

□ Additional Purchase □ Redemption □ Switch

Mutual Fund APP No.:

			TF	RANS	ACTIO	NC:	SL	IP												
Please use separate tra						ng Inve	stors	only.	То	be fil		n CAF			TERS					
Name & Broker Code / AF		Sub Agent ARN Code			•	Sub Brol	ker / Su	ıb Agent	Code	е	FOIIC	JIACCO	Juni	INO.						
ARN- (ARN stamp here	e)																			
*Please sign below in cast I/We hereby confirm that manager/sales person of the distributor/sub broke	t the EUIN box has the above distribu	s been intentionally	y left blar																	
SIGN HERE	First / Sole	First / Sole Applicant / Second .						Applicant					Third Applicant							
Upfront commission shall be	e paid directly by the	e investor to the AMF		ed distributor ba	ased on the i	nvestor's	asses	sment	of va	rious f	actors	includ	ina th	e serv	ice rende	ered by	the dist	ributor		
2. Investor Details			Ü																	
	Name					PAN No / P							KYC Acknowledgement Cop					эру		
Name of First applica	int																			
Name of Guardian (In																				
Name of Second App																				
Name of Third Applic	ant																]			
3. Unitholding Option	on -	Demat Mode	Phy	ysical Mode																
DEMAT ACCOUNT DETA							form r	natches	s with	n that	of the	accou	nt hel	ld with	any one	of the	Deposi	tory		
Participant. Ref. Instruction No.10) Demat Account details are compulsory if demat mode is opted a National Depository Central								Depository												
<b>Securities</b> participant I <b>Depository</b> DP ID No.	Name	N			Deposito Securitie		rticipa	nt Nar	ne _									_		
Limited	Account No.	IN			Limited		rget II	O No.											L	
Enclosures (Please tic	k any one box)	: Client Maste	er List (C	CML) 🔲 1	ransaction	cum H	olding	State	men	t [	Ca	ncelle	d De	elivery	Instruc	ction S	lip (DI	S)		
4. Additional Purc	•								•				irect	t Plan	again	st the	schem	e nar	me	
Payment Mode: O	• •	e Time BankMan	, , _						_											
Cheque/DD/RTGS/NEI				e/ Payment						_										
Bank Name:														-						
Scheme					Plan						c	ptio	n							
5. Redemption (Re		No.4.3 & 4.4)																		
Partial Redemption  Amount: Rs or Units:						OR	R													
		or Units	3:																	
Scheme	and datatic to	late la constant de			Plan						_ 0	ptio	n						_	
*Please specify the ba *Bank Account No: (Kindly note that this bank abe treated as change of bal	account should be o	•					edem	otion pr	ocee	ds will	be cr	edited	into th	he defa	ault bank	accou	ınt. Also	this ca	 ann	
6. Switch (Refer Ins	struction No. 8)	(If the investor	wishes t	o invest in l	Direct Plar	n pleas	e me	ntion	Dire	ct Pla	an aç	jainst	the	sche	me na	me)				
Partial Switch						OR		Full	Sw	itch										
Amount: Rs From Scheme							DI-						0	tion						
To Scheme																			_	
Switch over application need							rial	-					-p						_	
DECLARATION		,																		
I/We would like to invest in Re (KIM) and subsequent amend but not limited to Reliance And Scheme is through legitimate Government of India or any S itability. I understand that the charges as applicable from the various Mutual Funds from arcomplete. I/We hereby confire Commission, as amended from and I/We hereby confirm that the undertake that all additional products and the product of the confirmation	sliance diments thereto. I/We in ments thereto. I/We in Time Money Card. sources only and is restautory Authority. I RCAM may, at its abme to time. The ARN on that I/We are not U on time to time or resthe funds for subscripurchases made under the subscripurchases made under the subscripurchases.	have read, understool I/We have not receiv oit designed for the process of the pr	subject to different file of the control of the control of the continue a mended to within the niplicable for from funds	to terms of the S lilling application in induced by an ontravention or by the said Term any of the service lilling in the commission of Reg or NRI Investor or additional and a received from a service lilling in the service lillin	tatement of A form) and is/a yn rebate or g evasion of an is and Conditi es completely ons (in the for declare that ulation (S) unces: I confirm the trimal banking broad through	dditional tre bound ifts, direct y Act / Re ons inclu or partia m of trail the abow dat I am re channels approve	Inform by the tly or in egulation ding that lly with comme inform ited S esident or fror d bank	ation (S details on directly ons / Rul ose exc nout any ission o nation is tates Se of India n funds king cha	AI), Sof the , in m les / It ludin / prio r any s give ecuriti i. I/W in my nnels	Scheme SAI, S aking Notifica g/limit r notice other in by the ies Act e confi lour No s or fror	e Informations / ID & K this invertions / Ing the eto me mode) e under of 193 rm that on-Research funds	mation IM incluvestme Direction Relian Relia	Docuiuding ont. 17 \ ons of one Calee Role to he dand and set of the care of t	ment (\$ details We dec r any of apital A AM ca nim for particulate by the Non-I pal / Orc IRE/FO	SID), Key relating to clare that ther Appl Asset Ma no debit for the differ ulars give the differ U.S. CRESIDENT According to the control of	Information various the amicable Langemerom my ent comen by me common of India count/Fount.	ation Me s service ount inve- aws ena ent Limit folio for peting S e/us are dity Futu in Natior CNR Ac	emoran es inclu ested in acted bred (RC the ser Schemi correct res Tra aality/C count.	dur Idin In the YAN IVW	
SIGN HERE	Sole / 1	<sup>s</sup> applicant/Guardia	n/ Authoris						2 <sup>nd</sup>	applic	ant					3 <sup>rd</sup> appl	licant			
<u></u>										applio.	arit	- —	_	_		— —	Junt		_	
ACKNOWLEDGE	MENT SLIP (T	o be filled by t	the inve	estor)				No.:	unt l	No: 「										
Received from Mr./Mrs.									-	L										
																			_	