RELIANCE MUTUAL FUND

SIP ENROLLMENT DETAILS

(Use this form if One Time Bank Mandate Form is registered in the folio)

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

APP No.

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN-3852 (Stamp here)		E029058	

*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 in-appropriateness, 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

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. (MANDATORY)	☐ KYC Acknowledgement Copy
Name of 2nd holder	PAN No / PEKRN. (MANDATORY)	☐ KYC Acknowledgement Copy
Name of 3rd holder	PAN No / PEKRN. (MANDATORY)	☐ KYC Acknowledgement Copy

INITIAL INVESTMENT DETAILS

Cheque/ DD No./Cash Deposit Slip No. _____ **Cheque / DD / Cash Deposition Date** _____ **DD Charge Rs.** _____

Net Amount Rs. _____ Bank Name: _____ Branch: _____ City _____

UNITHOLDING OPTION - ☐ Demat Mode ☐ Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)

National Securities Depository Limited	Depository participant Name _____ DP ID No. I N Beneficiary Account No.	**Central Depository Securities Limited**	Depository participant Name _____ Target ID No.

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

Invest Easy Registration for Transaction over SMS, Call, Mobile, Internet etc (Applicable for individual investor only)

Email ID _____ **Mobile no.** + (Country Code) (For Receiving Transaction Alerts via SMS)

Email id & Mobile no. provided in this form will supercede the existing details in our records. Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

By providing Email-id, I understand that IPIN will be issued to me by default through email, unless I have already opted for IPIN in the past and have created a username.

SIP DETAILS (Refer Instruction No. 14. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

Scheme / Plan / Option	Frequency (Please✓ any one)	Enrollment Period (Please✓ any one)	SIP Date (Please✓ any one)	SIP Amount	Reliance STEP-UP Facility (Optional)		
					Amount	Frequency	Count
	☐ Monthly (Default) ☐ Quarterly ☐ Yearly	☐ REGULAR From: M M / Y Y To: M M / Y Y ☐ PERPETUAL (Default) (Refer Instruction No. 5) From: M M / Y Y To: 1 2 / 9 9	☐ 2 ☐ 10 (Default) ☐ 18 ☐ 28	Rs. _____ (in figures)	Rs. _____ (Multiples of Rs. 100 only)	☐ Half-yearly ☐ Yearly (Default)	Increase SIP amount _____ time(s) (Default 1time)

DECLARATION : 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. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. 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 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 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. 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 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.

SIGNATURE

By signing this SIP enrolment form I/We understand that the amount will be debited from the Bank account mentioned in One Time Bank Mandate / Invest Easy - Individuals Mandate Form.

✕ First / Sole Applicant / Guardian | ✕ Second Applicant | ✕ Third Applicant

Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of RMF on any transaction day.

OTM + SIP Form / 18th Feb 2016 / Ver 1.5

RELIANCE MUTUAL FUND

ONE TIME BANK MANDATE

(NACH / Direct Debit Mandate Form)

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

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

APP No.

UMRN (For Office Use Only) Date D D M M Y Y Y Y

Create ☑ Modify ☒ Cancel ☒

Sponsor Bank Code _____ (For Office Use Only) Utility Code _____ (For Office Use Only)

I/We hereby authorize **Reliance Mutual Fund** to debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c no: (Destination Bank Account Number)

With Bank _____ (Name of Destination Bank) IFSC MICR

an amount of Rupees _____ ₹

FREQUENCY: ☒ ~~Monthly~~ ☒ ~~Quarterly~~ ☒ ~~Half Yearly~~ ☒ ~~Yearly~~ ☑ **as & when presented** **DEBIT TYPE** ☒ ~~Fixed Amount~~ ☑ **Maximum Amount**

Reference / Folio No. _____ Email ID: _____

Scheme / Plan reference Number : All schemes of Reliance Mutual Fund Phone No: _____

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From : D D M M Y Y Y Y

To: 3 1 1 2 2 0 9 9

Or ☐ ~~Until Cancelled~~

1 _____ Signature of Account Holder
2 _____ Signature of Account Holder
3 _____ Signature of Account Holder

1 _____ Name of Account Holder
2 _____ Name of Account Holder
3 _____ Name of Account Holder

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.