

SIP ENROLMENT cum AUTO DEBIT/ECS MANDATE FORM

(Please refer list of Autodebit banks in Terms & Conditions Point No.1 Overleaf) TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHEREVER APPLICABLE

DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code
ARN- ARN-52719 (re)		E079989	

*Please sign below 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

SIGN HERE	Sole / 1st Applicant / Guardian Authorised Signatory	2nd Applicant Authorised Signatory	3rd Applicant Authorised Signatory
-----------	---	------------------------------------	------------------------------------

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the

APPLICANT DETAILS

Name of Sole/1st holder	PAN No / PEKRN. _____	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No / PEKRN. _____	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No / PEKRN. _____	<input type="checkbox"/> KYC Acknowledgement Copy

Unitholding Option - Demat Mode Physical Mode

DEMAT ACCOUNT DETAILS - (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. Demat Account details are compulsory if demat mode is opted above.

National Securities Depository Limited	Depository participant Name _____ DP ID No. _____ Beneficiary Account No. _____	Central Depository Securities Limited	Depository participant Name _____ Target ID No. _____
---	---	--	--

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

INITIAL INVESTMENT DETAILS (Refer Instruction No.13)

Cheque/ DD No. _____ Cheque/ DD Date _____ DD Charge Rs. _____ Cheque/ DD Net Amount Rs. _____
Bank Name: _____ Branch: _____ City _____

SCHEME DETAILS (In case you are investing in Reliance Regular Savings Fund please mention the Option details mandatorily i.e Equity, Debt or Balanced.) (Refer Instruction No. 22)
(If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name)

SCHEME NAME	Plan	Option
-------------	------	--------

SIP DETAILS

Frequency <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly# (Please ✓ any one)	Enrollment Period: (Please ✓ any one) <input type="checkbox"/> REGULAR From: [] [] [] [] [] [] To: [] [] [] [] [] [] <input type="checkbox"/> PERPETUAL From: [] [] [] [] [] [] To: [] [] [] [] [] [] (Default) (Refer Instruction No. 14)	SIP Date <input type="checkbox"/> 2 <input type="checkbox"/> 10 (default) <input type="checkbox"/> 18 <input type="checkbox"/> 28 (Select any one SIP)	SIP Amount _____ (in figures) _____ (in words)
--	--	--	---

#Yearly frequency is effective since 01st April 2014. Please refer addendum No 163 dated 25th March 2014 for further details.

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

Bank Name _____
Account No. _____ (Core Banking Account Number)
Branch _____ City _____
Address _____
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 hereby approve to raise a debit to my/our above mentioned account with your branch. I/We hereby authorize you to honor all such requests received through 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 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 transaction will happen next working day and allotment of units will happen as per the Terms and Conditions listed in the 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, log, 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 Bank's 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, 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, by reason of their acting upon the instructions issued 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.

I/We would like to invest in Reliance _____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations, Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Reliance Capital Asset Management 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 that RCAM can debit from my folio for the services 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/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada. Applicable for NR 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.

SIGNATURE/S AS PER RELIANCE MUTUAL FUND RECORDS (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 applicant/ Guardian Authorised Signatory	_____
2 nd applicant / Authorised Signatory	_____
3 rd applicant 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. _____