

COMMON APPLICATION FORM

All Columns marked * are mandatory. TO BE FILLED IN CAPITAL LETTERS & IN BLUE/BLACK INK ONLY.

1. DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent Code
ARN-70688	

2. EXISTING UNIT HOLDER INFORMATION

For existing investors please fill in your Folio number,

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 (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"/> Current/Former MP/MLA/MLC/Head of State <input type="checkbox"/> Retired <input type="checkbox"/> Civil Servant <input type="checkbox"/> Politician <input type="checkbox"/> Forex Dealer <input type="checkbox"/> House wife <input type="checkbox"/> Senior Executive of State owned corporation <input type="checkbox"/> Political Party Official <input type="checkbox"/> Others _____	
STATUS INDIVIDUAL	1st Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI 2nd Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI 3rd Applicant <input type="checkbox"/> Resident Indian <input type="checkbox"/> NRI	STATUS NON-INDIVIDUAL <input type="checkbox"/> FIIs <input type="checkbox"/> Society <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> FIs <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Partnership firm <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Others _____

Name of First / Sole applicant Mr. Ms. M/s.

1st holder PAN* PAN Proof Enclosed (Refer instruction no. II-4) Date of Birth**
 [M a 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]
 (Refer instruction no. II-5) (**Date of birth mandatory if the applicant is minor)

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

Guardian's PAN* PAN Proof Enclosed (Refer instruction no. II-4) Relation with Minor / Designation
 [M a n d a t o r y] [Are you KYC Compliant Please (✓) Yes or No]

Name of Second Applicant Mr. Ms. NRI

2nd holder PAN* PAN Proof Enclosed (Refer instruction no. II-4) Date of Birth
 [M a 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]
 (Refer instruction no. II-5)

Name of Third Applicant Mr. Ms. NRI

3rd holder PAN* PAN Proof Enclosed (Refer instruction no. II-4) Date of Birth
 [M a 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]
 (Refer instruction no. II-5)

Mailing Address

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

Overseas Address (Mandatory for NRI / FII 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 Alert)

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)

<input type="checkbox"/> I WISH TO APPLY FOR TRANSACT ONLINE I have read & understood the Terms & Conditions attached	<input type="checkbox"/> 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]
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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

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

APP No. WE-00231652

Time Stamp & Date
of receiving office

