Equity & Sector Specific CAF / 10th Dec 2018 / Ver 3.6

Wealth Sets You Free

COMMON APPLICATION FORM

(To be filled in CAPITAL letters)

I. DISTRIBUTOR / BROKER INFO	ORMATION (Refer Instruc	tion No. I.9 & 10)				
Name & Broker Code / ARN	Sub Agent ARN Cod	le l	Sub Agent Code	*Employee Unique I	dentification Number	RIA Code"
ARN-118586						
*Please sign alongside in case the EUIN i by the employee/relationship manager/s of the distributor/sub broker.						
	licant / Guardian / ed Signatory		Second Applicant / Authorised Signato			Applicant / ed Signatory
. INVESTOR'S FOLIO NUMBER						stor across Mutual Funds
you have an existing folio number with K ovide FATCA / Additional KYC details. If th o number.)					OR I am an existing inves	stor in Mutual Funds
. UNITHOLDING OPTION -		PHYSICAL MO				
EMAT ACCOUNT DETAILS - The ease ensure that the sequence of names						
DP Name			DP ID		Beneficiary Account No.	
OSL DP Name			Beneficiary Account No.		-	
dosures [Please tick (\checkmark) any one bo	x]: Client Master List (CA	NL) Transaction	cum Holding Statement Ca	ancelled Delivery Instru	ction Slip (DIS)	
GENERAL INFORMATION	APPLICATION FOR	Zero Balance Folio	○ Investment ^MODE	OF HOLDING: Ple	ase fick(√)) ○ Single ○ Joir	nt (Default) Any one or Survivo
FIRST APPLICANT DETAILS ME. Mr. Ms. Ws.						
n / PEKRN~	t is minor / Mr. Ms.		CKYC Id			
untact Person for non individuals uardian's Relationship With Mine	-	Date of Birth	DIDIMIMIYIYI	V I V Broof of D	ata of Birth and Guardia	ın's Relationship with Mino
	t Appointed Guardian	of 1st Applicant	(Mandatory in case of Mine	O Rirth Co		Others (please specify)
TATUS^: O Resident Individual	O PSU O	AOP/BOI	O Minor through Guardian	OHUF	O Trust	/Charities / NGOs
○ Society	O FI/FII O I		O Company/Body Corporat			nce Establishment
O PIO	(^^^as and when applicat	O Government Body	O Partner	ship Firm O Othe	rs
e you involved / providing any of pplicable only for Non Individuals)		0	n Exchange / Money Change / Lending / Pawning	er Services	Gaming / Gambling /None of the above	Lottery / Casino Services
he: In case First Applicant is Non Individ andatory for all type of Investors. It is m	The second secon			• • • • • • • • • • • • • • • • • • • •		be required.
SECOND APPLICANT DETAIL	s					
AME Mr. Ms.						
KRN'	CKYC Id [^]				STATUS^:	Resident Individual ONR
RELIANCE MUTUAL FUND	To be filled in by t	he investor. Subject	SMENT SUP (Please r to realization of cheque and finis	•		6 Application No.:
Scheme Name	Plan Option	r Mr/Ms/M/s :	Par	yment Details		
		Amount ₹		No/Cash Deposit Slip No. Drawn on Bank		Time Stamp & Date

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7. THIRD AP	PLICANT D	DETAILS		ARI	N-1185	86														
NAME [*] Mr. M	ls.																			
PAN / PEKRNÎ					CKYC Id^										STATUS ²	: O Re	sident Ir	dividual	O NR	
. ADDITION	IAL KYC D	ETAILS																		
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re you relate	ed to a Politic	cally Expose	ed Persor	n (PEP)	^**	١	Yes O	No O		Ye	s O	No O		Yes O	No O		Yes	O No	0	
FATCA and	CRS DETA	ILS Fo	r Individ	uals (Mandato	ry)	Non Ir	ndividual	Inves	tors shou	uld mo	andatory	fill separa	e FATCA	A/CRS det	ails for	n			
Please indica					sident for t	ax pu	rpose,			•		n Number	and it's Ider	tification						
	iole/First A				ation.			Se		Applican		d a maific mai a c		Third Applicant Tax Payer Identificati						
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n case Country	of Tax Resider	nce is only In	dia then de	etails of	Country of E	sirth & I	Nationali	ty need not	be provi	ided. *In ca	se Tax k	dentification I	Number is not	available,	kindly provide	e its function	onal equi	valent		
s	iole/First A	pplicant/0	Guardiar	n				Se	cond	Applican	t				Thir	d Applic	cant			
Country of Bi	irth^**					Country of Birth					Co	Country of Birth								
Country of N	ationality^*	**				Co	ountry o	of Nationa	lity				Country of Nationality							
. CONTACT					ICANT (Re	efer In	struction	ı No. VII & I	X)											
errespondence lease note that					er your KYC r	ecords	with CK	YC / KRA		Overse	as Add	ress (Mando	atory for NRI /	FII Applica	nts)					
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			Street A	Addres	s									Street A	Address					
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untry				Pin (Code					Country				I	Pin Code					
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oi ID						L														
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I wish to rece	ive scheme w	ise annual re	eport or ab	ridged	summary th	rough	Physica	mode (App	licable (only for inve	estors w	ho have not	specified the	email id)						



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Types of Facilities	Single Folio	Multiple Folio
NAV	SMS mynav	SMS mynav <space> last 6 digits of folio</space>
Balance	SMS Balance	SMS balance <space> last 6 digits of folio</space>
Last 3 Transaction	SMS Transaction	SMS txn <space> last 6 digits of folio</space>
Statement thru mail	SMS ESOA	SMS ESOA <space> last 6 digits of folio</space>



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nature of Applicants	
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Applicant	

11. BANK ACCO			118586													
	UNT DETAILS	MANDATO	DRY for Rede	emption/Dividend	l/Refund	s, if any (Refer Ir	structio	n No. III)								
Bank Name																
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BranchAddress							В	ranch City								
PIN	1 1 1	IFSC C	ode	For Credit	t vid F	2 1 G S	MIC	R Code	9	Digi	t	For Cr	edit	via l	NEFT	
Please ensure the na	me in this applica	ation form and in	n your bank accou	unt are the same. Please	update you	r IFSC and MICR Code	in order	r to get payou	rts via ele	ctronic mo	de in to	your bank	accou	nt.		
12. INVESTMENT	& PAYMEN	T DETAILS (S	Separate Applica	tion Form is required fo	or investme	ent in each Plan/Op	tion. M	ulfiple chequ	es not p	ermitted	with sing	gle applic	ation	form		
scheme	. IV) OIBM faci	iny is available	to investors wh	o have invest Easy faci	illry register	red with RMF.										
	o. I-10) (For Prod	uct Labeling pl	lease refer last p	age of application for	m) (If you v	vish to invest in Dire	ct Plan	please men	tion Dire	ct Plan a	gainst th	e scheme	e nam	ne)		
Please tick (√) the a the scheme in wh			Option Option	○ Growth^^	Dividend F	Payout O Divide	end Reir	nvestment		Divide	end Freq	uency				
Mode of Payment	Cheque	ODD C) Funds Transfe	r OTBM Facility	y (One Time	e Bank Mandate)		O RTGS/1	NEFT	O Cas	h ^s (Refer	r Instructi	on No	o. XV)		
Investment Amount (₹)	DD Char (if applicabl	3	et Amount~ (₹)	Instrument No/Ca: Deposit Slip No/UTR		Date		Drawn o	on Bank		Bank	Branch			Cit	y
	II		I minus II				ΥY									
(* Default optio	n if not selected	d) ~Units will b	e allotted for the	e net amount minus the	e transacti	on charges if applic	able. ^s Ir	nvestors are	requeste	ed to colle	ect the c	ash depo	sit slij	p from	the Dt	sc
Reason for Invest	ment: O Ho	use () Child	lren's education	O Children's Marria	age O Co	ar O Retirement	O Oth	ners								
13. NOMINATIO				No (Mandatory if m Inature of applicants is I		ding is single) (Refe If you do not wise to			n case of	existing	investor,	, nominati	ion de	etails n	ention	ed in th
Nominee Name 8	& Address	PAN of Nomine (Optional)	e Date of Birth	Nominee Relation With Investor		ardian Name Nominee is Minor)		lian Relation Nominee	Allocatio	ion Sign of Nominee		Sign of Guardian		Signat	ure of	Applican
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	I						1									
			1												plicant	
4. POWER OF	ATTORNEY (F	POA) HOLD	ER DETAILS	(Refer Instruction No. II	l. 1)										plicant	
				(Refer Instruction No. II	l. 1)				PAN*						plicant	
irst Applicant PO)A Name	Mr./Ms./N	N/s	Refer Instruction No. II	l. 1)				PAN'						plicant	
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