

SIP ENROLLMENT DETAILS

Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited) A Reliance Capital Company

		(U:	se this form if (One Time Bank M	andate Form	is registered i	n the folio)		APP No.		
	OR / BROKER INFO	ORMATION Sub Broker / Sub	Agent ARN Code	e *Employee Unig	ue Identification	n Number S	ub Broker / Sub Age	nt Code	RIA Code	e ⁺⁺	
	9992 _{ap here)}	ARN-					go				
*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. ++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser:											
SIGN HERE	First / Sole Ap		ardian	Sec	ond Appli rised Sign	cant	investment A	Third Ap Authorised	plicant		
	sion shall be paid directly	y by the investor to the	AMFI registered		he investor's as	sessment of vario	us factors including th		3		
Name of Sole	IT DETAILS	FOLIO NO.			I M A N	MANDATORY KYC					
Name of 2nd				PAN No / PEKRN.				MANDATORY KYC			
Name of 3rd				PAN No / PEKRN.				DATORY		□ KYC	
	VESTMENT DET	AILS									
Cheque/ DD No	o./Cash Deposit Slip I	No	(Cheque / DD / Cash	Deposition Da	ate		D Charge ₹			
Net Amount ₹	:	Bank Nar	ne:			B	ranch:	Cit	у		
	OING OPTION -	■ Demat Mode	Physic	al Mode (Ref. Instr		_	details are compulso	ry if demat mode i	s opted.)		
National Securities	Depository participant Name				Central Depositor	Depository y participant	Name				
Depository Limited	DP ID No. Beneficiary Accou	I N			Securities Limited	1.1					
	(Please tick any o		ient Master Li	st (CML) Ti		um Holding St	atement C	ancelled Delive	ry Instruction	Slip (DIS)	
Invest Easy	/ Registration for	Transaction ov	er SMS, Call,	Mobile, Interne	t etc (Applica	ble for individual	investor only)				
Email ID						Mobile no	+ (Country Code)	(Far Receiv	ing Transaction Al	erts via SMS)	
	obile no. provided			•			•	•			
By providing	Email-id, I understan	d that IPIN will be i	ssued to me by	default through On	line Mode, un	less I have alrea	ady opted for IPIN i	n the past and ha	ve created a us	sername.	
SIP DETAIL	S (Refer Instruction No.	14. If the investor wish					ame. Please refer resp		roduct labeling)	Engility	
	Scheme / Plan / Opt	tion	Frequency (Please√ any one)			SIP Date (Please √ any one)	SIP Amount		(Optional)		
			Monthly (Default)	From: M M / Y Y T	Го: м м / Y Y	□ 2 □ 7		Amount	Frequency Half-yearly	Count	
			Quarterly	PERPETUAL (I	Default)	☐ 10 ☐ 18 (Default)	₹		☐Yearly	SIP amount	
			☐ Yearly	From: M M / Y Y T	,	□ 23 □ 28	(in figures)	(Multiples of Rs. 100 only")	(Default)	time(s) (Default 1time	
gifts, directly or indi Notifications /Direct Asset Management charges as applicab which the Scheme is be deducted from the I confirm that I ar from funds in my/our my/ our NRE/FCNR	I/We would like to invest and subsequent amendme amount towards my lumpsu rectly, in making this investri oins or any other Applicable Limited (FINLAM) liability. It le from time to time. The AR sheing recommended to me e subscription amount and the resident of India. If Non-Resident External /Or Account.	ment. I /We declare that t Laws enacted by the 60 understand that the RNL2 N holder has disclosed to yus. I hereby declare that ne said charges shall be p We confirm that I am/We dinary Account/FCNR Ac	he amount invested vernment of India or .M may, at its absolut me/us all the comm the above informatic aid to the distributors are Non-Resident of count. I/We undertal	in the Scheme is through any Statutory Authority. I e discretion, discontinue issions (in the form of trail in is given by the undersig. Indian Nationality/Origin is ke that all additional purch	n legitimate source accept and agree any of the services commission or an gned and particular and I/We hereby on asses made under	is only and is not det to be bound by the si- completely or partiall y other mode), payat- is given by me/us are onfirm that the funds this folio will also be f	signed for the purpose of aid Terms and Conditions ly without any prior notice le to him for the different correct and complete. Further for subscription have bee from funds received from	contravention or eva- including those exclu- to me. I agree RNLAW competing Schemes curther, I agree that the to n remitted from abroa- abroad through appro-	ision of any Act / Reing/ limiting the Reican debit from my fvarious Mutual Furansaction charge d through normal bayed banking channel - Individuals M	egulations / Rule lilance Nippon Li folio for the servi unds from among (if applicable) shi anking channels els or from funds	
Investors are re	equested to note that t	he amount mentione	ed in One Time B	ank Mandate should	be the maximu	ım amount that y	ou would like to inve	est in schemes of	RMF on any tra	nsaction day.	
ReLI∕∆I	NCE MUTU)		ONE TIME BA (NACH / Direct D umpsum Additional	ANK MAN Debit Mandate	DATE Form)	(former	Reliance Nippon Li ly Reliance Capita		ement Limited	
JMRN		For Office	Use Only)				Date	e: D D	M M Y	YYY	
Crosts	Sponsor Bank Cod	de	(For Of	fice Use Only)	Utility	Code		(For Office Use	Only)		
Create ✓ Modify ×	I/We hereby author	orize Reliance	Mutual Fun	d to debit	t (tick ✓)		CA CC C] SB-NRE [☐ SB-NRO	Othe	
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With Bank	(Name of D	estination Bank)		IFSC			N	IICR			
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