

**COMMON APPLICATION FORM**

(To be filled in CAPITAL letters)

APP No.:

**1. DISTRIBUTOR / BROKER INFORMATION** (Refer Instruction No. 1.9)

Name & Broker Code / ARN <b>ARN-24863</b> (Camp here)	Sub Agent ARN Code <b>ARN-</b>	Sub Agent Code	*Employee Unique Identification Number <b>E043887</b>	RIA Code
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\*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.

++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

<b>SIGN HERE</b>	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

**2. INVESTOR'S FOLIO NUMBER**

(If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 5 & proceed to section 9 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 12. Mode of holding will be as per existing folio number.)	[Please tick (✓) any one]
	<input type="checkbox"/> I am a First time investor across Mutual Funds OR
	<input type="checkbox"/> I am an existing investor in Mutual Funds

**3. 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.

NSDL DP Name	DP ID	Beneficiary Account No.
CDSL DP Name	Beneficiary Account No.	

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

**4. GENERAL INFORMATION** APPLICATION FOR  Zero Balance Folio  Investment ^MODE OF HOLDING : [Please tick(✓)]  Single  Joint (Default)  Any one or Survivor

**5. FIRST APPLICANT DETAILS**

NAME <sup>*</sup> Mr. Ms. M/s.	PAN / PEKRN <sup>**</sup>	CKYC Id <sup>***</sup>	Aadhar No <sup>***</sup>
Name of Guardian if first applicant is minor / Contact Person for non individuals Mr. Ms.			
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 D I D M M Y Y Y Y Y Y (Mandatory in case of Minor)	Proof of Date of Birth and Guardian's Relationship with Minor <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Others _____	
STATUS <sup>^</sup> : <input type="radio"/> Resident Individual <input type="radio"/> PSU <input type="radio"/> AOP/BOI <input type="radio"/> Minor through Guardian <input type="radio"/> HUF <input type="radio"/> Trust /Charities / NGOs	<input type="radio"/> Society <input type="radio"/> FI/FII <input type="radio"/> NRI <input type="radio"/> Company/Body Corporate <input type="radio"/> Sole Proprietor <input type="radio"/> Defence Establishment	<input type="radio"/> PIO <input type="radio"/> Bank <input type="radio"/> FPI <sup>***</sup> <input type="radio"/> Government Body <input type="radio"/> Partnership Firm <input type="radio"/> Others _____	
Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)	<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Money Lending / Pawning	<input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> None of the above	
Note: In case First Applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form (Ref Ins No. XIV) **In case First Applicant is Minor then details of Guardian will be required. ^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant through a Key Registered Agency (KRA) appointed by SEBI prior to investing in Reliance Mutual Fund. Refer instruction no.II. 6, 7 & X			

**6. SECOND APPLICANT DETAILS**

NAME <sup>*</sup> Mr. Ms.	PAN / PEKRN <sup>*</sup>	CKYC Id <sup>*</sup>	Aadhar No. <sup>*</sup>	STATUS : <input type="radio"/> Resident Individual <input type="radio"/> NRI
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**7. THIRD APPLICANT DETAILS**

NAME <sup>*</sup> Mr. Ms.	PAN / PEKRN <sup>*</sup>	CKYC Id <sup>*</sup>	Aadhar No. <sup>*</sup>	STATUS : <input type="radio"/> Resident Individual <input type="radio"/> NRI
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**ACKNOWLEDGMENT SLIP** (Please retain this slip) Application No.:

To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.

Name of the Investor Mr/Ms/M/s : \_\_\_\_\_

Scheme Name	Plan	Option	Payment Details Amount ` _____ Instrument No/Cash Deposit Slip No. _____ Date : _____ Drawn on Bank _____	Time Stamp & Date of receiving office
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