## OTM + SIP Form / 18th Feb 2016 / Ver 1.5

## ReLI∧NCe

## SIP ENROLLMENT DETAILS

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

APP No.

	R / BROKER INFORMATIO		TO A DN C	\I-	<b>5</b> 1	Helme Henri	N		Out Dusting (	O. I. A	- 1-	
	. Broker Code / ARN  RN-131351	Sub Broker / Sub A	igent ARN C	ode "	⊏mpioyee	Unique Identif	rication N	umber	Sub Broker /	Sub Agent C	ode	
*Please sign belo	ow in case the EUIN is left blank	<td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										
I/We hereby conf	irm that the EUIN box has been in utor/sub broker or notwithstandin	ntentionally left blank by m	e/us as this t ateness, if ar	ransaction is ex ny, provided by	recuted wit the employ	hout any interactivee/relationship r	tion or adv manager/s	rice by the empl sales person of	oyee/relationship the distributor/sub	nanager/sal broker.	es person of	
SIGN HERE	Sole / 1st Applicant / Guardian Authorised Signatory				2nd Applicant Authorised Signatory				3rd Applicant Authorised Signatory			
	on shall be paid directly by the ir	nvestor to the AMFI regist	ered distribu	itor based on th			of various	factors includin	g the service rend	ered by the	distributor.	
Name of Sole/				PAN No / P		O NO.	DAT	O R Y	☐ KYC A	knowleda	ement Copy	
Name of 2nd h		PAN No / PEKRN. M A N				NYC Acknowledgement Copy						
Name of 3rd ho		PAN No / PEKRN. M A N D				A TO RY KYC Acknowledgement Copy						
INITIAL INV	ESTMENT DETAILS											
Cheque/ DD No./	Cash Deposit Slip No.		Cheque / D	D / Cash Depo	osition Da	te		DD C	Charge Rs			
Net Amount Rs.		Bank Name:					Branch:					
	NG OPTION - Dema	at Mode Physic	cal Mode (		n No. 24) [ entral	Demat Account of Depository		compulsory if	demat mode is or	oted.)		
Securities pa	articipant Name			De	pository	1 .						
Depository DI	eneficiary Account No.	N			curities nited	Target ID N	lo.					
Enclosures (F	Please tick any one box)	: Client Master L	ist (CML)	Transa	action cu	m Holding St	tatement	Cano	elled Delivery	nstruction	Slip (DIS)	
Invest Easy F	Registration for Transac	tion over SMS, Call	, Mobile,	Internet etc	(Applicab	le for individual	investor o	only)				
Email ID						Mobile no	o. + (Cou	intry Code)	(For Receiving T	ransaction Ale	rts via SMS)	
	ile no. provided in this fo Email-id, I understand tha	•										
	ive the IPIN through below							ne m eno pa	ot and nave or	atou a do	orname.	
SIP DETAILS	(Refer Instruction No. 14. If the in-						ame. Pleas	se refer respectiv			Ea ailitu	
S	cheme / Plan / Option	Frequency (Please√ any one)		nrollment Period (Please√ any one)		SIP Date (Please√any one)	SIP Amount			Optional)	racility	
		Monthly (Default)	REGU	LAR M / Y Y To: M	M / Y Y	<b>2 10</b>				requency	Count	
				ETUAL (Defau	(Default)	Rs		Rs	Half-yearly	SIP amount		
		☐ Yearly	From: M	Instruction No. 5	2 / 9 9	□ 18 □ 28	,	figures)	(Multiples of	Yearly (Default)	time(s) (Default 1time)	
DECLARATIONS: I/We would like to invest in Reliance    Subject to terms of the Statement of Additional Information (SAI), Scheme Information Document (SIII), Key Information (I/M) and subsequent amendments thereto. I/We have read, understood Defrore filing application form) and is/are bound by the details of the SAI, SID & KIM including details reliating to various services. By This declare that the statement of Additional Information (I/M) in the SAI, SID & KIM including details reliating to various services. By This declare that the statement of I/M is a statement												
	First / Sole Applicant /	× ×		Second Ap		memorica in e		×	Third Applic			
Investors are req	Guardian uested to note that the amount		Bank Mandat	te should be th	e maximu	m amount that v	ou would		n schemes of RMI	on any trar	saction day.	
RELIAN	vce	(Applicable for I	ONE TI (NACH Lumpsum A	ME BANH / Direct Debit Additional Pure	K MAN	orm)					nent Limited	
	UMRN		(For Office	Use Only)					D D M	MY	YYY	
Create ✓	Sponsor Bank Code _		ffice Use On	lly)	Ut	tility Code		(F	or Office Use Only	')		
	We hereby authorize Re	eliance Mutual Fur	nd	to debit (tic	k ✓ ) 🗀	□SB □ C	CA 🔲	CC S	B-NRE :	SB-NRO	Other	
Cancel ×	Bank A/c no:				(Destination	n Bank Account Ni	umber)					
With Bank	(Name of Destination E	Bank with Branch)	IF	sc				or MIC	R L			
an amount of R									₹			
FREQUENCY:	Monthly Quart	erly X Half Yearly	× Year	<del>rly</del> ✓ as &	when pi	resented D	DEBIT T	YPE × F	ixed Amount	✓ Maxim	ium Amount	
	io No											
	reference Number : All s							-				
I agree for the debi	t of mandate processing charge	es by the bank whom I am	authorizing	to debit my acc	count as pe	er latest schedul	le of charg	jes of the bank	•			
From : D D To: 13 11	PERIOD   M   M   Y   Y   Y   Y     11   2   2   0   9   9	1Signature of A	ccount Ho	2			count Ho	lder	3Signature	of Accour	nt Holder	
Or U	ntil Cancelled	Name of Acc	ount Hold				unt Hold	 er	Name o	Name of Account Holder		