

**1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)**

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

\*Please sign alongside 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 → First / Sole Applicant / Guardian

SIGN HERE → Second Applicant

SIGN HERE → Third Applicant

(Please tick (✓) any one)  I am a First time investor across Mutual Funds OR  I am an existing investor in Mutual Funds

**2. UNITHOLDING OPTION -  DEMAT MODE  PHYSICAL MODE**

**DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. XI.**

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.

National Securities Depository Limited	Depository participant Name _____	Central Depository Securities Limited	Depository participant Name _____																														
	DP ID No. <table border="1" style="display: inline-table;"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		I	N									Target ID No. <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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Beneficiary Account No. _____																																	

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

**3. EXISTING INVESTOR'S FOLIO NUMBER**

(If you have an existing folio number with KYC validated, please mention the number here and proceed to section 11. Mode of holding will be as per existing folio number.)

**4. GENERAL INFORMATION**

APPLICATION FOR  Zero Balance Folio  Invest Now ^MODE OF HOLDING :  Single  Joint (Default)  Any one or Survivor

**5. FIRST APPLICANT DETAILS**

NAME

PAN / PEKRN^ (First Applicant)  PAN / PEKRN^ (Guardian)

Name of Guardian if first applicant is minor / Contact Person for non individuals

Guardian's Relationship With Minor <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Court Appointed Guardian	Date of Birth of 1st Applicant <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Proof of Date of Birth and Guardian's Relationship with Minor <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Others (please specify)
D	D	M	M	Y	Y	Y	Y			

OCCUPATION\*\*\* :  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector  
 Business  Forex Dealer  Student  Private Sector Service  Others \_\_\_\_\_

STATUS^ :  Resident Individual  PSU  AOP/BOI  Minor through Guardian  HUF  Trust / Charities / NGOs  
 Society  FI / FII  NRI  Company/Body Corporate  Sole Proprietor  Defence Establishment  
 PIO  Bank  FPI\*\*\*  Government Body  Partnership Firm  Others \_\_\_\_\_  
(\*as and when applicable)

GROSS ANNUAL INCOME DETAILS\*\*\* Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1 Crore  >1 Crore

NET-WORTH\*\*\* in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (Date) 

D	D	M	M	Y	Y	Y	Y
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 (Mandatory for Non Individuals)

Are you a Politically Exposed Person (PEP)\*\*\*  Yes  No Are you related to a Politically Exposed Person (PEP)\*\*\*  Yes  No

Are you involved / providing any of the mentioned services :  Foreign Exchange / Money Changer Services  Gaming / Gambling / Lottery / Casino Services  
 Money Lending / Pawning  None of the above

Note: In case First Applicant is Non Individual please attach FATCA, CRS & Ultimate Beneficial Ownership (UBO) Self Certification Form (Ref Ins No. XIV)

\*\*In case First Applicant is Minor then details of Guardian will be required.

**6. SECOND APPLICANT DETAILS**

NAME  PAN / PEKRN^

OCCUPATION^ :  Professional  Agriculturist  Housewife  Retired  Government Service/Public Sector  STATUS^:  NRI  
 Business  Forex Dealer  Student  Private Sector Service  Others \_\_\_\_\_  Resident Individual

GROSS ANNUAL INCOME DETAILS\*\*\* Please tick (✓)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1 Crore  >1 Crore

NET-WORTH\*\*\* in ₹ \_\_\_\_\_ (Net worth should not be older than 1 year) as on (Date) 

D	D	M	M	Y	Y	Y	Y
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Are you a Politically Exposed Person (PEP)\*\*\*  Yes  No Are you related to a Politically Exposed Person (PEP)  Yes  No

**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



**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

Nominee 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 DETAILS (Refer Instruction No. II. 1)**

First Applicant POA Name	Mr./Ms./M/s	PAN^	
Second Applicant POA Name	Mr./Ms./M/s	PAN^	
Third Applicant POA Name	Mr./Ms./M/s	PAN^	

**14. SIP ENROLLMENT DETAILS** Opted for SIP:  Yes  No **(Incase you have opted for SIP it is mandatory to submit OTM + SIP Enrolment Form)**

**15. STP ENROLLMENT DETAILS** Opted for STP:  Yes  No **(Incase you have opted for STP it is mandatory to submit STP Enrolment Form)**

**16. I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD ("THE CARD")** Yes  No  **(Please refer Instructions)**

**1) Name as you would like to appear on your card\*\***  M a n d a t o r y   
 (\*\*Please mention the name of the first holder) (Maximum of 24 characters)




**2) Mother's maiden name in full\***  M a n d a t o r y

**17. I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS** Yes  No  **(Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)**

**18. DECLARATION AND SIGNATURE**

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 / 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.
- 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 Applicant / Guardian	 Second Applicant	 Third Applicant
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