

COMMON APPLICATION FORM

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. I.9)

Name & Broker Code / ARN ARN-93373 (here)	Sub Broker / Sub Agent ARN Code	*Employee Unique Identification Number	Sub Broker / Sub Agent Code E025888	SIGN HERE → First / Sole Applicant / Guardian
*Please sign alongside in case the EUIN is left blank/not provided.				SIGN HERE → Second Applicant
I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.				SIGN HERE → Third Applicant

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

TRANSACTION CHARGES (Mandatory to be filled if you have invested through a distributor)

(Please tick (✓) any one) I am a First time investor across Mutual Funds OR I am an existing investor in Mutual Funds

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, of ₹ 150 (new investor) & ₹ 100 (existing investor) are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

2. EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here and proceed to section 9. Mode of holding will be as per existing folio number.)

3. GENERAL INFORMATION

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

4. FIRST APPLICANT DETAILS

NAME

PAN / PEKRN[^] (First Applicant) PAN / PEKRN[^] (Guardian)

Name of Guardian if first applicant is minor / Contact Person for non individuals

Guardian's Relationship With Minor Father Mother Court Appointed Guardian Date of Birth of 1st Applicant Proof of Date of Birth and Guardian's Relationship with Minor Birth Certificate Passport Others (please specify)

OCCUPATION*** : Professional Agriculturist Housewife Retired Government Service/Public Sector Business Forex Dealer Student Private Sector Service Others _____

STATUS[^] : Resident Individual PSU AOP/BOI Minor through Guardian HUF Trust / Charities / NGOs Society FI / FII NRI Company/Body Corporate Sole Proprietor Defence Establishment PIO Bank FPI*** Government Body Partnership Firm Others _____ (**as and when applicable)

COUNTRY OF TAX RESIDENCE*** India U.S.A. Others (In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided)

If you have more than one country of tax residence please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers

Country of Tax Residence	Tax Identification Number (TIN) [%]	TIN issuing Country	Identification Type (TIN or Other)	Type of Documentary Evidence

[%]In case Tax Identification Number is not available, kindly provide its functional equivalent \$

COUNTRY OF BIRTH*** COUNTRY OF NATIONALITY/CITIZENSHIP***

GROSS ANNUAL INCOME DETAILS*** Please tick (✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 Crore >1 Crore

NET-WORTH*** in ₹ (Net worth should not be older than 1 year) as on (Date)

Are you a Politically Exposed Person (PEP)*** Yes No Are you related to a Politically Exposed Person (PEP) Yes No

Mandatory to be filled by Non-Individuals Only

A. NET-WORTH*** in ₹ (Net worth should not be older than 1 year) as on (Date)

B. Is the entity involved in / providing any or the following services
 - Foreign Exchange / Money Changer Services Yes No - Money Lending / Pawning Yes No
 - Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) Yes No Any other information: _____

C. Declaration on Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS) enclosed (Refer Ins No. XIII)

**In case First applicant is minor then details for Guardian will be required *Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant through a Key Registered Agency (KRA) appointed by SEBI prior to investing in Reliance Mutual Fund. Refer instruction no.II.6, 7 & IX

ACKNOWLEDGMENT SLIP

APP No.:

Received from Mr/Ms/M/s : _____ an application for allotment of

Units under Scheme Reliance _____ Option _____ as per details below.

Instrument No/Cash Deposit Slip No. _____ Dated _____ Rs. _____ drawn on Bank _____

Time Stamp & Date of receiving office



IVR. "Self Help" Option (24 x 7)

Investor can avail below facilities

- NAV
- Account balance
- Account statement
- Last 5 transactions

For more details : Call : 1800-300-1111

5. SECOND APPLICANT DETAILS

NAME PAN / PEKRN^

OCCUPATION^ : Professional Agriculturist Housewife Retired Government Service/Public Sector STATUS^: NRI
 Business Forex Dealer Student Private Sector Service Others _____ Resident Individual

COUNTRY OF TAX RESIDENCE^ India U.S.A. Others (In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided)

If you have more than one country of tax residence please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers

Country of Tax Residence	Tax Identification Number (TIN)%	TIN issuing Country	Identification Type (TIN or Other)	Type of Documentary Evidence

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COUNTRY OF BIRTH^ COUNTRY OF NATIONALITY/CITIZENSHIP^

GROSS ANNUAL INCOME DETAILS^ Please tick (✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1 Crore >1 Crore

NET-WORTH^ in ₹ _____ (Net worth should not be older than 1 year) as on (Date) / /

Are you a Politically Exposed Person (PEP)^ Yes No Are you related to a Politically Exposed Person (PEP) Yes No

6. THIRD APPLICANT DETAILS

NAME PAN / PEKRN^

OCCUPATION^ : Professional Agriculturist Housewife Retired Government Service/Public Sector STATUS^: NRI
 Business Forex Dealer Student Private Sector Service Others _____ Resident Individual

COUNTRY OF TAX RESIDENCE^ India U.S.A. Others (In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided)

If you have more than one country of tax residence please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers

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NET-WORTH^ in ₹ _____ (Net worth should not be older than 1 year) as on (Date) / /

Are you a Politically Exposed Person (PEP)^ Yes No Are you related to a Politically Exposed Person (PEP) Yes No

*Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant through a Key Registered Agency (KRA) appointed by SEBI prior to investing in Reliance Mutual Fund. Refer instruction no.II.6, 7 & IX

7. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer Instruction No. VI & VIII)

Correspondence Address (P.O. Box is not sufficient) ## Please note that your address details will be updated as per your KYC records with CVL / KRA

Landmark

City Pin Code State

Overseas Address (Mandatory for FIIs/NRIs/PIOs)

City Pin Code State

Email ID

Mobile + (Country Code) Tel. No. STD Code Office Residence

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.

8. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. III)

Bank Name

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

BranchAddress Branch City

PIN IFSC Code 9 Digit MICR Code* For Credit via NEFT

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

Add convenience to your life with our value added service



Simply send **SMS to 966 400 1111 to avail below facilities

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

**SMS charges apply



Investor Desk. A RMF Virtual Branch Experience.
For more details : Visit : www.reliancecmutual.com

You can also follow us on

9. INVESTMENT & PAYMENT DETAILS (Separate Application Form is required for investment in each Plan/Option. Multiple cheques not permitted with single application form (Refer instruction no. IV) OTM facility is available to investors who have Invest Easy facility registered with RMF.

Scheme _____ (Refer Instruction No. I-10) (For Product Labeling please refer last page of application form)
 (If you wish to invest in Direct Plan please mention Direct Plan against the scheme name)
 Option (Please ✓) Growth** Dividend Payout Dividend Reinvestment **Dividend Frequency** _____
Payment Details (Please issue cheque favouring scheme name)
 Mode of Payment OTM Facility (One Time Bank Mandate) Cheque DD Funds Transfer RTGS / NEFT Cash^{\$} (Refer Instruction No. XIV)
 Investment Amount (Rs.) _____ DD Charges (if applicable) (Rs.) _____ Net Amount~ (Rs.) _____ | minus || _____
 Instrument No./Cash Deposit Slip No. _____ Dated D₁ D₁ M₁ M₁ Y₁ Y₁ Y₁ Y₁ Drawn on Bank _____
 Bank Branch _____ City _____
 (** Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. \$ Investors are requested to collect the cash deposit slip from the DISC

10. NOMINATION - I wish to Nominate Yes No (Mandatory if mode of holding is single) (Refer Instruction No.V)
 In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio

Nominee Name	Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian	Signature of Applicants
						1st App.
						2nd App.
						3rd App.

11. UNITHOLDING OPTION - DEMAT MODE PHYSICAL MODE

DEMAT ACCOUNT DETAILS - These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No. X.
 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.

National Securities Depository Limited	Depository participant Name _____	Central Depository Securities Limited	Depository participant Name _____								
	DP ID No. <table border="1"><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		I	N							Target ID No. _____
	I		N								
Beneficiary Account No. _____											

Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)

12. POWER OF ATTORNEY (POA) HOLDER DETAILS (Refer Instruction No.II.1)

First Applicant POA Name	Mr./Ms./M/s _____	PAN*	_____
Second Applicant POA Name	Mr./Ms./M/s _____	PAN*	_____
Third Applicant POA Name	Mr./Ms./M/s _____	PAN*	_____

13. SIP ENROLLMENT DETAILS Opted for SIP: Yes No (Incase you have opted for SIP it is mandatory to submit SIP Enrolment Form)

14. STP ENROLLMENT DETAILS Opted for STP: Yes No (Incase you have opted for STP it is mandatory to submit STP Enrolment Form)

15. I WISH TO APPLY FOR TRANSACT ONLINE Yes No **OR** **I WISH TO APPLY FOR INVEST EASY FOR INDIVIDUALS** Yes No
 (Mandatory Enclosure : ONE TIME BANK MANDATE REGISTRATION FORM)

16. DECLARATION AND SIGNATURE

I/We would like to invest in Reliance _____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services including but not limited to Reliance Any Time Money Card. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Management 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 can debit from my folio for the service charges as applicable from time to time. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby confirm that I / We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

I confirm that I am resident of India.
 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.
 I have read and understood Instruction no. XIII and hereby agree to abide by the same. I hereby declare that the information provided in the Form is in accordance with section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income Tax Rules, 1962 and the information provided by me /us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete.

<input checked="" type="checkbox"/> First / Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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Check list for the documents to be submitted:

Documents	Companies	Trusts	Societies	Partnership Firms	NRI	FIs/FPs	Investments through Constituted Attorney
1. Resolution/Authorisation to invest	✓		✓	✓		✓	
2. List of Authorised Signatories with Specimen Signature(s)	✓	✓	✓	✓		✓	✓
3. Memorandum & Articles of Association	✓						
4. Trust Deed		✓					
5. Bye-Laws			✓				
6. Partnership Deed				✓			
7. Overseas Auditor's Certificate						✓	
8. Notarised Power of Attorney							✓
9. Foreign Inward Remittance Certificate in case of payment is made by DD from NRE/FCNR A/c where applicable					✓		
10. Proof of PAN	✓	✓	✓	✓	✓	✓	✓
11. KYC Compliant	✓	✓	✓	✓	✓	✓	✓

SIP ENROLLMENT DETAILS

(Use this form if One Time Bank Mandate Form is registered in the folio)

APP No.

DISTRIBUTOR / BROKER INFORMATION

ARN-93373	E025888
<small>*Please sign below in case the EUIN is left blank/not provided. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.</small>	

Upfront commission shall be paid directly by the investor to the AMFI registered distributor based on the investor's assessment of various factors including the service rendered by the distributor.

APPLICANT DETAILS

FOLIO NO.

Name of Sole/1st holder	PAN No / PEKRN.	KYC Acknowledgement Copy
Name of 2nd holder	PAN No / PEKRN.	KYC Acknowledgement Copy
Name of 3rd holder	PAN No / PEKRN.	KYC Acknowledgement Copy

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. 25) Demat Account details are compulsory if demat mode is opted above.

National Securities Depository Limited	Depository participant Name _____ DP ID No. <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> Beneficiary Account No. <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	I	N																			Central Depository Securities Limited	Depository participant Name _____ Target ID No. <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>										
I	N																																
Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)																																	

+ (Country Code)	(For Receiving Transaction Alerts via SMS)	Tel. No. STD Code	Office	Residence
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Please register your Mobile No & Email Id to get instant alerts via SMS & Email.

By providing Email-id, I understand that IPIN will be issued to me by default, unless I have already opted for IPIN in the past and have created a username.

I wish to receive the IPIN through below selected mode: Physical Mode (Default) Online Mode

SIP DETAILS (Refer Instruction No. 15. If the investor wishes to invest in Direct Plan please mention Direct Plan against the scheme name. Please refer respective SID/KIM for product labeling)

Scheme / Plan / Option	Frequency (Please/ any one)	Enrollment Period (Please/ any one)	SIP Date (Please/ any one)	SIP Amount	Reliance STEP-UP Facility (Optional)		
					Amount	Frequency	Count
	Monthly (Default)	REGULAR From: M M / Y Y To: M M / Y Y	2 10 (Default)	Rs. _____ (in figures)	Rs. _____ (Multiples of Rs. 100 only)	Half-yearly	Increase SIP amount time(s) (Default 1time)
	Quarterly	PERPETUAL (Default) (Refer Instruction No. 5)	18 28			Yearly (Default)	
	Yearly	From: M M / Y Y To: 1 2 / 9 9					

DECLARATION: I/We would like to invest in Reliance _____ subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SID), Key Information Memorandum (KIM) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound by the details of the SAI, SID & KIM including details relating to various services. By filling up this form I understand that the amount towards my lumpsum / systematic investment plan (SIP) transaction will be debited from bank account details provided in my One Time Bank Mandate Form. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act / Regulations / Rules / Notifications / Directions or any other Applicable Laws enacted by the Government of India or any Statutory Authority. I accept and agree to be bound by the said Terms and Conditions including those excluding/ limiting the Reliance Capital Asset Management 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 can debit from my folio for the service charges as applicable from time to time. The A/RN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I hereby declare that the above information is given by the undersigned and particulars given by me/us are correct and complete. Further, I agree that the transaction charge (if applicable) shall be deducted from the subscription amount and the said charges shall be paid to the distributors. I/We hereby confirm that I/We are not United States persons within the meaning of Regulation (S) under the United States Securities Act of 1933, or as defined by the U.S. Commodity Futures Trading Commission, as amended from time to time or residents of Canada.

I confirm that I am resident of India. 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

Investors are requested to note that the amount mentioned in One Time Bank Mandate should be the maximum amount that you would like to invest in schemes of RMF on any transaction day.

ONE TIME BANK MANDATE

(NACH / ECS / Direct Debit Mandate Form)

(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

APP No.

UMRN	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> (For Office Use Only)																					<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																							
Sponsor Bank Code	(For Office Use Only)	Utility Code	(For Office Use Only)																											
Modify <input checked="" type="checkbox"/>	I/We hereby authorize Reliance Mutual Fund to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other																													
Cancel <input checked="" type="checkbox"/>	Bank A/c no:	Destination Bank Account Number																												
With Bank	(Name of Destination Bank with Branch)	IFSC	or MICR																											
an amount of Rupees _____ ₹ _____																														
FREQUENCY: <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> as & when presented <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount																														
Reference / Folio No. _____ Email ID: _____																														
Scheme / Plan reference Number : <u>All schemes of Reliance Mutual Fund</u> Phone No: _____																														

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD	From : <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table> 1 _____ 2 _____ 3 _____	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
	To: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> </table>	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0		
	Or <input type="checkbox"/> Until Cancelled 1 _____ 2 _____ 3 _____								

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

FATCA Declaration and Additional KYC Form for Individual Investors

(One time declaration to be provided by Existing investors)

1. EXISTING INVESTOR'S FOLIO NUMBER

2. FIRST APPLICANT DETAILS

NAME PAN / PEKRN

Name of Guardian** if first applicant is minor PAN / PEKRN (Guardian)

Date of Birth of 1st Applicant DDMMYY STATUS: NRI Resident Individual **In case First applicant is minor then details for Guardian will be required.

OCCUPATION** : Professional Agriculturist Housewife Retired Government Service/Public Sector
 Business Forex Dealer Student Private Sector Service Others _____

COUNTRY OF TAX RESIDENCE** India U.S.A. Others (In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided)

If you have more than one country of tax residence please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers

Country of Tax Residence	Tax Identification Number (TIN) %	TIN issuing Country	Identification Type (TIN or Other)	Type of Documentary Evidence

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COUNTRY OF BIRTH** COUNTRY OF NATIONALITY/CITIZENSHIP**

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NET-WORTH** in ₹ _____ (Net worth should not be older than 1 year) as on (Date) DDMMYY

Are you a Politically Exposed Person (PEP)** Yes No Are you related to a Politically Exposed Person (PEP) Yes No

3. SECOND APPLICANT DETAILS

NAME PAN / PEKRN

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Are you a Politically Exposed Person (PEP)** Yes No Are you related to a Politically Exposed Person (PEP) Yes No

DECLARATION

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

<input checked="" type="checkbox"/> First /Sole Applicant / Guardian	<input checked="" type="checkbox"/> Second Applicant	<input checked="" type="checkbox"/> Third Applicant
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