT DETAILS (Refer Instruction No.17)

Cheque/ DD No. _____ Cheque/ DD Date _____ DD Charge Rs. _____ Cheque/ DD Net Amount Rs. _____
Bank Name: _____ Branch: _____ City: _____

SCHEME DETAILS (In case you are investing in Reliance Regular Savings Fund please mention the Plan details mandatorily i.e Equity, Debt or Balanced.)

(If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Refer Instruction No. 21) Please refer respective SID/KIM for product labeling.

SCHEME NAME _____ Plan _____ Option _____

SIP DETAILS

Frequency <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly# (Please ✓ any one)	Enrollment Period: (Please ✓ any one) <input type="checkbox"/> REGULAR From: M M Y Y To: M M Y Y <input type="checkbox"/> PERPETUAL From: M M Y Y To: 1 2 9 9 (Default) (Refer Instruction No. 14)	SIP Date <input type="checkbox"/> 2 <input type="checkbox"/> 10 (default) <input type="checkbox"/> 18 <input type="checkbox"/> 28 (Select any one SIP Date)	SIP Amount _____ (in figures) _____ (in words)
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#Yearly frequency is effective since 01st April 2014. Please refer addendum No 163 dated 25th March 2014 for further details.

SIP POST DATED CHEQUE DETAILS

Cheque No.	Cheque Date	Amount (Rs.)	Cheque No.	Cheque Date	Amount (Rs.)
1 .			7.		
2 .			8.		
3 .			9.		
4 .			10.		
5 .			11.		
6 .			12.		

Cheque drawn on Bank _____ City: _____ Total No. of Cheques: _____
Branch _____ City: _____ Total Amount Rs. _____

DECLARATION & SIGNATURE/S

I/We would like to invest in _____ Fund 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 and SID. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / 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 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. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby confirm that I / We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

I confirm that I am resident of India.
 I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External /Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

Place: _____ Date: | D | D | M | M | Y | Y | Y | Y |

SIGNATURE

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

Acknowledgement Receipt of SIP Enrolment Form For Post Dated Cheques (To be filled in by the Unit holder)

Received from _____	SIP application (PDC) for _____	Stamp of receiving branch _____
Scheme / Plan / Option _____	No. of Cheques _____	& Signature _____
Amount of Transfer per Instalment Rs. _____		