

## COMMON APPLICATION FORM FOR RELIANCE SIP INSURE

All Columns marked \* are mandatory. Leave one box blank between two words.

### 1. DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent Code
<b>ARN-8180</b>	

### 2. EXISTING UNIT HOLDER INFORMATION

For existing investors please fill in your Folio number, name & proceed to Investment & Payment Details.

FOLIO NO. \_\_\_\_\_

Upfront commission shall 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.

### 3. APPLICANT INFORMATION

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)				
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"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> Others _____			

Name of First / Sole applicant  Mr.  Ms.  
\_\_\_\_\_

1st holder PAN PAN Proof Enclosed  Date of Birth\*  
 [M a i n d a t o r y] [Are you KYC Compliant Please (✓) Yes  or No  ] [D D M M Y Y Y Y Y Y]

Name of Second Applicant  Mr.  Ms.  
\_\_\_\_\_

2nd holder PAN PAN Proof Enclosed  Date of Birth\*  
 [M a i n d a t o r y] [Are you KYC Compliant Please (✓) Yes  or No  ] [D D M M Y Y Y Y Y Y]

Name of Third Applicant  Mr.  Ms.  
\_\_\_\_\_

3rd holder PAN PAN Proof Enclosed  Date of Birth\*  
 [M a i n d a t o r y] [Are you KYC Compliant Please (✓) Yes  or No  ] [D D M M Y Y Y Y Y Y]

Mailing Address\*/ Overseas Address\* (Mandatory for NRI Applicant) (Please provide your complete address. P.O. Box alone is not adequate)

Add 1 \_\_\_\_\_  
 Add 2 \_\_\_\_\_  
 Add 3 \_\_\_\_\_ City \_\_\_\_\_ District \_\_\_\_\_  
 State \_\_\_\_\_ Country \_\_\_\_\_ PIN\* \_\_\_\_\_

Overseas Address (Mandatory for NRI Applicant) (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 \_\_\_\_\_ For receiving email alerts

Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts. (Refer Instruction No. VI point No. 2)

### 4. I Wish to apply for Transact Online

I have read & understood the Terms & conditions as attached governing Transact online.

### 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 i n d a t o r y]

Mother's maiden name in full

[M a i n d a t o r y]

### 5. BANK ACCOUNT DETAILS MANDATORY (For Redemption/Dividend/Any Refund Payout)

A/c. Type ✓  SB  Current  NRO  NRE  FCNR Account No. [M a i n d a t o r y]  
 Bank [M a i n d a t o r y] Branch \_\_\_\_\_ City \_\_\_\_\_  
 PIN \_\_\_\_\_ IFSC Code [F o r C r e d i t v i a N E F T] 9 Digit MICR Code\* [M a i n d a t o r y]

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

Cheque / DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Rs. \_\_\_\_\_  
 drawn on \_\_\_\_\_

APP No.

Signature, Date & Stamp  
 of receiving office



**ARN-8180** APP No.

**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. M A N D A T O R Y	KYC : Yes / No
Name of 2nd holder	PAN No. M A N D A T O R Y	KYC : Yes / No
Name of 3rd holder	PAN No. M A N D A T O R Y	KYC : Yes / No

SCHEME NAME \_\_\_\_\_ Option \_\_\_\_\_ Plan \_\_\_\_\_ 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 Branch Address [M, a, n, d, a, t, o, r, y] \_\_\_\_\_  
 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, lightening, 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 <sup>st</sup> applicant/ Guardian Authorised Signatory	X
2 <sup>nd</sup> applicant / Authorised Signatory	XX
3 <sup>rd</sup> applicant Authorised Signatory	XXX

**SIGNATURE/S AS PER BANK RECORDS (MANDATORY)**

Sole/ 1 <sup>st</sup> account holder/Guardian Authorised Signatory	X
2 <sup>nd</sup> account holder / Authorised Signatory	XX
3 <sup>rd</sup> account holder/ Authorised Signatory	XXX

**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. \_\_\_\_\_