& Signature



Amount of Transfer per Instalment Rs.

Mutual Fund APP No.:

		SIP ENROL						UES		
DISTRIBUTOR / BR	OKER INFORMAT		LED IN CAPITAL	LETTERS.	PLEASE (/) W	HEREVER APPLI	CABLE			
Name & Broke			Sub Agent ARI	N Code	*Employee	Unique Identific	ation N	lumber Sub Broke	er / Sub Agent Code	
ARN- (ARN s										
*Please sign below in o I/We hereby confirm th manager/sales person the distributor/sub brol	hat the EUIN box ha			ne/us as thi he advice of	is transaction fin-appropriat	is executed with eness, if any, pro	out any	/ interaction or advice by y the employee/relationshi	the employee/relationship p manager/sales person of	
SIGN HERE	Sole / 1st App Authorise		2nd Applicant Authorised Signatory				3rd Applicant Authorised Signatory			
Upfront commission shall I	be paid directly by the	e investor to the AMFI	registered distribu	utor based o	n the investor's	assessment of va	rious fac	ctors including the service re	ndered by the distributor.	
APPLICANT DET	AILS						Folio N			
Name of Sole/1st hole	lder			PAN No	/ PEKRN.	M A N D	АТО	RYC	Acknowledgement Copy	
Name of 2nd holder					PAN No / PEKRN. M A N D A T O R Y KYC Acknowledgement Copy					
Name of 3rd holder					/ PEKRN.	M A N D	ATO	F Y KYC	Acknowledgement Copy	
Unitholding Option	on -	Demat Mode	Physica	al Mode						
DEMAT ACCOUNT D Depository Participant							es with	that of the account held w	rith any one of the	
National Deposito		5.50) Demat Account	details are com		Central	Depository				
	ant Name			Depository participant Name						
Depository DP ID No Beneficia	ary Account No.	I N			Securities Limited	Target ID No.				
Enclosures (Please	<u> </u>	:) : Client Mas	ter List (CML)			l n Holding State	ment	Cancelled Deliver	y Instruction Slip (DIS)	
INITIAL INVESTI									1 ()	
		•		DD	Charge Rs.		Chea	ue/ DD Net Amount Rs	3	
Bank Name:								City		
SCHEME DETAIL (If the investor wishes to	LS (In case you are in oinvest in Direct Plan	nvesting in Reliance R	legular Savings Fi	und please r	nention the Pla	n details mandato	rily i.e E	quity, Debt or Balanced.)	duct labeling.	
SCHEME NAME		<u> </u>			_ Plan			Option		
SIP DETAILS										
Frequency Monthly (default)		Iment Period: (Pl	ease √any one))	SI	P Date		SIP	Amount	
			and the second second			1 10 (-1-4)				
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