

COMMON APPLICATION FORM

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

1. DISTRIBUTOR / BROKER INFORMATION

Name & Broker Code / ARN	Sub Broker / Sub Agent Code
ARN-60528	

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"/> Fls <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

[Are you KYC Compliant Please (✓) Yes or No]

Date of Birth**

(**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

[Are you KYC Compliant Please (✓) Yes or No]

Relation with Minor / Designation

Name of Second Applicant Mr. Ms. NRI

2nd holder PAN* PAN Proof Enclosed

[Are you KYC Compliant Please (✓) Yes or No]

Date of Birth

Name of Third Applicant Mr. Ms. NRI

3rd holder PAN* PAN Proof Enclosed

[Are you KYC Compliant Please (✓) Yes or No]

Date of Birth

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)

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)

Mother's maiden name in full

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.:

Cheque / DD No. _____ Dated _____ Rs. _____

drawn on _____

Time Stamp & Date of receiving office

