MUTUAL FUND

Wealth Sets You Free

Reliance

ree APP No.: COMMON APPLICATION FORM FOR RELIANCE SIP INSURE

1. DISTRIBUTOR /	BROKER INFO	ORMATIO	ON (Refer Ir	nstruction I	No. I.7)										
Name & Broker Co	ode / ARN		Sub Agent ARN	Code		Su	b Agent Code		*Emplo	oyee Unique Ide	ntification Numb	er	ria c	ode⁺⁺	
ARN-780	41 p here)									E2181 [°]	79				
*Please sign alongside in employee/relationship n distributor/sub broker. ++ I/We, have invested investments under Direct	in the Scheme(s)	rson of the of your Mut	above distribut	tor/sub bro r Direct Plar	ker or i n. I/We	notwithstanding hereby give yo	y the advice of u my/our cons	in-approj ent to sho	priateness, if are/provide tl	f any, provided	I by the emplo	yee/relationsł	nip manager/	sales perso	n of the
SIGN HERE	First / Sole Authorise						econd App uthorised S				,	Third A _l Authorise	oplicant / d Signato	ry	
2. INVESTOR'S FO	io number with KY	C validated,								o provide		First time in	ivestor acro		
3. GENERAL INFO	RMATION	^M	ODE OF HOL	DING : (F	Please ti	ck √) O Sir	ngle 🔿 Joint (I	Default) (Any one o	or Survivor					
4. FIRST APPLICA	NT DETAILS														
NAME [^] Mr. Ms. M/s. (Please mention Name of PAN / PEKRN [^]	ıs per Aadhaar ca	rd. Refer in:	struction no.1. 13	3)		Ску	/C Id^***								
Aadhaar No [^]				with t	he asse	e Aadhaar nur t management ny/our folios.									
Date of Birth of 1st App					STATUS		Resident Ind		O NRI		O Others				
^Mandatory for all ty			actory for Inv	estors to	DEKI	- compliant p	Drior to invest	ing in Re	eliance <i>I</i> viu	iuai funa. Ri	eter instructio	n no.ii.i & 2	<u> </u>		
5. SECOND APPLI NAME [^] Mr. Ms.		s 													
(Please mention Name of PAN / PEKRN^	ıs per Aadhaar ca	rd. Refer in:	struction no.l. 13 CKY Id		aring the	e Aadhaar nun	nber I provide i	ny conser	t for sharing			ATUS [*] : O			
Aadhaar No				with th	ne asset	t management ny/our folios.			-				• •		
6. THIRD APPLICA	NT DETAILS														
NAME [^] Mr. Ms.															
(Please mention Name of PAN / PEKRN^	ıs per Aadhaar ca	rd. Refer in:	struction no.l. 13 CKY Id [^]		I						ST	atus^: O	Resident In	dividual	O NRI
Aadhaar No ^{.^}				with th	ne asset	e Aadhaar nun t management ny/our folios.									
7. ADDITIONAL K	1	1						-							
OCCUPATION ^A	Professional	Agricult			etired	Government	Service/Publi	cSector	Business	Forex Deal			ctor Service	Oth	ers
1 st Applicant	0	0	0		0		0		0	0	0		C	0	
2 nd Applicant	0	0	C		0		0		0	0	0		C	°	
3 rd Applicant	0	0	C		0		0		0	0	0		C	0	
GROSS ANNUAL IN	COME DETAILS	**	Below 1 La	ic 1-5	Lacs	5-10 Lacs	10-25 Lacs	25 La	cs-1 Crore	>1 Crore	NET-WO	RTH [™] in ₹		Date	
1st Applicant			0		0	0	0		0	0	(Net wor	th should	D D N	MY	Y Y
2nd Applicant			0		0	0	0		0	0		e older	D D N	MY	Y Y
3rd Applicant			0		0	0	0		0	0	than	l year)	D D N	MY	YY
PEP DETAILS					1	lst Applicant			2 no	d Applicant			3 rd Appl	icant	
Are you a Politically I	Exposed Person	(PEP)^**			Yes () N	0 0		Yes 🔿	No	0	Ye	es O	No O	
Are you related to a	Politically Expos	ed Persor	ו (PEP)^**		Yes (D N	0 ()		Yes 🔿	No	0	Ye	es ()	No O	

8. FATCA and CRS DETAILS (Mandatory)

Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

:	Sole/First Applicant	ł	:	Second Applicant			Third Applicant	
Country " ^**	Tax Payer Ref. ID No [%]	Identification Type	Country "	Tax Payer Ref. ID No [%]	Identification Type	Country*	Tax Payer Ref. ID No [%]	Identification Type
1			1			1		
2			2			2		
3			3			3		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. ¹In case Tax Identification Number is not available, kindly provide its functional equivalent

Sole/First	Applicant	Second /	Applicant	Third A	pplicant
Country of Birth^**		Country of Birth		Country of Birth	
Country of Nationality^**		Country of Nationality		Country of Nationality	

9. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VII & VII)

	ce Address ^{##} (P.O. Box is not sufficien at your address details will be updated		/C records wi	ith CKYC / H	KRA		Oversea	s Addr	ress (Mo	Indatory	for NRI / F	II Applica	ints)							
	House	/Flat No.										House	/Flat N	0.						-
	Street A	Address										Street A	Addres	S						-
City/ Town		State					City/ Tow	'n					State	•						
Country		Pin Code					Country						Pin C	ode						
Tel. (Res.)	STD Ccde		Tel. (Off.)								Mobile No.				(Count	try Coc	e)			
Email ID	r Mobile No & Email Id with us to get instant tr	ansaction alerts via	1 SMS & Emgil		viding Emg	il Id wou	ld mandatoril		e only E - 9		of Accounts	in lieu of n	hysical St	Itement	of Accou	Ints				
					÷								nysical si	lement	of Accor	51113.				
Bank Name					M a	n	d a	i i												
Account No.	Ma	n d a	t o	r y				A/c. 1	Type (√	1	SB	Curi	rent	I	NRO		NRE		F	CNR
BranchAddre									B	anch	City			Ford	redi	t via	NEFT			
PIN		ode	For C	Credi	t v i (d R 1	GS		MIC	R Cod	e			9	Di	git				
Please ensure t	he name in this application form and in	your bank acco	ount are the s	ame. Pleas	e update	e your lf	FSC and MIC	R Code	e in orde	r to get	payouts via	electron	ic mode	in to y	our baı	nk acco	unt.			
	ENT & PAYMENT DETAILS (Se r instruction no. IV)	eparate Applico	ation Form is	s required	for inves	stment	in each Pl	an/Op	tion. M	ultiple c	heques no	ot permit	ted wit	h singl	e appl	ication				
Scheme	invest in Direct Plan please men	tion Direct Plo	an against t	the schem			(Re	efer Ins	struction	No. I-8)	(For Produc	t Labelin	g pleas	e refer	ast pa	ge of a	pplicat	ion for	m)	
Option (Pleas	e√) () Growth^^	Dividend Pay	out	O Divid	end Rei	nvestr	ment		Divid	lend Fre	equency									
Payment Det	ails (Please issue cheque favou	uring scheme	e name)																	
· ·	nent 🔿 Cheque 🔿 OTBM Fac		1				I	Inve	estment	t Amou	int (₹)									
Instrument No)	Dated	d D D	MM	YY	Y	Y Dro	awn o	on Bank											
Bank Branch							City —													
(^^ Default op	otion if not selected) ~Units will b	e allotted for t	the net am	ount minu	us the tr	ransac	tion char	ges if	applica	ble.										
12. SIP ENF	ROLLMENT DETAILS																			
SIP Date: (Please √any one)		18 23	28	1 [#] to 28	∴ (Any othe of a given		om Freq	uency	: 🗌 M	onthly	Quarte	erly	Yearly	(Re	efer In	structio	on No	. X)		

(Please √any one)	(Default)	1" to 28" of a given month)	oqoono) :		
Enrollment Period: From:			PERPETUAL Enrollment Period: From:	M M Y Y	To: M M Y Y

SIP	Amount	₹						

___ (Refer Instruction No. VI)

13. NOMINATION (Mandatory. Refer Instru	ction No. V)						
Nominee Name & Address	Guardian Name (in case Nominee is Minor)	Relationship with Investor	Date of Birth	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
							1st App
							2nd App.
							3rd App

14. DECLARATION AND SIGNATURE

subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent I/We would like to invest in Reliance amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID including details relating to various services including but not limited to ATMV Debit Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. 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) (RNAM) liability. I understand that the RNAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNAM 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/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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.

I understand that SIP is also available without insurance cover and I willingly opt to become a member of Group Term insurance Policy issued by Reliance Life Insurance Company Ltd. as a part of Reliance SIP Insure facility.

_(name of the investor), being the beneficiary under Group Term Insurance Policy issued by M/S Reliance Life Insurance Company Ltd do hereby nominate Mr/Ms/Mrs _____aged _____years resident of _____ _____being ______ (relationship with the beneficiary above named) as the person to whom the moneys secured under the said Group Term Insurance Policy shall be paid in the event of my death. I understand that the insurance claim and the payment of the sum insured shall be made directly by Reliance Life Insurance Company Ltd subject to the terms and conditions of insurance, read along with the Certificate of Insuarance of the group term insurance policy. Scheme Information Document and Statement of Additional Information.

_____day of _____20____ Signed at on this

|--|

	IND	EDGMENT SLIP (To be filled in me stamped acknowledged	, , , , , , , , , , , , , , , , , , , ,	APP No.:	IVR. "Self Help" Option (24 x 7)
Received from Mr/Ms/M	/s :		an appli	cation for allotment of	Investor can avail below facilities
Units under Reliance			as per details below.		1. NAV 2. Account balance
○ Growth Option	O Dividend Reinvestment	O Dividend Payout			3. Account statement 4. Last 5 transactions
Cheque drawn on	Dated	₹		Time Stamp & Date of receiving office	5. Latest Dividend declared For more details : Call : Toll free : 1800-300-11111 30301111

Corporate Office Address: Reliance Centre, 7th Floor South Wing, Off Western Express Highway, Santacruz (East), Mumbai - 400 055.

£-----

						ered in the fo	51107	APP No.	
	BROKER INFORMA	TION Sub Broker / Sub /	Agent ARN Code	*Employee Unique Identific	cation Number	Sub Broke	r / Sub Agent Code	RIA Co	ode**
ARIARN	-78041here)	ARN-		E218179					
		blank/not provided. I/V	Ne hereby confirm that the	he EUIN box has been int	entionally left blan	k by me/us as t	this transaction is exect	uted without any interaction e/relationship manager/sa	n or advi
distributor/sub bro	ker.							folio holdings/ NAV etc. in r	
SIGN	First / Sole			Second Appli	cant /		1	Third Applicant /	
HERE		l Signatory		Authorised Sig				thorised Signatory	
	1 /	by the investor to the Al	MFI registered distributor	r based on the investor's a	FOLIO NO.	ous factors inclu	Jding the service rende	ered by the distributor.	
	st holder Mr./Ms./	M/s			PAN No / PE		A N D A 1	TORY	
Name of 2nd h Name of 3rd ha					PAN No / PE PAN No / PE				
	STMENT DETAILS				TANNO7TE				
			Chec	que/DD Date			DD Cł	harge ₹	
Net Amount ₹		Bank Nan	me:			Branc	h:	City:	
		Demat Mode	Physical Mo	de (Ref. Instruction No.			ompulsory if demat n	node is opted.)	
National Securities	Depository Participant Name _			De	pository Part	ository icipant Nam	e		
Depository Limited	DP ID No. Beneficiary Account	No. I N			curities	jet ID No.			
Enclosures (Ple	ease tick any one	Dox) : Client /	Master List (CML)	Transactio	n cum Holding			lled Delivery Instructi	on Slip
Invest Easy R	egistration for Tra	nsaction over SM	IS, Call, Mobile, In	ternet etc (Applicable	e for individual inv	estor only)			
Email ID					M	obile no. 占	(Country Code)	For Receiving Transaction	Alerts vic
	•	•		·		•		stant alerts via SMS & Emo	
							•	ive created a username.	
	eter instruction ind. 14. If th	ne investor wisnes to inv	est in Direct Plan please r	mention Direct Plan agains	r the scheme hame.	1		auct labeling)	
	cheme / Plan / Onti	on	Frequency	Enrollmen	t Period	!	SIP Date	SID Am	ount
5	icheme / Plan / Opti	on	(Please vany one)	(Please √ an			ase √any one)	SIP Am	ount
	icheme / Plan / Opti	on		(Please √an REGULAR From : <u>MM/YY</u>	ny one) To : <u>MM/YY</u>		ase √any one) 7 □ 10 (Default)	SIP Am	ount
	icheme / Plan / Opti	on	(Please vary one) Monthly (Default) Quarterly	(Please van REGULAR From : MM/YY PERPETUAL(Det (Refer Instruction N	y one) To : <u>MM/YY</u> fault) 10. 5)	(Ple	ase vary one) 7 10 (Default) 28 23	SIP Am ₹	
			(Please vany one) Monthly (Default) Quarterly Yearly	(Please √an	y one) To : <u>MM/YY</u> fault) No. 5) To : <u>1 2 / 9 9</u>	(Pie	asse vany one) 7 10 (Default) 28 23 (Any other date from or 28° of a given month)	₹ (in figur	es)
DECLARATION: I/W subsequent amendme lumpsum / systematici declare that the amou dowermment of India o absolute discretion, dis the form of trail commi undersigned and partie I confirm that I am ri my/ourNon-ResidentE	e would like to invest in Reid nts thereto. I/We have read nvestment plan (SIP) transac nt invested in the Scherne is any Statutory Authority. I ca any Statutory Authority. I ca sign or any ather mode), bu ulars given by me/us are co sident of India. — I /We co	ance understood (before filling ion will be debited from ba through legitimate source cept and agree to be boon ompletely or partially with ayable to him for the diffe rect and complete. Further nfirm that I am-We are No	(Please vary one) Monthly (Default) Quarterly Quarterly Yearly Yearly dbythe said Terms and Co out any prior notice to me. Ia rent competing Schemes of 1 agree that the transaction - n-Resident of Indian Nations	(Please < an REGULAR From : PERPETUAL(De (Refer Instruction N From : subject to terms of the S bound by the details of the S in my One Time Bank Mandtat for the purpose of contraver nditions including those exclu yarious Mutual Funds from my various Mutual Funds from A hilly(Ordini and UWe herebyc -	y one) To : <u>MM/YY</u> fault) No. 5) To : <u>1 2 / 9 9</u> Itatement of Additiona AL SID & KIM including Itatement of Additional Additional the service of ing/ limiting the Relit /folio for the service of inongst which the Sci deducted from the sub	(Pie 2 18 18 19 11 Information (SA g details relating) received nor beer y Act / Regulation received nor beer y Act / Regulation arace Nippon Life / arages as applicat eme is being rec scription amount for subscription h	Asse vany one) T 10 (Default) 28 23 (Any other date from 28 of a given month) Scheme Information Do o various services. By Hillin induced by any rebate or so / Rules / Notifications /i Asset Management Limitle befrom time to time. The A commended to me/us. I he and the said charges shall ave been remitted from db	€	es) Memorani the amou ing this inv ole Laws of hot the RV us all the co formation hannels of
DECLARATION: I/W subsequent amendme lumpsum / systematic declare that the amou declare that the amou dus olive discretion, dis dus olive discretion, dis dus dus dus dus the form of trail comm undersigned and partit i confirm that 1 am n my/our Non-Resident E SIGNATURE	e would like to invest in Rei nts thereto. I/We have read, nvestment plan ISIP transac nt invested in the Scheme is any Statutory Authority. I ac continue any of the services sision or any other model, p ulars given by me/us are co sident of India] //We co xternal /Ordinary Account/F	ance understood (before filling ion will be debited from ba through legitimate source ept and agree to be boun ampletely or partially with ayable to him for the diffe rect and complete. Further, firm that 1 am-We are No CNR Account. I/We underto	(Please vary one) Monthly (Default) Quarterly Quarterly Yearly Yearly application form) and is/are ank account details provided es only and is not designed d by the said Terms and Con out any prior notice to me. Ia rent competing Schemes of 1 agree that the transaction - n-Resident of Indian Nationa ake that all additional purcha	(Please < an	y one) To : MM/YY fault) to: 5) To : 12 / 9 9 tatement of Additione A) SID & KIM including this of the service of mongst which the Sdi deducted from the sub onfirm that the funds: also be from funds rec t mentioned in Or	(Pie 2 18 18 16 Transition (SA g details relating) received nor beer y Act / Regulation received nor beer y Act / Regulation ame Nippon Life / arages as applicat meme is being rec scription amount for subscription h eived from abroad	Asse <any a="" construct="" of="" one)="" solution="" td="" the="" the<="" to=""><td>₹</td><td>es) Memorani the amou ing this im ole Laws of hat the RN so all the c formation hannels c our NRE/I Drm.</td></any>	₹	es) Memorani the amou ing this im ole Laws of hat the RN so all the c formation hannels c our NRE/I Drm.
DECLARATION: I/W subsequent amendme lumpsum / systematic declare that the amou declare that the amou dus olive discretion, dis dus olive discretion, dis dus dus dus dus the form of trail comm undersigned and partit i confirm that 1 am n my/our Non-Resident E SIGNATURE	e would like to invest in Rei nts thereto. I/We have read, nvestment plan ISIP transac nt invested in the Scheme is any Statutory Authority. I ac continue any of the services sision or any other model, p ulars given by me/us are co sident of India] //We co xternal /Ordinary Account/F	ance understood (before filling ion will be debited from ba through legitimate source rept and agree to be bour completely or partially with ayable to him for the differ erect and complete. Further, firm that I am/We are Noi CNR Account. I/We underto understand that the opplicant /	(Please vary one) Monthly (Default) Quarterly Quarterly Yearly Yearly application form) and is/are ank account details provided es only and is not designed d by the said Terms and Con out any prior notice to me. Ia rent competing Schemes of 1 agree that the transaction - n-Resident of Indian Nationa ake that all additional purcha	(Please < an REGULAR From : PERPETUAL[De (Refer Instruction N From : e bound by the details of the S e bound by the details of the S e bound by the details of the S bound by the details of the S e bound by the details of the S in my One Time Bank Mandat for the purpose of contraver raditions including those exclu yarious Mutual Funds from my various Mutual Funds from a thy orains and I We hereby c isses made under this folio will d	y one) To : MM/YY fault) to: 5) To : 12 / 9 9 tatement of Additione AL SID & KIM including the form. I/We have not thion or evasion of an ading/ limiting the Reli educted from the sut onfirm that the funds: also be from funds rec t mentioned in Or Cant /	(Pie 2 18 18 16 Transition (SA g details relating) received nor beer y Act / Regulation received nor beer y Act / Regulation ame Nippon Life / arages as applicat meme is being rec scription amount for subscription h eived from abroad	Asse <any a="" construct="" of="" one)="" solution="" td="" the="" the<="" to=""><td>€</td><td>es) Memorani the amou- ing this invo loe Laws of hat the RN so all the c formation hannels c 'our NRE/I Drm.</td></any>	€	es) Memorani the amou- ing this invo loe Laws of hat the RN so all the c formation hannels c 'our NRE/I Drm.
DECLARATION : I/W subsequent amendme lumpsum / systematici decirar that the amou dowermment of India on absolute discretion, dis the form of trail commi undersigned and partic outer signed and partici l confirm that I am n my/our Non-Resident E SIGNATURE By signing this SIF SIGN HERE	e would like to invest in Rei nts thereto. I/We have read, rvestment plan (SIP) transac in any Statutary Authority. I ac confinue any of the services: ssion or any other model, p. ulara given by me/vs are co- asident of India/We co stemal /Ordinary Account/F P enrolment form I/We First / Sole A Authorised lested to note that the	ance understood (before filling ion will be debited from ba through legitimate source rept and agree to be bour completely or partially with ayable to him for the differ rect and complete. Further, firm that I am/We are No CNR Account. I/We underto understand that the opticant / Signatory amount mentioned in	(Please 'any one) Monthly (Default) Quarterly Quarterly Yearly application form) and is/are ank account details provided es only and is not designed do by the said Terms and Co. out any prior notice to me. Ia rent competing Schemes of logree that the transaction n-Resident of Indian Nationa actes that all additional purchase amount will be debited One Time Bank Manda	(Please / an	y one) To : MM/YY fault) to: 5) To : 12 / 9 9 tottement of Additione A) SID & KIM including tottement of Additione A) SID & KIM including totto or evasion of an digy limiting the Relia y folio for the service d mongst which the Scd deducted from the sub onfirm that the funds also be from funds rec t mentioned in Or cant / pattory um amount that y	(Ple		₹	es) Memorani the amou ing this im ling this im ling this im hannels c our NRE/I orm.
DECLARATION: I/W subsequent amendme lumpsum / systematic declare that the amou government of India on absolute discretion, dis the form of trail commi undersigned and partit of Iconfirm that I am n my/our Non-Resident SIGNATURE By signing this SIF SIGN SIGN HERE Investors are requ	e would like to invest in Reil nts thereto. I/We have read, nvestment plan (SIP) transac in any Statutary Authority. I ac continue any other model, p ulars given by me/us are co sisten or any other model, p ulars given by me/us are co sisten of India I/We co xternal /Ordinary Account/F P enrolment form I/We First / Sole A Authorised rested to note that the	ance understood (before filling ion will be debited from ba through legitimate source rept and agree to be bour completely or partially with ayable to him for the differ rect and complete. Further, firm that I am/We are No CNR Account. I/We underto understand that the opticant / Signatory amount mentioned in	(Please 'any one) Monthly (Default) Quarterly Quarterly Yearly application form) and is/are ank account details provided es only and is not designed dib ythe said Terms and Coi out any prior notice to me. Ia rent competing Schemes of , lagree that the transaction n-Resident of Indian Nationa ake that all additional purcha amount will be debited One Time Bank Mando	(Please < an	y one) To : MM/YY fault) No. 5) To : 12 / 9 9 tatement of Additiona A) SID & KIM including tatement of Additiona A) SID & KIM including tation or evasion of an align/ limiting the Relia folio for the service d adducted from the sud onfirm that the funds also be from funds rec t mentioned in Or cant / photory um amount that y	(Ple	Asse vany one) To a second s	₹	es) Aemorann ing this im ing this im ing this im ing this im ing the action ing this im ing the action ing this im ing the action ing the action ing the action ing this im ing the action ing the action
DECLARATION : I/W subsequent amendme lumpsum / systematici decirar that the amou dowermment of India on absolute discretion, dis the form of trail commi undersigned and partic outer signed and partici l confirm that I am n my/our Non-Resident E SIGNATURE By signing this SIF SIGN HERE	e would like to invest in Reli nts thereto. I/We have read, nvestment plan ISIPI transac nt invested in the Scheme is any Statutory Authority. I ac continue any of the services sistion or any other model, p ulars given by me/us are co sident of India/We co xternal /Ordinary Account/F Penrolment form I/We First / Sole A Authorised lested to note that the MUTUAL FUND	ance understood (before filling ion will be debited from ba through legitimate source rept and agree to be bour completely or partially with ayable to him for the differ rect and complete. Further, firm that I am/We are No CNR Account. I/We underto understand that the opticant / Signatory amount mentioned in	(Please 'any one) Monthly (Default) Quarterly Quarterly Yearly application form) and is/are ank account details provided es only and is not designed diby the said lerms and Co. out any prior notices to me. Ia rent competing Schemes of , lagree that the transaction n-Resident of Indian Nationa amount will be debited One Time Bank Manda ()	(Please / an	y one) To : MM/YY fault] to : 5) To : 1 2 / 9 9 To : 1 2 / 9 9 To : 1 2 / 9 9 To : 0 2 7 7 To : 0 2 7 To : 0	(Pie	asse vany one)	₹	es) Vemorann ing this im be Laws to be Laws to be laws to so ur NRE/I prm. I'Y lay.
DECLARATION: I/W subsequent amendme lumpsum / systematic declare that the amou government of India on dosbutte discretion, dis the form of trail comm undersigned and portit the form of trail comm undersigned and portit is confirm that 1 am n my/our Non-Resident SIGNATURE By signing this SIF SIGNATURE By signing this SIF SIGNATURE By signing this SIF SIGNATURE RECLIANCO Wealth Sets You JMRN	e would like to invest in Reli nts thereto. I/We have read, nvestment plan ISIPI transac nt invested in the Scheme is any Statutory Authority. I ac continue any of the services sistion or any other model, p ulars given by me/us are co sident of India/We co xternal /Ordinary Account/F Penrolment form I/We First / Sole A Authorised lested to note that the MUTUAL FUND	ance understood (before filling ion will be debited from ba through legitimate source rept and agree to be bour sompletely or partially with ayable to him for the differ rect and complete. Further, film that 1 and We are Not CNR Account. I/We underto understand that the opplicant / Signatory	(Please 'any one) Monthly (Default) Quarterly Quarterly Yearly application form) and is/are ank account details provided es only and is not designed diby the said lerms and Co. out any prior notices to me. Ia rent competing Schemes of , lagree that the transaction n-Resident of Indian Nationa amount will be debited One Time Bank Manda ()	(Please < an) (Please < an	y one) To : MM/YY fault) No. 5) To : 12 / 9 9 Interment of Additione A) SID & KIM including the Relia form I/We have not inform for the service of ing/ limiting the Relia folio for the service of deducted from the sud deducted from the sud also be from funds rec t mentioned in Or cant / inatory Um amount that y MANDATE andate Form) asses as well as SII	(Pie	asse vany one)	₹	es) Vemorann ing this im be Laws to be Laws to be laws to so ur NRE/I prm. I'Y lay.
DECLARATION : I/W subsequent amendme lumpsum/ systematic declare that the amou Government of India on absolute discretion, dis the form of trail commi adsolute discretion, dis the form of trail commi adsolute discretion, dis the form of trail commi comment of India SIGNATURE By signing this SIF SIGN HERE SIGNATURE By signing this SIF SIGNATURE By signing this SIF SIGNATURE By signing this SIF SIGNATURE SIGNATURE SIGNATURE Discretion Comment SIGNATURE S	e would like to invest in Reli nts thereto. I/We have read, rvestment plan (SIP) transac in any Statutory Authority. I ac confinue any of the services: ssion or any other model, p. ulars given by me/vs are co- asident of India I/We co- stemal /Ordinary Account/F P enrolment form I/We P enrolment form I/We First / Sole A Authorised reseted to note that the MUTUAL UND Free ponsor Bank Code	ance understood (before filling ion will be debited from ba through legitimate source cept and agree to be bour completely oparitally with ayable to him for the differ rect and complete. Further firm that I am/We are Nor CNR Account. I/We underte understand that the pplicant / Signatory amount mentioned in	(Please 'any one) Monthly (Default) Quarterly Quarterly Yearly Yearly Yearly Application form) and is/ore ank account details provided es only and is not designed do by the said Terms and Con out any prior notice to me. Ia rent compeling Schemes of i agree that the transaction n-Resident of Indian Nationa amount will be debited One Time Bank Mandce (((Applicable for Lum (b) (b) (b) (b) (b) (c)	(Please < an (Pleas	y one) To : MM/YY fault) No. 5) To : 12/99 Interment of Additione AL SID & KIM including Inding/ Imiting the Relif folio for the service of inding/ Imiting the Relif folio for the service of deducted from the sud also be from funds rec t mentioned in Or Cant / Indiory Um amount that y MANDATE andate Form) asses as well as SII Cade	(Pie	asse vany one) To any other date from Carl and a set of a given month Any other date from Carl and a set of a given month Set	Employee the set of the set	es) Aemorann ing this im karnel soll two soll the amount of the amount o
DECLARATION: I/W Subsequent amendme lumpsum/systematic declare that the amou Government of India on absolute discretion, dis the form of trail commi or undersigned and partit undersigned and partit subsolution of the amou my/our Non-Resident By signing this SIF SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGN	e would like to invest in Reli nts thereto. I/We have read, nvestment plan (SIP) transac trans Statutory Authority. I ac confinue any other model, p ulars given by me/us are cor- sistent of India] We con- the second statutory of the services. P enrolment form I/We First / Sole A Authorised rested to note that the MUTUAL FUND I free	ance understood (before filling ion will be debited from ba through legitimate source cept and agree to be bour completely oparitally with ayable to him for the differ rect and complete. Further firm that I am/We are Nor CNR Account. I/We underte understand that the oplicant / Signatory amount mentioned in	(Please 'any one) Monthly (Default) Quarterly Quarterly Yearly application form) and is/are ank account details provided es only and is not designed diby the said lerms and Co. out any prior notices to me. Ia rent competing Schemes of , lagree that the transaction n-Resident of Indian Nationa amount will be debited One Time Bank Manda ()	(Please < an (Pleas	y one) To : MM/YY fault) No. 5) To : 12/99 Interment of Additione AL SID & KIM including Inding/ Imiting the Relif folio for the service of inding/ Imiting the Relif folio for the service of deducted from the sud also be from funds rec t mentioned in Or Cant / Indiory Um amount that y MANDATE andate Form) asses as well as SII Cade	(Pie	asse vany one) To any other date from Carl and a set of a given month Any other date from Carl and a set of a given month Set	₹	es) Aemorann ing this im karnel soll two soll the amount of the amount o
DECLARATION: I/W Umpsum/systematic declare that the amou Government of India on dosolute discretion, dis the form of trail commi- disclute discretion, dis the form of trail commi- discretion discretion discretion discretion signing this SIF SIGNATURE By signing this SIF SIGNATURE By signing this SIF SIGNATURE By signing this SIF SIGNATURE By signing this SIF SIGNATURE SIGN	e would like to invest in Rei nts thereto. I/We have read, nvestment plan (SIP) transac th invested in the Scheme is any Statutary Authority. I ac confinue any ofther structes: ssion or any other model, p. ularg siven by me/vs are co- asident of India/We co stemal /Ordinary Account/F P enrolment form I/We First / Sole A Authorised lested to note that the functional Free ponsor Bank Code /We hereby author	ance understood (before filling ion will be debited from ba through legitimate source rept and agree to be bour completely or partially with ayable to him for the differ rect and complete. Further, firm that an/We are Noi CNR Account. I/We underto understand that the pplicant / Signatory amount mentioned in recordince of ize Reliance A that back Account of	(Please 'any one) Monthly (Default) Quarterly Quarterly Yearly Yearly Yearly Application form) and is/ore ank account details provided es only and is not designed do by the said Terms and Con out any prior notice to me. Ia rent compeling Schemes of i agree that the transaction n-Resident of Indian Nationa amount will be debited One Time Bank Mandce (((Applicable for Lum (b) (b) (b) (b) (b) (c)	(Please < an (Pleas	y one) To : MM/YY fault) No. 5) To : 12/99 Interment of Additione AL SID & KIM including Inding/ Imiting the Relif folio for the service of inding/ Imiting the Relif folio for the service of deducted from the sud also be from funds rec t mentioned in Or Cant / Indiory Um amount that y MANDATE andate Form) asses as well as SII Cade	(Pie	asse vany one) To any other date from Carl and a set of a given month Any other date from Carl and a set of a given month Set	Employee the set of the set	es) Aemorann ing this im karnel soll two soll the amount of the amount o
DECLARATION: I/W Subsequent amendme lumpsum/systematic declare that the amou Government of India on absolute discretion, dis the form of trail commi or undersigned and partit undersigned and partit subsolution of the amou my/our Non-Resident By signing this SIF SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGN	e would like to invest in Rein nts thereto. I/We have read, nvestment plan ISIP transco threested in the Scheme is any Statutory Authority. I ac continue any of the services is any Statutory Authority. I ac continue any of the services is any Statutory Authority. I ac continue any of the services is any Statutory Authority. I ac continue any of the services states of the services states of the services the second services the second services the second second services the second second second second the second second second second the second second second second second second second second second second second the second second second second second second second second the second secon	ance understood (before filling ion will be debited from ba through legitimate source rept and agree to be bour completely or partially with ayable to him for the differ rect and complete. Further, firm that an/We are Noi CNR Account. I/We underto understand that the pplicant / Signatory amount mentioned in recordince of ize Reliance A that back Account of	(Please 'any one) Monthly (Default) Quarterly Quarterly Yearly Yearly Yearly Application form) and is/ore ank account details provided es only and is not designed do by the said Terms and Con out any prior notice to me. Ia rent compeling Schemes of i agree that the transaction n-Resident of Indian Nationa amount will be debited One Time Bank Mandce (((Applicable for Lum (b) (b) (b) (b) (b) (c)	(Please < an (Pleas	y one) To : MM/YY fault) No. 5) To : 12/99 Interment of Additione AL SID & KIM including Inding/ Imiting the Relif folio for the service of inding/ Imiting the Relif folio for the service of deducted from the sud also be from funds rec t mentioned in Or Cant / Indiory Um amount that y MANDATE andate Form) asses as well as SII Cade	(Pie	asse vany one) asse vany one) a 7 10 (Defauit) 2 8 23 (Any other date from 2 8° of a given month) 3 28° of a given month 3 28° of a given	Employee the set of the set	es) Aemorann ing this im karnel soll two soll the amount of the amount o
DECLARATION: I J/W DECLARATION: I J/W Subsequent amendme lumpsum / systematic declare that the amou Government of india of absolute discretion, dia declare that the amou my/our Non-Resident SIGNATURE By signing this SIF SIGNATURE By signing this SIF SIGNATURE SIGNATUR	e would like to invest in Rein nts thereto. I/We have read, nvestment plan (SIP) transac transition or any of the services sistin array of the services the services array of the services signal array of the services the services the services signal array of the services the se	ance understood (before filling ion will be debited from ba through legitimate sources rept and agree to be bour completely or partially with ayable to him for the differ rect and complete. Further, firm that 1 and NWe ore Not Standard Complete. Further, firm that i and NWe ore Not Standard Complete. Further, and complete. Further, and complete. Further, and complete. Further, and complete. Further, and complete. Standard understand that the of particular of the standard standard Complete. Standard and comple	(Please 'any one) Monthly (Default) Quarterly Quarterly Yearly Yearly Yearly Yearly Yearly One Time Bank Manda (Applicable for Lum (Applicable for Lum (Applicable for Lum (Interference) (Interferenc) (Interference) (Interference) (Interference) ((Please < an	y one) To : MM/YY fault) to : 5) To : 12/99 tatement of Additiond A) SID & KIM including tatement of Additiond A) SID & KIM including tation of an or evasion of an import which the Scd deducted from the sud also be from funds rec t mentioned in Or iccant / matching Um amount that y WANDATE andate Form) asses as well as Sil Code	(Pie (Pie 2 18	asse vany one) asse vany one) arrow of the second of th	Equipment (SID), Key Information / gup this form I understand that gits, directly or indirectly, in mak Directions or any other Applical d (RNAW) liability. I understand the directive or any other Applical d (RNAW) liability. I understand the directive of from funds in my/ y - Individuals Mandate Fr Third Applicant / Authorised Signation f RMF on any transaction of liance Nippon Life Asset M y Reliance Capital Asset M D D M M M	es) Aemorann ightisinis valithe amoung this investigation in the amoung this investigation is a state of the amount of the amou
DECLARATION: I //W subsequent amendme lumpsum / systematic declare that the amou government of India on absolute discretion, dis the form of trail commi my/our.Non-Resident SIGNATURE By signing this SIF SIGN SIGNATURE By signing this SIF SIGNATURE By signing this SIF SIGNATURE By signing this SIF SIGNATURE By signing this SIF SIGNATURE Divestors are requ Wealth Sets You JMRN Fed OF SCreate V Modify X Cancel X With Bank an amount of R	e would like to invest in Rein nts thereto. I/We have read, nvestment plan (SIP) transac transition or any of the services sistin array of the services the services array of the services signal array of the services the services the services signal array of the services the se	ance understood (before filling ion will be debited from ba through legitimate sources rept and agree to be bour completely or partially with ayable to him for the differ rect and complete. Further, firm that 1 and NWe ore Not Standard Complete. Further, firm that i and NWe ore Not Standard Complete. Further, and complete. Further, and complete. Further, and complete. Further, and complete. Further, and complete. Standard understand that the of particular of the standard standard Complete. Standard and comple	(Please 'any one) Monthly (Default) Quarterly Quarterly Yearly Yearly Yearly Yearly Yearly Yearly One Time Bank Manda (Default) (Default) (Default) (Default) Yearly	(Please < an) (Please < an	y one) To : MM/YY To : MM/YY fault) to: 5) To : 12/99 totement of Additione A) SID & KIM including totement of Additione A) SID & KIM including toting/ imiting the Relia folio for the service of the mentioned in Or cant / mathematical of mathematic	(Pie (Pie 2 13	asse vany one)		es) Aemorann ightisinis valithe amoung this investigation in the amoung this investigation is a state of the amount of the amou
DECLARATION: I J/W subsequent amendme lumpsum / systematic declare that the amou government of india or absolute discretion, dis declare that the amou government of india or absolute discretion, dis declare that the amou my/our Non-Resident E SIGNATURE By signing this SIF SIGNATURE By signing this SIF SIGNATURE SIG	e would like to invest in Relints thereto. I/We have read, revestment plan ISIP transcont in wested in the Scheme is any Statutory Authority. Lac scontinue any of the services ission or any other model, pulars given by me/us are consistent of India/We hereby author seal for the stank A/c no:/De to the second of the seco	ance understood (before filling ion will be debited from ba through legitimate sources rept and agree to be bour completely or partially with ayable to him for the differ rect and complete. Further, firm that 1 and NWe ore Not Standard Complete. Further, firm that i and NWe ore Not Standard Complete. Further, and complete. Further, and complete. Further, and complete. Further, and complete. Further, and complete. Standard understand that the of particular of the standard standard Complete. Standard and comple	(Please 'any one) Monthly (Default) Quarterly Quarterly Yearly Yearly Yearly Yearly Yearly Yearly Yearly Yearly Yearly One Time Bank Manda O (I (Applicable for Lum) (Applicable for Lum) Half Yearly Find	(Please < an) (Please < an	y one) To : MM/YY fault) to: 5) To : 12/99 totement of Additione A) SID & KIM including totement of Additione A) SID & KIM including toting/ imiting the Relia folio for the service of the mentioned in Or cant / mathematical of mathe		asse vany one)		es) Aemorann ightisinis valithe amoung this investigation in the amoung this investigation is a state of the amount of the amou
DECLARATION: I/W Subsequent amendme lumpsum/systematic declare that the amou Government of India on absolute discretion, dis the form of trail commi of unoright and and partit investors and partit SIGNATURE By signing this SIF SIGN HERE SIGN HERE SIGN HERE SIGN HERE SIGN HERE SIGN HERE SIGN HERE SIGN Create V Modify X Cancel X With Bank an amount of R FREQUENCY: Reference 1 Reference 2	e would like to invest in Reints thereto. I/We have read, nvestment plan (SIP) transact in invested in the Scheme is any Statutary Authority. I ac confinue any other model, pulara given by me/vs are consident of India/We	ance understood (before filling ion will be debited from ba through legitimate source rept and agree to be boun completely optically with ayoble to him for the differ rect and complete. Further firm that I am/We are Nor CNR Account. I/We underto understand that the policant / Signatory amount mentioned in the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of th		(Please < an) (Please < an	y one) To : MM/YY fault) to : fault) to : 5) To : 12 / 9 9 totement of Additione A) SID & KIM including the Relia form //We have not tition or evasion of an import which the Scd deducted from the sud also be from funds rec t mentioned in Or icant / photory Um amount that y MANDATE andate Form) asses as well as SII Code		asse vany one) asse vany one) arrow of the solution of the		es) Aemorann ightisinis valithe amoung this investigation in the amoung this investigation is a state of the amount of the amou
DECLARATION: I/W Subsequent amendme lumpsum/systematic declare that the amou Government of India on absolute discretion, dis the form of trail commi of unoright and and partit investors and partit SIGNATURE By signing this SIF SIGN By signing this SIF SIGN HERE SIGNATURE By signing this SIF SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGNATURE By signing this SIF SIGNATURE SIGN	e would like to invest in Reints thereto. I/We have read, nvestment plan (SIP) transact in invested in the Scheme is any Statutary Authority. I ac confinue any other model, pulara given by me/vs are consident of India/We	ance understood (before filling ion will be debited from ba through legitimate source rept and agree to be boun completely optically with ayoble to him for the differ rect and complete. Further firm that I am/We are Nor CNR Account. I/We underto understand that the policant / Signatory amount mentioned in the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of th		(Please < an (Refer Instruction N From :	y one) To : MM/YY fault) to : fault) to : 5) To : 12 / 9 9 totement of Additione A) SID & KIM including the Relia form //We have not tition or evasion of an import which the Scd deducted from the sud also be from funds rec t mentioned in Or icant / photory Um amount that y MANDATE andate Form) asses as well as SII Code		asse vany one) asse vany one) arrow of the solution of the		es) Aemorann ightisinis valithe amoung this investigation in the amoung this investigation is a state of the amount of the amou

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.