

SIP ENROLMENT cum AUTO DEBIT/ECS MANDATE FORM

(Please refer list of Autodebit banks in Terms & Conditions Point No.10/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 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 Authorised Signatory	2nd Applicant Authorised Signatory	3rd Applicant Authorised Signatory
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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"/> MANDATORY	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 2nd holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY	<input type="checkbox"/> KYC Acknowledgement Copy
Name of 3rd holder	PAN No / PEKRN.	<input type="checkbox"/> MANDATORY	<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	Central Depository Securities Limited	Depository participant Name
	DP ID No.		Target ID No.
	Beneficiary Account 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	Enrollment Period: (Please ✓ any one)	SIP Date	SIP Amount
<input type="checkbox"/> Monthly (default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly# (Please ✓ any one)	<input type="checkbox"/> REGULAR From: [] [] [] [] [] [] To: [] [] [] [] [] [] <input type="checkbox"/> PERPETUAL From: [] [] [] [] [] [] To: [] [] [] [] [] [] (Default) (Refer Instruction No. 14)	<input type="checkbox"/> 2 <input type="checkbox"/> 10 (default) <input type="checkbox"/> 18 <input type="checkbox"/> 28 (Select any one SIP)	_____ (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 account with you. For this purpose I/we hereby approve to raise a debit to my/our above mentioned account with you branch. I/we hereby authorize you to honor all such requests received through to debit my/our account with the above mentioned 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, fog, 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 of 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/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 and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged by your counters and giving reasonable notice to effect such withdrawal.

I/we would like to invest in 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 account with you. For this purpose I/we hereby approve to raise a debit to my/our above mentioned account with you branch. I/we hereby authorize you to honor all such requests received through to debit my/our account with the above mentioned 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, fog, 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 of 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/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 and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged by your counters and giving reasonable notice to effect such withdrawal.

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. _____