



Reliance Fixed Horizon Fund - XLI - Series 11

(A Close Ended Income Scheme)

NFO Opening Date : June 07, 2019
NFO Closing Date : June 11, 2019
Tenure : 1144 Days

DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 34)
Name & Broker Code / ARN: ARN - 48012
Sub Agent ARN Code: ARN-
Sub Agent Code:
Employee Unique Identification Number: E053085
RIA Code:

*Please sign alongside 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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

SIGN HERE
First / Sole Applicant / Guardian / Authorised Signatory
Second Applicant / Authorised Signatory
Third Applicant / Authorised Signatory

1. INVESTOR'S FOLIO NUMBER
I am a First time investor across Mutual Funds OR I am an existing investor in Mutual Funds

2. UNITHOLDING OPTION - Demat Mode Physical Mode
These details are compulsory if the investor wishes to hold the units in DEMAT mode. Ref. Instruction No.30. 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 (NSDL)
Central Depository Securities Limited (CDSL)
DP ID No. Beneficiary Account No. Target ID No.

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

3. GENERAL INFORMATION
APPLICATION FOR Zero Balance Folio Investment
MODE OF HOLDING: Single Joint (Default) Any one or Survivor

4. FIRST APPLICANT DETAILS
NAME PAN / PEKRN CKYC Id
Name of Guardian if first applicant is minor / Contact Person for non individuals
Guardian's Relationship With Minor Date of Birth of 1st Applicant Proof of Date of Birth and Guardian's Relationship with Minor
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

5. SECOND APPLICANT DETAILS
NAME PAN / PEKRN CKYC Id STATUS: Resident Individual NRI

6. THIRD APPLICANT DETAILS
NAME PAN / PEKRN CKYC Id STATUS: Resident Individual NRI

7. ADDITIONAL KYC DETAILS
Table with columns: OCCUPATION, Professional, Agriculturist, Housewife, Retired, Government Service/PublicSector, Business, Forex Dealer, Student, Private Sector Service, Others. Rows for 1st Applicant, 2nd Applicant, 3rd Applicant, Guardian.

GROSS ANNUAL INCOME DETAILS
Table with columns: Below 1 Lac, 1-5 Lacs, 5-10 Lacs, 10-25 Lacs, 25 Lacs-1 Crore, >1 Crore, NET-WORTH in ₹, Date. Rows for 1st Applicant, 2nd Applicant, 3rd Applicant, Guardian.

PEP DETAILS
Table with columns: 1st Applicant, 2nd Applicant, 3rd Applicant, Guardian. Rows for Are you a Politically Exposed Person (PEP), Are you related to a Politically Exposed Person (PEP).

8. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any
Account No. A/c. Type SB Current NRO NRE FCNR
Name & Branch of Bank
Branch City PIN IFSC Code MICR Code



Received Purchase Application from Mr/Ms/Ms :

For allotment of Units under
Reliance Fixed Horizon Fund - XLI - Series 11 - Regular Plan
Growth Option
Dividend Payout Option

App No.:

Cheque / DD No. date / / ₹ Drawn on Bank

Time Stamp & Date of receiving office

9. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual Investors should mandatory fill separate FATCA/CRS details form

Please indicate all Countries in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

| Sole/First Applicant/Guardian | | | Second Applicant | | | Third Applicant | | |
|-------------------------------|-----------------------------------|---------------------|------------------|-----------------------------------|---------------------|-----------------|-----------------------------------|---------------------|
| Country # ^{***} | Tax Payer Ref. ID No [%] | Identification Type | Country # | Tax Payer Ref. ID No [%] | Identification Type | Country # | Tax Payer Ref. ID No [%] | Identification Type |
| 1 | | | 1 | | | 1 | | |
| 2 | | | 2 | | | 2 | | |
| 3 | | | 3 | | | 3 | | |

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. ³In case Tax Identification Number is not available, kindly provide its functional equivalent

| Sole/First Applicant/Guardian | | Second Applicant | | Third Applicant | |
|---------------------------------------|--|---------------------------------------|--|---------------------------------------|--|
| Country of Birth ^{***} | | Country of Birth ^{***} | | Country of Birth ^{***} | |
| Country of Nationality ^{***} | | Country of Nationality ^{***} | | Country of Nationality ^{***} | |

10. CONTACT DETAILS OF SOLE / FIRST APPLICANT (Refer instruction No. 7 & 27) ⁴Please note that your address details will be updated as per your KYC records with CKYC / KRA

| Correspondence Address ^{**} (P.O. Box is not sufficient) | | | | | Overseas Address (Mandatory for NRI / FI Applicants) | | | | |
|---|--|-------------|--|--|--|--|--------------|--|--|
| House / Flat No. | | | | | House / Flat No. | | | | |
| Street Address | | | | | Street Address | | | | |
| City/ Town | | State | | | City/ Town | | State | | |
| Country | | Pin Code | | | Country | | Pin Code | | |
| Tel. (Res.) | | Tel. (Off.) | | | Mobile No. | | Country Code | | |

Email ID
 Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email.
 I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

11. 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. 19-22)

Scheme Reliance Fixed Horizon Fund - XLI - Series 11 - Regular Plan
 (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)

[Please tick (✓) the appropriate boxes only if applicable to the scheme in which you plan to invest] **Option** Growth^{^^} Dividend Payout (For Product Labeling please refer last page of application form)

Mode of Payment Cheque DD Funds Transfer RTGS / NEFT Payment Details (Please issue cheque favouring scheme name)

| Investment Amount (₹) | DD Charges (if applicable) (₹) | Net Amount~ (₹) | Instrument No/Cash Deposit Slip No/UTR No. | Date | Drawn on Bank | Bank Branch | City |
|-----------------------|--------------------------------|-----------------|--|------------|---------------|-------------|------|
| I | II | I minus II | | DD MM YYYY | | | |

(* Default option if not selected) ~Units will be allotted for the net amount minus the transaction charges if applicable. ⁵Investors are requested to collect the cash deposit slip from the DISC

12. NOMINATION - I wish to Nominate Yes No (Mandatory if mode of holding is single) (Refer Instruction No. 26) In case of existing investor, nomination details mentioned in the below table will replace the existing details registered in the folio. Signature of applicants is mandatory if you do not wish to nominate.

| Nominee Name & Address | PAN of Nominee (Optional) | Date of Birth of Nominee | Nominee Relation With Investor | Guardian Name (in case Nominee is Minor) | Guardian Relation with Nominee | Allocation (%) | Sign of Nominee | Sign of Guardian | Signature of Applicants |
|------------------------|---------------------------|--------------------------|--------------------------------|--|--------------------------------|----------------|-----------------|------------------|-------------------------|
| | | | | | | | | | 1st Applicant |
| | | | | | | | | | 2nd Applicant |
| | | | | | | | | | 3rd Applicant |

13. POWER OF ATTORNEY (POA) HOLDER DETAILS

| First Applicant POA Name | Second Applicant POA Name | Third Applicant POA Name | PAN [^] | | | | | |
|--------------------------|---------------------------|--------------------------|------------------|--|--|--|--|--|
| Mr./Ms./M/s | Mr./Ms./M/s | Mr./Ms./M/s | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

14. FOR SWITCH (Switch over application needs to be submitted only at Designated Investor Service Centre (DISC) of RMF)

Partial Switch
 Amount: ₹ _____ or Units: _____ **OR** **Full Switch**

From Scheme _____ **Plan** _____ **Option** _____

To Scheme : Reliance Fixed Horizon Fund - XLI - Series 11 - Regular Plan Growth Option Dividend Payout Option

15. MATURITY INSTRUCTION

Switch to Scheme/Plan : _____ Proceeds to be dispatched / Credit to Bank A/c (as may be applicable.) (Default)
 As a default mechanism, the Scheme shall be fully redeemed on the date of maturity and redemption proceeds shall be dispatched to / credited in the bank account of the unitholders within 10 Business Days from the date of redemption or repurchase

16. DECLARATION AND SIGNATURE

I/We would like to invest in Reliance Fixed Horizon Fund - XLI - Series 11 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 Nippon Life Asset Management Limited (RNAAM) liability. I understand that the RNAAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNAAM 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 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. ++ I/We, have invested in the Schemes 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.

I hereby authorize the representatives of Reliance Nippon Life Asset Management Limited, its Distributors and Reliance group companies to contact me through any mode of communication. This will override registry on DND / DNDC, as the case may be.

| SIGN HERE | First / Sole Applicant / Guardian / Authorised Signatory | Second Applicant / Authorised Signatory | Third Applicant / Authorised Signatory |
|-----------|--|---|--|
| | | | |

Add convenience to your life with our value added service

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| 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

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Details of FATCA & CRS information For Non-Individuals / Legal Entity

| | | | | | | | | | | | | | | | |
|-------------------------------------|-------------------------|-------------|----------|-------------------|------------------------------|---|---|---|---|---|---|---|---|---|---|
| Name of the entity | | | | | | | | | | | | | | | |
| Type of address given at KRA | Residential or Business | Residential | Business | Registered Office | | | | | | | | | | | |
| PAN | | | | | Date of incorporation | D | D | / | M | M | / | Y | Y | Y | Y |
| City of incorporation | | | | | | | | | | | | | | | |
| Country of incorporation | | | | | | | | | | | | | | | |

Please tick the applicable tax resident declaration-

1. Is "Entity" a tax resident of any country other than India Yes No
 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

| Country | Tax Identification Number % | Identification Type (TIN or Other, please specify) |
|---------|-----------------------------|---|
| | | |
| | | |
| | | |

*In case Tax Identification Number is not available, kindly provide its functional equivalent⁵
 In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U. S. but entity is not a Specified U. S. Person, mention Entity's exemption code here _____

Please refer to para 3(viii) Exemption code for U. S. persons under Part D of FATCA instructions & Definitions

FATCA & CRS Declaration

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

1. We are a, **Global Intermediary Identification Number (GIIN)**
 Financial institution³ or **Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below**
 Direct reporting NFE⁴ **Name of sponsoring entity** _____
 (Please tick as appropriate)

GIIN not available (Please tick as applicable) **Applied for**
 If the entity is financial institution, Not required to apply for- please specify 2 digits sub- category ¹⁰ _____
 Not obtained – Non-participating FI

PART B (Please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

| | |
|--|--|
| 1. Is the Entity a publicly traded company <i>(that is, a company whose shares are regularly traded on an established securities market)</i> | Yes <input type="checkbox"/> <i>(If yes, please specify any one stock exchange on which the stock is regularly traded)</i> Name of stock exchange _____ No <input type="checkbox"/> |
| 2. Is the Entity a related entity of a publicly traded company <i>(a company whose shares are regularly traded on an established securities market)</i> | Yes <input type="checkbox"/> <i>(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)</i> Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____ No <input type="checkbox"/> |
| 3. Is the Entity an active ¹ non-financial Entity (NFE) | Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="checkbox"/> <input type="checkbox"/> <i>(Mention code-refer 2c of Part D)</i> No <input type="checkbox"/> |
| 4. Is the Entity a passive ² NFE | Yes <input type="checkbox"/> <i>(If yes, please fill UBO declaration in the next section.)</i> Nature of Business _____ No <input type="checkbox"/> |

¹Refer 2 of Part D | ²Refer 3(ii) of Part D | ³ Refer 1(i) | ⁴Refer 3(vi) of Part D |

*** If passive NFE, please provide below additional details for each of Controlling person. (Please attach additional sheets if necessary)**

| Name and PAN / Any other Identification Number <small>(PAN, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)</small> | | Occupation Type - Service, Business, Others | DOB - Date of Birth |
|---|----------------------|---|--|
| City of Birth - Country of Birth | | Nationality | Gender - Male, Female, Other |
| | | Father's Name - Mandatory if PAN is not available | |
| 1. Name & PAN | <input type="text"/> | Occupation Type | DOB <input type="text"/> |
| City of Birth | <input type="text"/> | Nationality | Gender Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Country of Birth | <input type="text"/> | Father's Name | Others <input type="checkbox"/> |
| 1. Name & PAN | <input type="text"/> | Occupation Type | DOB <input type="text"/> |
| City of Birth | <input type="text"/> | Nationality | Gender Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Country of Birth | <input type="text"/> | Father's Name | Others <input type="checkbox"/> |
| 1. Name & PAN | <input type="text"/> | Occupation Type | DOB <input type="text"/> |
| City of Birth | <input type="text"/> | Nationality | Gender Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Country of Birth | <input type="text"/> | Father's Name | Others <input type="checkbox"/> |

*Additional details to be filled by controlling persons with tax residency/ permanent residency / citizenship / Green Card in any country other than India:

To include US, where controlling person is a US citizen or green cardholder

*In case Tax Identification Number is not available, kindly provide functional equivalent

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

[§]It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

Part C : Certification

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and here by confirm that the information provided by me /us on this Form is true, correct, and complete. I /We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and here by accept the same.

Date: / /

Name

Designation

Signature

**SIGN
HERE**

First / Sole Applicant / Guardian/
Authorised Signatory

Second Applicant/
Authorised Signatory

Third Applicant/
Authorised Signatory