

**COMMON APPLICATION FORM**

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

<b>1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)</b>		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.	Sole / 1 <sup>st</sup> applicant/ Authorised Signatory
Name & Broker Code / ARN <b>ARN - 0155</b>	Sub Broker / Sub Agent Code <b>20104</b>		
<b>2. TRANSACTION CHARGES (Please tick any one of the below. Refer Instruction No. IV.4)</b>		2 <sup>nd</sup> applicant/ Authorised Signatory	
<input type="checkbox"/> I AM A FIRST TIME INVESTOR IN MUTUAL FUNDS Rs. 150 will be deducted as transaction charge for per purchase of Rs. 10,000 and more	<input type="checkbox"/> I AM AN EXISTING INVESTOR IN MUTUAL FUNDS Rs. 100 will be deducted as transaction charge for per purchase of Rs. 10,000 and more		
<b>3. RELATIONSHIP WITH THE DISTRIBUTOR (Please tick any one of the option. Refer Instruction No. I.13)</b>		3 <sup>rd</sup> applicant/ Authorised Signatory	
<input type="checkbox"/> Advisory <input type="checkbox"/> Execution Only			
<b>4. NATURE OF THE TRANSACTION (Please tick any one of the option. Refer Instruction No. I.13)</b>			
<input type="checkbox"/> Advisory <input type="checkbox"/> Execution Only			

**5. EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio number incase you are an existing investor)** FOLIO NO. \_\_\_\_\_

**6. 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. Ref. Instruction No.X) Demat Account details are compulsory if demat mode is opted above.

<b>National Securities Depository Limited</b>	Depository participant Name _____ DP ID No. I N _____ Beneficiary Account No. _____	<b>Central Depository Securities Limited</b>	Depository participant Name _____ Target ID No. _____
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Enclosures (Please tick any one box) :  Client Master List (CML)  Transaction cum Holding Statement  Cancelled Delivery Instruction Slip (DIS)

**7. APPLICANT INFORMATION (Refer Instruction No. II)**

**APPLICATION FOR**  Zero Balance Folio  Invest Now **MODE OF HOLDING**  Single  Joint  Any One or Survivor(s) (Default Joint)

**OCCUPATION**  Business  Professional  Service  Retired  Student  Current/Former MP/MLA/MLC/Head of State  
 Retired  Civil Servant  Politician  Forex Dealer  House wife  Senior Executive of State owned corporation  
 Political Party Official  Others \_\_\_\_\_

**STATUS INDIVIDUAL** 1st Applicant  Resident Indian  NRI **STATUS NON-INDIVIDUAL**  FIIs  Society  Banks  Trust  HUF  
2nd Applicant  Resident Indian  NRI  Minor  Fls  AOP/BOI  Partnership firm  
3rd Applicant  Resident Indian  NRI  Company/Body Corporate  Others \_\_\_\_\_

Name of First / Sole applicant  Mr.  Ms.  M/s. Date of Birth\*\* D D M M Y Y Y Y Y Y

**1st holder PAN**  PAN Proof Enclosed  KYC Acknowledgement Copy #Document Category No. \_\_\_\_\_ (\*\*Mandatory if the applicant is minor  
Mandatory if opted for ATM card)

Name of Guardian (In case of Minor)/(Contact Person Name - In case of non-individual Investors)  Mr.  Ms. Relation with Minor / Designation **M a n d a t o r y**

**Guardian's PAN**  PAN Proof Enclosed  KYC Acknowledgement Copy #Document Category No. \_\_\_\_\_

Name of Second applicant  Mr.  Ms. (Refer Instruction No. IX.4)

**2nd holder PAN**  PAN Proof Enclosed  KYC Acknowledgement Copy #Document Category No. \_\_\_\_\_

Name of Third applicant  Mr.  Ms. (Refer Instruction No. IX.4)

**3rd holder PAN**  PAN Proof Enclosed  KYC Acknowledgement Copy #Document Category No. \_\_\_\_\_

**#Mandatory for MICRO SIP Investors (Refer Instruction No. IX)**

**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 (Mobile No or Email Id is mandatory. Refer Instruction No. VI)**

Tel. No. STD Code \_\_\_\_\_ Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile no. \_\_\_\_\_ (For Receiving SMS Alert)

**Email ID** \_\_\_\_\_ (For Receiving Email Alert)

Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. Investors providing Email Id would mandatorily receive only E - Statement of Accounts in lieu of physical Statement of Accounts.

Please collect your time stamped acknowledged slip for future references

Received from \_\_\_\_\_ an application for allotment of

Units under Reliance \_\_\_\_\_ as per details below. **APP No.:** .

Growth Option  Bonus Option  Dividend Reinvestment  Dividend Payout

Cheque / DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Rs. \_\_\_\_\_

drawn on \_\_\_\_\_

Time Stamp & Date  
of receiving office

