

APP No.:

### COMMON APPLICATION FORM FOR RELIAANCE SIP INSURE

**1. DISTRIBUTOR / BROKER INFORMATION** (Refer Instruction No. I.7)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code*
<b>ARN-106907</b>		<b>E143763</b>		

\*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 inappropriateness, 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 / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

**2. INVESTOR'S FOLIO NUMBER**

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(Please tick (✓) any one)

- I am a First time investor across Mutual Funds  
OR  
 I am an existing investor in Mutual Funds

(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 11. Mode of holding will be as per existing folio number.)

**3. GENERAL INFORMATION**

 ^MODE OF HOLDING : (Please tick ✓)  Single  Joint (Default)  Any one or Survivor

**4. FIRST APPLICANT DETAILS**

<b>NAME*</b>	Mr. Ms.													
<b>PAN / PEKRN*</b>														
	<b>CKYC Id*</b>													
<b>Aadhaar No.*</b>														
<b>Date of Birth of 1st Applicant</b>														
<b>STATUS^ :</b> <input type="radio"/> Resident Individual <input type="radio"/> NRI <input type="radio"/> PIO <input type="radio"/> Others _____														

^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant prior to investing in Reliance Mutual Fund. Refer instruction no.II.1 & 2

**5. SECOND APPLICANT DETAILS**

<b>NAME*</b>	Mr. Ms.													
<b>PAN / PEKRN*</b>														
<b>CKYC Id*</b>														
<b>Aadhaar No.*</b>														
<b>STATUS^ :</b> <input type="radio"/> Resident Individual <input type="radio"/> NRI														

**6. THIRD APPLICANT DETAILS**

<b>NAME*</b>	Mr. Ms.													
<b>PAN / PEKRN*</b>														
<b>CKYC Id*</b>														
<b>Aadhaar No.*</b>														
<b>STATUS^ :</b> <input type="radio"/> Resident Individual <input type="radio"/> NRI														

**7. ADDITIONAL KYC DETAILS**

OCCUPATION*	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
<b>1<sup>st</sup> Applicant</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>2<sup>nd</sup> Applicant</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3<sup>rd</sup> Applicant</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GROSS ANNUAL INCOME DETAILS***	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH*** in ₹	Date
<b>1st Applicant</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Net worth should	D D M M Y Y Y Y
<b>2nd Applicant</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	not be older	D D M M Y Y Y Y
<b>3rd Applicant</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	than 1 year)	D D M M Y Y Y Y
<b>Guardian</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		D D M M Y Y Y Y

PEP DETAILS*	1st Applicant	2 nd Applicant	3 rd Applicant
Are you a Politically Exposed Person (PEP)*	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Are you related to a Politically Exposed Person (PEP)*	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

**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			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. \*In case Tax Identification Number is not available, kindly provide its functional equivalent

Sole/First Applicant		Second Applicant		Third Applicant	
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)**

<b>Correspondence Address**</b> (P.O. Box is not sufficient) **Please note that your address details will be updated as per your KYC records with CKYC / KRA				<b>Overseas Address</b> (Mandatory for NRI / FII Applicants)			
House /Flat No.				House /Flat No.			
Street Address				Street Address			
City/ Town		State		City/ Town		State	
Country		Pin Code		Country		Pin Code	
Tel. (Res.)	SID Code		Tel. (Off.)	Mobile No.		International Code	
Email ID							

Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts.

**10. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)**

Bank Name							
Account No.	M a n d a t o r y				A/c. Type (✓)	<input type="checkbox"/> SB	<input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR
BranchAddress				Branch City			
PIN	IFSC Code	o f C o u n t r y I n R G			MICR Code	9 Digit	

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

**11. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV)**

Scheme \_\_\_\_\_ (Refer Instruction No. I-8) (For Product Labeling please refer last page of application form)  
 (If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)

Option (Please, ✓)  Growth^^  Dividend Payout  Dividend Reinvestment Dividend Frequency \_\_\_\_\_

Payment Details (Please issue cheque favouring scheme name)

Mode of Payment  Cheque  OTBM Facility (One Time Bank Mandate) Investment Amount (₹) \_\_\_\_\_

Instrument No \_\_\_\_\_ Dated  Drawn on Bank \_\_\_\_\_

Bank Branch \_\_\_\_\_ City \_\_\_\_\_

(^^ Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable.

**12. SIP ENROLLMENT DETAILS**

SIP Date:  2  7  10  18  23  28  \_\_\_\_\_ (Any other date from 1<sup>st</sup> to 28<sup>th</sup> of a given month) (Default)

Frequency:  Monthly  Quarterly  Yearly (Refer Instruction No. X)

REGULAR Enrollment Period: From:  To:

PERPETUAL Enrollment Period: From:  To:

SIP Amount ₹ \_\_\_\_\_ (Refer Instruction No. VI)

**13. NOMINATION (Mandatory. Refer Instruction 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**

I/We would like to invest in Reliance \_\_\_\_\_ subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent 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 ATM/ 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 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.

I \_\_\_\_\_ (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 Insurance of the group term insurance policy, Scheme Information Document and Statement of Additional Information.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

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

RELIANCE MUTUAL FUND

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

Please collect your time stamped acknowledged slip for future references **APP No.:** \_\_\_\_\_

Received from Mr/Ms/M/s : \_\_\_\_\_ an application for allotment of  
Units under Reliance \_\_\_\_\_ as per details below.

Growth Option
 Dividend Reinvestment
 Dividend Payout

Cheque \_\_\_\_\_ Dated \_\_\_\_\_ ₹ \_\_\_\_\_  
drawn on \_\_\_\_\_

**Time Stamp & Date of receiving office**

**IVR. "Self Help" Option**  
(24 x 7)

**Investor can avail below facilities**

1. NAV
2. Account balance
3. Account statement
4. Last 5 transactions
5. Latest Dividend declared

**For more details :**

**Call : Toll free : 1800-300-1111 | 3030111**