Reliance Capital Asset Management Limited
A Reliance Capital Company

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Reliance

APP No.:

SIP ENROLMENT cum AUTO DEBIT/ECS MANDATE FORM									
(Please refer list of Autodebit banks in Terms & Conditions Point No.10verleaf) TO BE FILLED IN CAPITAL LETTERS. PLEASE (/) WHEREVER APPLICABLE									
DISTRIBUTOR / BROKER INFORMATION Name & Broker Code / ARN Sub Broker / Sub Agent			nt ARN Code	RN Code *Employee Unique Identification Number			Broker / Sub Agent Code		
		J					3		
ARN- (ARN stamp here)									
*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 2r			2nd Appli	nd Applicant Authorised Signatory 3rd Applicant Authorised Signatory					
	Authorised Signatory								
Upfront commission sha	all be paid directly by t	the investor to the AMFI rea	stered distributor b	pased on the invest	stor's assessment of va	arious factors inclu	uding the service rendered by the		
APPLICANT DET					Folio No.				
Name of Sole/1st hol	lder		PAN No	/ PEKRN.	MANDATOR	Y	KYC Acknowledgement Copy		
Name of 2nd holder				PAN No / PEKRN. M A N D A T O R Y KYC Acknowledgement Copy					
Name of 3rd holder					PAN No / PEKRN. M A N D A TO R Y KYC Acknowledgement Copy				
Unitholding Option	on -	Demat Mode	nysical Mode				KTO Acknowledgement Oopy		
		sure that the sequence of na	-	d in the application	o form matches with the	at of the account	held with any one of the		
		ails are compulsory if demat		ove.					
National Deposito	ory Int Name				pository				
Securities participa Depository DP ID N		N		Securities	rticipant Name				
	ary Account No.			Limited Ta	rget ID No.				
Enclosures (Please	tick any one box)	: Client Master List (CML) Tra	nsaction cum Ho	olding Statement	Cancelled D	elivery Instruction Slip (DIS)		
INITIAL INVEST	MENT DETAILS (F	Refer Instruction No.13	3)						
Cheque/ DD No		Cheque/ DD Date	DD	Charge Rs	Cheque	/ DD Net Amou	nt Rs		
Bank Name:			Branch: _	+		City			
SCHEME DETAIL	LS (In case you are inv	esting in Reliance Regular Sa lease mention Direct Plan aga	vings Fund please n	nention the Option o	details mandatorily i.e Ec	uity, Debt or Balan	ced.) (Refer Instruction No. 22)		
SCHEME NAME	o invest in Direct Plan pi	lease mention Direct Plan aga	inst the scheme har	Plan		Option			
SIP DETAILS				1 Iun					
Frequency	Enrollm	nent Period: (Please√ar	iv one)	SIP D	ate		SIP Amount		
Monthly (default)		From: M I M I Y IY To:		2 10	(default)	(in figu			
Quarterly Vearly#		From: M M Y Y To:		18 28]	(in tigu	res)		
(Please √ any one)		Refer Instruction No. 14		(Select any or	ne SIP		(in words)		
#Yearly frequency is effective since 01st April 2014. Please refer addendum No 163 dated 25th March 2014 for further details.									
BANK ACCOUN 1st/Sole Accountholde		Becords							
2nd Accountholder Na	me as in Bank Reco	ords							
3rd Accountholder Nar	me as in Bank Recor	rds							
A/c. Type ✓ SB	Current	NRO NRE	FCNR						
Account No. Man and a Garage Try and a count of the second number of the									
Address									
		er that appears after your			IFSC Code	nclosures:			
· · · · · · · · · · · · · · · · · · ·		00 are not valid for ECS.	cheque number.		Blank cancel		Copy of cheque		
DECLARATION									
I/We wish to inform you that I mentioned bank account. For t with the amount requested, for	/we have registered with R this purpose I/We hereby and r due remittance of the proc	teliance Mutual Fund through their pprove to raise a debit to my/our ab seeds to the beneficiary. I/We unde	authorised Service P ove mentioned account rtake to keep sufficient	rovider(s) and represe it with your branch. I/W funds in the funding a	entative for my/our payment /e hereby authorize you to ho ccount on the date of execu	to the above mention onor all such requests tion of standing instruc-	ed beneficiary by debit to my/our above received through to debit my/our account tion. I hereby declare that the particulars ble. If the date of debit to my/our account 5 conditions listed in the Document of the y other cause of peril which is beyond the aised under this mandate, on any ground reverally indemnified from time to time, ulthorized signatories/beneficiaries, this counters and giving reasonable notice to the Memoarce (KIM) or a ubscrute to the Memoarce to the Memoarce to the Memoarce to the Memoarce to the Memoarce to the Memoarce t		
given above are correct and co happens to be a non business Mutual Fund. The above menti	omplete. If the transaction is day as per the Mutual Fund ioned Bank shall not be liabl	s delayed or not effected at all for r or a Bank holiday, execution of the e for, nor be in default by reason of,	easons of incomplete of transaction will happen any failure or delay in c	or incorrect information n next working day and completion of this service	 I would not hold the Mutua allotment of units will happe ce, where such failure or dela 	I Fund or the responsi in as per the Terms an ay is caused, in whole o	ble. If the date of debit to my/our account d Conditions listed in the Document of the or in part, by any acts of God, civil war, civil		
commotion, riot, strike, mutiny, above mentioned Banks reaso whatsoever, I/We shall not hay	, revolution, fire, flood, fog, v mable control and which has ve any claim against the Ba	war, lightening, earthquake, chang s the effect of preventing the perfor ink in respect of the amount so del	e of Government policie mance this service by t bited pursuant to the m	es, Unavailability of Ba he above mentioned B andate submitted by r	nk's computer system, force ank. I/We shall not dispute o ne/us. I/We shall keep the B	r majeure events, or an r challenge any debit, i ank and, jointly and o	y other cause of peril which is beyond the aised under this mandate, on any ground r severally indemnified from time to time,		
against all claims, actions, suit request for debit mandate is va effect such withdrawal.	ts, for any loss, damage, co alid and may be revoked on	ists, charges and expenses incurre ily through a written letter withdraw	d by the Bank and , by ing the mandate signe	reason of their acting d by the authorized sig	upon the instructions issues gnatories/beneficiaries and a	by the above named a acknowledged at your	authorized signatories/beneficiaries. This counters and giving reasonable notice to		
/We would like to invest in Rel amendments thereto. I/We hav rebate or gifts, directly or indire	liance ve read, understood (before ectly, in making this investm	subject to terms of the e filling application form) and is/are	Statement of Addition bound by the details of	al Information (SAI), S the SAI, SID & KIM in re is through legitimat	Scheme Information Docume cluding details relating to var	nt (SID), Key Information Services. I/We have a services. I/We have a service of the purpose of the service of	tion Memorandum (KIM) and subsequent ave not received nor been induced by any e of contravention or evasion of any Act		
Regulations / Rules / Notification imiting the Reliance Capital A BCAM can debit from my folio	ons / Directions or any other sset Management Limited for the service charges as a	Applicable Laws enacted by the G (RCAM) liability. I understand that applicable from time to time. The A	overnment of India or a the RCAM may, at its 3N holder has disclose	ny Statutory Authority absolute discretion, di d to me/us all the com	I accept and agree to be bou scontinue any of the service	s completely or partia	and Conditions including those excluding/ lly without any prior notice to me. I agree er model, payable to him for the different		
competing Schemes of various complete. Further, I agree that within the meaning of Regulation	s Mutual Funds from among the transaction charge (if ar ion (S) under the United Sta	ist which the Scheme is being recor pplicable) shall be deducted from the des Securities Act of 1933, or as d	nmended to me/us. I he le subscription amount afined by the U.S. Com	ereby declare that the a and the said charges a modity Futures Tradin	bove information is given by shall be paid to the distributor of Commission, as amended	the undersigned and i rs. I/We hereby confirm I from time to time or n	particulars given by me/us are correct and n that I /We are not United States persons esidents of Canada. Applicable for NRI		
nvestors: I confirm that I am banking channels or from fund banking channels or from fund	resident of India, I/We con s in my/our Non-Resident E s in my/ our NRE/FCNR Acc	firm that I am/We are Non-Reside xternal / Ordinary Account/FCNR / count.	nt of Indian Nationality Account. I/We undertak	/Origin and I/We here e that all additional pur	By confirm that the funds for rchases made under this folio	r subscription have be will also be from fund	ion Memorandum (KIM) and subsequent ve not received not been induced by any e d contravention of evaluation of any Act/ e d contravention of evaluation of any Act/ live without any prior nofice to me. I agree er mode), payable to him for the different varticulars given by me/us are correct and nharl We are not United States persons esidents of Canada. Applicable for NRI er remitted from abroad through normal s received from abroad through normal		
SIGNATURE/S AS PE	ER RELIANCE MUTU	JAL FUND RECORDS (MA	NDATORY)	SIGNATU	RE/S AS PER BA	NK RECORDS	S (MANDATORY)		
Sole/ 1 st applicant/ Guardian Authorised Signatory				Sole/ 1 st appli Guardian					
2 nd applicant /				Authorised Signatory 2 rd applicant /					
Authorised Signatory 3 rd applicant				Authorised Signatory					
3 th applicant Authorised Signatory				3 ^{re} applicant Authorised Si	gnatory				
FOR OFFICE US	E ONLY (Not to b	e filled in by Investor)							
Recorded on				Scheme Co	de				
Recorded by	Recorded by Credit Account Number								
Bank use Mandate F	Ref. No.			Customer F	Ref. No.				