

DISTRIBUTOR / BROKER INFORMATION			
Name & Broker Code / ARN A/24863 (ARN stamp here)	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number E043887	Sub Broker / Sub Agent Code
*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.	<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

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 - <input checked="" type="checkbox"/> Demat Mode <input type="checkbox"/> Physical Mode (Ref. Instruction No. 24) Demat Account details are compulsory if demat mode is opted.)			
National Securities Depository Limited	Depository participant Name	Central Securities Depository Limited	Depository participant Name
DP ID No.	<input type="text"/>	Target ID No.	<input type="text"/>
Beneficiary Account No.	<input type="text"/>		
Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> 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. (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 (in figures)	Reliance STEP-UP Facility (Optional)		
					Amount	Frequency	Count
	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> REGULAR From: M M / Y Y To: M M / Y Y <input type="checkbox"/> PERPETUAL (Default) (Refer Instruction No. 5) From: M M / Y Y To: 1 2 / 9 9	<input type="checkbox"/> 2 <input type="checkbox"/> 10 (Default) <input type="checkbox"/> 18 <input type="checkbox"/> 28	Rs. _____	Rs. _____ (Multiples of Rs. 100 only)	<input type="checkbox"/> Half-yearly <input type="checkbox"/> 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		
<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> 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.		

RELIANCE MUTUAL FUND		ONE TIME BANK MANDATE (NACH / Direct Debit Mandate Form)		Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) A Reliance Capital Company	
(Applicable for Lumpsum Additional Purchases as well as SIP Registration)		APP No. _____		Date <input type="text"/>	
UMRN <input type="text"/>	(For Office Use Only)	Utility Code <input type="text"/>	(For Office Use Only)		
Sponsor Bank Code <input type="text"/>	(For Office Use Only)	Utility Code <input type="text"/>	(For Office Use Only)		
<input checked="" type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel	I/We hereby authorize Reliance Mutual Fund to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other				
Bank A/c no: <input type="text"/>	Destination Bank Account Number <input type="text"/>				
With Bank <input type="text"/>	IFSC <input type="text"/>	MICR <input type="text"/>			
an amount of Rupees <input type="text"/>					
FREQUENCY: <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> as & when presented DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> 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: <input type="text"/>	1 _____	2 _____
To: <input type="text"/>	Signature of Account Holder	Signature of Account Holder
Or <input type="checkbox"/> Until Cancelled	1 _____	2 _____
	Name of Account Holder	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.