

MICRO SIP FORM

All Columns marked * are mandatory. Leave one box blank between two words. TO BE FILLED IN CAPITAL LETTERS

1. DISTRIBUTOR / BROKER INFORMATION

Name **Nisreen Mamaji** Sub Broker / Sub Agent Code

ARN-8490

Upfront charges to be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

2. EXISTING UNIT HOLDER INFORMATION

For existing investors please fill in your Folio number.

FOLIO NO. _____

3. APPLICANT INFORMATION (Refer Instruction No. II)

APPLICATION FOR	<input type="checkbox"/> Zero Balance Folio	<input type="checkbox"/> Invest Now
MODE OF HOLDING	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any One or Survivor(s) (Default Joint)	<input type="checkbox"/> Former or Survivor (In case of Minor with joint applicant)
OCCUPATION	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Service <input type="checkbox"/> Retired	<input type="checkbox"/> Student <input type="checkbox"/> House wife <input type="checkbox"/> Others _____
STATUS	<input type="checkbox"/> Resi Individual <input type="checkbox"/> Minor <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> Sole Proprietary firm

Name of First / Sole applicant Mr. Ms. M/s. Date of Birth* | D | D | M | M | Y | Y | Y | Y |

Document Category No. | | | Document ID No. _____
If ID proof is Category 10 or 11 then please mention the name of the company / Institute _____

Name of Guardian (In case of Minor) / Contact Person - Designation In case of non-individual Investors) Mr. Ms. _____

Document Category No. | | | Document ID No. _____
If ID proof is Category 10 or 11 then please mention the name of the company / Institute _____

Relation with Minor / Designation _____
Name of Second Applicant Mr. Ms. NRI Date of Birth* | D | D | M | M | Y | Y | Y | Y |

Document Category No. | | | Document ID No. _____
If ID proof is Category 10 or 11 then please mention the name of the company / Institute _____

Name of Third Applicant Mr. Ms. NRI Date of Birth* | D | D | M | M | Y | Y | Y | Y |

Document Category No. | | | Document ID No. _____
If ID proof is Category 10 or 11 then please mention the name of the company / Institute _____

Mailing Address*
Add 1 _____
Add 2 _____ District _____
Add 3 _____ City _____
State _____ (Country) _____ PIN* _____

Overseas Address* (Mandatory for NRI) (Please provide your complete address. P.O. Box alone is not adequate)
Add 1 _____
Add 2 _____
City _____ (Country) _____ PIN* _____

CONTACT DETAILS OF SOLE/FIRST APPLICANT

Tel. No. STD Code _____ Office _____ Residence _____ Mobile no. _____ (For Receiving SMS Alert)

Email ID _____

Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts. (Refer Instruction No.23)

I WISH TO APPLY FOR TRANSACT ONLINE

I have read & understood the Terms & Conditions attached

I WISH TO APPLY FOR RELIANCE ANY TIME MONEY CARD (Please refer to ATM Instruction)

Name as you would like to appear on Any Time Money Card (Max. 19 characters)

M a n d a t o r y _____

Mother's maiden name in full

M a n d a t o r y _____

Please collect your time stamped acknowledged slip for future references

Received from _____ an application for allotment of
Units under Reliance _____ as per details below.

Growth Option Bonus Option Dividend Reinvestment Dividend Payout

APP No.: WE00198239

Cheque / DD No. _____ Dated _____ Rs. _____
drawn on _____

Time Stamp & Date
of receiving office

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

A/c. Type SB Current NRO NRE FCNR Account No. M a n d a t o r y

Bank M a n d a t o r y Branch City

PIN IFSC Code For Credit via N E F T 9 Digit MICR Code* For Credit via E G S

Please ensure the name in this application form and in your bank account are the same

5. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option (Refer instruction no. IV) PAYMENT BY CASH IS NOT PERMITTED.

Scheme	Plan	Option	DD Charge Rs.	Net Cheque / DD Amount Rs.	Cheque / DD No. & Date	Bank / Branch
	<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option				
	<input type="checkbox"/> Dividend Plan	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout				

SIP ENROLLMENT DETAILS (Maximum SIP Amount is Rs. 4000/- Per Month or 12000/- Per Quarter)

Frequency (Please ✓) Monthly Quarterly SIP Date: 2 10 18 28

Enrolment Period : From : _____ (MM/YY) To : _____ (MM/YY) Amount per Instalment: Rs. _____

SIP PAYMENT TYPES (Please Select any one option)

OPTION I : Payment through post dated cheques. Number of Cheques Cheque Number From Cheque Number To

Bank Name Branch Name

OPTION II : Auto Debit/Electronic Clearing System (ECS) Mandate Form (For ECS locations and Auto Debit Banks, please refer the Auto Debit/ECS Mandate Form.)
ECS locations and Auto Debit Banks are subject to change from time to time

6. DOCUMENTS ENCLOSED (Please ✓) (MANDATORY)

- Systematic Transfer Plan Systematic Withdrawal Plan Cheques SIP Auto Debit /ECS Mandate Form PIN Agreement
 Power of Attorney Identification Proof (Please Refer Point No.3)

7. NOMINATION

I/ We _____ (Unit holder 1) _____ (Unit holder 2) and _____ (Unit holder 3) * do hereby nominate the person(s) more particularly described hereunder/ and*/cancel the nomination made by me/ us on the _____ day of _____ in respect of the Units under Folio No. _____ (* strike out which is not applicable)

Name and Address of Nominee(s)	Date of Birth	Name and Address of Guardian	Signature of Guardian	Proportion (%) by which the units will be shared by each Nominee (should aggregate to 100%)
Nominee 1		(to be furnished in case the Nominee is a minor)		
Nominee 2				
Nominee 3				

8. DECLARATION

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 filing 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 Capital Asset Managements Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM 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. Applicable for NRI Investors: 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. Maximum SIP Amount is Rs. 4000/- Per Month or 12000/- Per Quarter. Only one SIP per month or per quarter is permitted per Folio / Scheme/Plan.

9. SIGNATURE

		
Sole / 1 st applicant/Guardian/ Authorised Signatory	2 nd applicant/Authorised Signatory	3 rd applicant/Authorised Signatory

Identification Proof to be provided by the Applicant/s

Category Number to be mention in the application form overleaf

- | | |
|---|--|
| <p>01 Voter Identity Card
02 Driving License
03 Government / Defense identification card
04 Passport
05 Photo Ration Card
06 Photo Debit Card
07 Employee ID cards issued by companies registered with Registrar of Companies
08 Senior Citizen / Freedom Fighter ID card issued by Government.</p> | <p>09 Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament
10 ID card issued to employees of Scheduled Commercial / State/District Co-operative Banks
11 Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI, ICFA, MBA.
12 Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL).
13 Any other photo ID card issued by Central Govt. / State Govt. /Municipal authorities / Government organizations like ESIC / EPFO.
14 Permanent Account No (PAN No.)</p> |
|---|--|

APP No.: WE00198239

AUTO DEBIT/ECS MANDATE FORM

(Auto Debits available for Bank of Baroda/Bank of India/Punjab National Bank/Syndicate Bank/Kotak Mahindra Bank/Citibank NA/Bank of Rajasthan/HDFC Bank/ICICI Bank/AXIS Bank/HSBC/IDBI Bank/State Bank of India)

Application to be submitted at least 21 working days before the commencement of SIP Leave one box blank between two words.

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHICHEVER IS APPLICABLE

REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT/ECS (Debit clearing)

- New SIP Registration - by existing investor (Also attach the SIP Enrollment Form duly filled & Signed)
 New SIP Registration - by new investor (Also attach the new application form duly filled & signed)

I/We as per the details below hold an account with your branch as per the particulars stated below.

APPLICANT DETAILS

Folio No.		
Name of Sole/1st holder	PAN No. MANDATORY	KYC : Yes / No
Name of 2nd holder	PAN No. MANDATORY	KYC : Yes / No
Name of 3rd holder	PAN No. MANDATORY	KYC : Yes / No

SCHEME NAME _____ Plan _____ Option _____ SIP Amount _____
 Frequency (Please ✓) Monthly (default) or Quarterly SIP Date 2 10 18 28 Enrollment Period: From: [M M Y Y] To: [M M Y Y]

BANK ACCOUNT DETAILS

1st/Sole Accountholder Name as in Bank Records _____
 2nd Accountholder Name as in Bank Records _____
 3rd Accountholder Name as in Bank Records _____
 A/c. Type ✓ SB Current NRO NRE FCNR Account No. [M a n d a t o r y] _____
 (Core Banking Account Number)
 Bank [M a n d a t o r y] _____
 Branch Address _____
 Branch City _____
 PIN _____ 9 Digit MICR Code _____ IFSC Code _____

*Mandatory: Please enter the 9 digit number that appears after your cheque number.
 MICR code starting and / or ending with 000 are not valid for ECS.

Mandatory Enclosures:

- Blank cancelled cheque Copy of cheque

DECLARATION

I/We wish to inform you that I/we have registered with Reliance Mutual Fund through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/we authorised Service Provider(s) and representative to raise a debit on my/our above mentioned account with your branch. I/We hereby authorize you to honour all such requests received through authorised Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the authorised Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund or a Bank holiday, execution of the SIP will happen on the day of Holiday/next working day and allotment of units will happen as per the Terms and Conditions listed in the Statement of Additional Information & Scheme Information Document of the Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and authorised Service Provider(s) and representative, jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and authorised Service Provider(s) and representative, by reason of their acting upon the instructions issues by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal. 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.

SIGNATURE/S AS PER RELIANCE MUTUAL FUND (MANDATORY)

Sole/ 1 st applicant/ Guardian Authorised Signatory	✗
2 nd applicant / Authorised Signatory	✗
3 rd applicant Authorised Signatory	

SIGNATURE/S AS PER BANK RECORDS (MANDATORY)

Sole/ 1 st account holder/Guardian Authorised Signatory	✗
2 nd account holder / Authorised Signatory	✗
3 rd account holder/ Authorised Signatory	

FOR OFFICE USE ONLY (Not to be filled in by Investor)

Recorded on _____ Scheme Code _____
 Recorded by _____ Credit Account Number _____
 Bank use Mandate Ref. No. _____ Customer Ref. No. _____