APP No.:





Mutual Fund

COMMON APPLICATION FORM

1. DISTRIBUTOR / BROKEF	R INFORMATION (Refer Instr	ruction No. I.9)			
Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code		First / Sole Applicant /
ARN- (9992stamp here)	96329	E107665	84063	SIGN HERE	Guardian
*Please sign alongside in case the E	EUIN is left blank/not provided.			SIGN HERE	
-	sales person of the above distribute	me/us as this transaction is executed or/sub broker or notwithstanding the ibutor/sub broker.		SIGN HERE	Third Applicant
		ed distributor based on the investor's as	sessment of various factors including th	ne service rend	ered by the distributor.
TRANSACTION CHARGES (Mai	ndatory to be filled if you have am a First time investor across		I am an existing investor in	Mutual Fun	de
	000 or more and your Distributor has op	oted to receive Transaction Charges, of ₹			
2. EXISTING INVESTOR'S F		against the balance amount invested.	(If you have an existing folio numbe here and proceed to section 9. Mode		
	_	'ero Balance Folio ☐ Invest N		_	,
4. FIRST APPLICANT DET	_				
NAME					
PAN / PEKRN [^] (First Applicant)		PAN / PEKRN	(Guardian)		
Name of Guardian if first applic					
Guardian's Relationship With Mir	Date	of Birth of Applicant	Proof of Date of Birth and Gu		tionship with Minor thers (please specify)
OCCUPATION**^: Profession Business		usewife Retired dent Private Sector	Government Ser	vice/Public Sec	tor
STATUS*: Resident Individed Society PIO	FI / FII		gh Guardian HUF lody Corporate Sole Prop t Body Partnersh		Trust / Charities / NGOs Defence Establishment Others
COUNTRY OF BIRTH**	co	UNTRY OF NATIONALITY/CITI	ZENSHIP**		
COUNTRY OF TAX RESIDENC	E**^ India U.S.A. O	thers	(please specify)		
FOREIGN TAX ID NO**^		If you ha	ave more than one country of tax resider	nce please spe	cify the details of all the countrie
GROSS ANNUAL INCOME DETA	ILS**^ Please tick (✓) Below 1 L	ac 1-5 Lacs 5-10 Lacs	10-25 Lacs 25 Lacs-1 Crore	>1 Crore	
NET-WORTH** [^] in ₹	(Net worth should not be o	older than 1 year)	as on (Date)	YYY	(Mandatory for Non-Individuals
Are you a Politically Exposed Pe	erson (PEP)**^ Yes	No Are you related to a Politic	cally Exposed Person (PEP)	Yes _	No
	Manda	atory to be filled by Non-Ind	ividuals Only		
A. FOREIGN ACCOUNT TAX CO	OMPLIANCE ACT (FATCA)				
Form W8 BEN-E / Declaration	on by FI/FFI/NFFE enclosed (Re	fer Ins No. XIII) OR			
Unable to Provide FATCAs (Where no box is ticked it w AMC will contact the invest	vill be understood by default that	the applicant is unable to confirm	m the FATCA Status as of now an	d will confirm	n in future. For such cases
B. ULTIMATE BENEFICIARY OW owned subsidiary of such a co		n case the investor or owner of the	controlling interest is a company lis	sted on a stoo	k exchange or is a majority
	neficial Owner(s) of this investme	ent (Refer Ins No. XII) OR			
		ment (Please submit the Declaration te Beneficial Owner(s) of this invest		o' along with	this form) (Refer Ins No. XII)
C. Is the entity involved in / pro			,		
- Foreign Exchange / Money Cha	anger Services	Yes No – Money	Lending / Pawning		Yes No
- Gaming / Gambling / Lottery Serv	vices (e.g. casinos, betting syndicat	es) Yes No Any oth	er information:		

5. SECOND	APPLIC	AN'	ΓDE	TAILS	3																												
NAME																						F	AN /	PE	KRI	N^							
OCCUPATION [^]	_ _ :	 rofess	 ional		Agric	 culturis	」 St		l House	 wife		<u> </u>	J∟_ B	_ L Retire	∟ ed					$\overline{}$	Gov						Secto	or					
	Bi	usines	ss		Fore	x Deal	ler	s	Stude	nt			 P	rivate	e Sec	or Ser	rvice		[Ξ,	Othe	ers _					_						
COUNTRY OF	BIRTH^								cou	NTR	Y OF	NAT	ION	ALI	TY/C	ITIZI	ENSH	HP^															
COUNTRY OF	TAX RES	SIDE	NCE^	Inc	lia	U.S.	Α	Others	s									(ple	ase	spec	cify)												
If you have mor	e than on	e cou	untry c	of tax re	eside	ence p	oleas	e spec	cify th	ne na	ımes (of all	the	cour	ntries	sepa	ırated	by c	omr	nas													
FOREIGN TAX	ID NO^																							STA	ATUS	s^:[N	IRI		Res	iden	t Inc	dividual
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Are you a Politi	cally Exp	osed	Pers	on (PE	P)^		Yes	s [No		Are	ou r	elate	ed to	a Po	olitica	ılly Ex	pos	ed F	Pers	on	(PE	P)] Y	es		No					
6. THIRD AF	PLICA	NT E	ETA	ILS																													
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OCCUPATION*: Professional Agriculturist Housewife Retired Government Service/Public Sector Business Forex Dealer Student Private Sector Service Others																																	
COUNTRY OF BIRTH^ COUNTRY OF NATIONALITY/CITIZENSHIP^																																	
COUNTRY OF	TAX RES	SIDE	NCE^	Inc	lia 🗌	U.S.	Α	Others	s									(ple	ase	spec	cify)												
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^Mandatory for						-		nvest	ors t	o be	KYC	com	plian	t thr	rough	a Ke	ey Re	giste	red	Ag	enc	y (ł	(RA)	app	poin	ted	by S	EBI	l pir	or to	inve	stin	g in
7. CONTACT								LICA	NIT	/Pa	for l	. o t u	u o ti	o n	No	VI 9	VIII	`															
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10. NOMINATION - I v	vish to N			_				de of holdin				on No.V)
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												1st App.
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11. UNITHOLDING OPTION DEMAT ACCOUNT DETAI lease ensure that the sequence of nar National Depository	LS - The	se det	ails are	compuls	ory i		restor wishes of the account hel				. Ref. Instru	ection No. X.
Securities Depository Limited participant Name _ DP ID No. Beneficiary Account N	1	N					Depository Securities Limited	participant Nar	me			
Enclosures (Please tick any one b			Client Mast	er List (CML	_)		ransaction cum H	olding Statement		Cancelled	Delivery Instruc	tion Slip (DIS)
12. POWER OF ATTORNE	Y (POA)	HOL	DER DE	ETAILS (Ref	er Insti	ruction No.I	l.1)				
irst Applicant POA Name	Mr./Ms./	M/s								PAI	N^	
econd Applicant POA Name	Mr./Ms./	M/s								PAI	N^	
hird Applicant POA Name	Mr./Ms./	M/s								PAI	N^	
13. SIP ENROLLMENT D	ETAILS	Opt	ted for SI	P:	es	No	(Inca	se you have opte	ed for SIP it i	s mandator	y to submit SIF	² Enrolment Form)
14. STP ENROLLMENT	DETAILS	S Op	ted for S	TP:	Yes	No	(Inca	se you have opte	ed for STP it	is mandato	ry to submit S	ΓP Enrolment Form)
15. I WISH TO APPLY FOR TI	RANSACT	ONL	INE Y	es 🔲 No	o 🔲			H TO APPLY Fo				JALS Yes No listration FORM)
16. DECLARATION AND												
We would like to invest in Reliance subsequent amendments thereto. I/We Reliance Any Time Money Card. I/We hources only and is not designed for the Authority. I accept and agree to be bound iscretion, discontinue any of the service: me/us all the commissions (in the form of hereby declare that the above information amount and the said charges shall be paine U.S. Commodity Futures Trading Con I confirm that I am resident of India I we confirm that I am resident of India I we confirm that I am M/We are Norunds in my/our Non-Resident Externa	is given by the distribution of the distribution of the distribution, as a conference of the distribution	e under utors. I/ mende	signed and p We hereby of d from time t	particulars given that I is of time or residual to the confirm that I is of time or residual to the confirm and the confirm and the confirmation and the con	ven by We a dents o	me/us are re not Unite of Canada.	correct and completed States persons v	ternes of various includes the state of various includes the vithin the meaning of the state of	hat the transact f Regulation (S	ction charge (if s) under the U	rich the Scheme i applicable) shall nited States Sect broad through n	is being recommended to ment be deducted from the subscript irities Act of 1933, or as defined ormal banking channels or fr
Sanking channels or from funds in my/ of First / Sole Ap Guardian	plicant /	IR Acco	ount.	(X)	and of		ond Applican		THIS TOTIO WITH		Third Ap	
Check list for the documents to	be submi	tted:										
Documents	Companies	Trusts	Societies	Partnership Firms	NRI		Investments through Constituted Attorney					
Resolution/Authorisation to invest List of Authorised Signatories with Specimer Signature(s)	· /	√ √	√ ✓	√		✓ ✓	✓					
3. Memorandum & Articles of Association	√							1				

Documents	Companies	Trusts	Societies	Partnership Firms	NRI	Flls/FPls	Investments through Constituted Attorney
Resolution/Authorisation to invest	✓	✓	✓	1		√	
List of Authorised Signatories with Specimen Signature(s)	✓	1	✓	✓		✓	✓
Memorandum & Articles of Association	✓						
4. Trust Deed		✓					
5. Bye-Laws			√				
6. Partnership Deed				✓			
7. Overseas Auditor's Certificate						√	
Notarised Power of Attorney							✓
Foreign Inward Remittance Certificate in case of payment is made by DD from NRE/FCNR A/c where applicable					1		
10. Proof of PAN	√	✓	✓	✓	V	√	✓
11. KYC Compliant	✓	1	✓	1	1	√	✓

ACKNOWLEDGMENT SLIP APP No.: Received from Mr/Ms/M/s : an application for allotment of Units under Scheme Reliance Option _ as per details below. _Dated_ Instrument No/Cash Deposit Slip No. _drawn on Bank_ Time Stamp & Date of receiving office



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

IVR (24 x 7)
IVR (24 x 7)
Investor can avail below facilities
1. NAV
2. Account balance

- 3. Account statement
 4. Last 5 transactions
 For more details : Call : 1800-300-11111