

COMMON APPLICATION FORM FOR EQUITY / SECTOR / ELSS SCHEMES

TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHICHEVER IS APPLICABLE

Please read the instructions carefully, before filling up the application. All Columns marked * are mandatory. Leave one box blank between two words.

1. DISTRIBUTOR / BROKER INFORMATION		FOR OFFICE USE ONLY	
Name & Broker Code / ARN	Sub Broker / Sub Agent Code	Date and Time of Receipt	Bank / Register Serial No.
TimesofMoney / ARN-2115			

2. EXISTING UNIT HOLDER INFORMATION For existing investors please fill in your Folio number, name & proceed to Investment & Payment Details.

FOLIO NO. _____ Name of Sole/
1st applicant _____

3. APPLICANT INFORMATION (Refer Intruccion No.II)

Name of First / Sole applicant [Please tick (✓)] Mr. Ms. M/s. Resident NRI Date of Birth* _____

PAN (As per SEBI Regulation it is mandatory to provide PAN No for Investments above Rs. 50,000/- Enclosed PAN Proof Form 60 Form 61

Name of Guardian (In case of First / Sole Applicant is a Minor)/Contact Person - Designation (In case of non-individual Investors) Relation with Minor / Designation

Mr. Ms. M/s. _____ PAN (As per SEBI Regulation it is mandatory to provide PAN No for Investments above Rs. 50,000/- Enclosed PAN Proof Form 60 Form 61

Name of Second Applicant [Please tick (✓)] Mr. Ms. Resident NRI Date of Birth* _____

PAN (As per SEBI Regulation it is mandatory to provide PAN No for Investments above Rs. 50,000/- Enclosed PAN Proof Form 60 Form 61

Name of Third Applicant [Please tick (✓)] Mr. Ms. Resident NRI Date of Birth* _____

PAN (As per SEBI Regulation it is mandatory to provide PAN No for Investments above Rs. 50,000/- Enclosed PAN Proof Form 60 Form 61

Mailing Address of Sole / First Applicant (P.O. Box Address may not be sufficient)

Add1 _____ Add2 _____ City _____ PIN* _____

District _____ State _____

OVERSEAS ADDRESS IF DIFFERENT FROM MAILING ADDRESS Address for Correspondence (for NRI/FII Applicants only) Indian Foreign

City _____ Country _____ ZIP _____

CONTACT DETAILS OF SOLE/FIRST APPLICANT

Tel. No. STD Code _____ Office _____ Residence _____ Fax _____

Mobile No. _____ E-mail Id. _____

I / We wish to receive Account Statement via email

MODE OF HOLDING	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any One or Survivor(s) (Default Joint)
OCCUPATION	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Service <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> House wife <input type="checkbox"/> Others _____
STATUS	<input type="checkbox"/> Partnership firm <input type="checkbox"/> FIIs <input type="checkbox"/> Society <input type="checkbox"/> AOP/BOI <input type="checkbox"/> Banks <input type="checkbox"/> Fls <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate
	<input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Others _____

4. BANK ACCOUNT DETAILS (Refer Intruccion No.III) MANDATORY

A/c. Type ✓ SB Current NRO NRE FCNR Account No. _____

Bank _____ Branch _____

Branch Address _____

Branch City _____ PIN _____ 9 Digit MICR Code* _____

Received from _____ an application for allotment of

Units under Reliance _____ as per details below.

<input type="checkbox"/> Growth Option	Rs. _____
<input type="checkbox"/> Bonus Option	Rs. _____
<input type="checkbox"/> Dividend Reinvestment	Rs. _____
<input type="checkbox"/> Dividend Payout	Rs. _____

Switch from Scheme: _____ Plan: _____ Option: _____ for Rs. _____ / _____ Units

Cheque / DD No. _____ Dated _____ Rs. _____

drawn on _____

Signature, Date & Stamp of receiving office

5. INVESTMENT & PAYMENT DETAILS (Separate cheque/Demand Draft is required for investment in each scheme/plan. (Mandatory))

Scheme	Plan	Option	Net Cheque / DD Amount Rs.	Cheque / DD No. & Date	Bank / Branch
	<input type="checkbox"/> Growth Plan	<input type="checkbox"/> Growth Option <input type="checkbox"/> Bonus Option			
	<input type="checkbox"/> Dividend Plan	<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout			

SIP ENROLLMENT DETAILS

Frequency (Please ✓) Monthly Quarterly SIP Date: 2 10 18 28

Enrolment Period : From : _____ (MM/YY) To : _____ (MM/YY) Amount per Instalment: Rs. _____

PAYMENT TYPES

OPTION I. Payment through post dated cheques. Number of Cheques _____ Cheque Number From _____ Cheque Number To _____

Bank Name _____ Branch Name _____

OPTION II. Debit Through ECS (You only need to tick this box & fill SIP Auto Debit (ECS) Mandate Form)

OPTION III. Auto Debit Instruction (You only need to tick this box & fill Auto Debit Form)

6. DIRECT CREDIT OF REDEMPTION / DIVIDEND PROCEEDS - IF ANY

Unitholders having bank accounts with ABN AMRO Bank NV, Citibank N.A, Deutsche Bank AG, HDFC Bank Limited, The Hongkong and Shanghai Banking Corporation, ICICI Bank Limited, IDBI Bank Limited, Kotak Mahindra Bank Ltd., Standard Chartered Bank, UTI Bank Limited will receive their redemption / dividend proceeds (if any) directly into their bank account.

In case you wish to receive a cheque / demand draft, please indicate your preference below : (Please ✓ in this box)

I / We want to receive the redemption / dividend proceeds (if any) by way of a cheque / demand draft instead of direct credit into my / our bank account.

7. DOCUMENTS ENCLOSED (Please ✓) (MANDATORY)

- Memorandum & Articles of Association
- Systematic Investment Plan
- Systematic Transfer Plan
- Trust Deed Bye-Laws Partnership Deed
- Cheques SIP Auto Debit Facility
- PAN Copy
- Resolution / Authorisation to invest
- List of Authorised Signatories with Specimen Signature(s)
- Power of Attorney

8. NOMINATION

Nominee's Name Mr. Ms. _____ Date of Birth* _____
D | D | M | M | Y | Y | Y | Y

Name of Parent/ Guardian In case of Minor Mr. Ms. _____ Relation with Minor / Designation _____

Address of Nominee /Guardian _____

 City _____ PIN _____

Specimen Signature of
Nominee/Minor Nominee's Guardian

9. Reliance Any Time Money Card - Application Form

Please read the instructions carefully

If you already have a Reliance Any Time Money Card, please furnish the following information to which the new folio that you now wish to open is to be linked.

Existing Folio No. _____ 16 Digit ATM Card Number _____

Name as you would like to appear on your card M | a | n | d | a | t | o | r | y _____ (Maximum of 24 characters)

Mother's maiden name in full.

M | a | n | d | a | t | o | r | y _____

Card will be issued only for subscription through Self Cheque. No card shall be issued for subscription through DDs/third party cheques.

Please contact RCAM for the Schemes under which cards are issued.

10. DECLARATION

I/We would like to invest in Reliance _____ subject to terms of the Offer Document and subsequent amendments thereto. I/We have read the instructions and the Offer Document before filling the Application Form. I/We have understood the details of the scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. **Declaration** : I have read and understood the Terms and Conditions governing the investment under Reliance _____ Fund of Reliance Mutual Fund and those relating to various services including, but not limited to ATMs/ Debit Card. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Managements Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RCAM debit from my folio for the service charges as applicable from time to time. I confirm that I am resident of India.

APPLICABLE TO NRIs ONLY

I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External / Ordinary Account/FCNR Account. I/We undertake that all additional purchases made under this folio will also be from funds received from abroad through approved banking channels or from funds in my/ our NRE/FCNR Account.

SIGNATURE/S			
	Sole / 1 st applicant / Guardian Authorised Signatory	2 nd applicant / Authorised Signatory	3 rd applicant Authorised Signatory

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

Trade World, 'B' Wing, 7th floor, Kamala Mills Compound,
S. B. Marg, Lower Parel (W), Mumbai - 400 013.

Call : 30301111 www.reliancemutual.com

RELIANCE Mutual Fund
Anil Dhirubhai Ambani Group

Power of Attorney

TO ALL TO WHOM THESE PRESENTS SHALL COME, I/WE _____
residing in India at _____ (hereinafter
referred to as the "Client", which shall unless it be repugnant to the meaning or context thereof, be
deemed to mean and include it's heirs, executors, administrators and permitted assigns) have registered
with the login ID _____
on the web site www.timesofmoney.com, hereinafter referred to as the Website") and enrolled for
service(s) offered by TimesofMoney Limited, a company incorporated under the Companies Act 1956
with its registered office at 1st Floor, Times of India Building, Dr. D.N. Road, Fort, Mumbai 400 001
(hereinafter referred to as the "Company", which shall unless it be repugnant to the meaning or context
thereof, be deemed to mean and include its successors in title and assigns) and has/have read,
understood and agreed to be bound by the Terms and Conditions of the service(s), appearing on the
Website or as specified by the Company, as amended from time to time. I/W e do hereby jointly and
severally nominate, constitute and appoint the Company, acting through any of its officer(s) and/or
agent(s) as my/our true and lawful attorney (hereinafter referred to as 'the Attorney") for me/us, in
my/our name and on my/our behalf and at my/our risk and costs to do, perform or execute all or any of
the following acts, deeds, matters and things.

1. To subscribe to and/or redeem units of mutual funds schemes of Asset Management Companies in India on my/our behalf and to pay for the same.
2. To confirm having read and understood the contents of the offer documents of various schemes of mutual funds in which the Company may invest on behalf of me/us and not to hold the mutual fund liable for any transaction processed on the basis of information provided by the Company.
3. To receive statements and other documents and items pertaining to the above units and to acknowledge receipt of the same.
4. To sign all such application forms, transfer deeds, redemption requests, depository forms, and other writings and do all such acts as may be required for all or any of the above purposes.
5. To correspond with and give notice to the corresponding asset management company/body corporate[s]/issuer including giving instructions with regard to nomination/change in investment plans/any other changes that may be necessitated.
6. To do or omit to do all such acts and things as the Company may in its discretion consider to be necessary or desirable in order to exercise its powers hereunder or to comply with any laws, orders rules, regulations or directions of any government or regulatory or other authorities.
7. To make necessary application(s) on my/our behalf to any officials or authorities in India, in connection with my/our purchase/sale and to represent me/us in all respects before such authority or authorities and establish without encumbrance the ownership of the mutual fund units in my name.

AND generally to do, perform and execute all such other acts, deeds, instruments, matters and things for on my/our behalf as the said Attorney may think fit in respect of the above matters as fully and effectually and to all intents and purposes as I/we myself/ourselves could do if I/we were personally present AND for the further, better and more effectually doing, effecting, executing and performing the several matters and things aforesaid I/we hereby give and grant unto the said Attorney full power and authority from time to time to appoint one or more substitute and substitutes to do, execute and perform all or any of such matters and things as aforesaid and the substitute or substitutes at pleasure to remove and to appoint another or others in his/her place AND I/we hereby ratify and confirm and agree and undertake to ratify and confirm whatsoever the said Attorney shall lawfully do or cause to be done by virtue of these presents.

AND I/We hereby agree that the Company shall exercise the powers and authorities conferred under the above Power of attorney only pursuant to the instructions in the behalf given by me/us. These instructions may be given electronically through the internet to the Company and shall be admissible in evidence and shall not be questioned by me/us and shall be conclusive and binding against me/us.

AND I/we hereby agree that all such acts done by me/our above mentioned attorney shall be deemed to be acts done by me/us and if necessary shall be ratified by me/us on the instructions of the Attorney.

IN WITNESS WHEREOF I/We _____

have hereunto set my/our hand[s] at _____ this _____ day of _____ of 20____.

SIGNED, SEALED AND DELIVERED
By the within names

X _____

X _____

Date: ____/____/____ (dd/mm/yyyy)