

Recorded by

Bank use Mandate Ref. No.

APP No.: WE00209976			
SIP ENROLMENT cum AUTO DEBIT/ECS MANDATE FORM			
(Please refer list of Autodebit banks in Terms & Conditions Point No.10verlea			
DISTRIBUTOR / BROKER INFORMATION			
Name & Broker Code / ARN	Sub Broker / Sub A	Sub Broker / Sub Agent Code	
ARN-9686			
Upfront commission shall be paid directly by the investor to the AMFI including the service rendered by the distributor.	registered Distributors	based on the investors' assessment of various factors	
REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT/ECS	(Debit clearing)		
•	•	lso attach the Common Application Form duly filled & signed)	
☐ Change in Bank Account for an existing investor with Reliance Mutual Fur	nd (Applicable only for E	.CS)	
APPLICANT DETAILS			
Folio No.			
Name of Sole/1st holder		PAN No. M A N D A T O R Y KYC : Yes / No	
CHEME NAME	Plan	OptionSIP Amount	
requency (Please → )  Monthly (default) or  Quarterly SIP Date	<u> </u>	□18 □28	
REGULAR		□ PERPETUAL (Default)	
	Instruction No.13)	Enrollment Period: From: M   M   Y   Y   To: 1   2   9   9	
BANK ACCOUNT DETAILS			
st/Sole Accountholder Name as in Bank Records			
2nd Accountholder Name as in Bank Records			
ord Accountholder Name as in Bank Records			
√c. Type ✓ SB Current NRO NRE FCNR	Account No. M   a   (Core Banking Account	n d a t o r y	
ank Mandaltorry, j			
aranch   ddress		ı City ı ı ı ı ı ı ı	
VIN           9 Digit MICR Code		IFSC Code	
Mandatory: Please enter the 9 digit number that appears after your cheque	number.	Mandatory Enclosures:	
AICR code starting and / or ending with 000 are not valid for ECS.		☐ Blank cancelled cheque ☐ Copy of cheque	
DECLARATION			
We wish to inform you that I/we have registered with Reliance Mutual Fund through eneficiary by debit to my/our above mentioned bank account. For this purpose I/we autifut your branch. I/We hereby authorize you to honour all such requests received through the proceeds to the beneficiary. I/We undertake to ke eclare that the particulars given above are correct and complete. If the transaction is diffutual Fund or the authorised Service Provider(s) and representative responsible. If the boliday, execution of the SIP will happen on the day of Holiday/next working day and afformation & Scheme Information Document of the Mutual Fund. The above mention by the properties where such fail was caused in whole or in part by any acts of God, civil we	thorised Service Provider(s ough authorised Service Pr ep sufficient funds in the fi lelayed or not effected at a	<ul> <li>and representative to raise a debit on my/our above mentioned accour rovider(s) and representative to debit my/our account with the amour unding account on the date of execution of standing instruction. I hereb all for reasons of incomplete or incorrect information. I would not hold th</li> </ul>	
flutual Fund of the authorised Service Provider(s) and representative responsible. If the oliday, execution of the SIP will happen on the day of Holiday/next working day and information & Scheme Information Document of the Mutual Fund. The above mention ervice, where such failure or delay is caused, in whole or in part, by any acts of God, civil wo overnment policies, Unavailability of Bank's computer system, force majeure events, or an eeffect of preventing the performance this service by the above mentioned Bank. I/W hall not have any claim against the Bank in respect of the amount so debited pursuant to presentative, jointly and or severally indemnified from time to time, against all claims, a ervice Provider(s) and representative, by reason of their acting upon the instruction is lay be revoked only through a written letter withdrawing the mandate signed by the aut effect such withdrawal.			
We would like to invest in <b>Reliance</b> Fund subjesion and subsequent amendments thereto. I/We have read, understood (before filling seen induced by any rebate or gifts, directly or indirectly, in making this investment. I are Reliance Capital Asset Managements Limited (RCAM) liability. I understand that rithout any prior notice to me. The ARN holder has disclosed to me/us all the competing Schemes of various Mutual Funds from amongst which the Scheme is being and particulars given by me/us are correct and complete. Applicable for NRI Investors or and through approved banking channels or from funds in my/our NRE/FCNR Accounts.		ent of Additional Information (SAI) and Scheme Information Documen are bound to the details of the SAI and SID. I/We have not received no und by the said Terms and Conditions including those excluding/ limitin solute discretion, discontinue any of the services completely or partiall trail commission or any other mode), payable to him for the differen I. I hereby declare that the above information is given by the undersigne Il purchases made under this folio will also be from funds received fron	
SIGNATURE/S AS PER RELIANCE MUTUAL FUND (MANDATORY)	SIGNATUR	E/S AS PER BANK RECORDS (MANDATORY)	
Sole/ 1" applicant/ Guardian Authorised Signatory	Sole/ 1st app Guardian Authorised S		
2 <sup>nd</sup> applicant / Authorised Signatory	2 <sup>nd</sup> applicant Authorised S		
3 <sup>rd</sup> applicant Authorised Signatory	3 <sup>rd</sup> applicant Authorised S		
FOR OFFICE USE ONLY (Not to be filled in by Investor)			
Recorded on	Scheme Code		

Credit Account Number

Customer Ref. No.