

Corporate Office Address: Reliance Centre, 7th Floor, South Wing & 5th Floor, North Wing, Near Prabhat Colony, Santacruz (East), Mumbai - 400 055.

1. DISTRIBUTOR / BROKER INFORMATION (Refer Instruction No. 34)

Name & Broker Code / ARN	Sub Agent ARN Code	Sub Agent Code	*Employee Unique Identification Number	RIA Code**
ARN 48012 (imp here)	ARN-		E053085	

*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 in-appropriateness, 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

2. INVESTOR'S FOLIO NUMBER

(If you have an existing folio number with KYC validated, please mention the number here, enter your name in section 5 & proceed to section 9 to provide FATCA / Additional KYC details. If these details are already provided please proceed to Section 12. Mode of holding will be as per existing folio number.)	[Please tick (✓) any one] <input type="checkbox"/> I am a First time investor across Mutual Funds OR <input type="checkbox"/> I am an existing investor in Mutual Funds
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3. 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. XI.
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.

NSDL DP Name	DP ID	Beneficiary Account No.
CDSL DP Name	Beneficiary Account No.	

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

4. GENERAL INFORMATION APPLICATION FOR Zero Balance Folio Investment **MODE OF HOLDING :** [Please tick(✓)] Single Joint (Default) Any one or Survivor

5. FIRST APPLICANT DETAILS

NAME* Mr. Ms. M/s.

PAN / PEKRN** **CKYC Id*****

Name of Guardian if first applicant is minor / **Contact Person** for non individuals Mr. Ms.

Guardian's Relationship With Minor	Date of Birth of 1st Applicant	Proof of Date of Birth and Guardian's Relationship with Minor
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian	DDMMYYYY (Mandatory in case of Minor)	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others (please specify)

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)

Are you involved / providing any of the mentioned services : Foreign Exchange / Money Changer Services Gaming / Gambling / Lottery / Casino Services
 (Applicable only for Non Individuals) Money Lending / Pawning None of the above

Note: In case First Applicant is Non Individual please attach FATCA, CRS & UBO Self Certification Form (Ref Ins No. XIV) **In case First Applicant is Minor then details of Guardian will be required.
 ^Mandatory for all type of Investors. It is mandatory for investors to be KYC compliant prior to investing in Reliance Mutual Fund. Refer instruction no.II. 6, 7 & X

6. SECOND APPLICANT DETAILS

NAME* Mr. Ms.

PAN / PEKRN* **CKYC Id*** **STATUS***: Resident Individual NRI

RELIANCE MUTUAL FUND **ACKNOWLEDGMENT SLIP**
Wealth Sets You Free

Received Purchase Application from Mr/Ms/M/s : _____

For allotment of Units under Reliance Fixed Horizon Fund - XXXX - Series 8 - Regular Plan Growth Option Dividend Payout Option

Cheque / DD No. _____ date ____ / ____ / ____ ₹ _____
Drown on Bank _____

App No.: _____

Signature, Date & Stamp

7. THIRD APPLICANT DETAILS

NAME*	Mr. Ms.																				
PAN / PEKRN*		CKYC Id*																	STATUS* : <input type="radio"/> Resident Individual <input type="radio"/> NRI		

8. ADDITIONAL KYC DETAILS

OCCUPATION***	Professional	Agriculturist	Housewife	Retired	Government Service/PublicSector	Business	Forex Dealer	Student	Private Sector Service	Others
1st Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2nd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3rd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GROSS ANNUAL INCOME DETAILS***	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lacs	25 Lacs-1 Crore	>1 Crore	NET-WORTH*** in ₹	Date
1st Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(Net worth should	D D M M Y Y Y Y
2nd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	not be older	D D M M Y Y Y Y
3rd Applicant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	than 1 year)	D D M M Y Y Y Y
Guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		D D M M Y Y Y Y

PEP DETAILS***	1st Applicant	2nd Applicant	3rd Applicant	Guardian
Are you a Politically Exposed Person (PEP)***	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
Are you related to a Politically Exposed Person (PEP)***	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

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. *In 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)

Correspondence Address** (P.O. Box is not sufficient)	Overseas Address (Mandatory for NRI / FI Applicants)
**Please note that your address details will be updated as per your KYC records with CKYC / KRA	
House /Flat No.	House /Flat No.
Street Address	Street Address
City/ Town	City/ Town
State	State
Country	Country
Pin Code	Pin Code
Tel. (Res.)	Mobile No.
SD Code	Country Code
Tel. (Off.)	
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. BANK ACCOUNT DETAILS MANDATORY for Redemption/Dividend/Refunds, if any (Refer Instruction No. 23-25)

Bank Name												
Account No.						A/c. Type (✓)	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	
BranchAddress						Branch City						
PIN			IFSC Code				9 Digit MICR Code*	9 D i g i t 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



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12. 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 - XXXX - Series 8 - Regular Plan

[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		I minus II		DDMMYYYY			

(* 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

13. NOMINATION - I wish to Nominate Yes No (Mandatory if mode of holding is single) (Refer Instruction No. VI) 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

14. FOR SWITCH

Partial Switch

Amount: ₹ _____ or Units: _____

OR

Full Switch

From Scheme _____ Plan _____ Option _____

To Scheme : Reliance Fixed Horizon Fund - XXXX - Series 8 - Regular Plan

Growth Option

Dividend Payout Option

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

15. MATURITY INSTRUCTION

Switch to Scheme/Plan : Reliance Ultra Short Duration Fund- Growth 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 - XXXX - Series 8 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 (RNAM) liability. I understand that the RNAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. I agree RNAM 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 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 Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

CHECK LIST

Please ensure that:

- Your Application Form is complete in all respect, Name, Address & contact details are mentioned in full, signed by all applications.
- Bank Account Details are entered completely and correctly.
- Permanent Account Number (PAN) of all the applicants are mandatory. Please refer to instruction no. 17 for details.
- For KYC, please refer to instruction no. 18 & for PAN Exempt KYC Refer instruction no. 38
- Appropriate Option is ticked.
- The Cheque / DD is drawn in favour of " **Reliance Fixed Horizon Fund** ", dated and duly signed.
- Application Number is mentioned on the reverse of the Cheque / DD.
- Document as listed alongside are submitted along with the Application (as applicable to your specific case.)

Documents	Companies	Trusts	Societies	Partnership Firm	Fils	Investments through Constituted Attorney
1. Resolution/Autorisation 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. Proof of PAN	✓	✓	✓	✓	✓	✓
10. KYC Compliant	✓	✓	✓	✓	✓	✓

Wealth Sets You Free

APP No.:

**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 DD / MM / YYYY

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(vii) 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, Financial institution³ or Direct reporting NFE⁴ (Please tick as appropriate)

Global Intermediary Identification Number (GIIN)
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

Name of sponsoring entity

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- category¹⁰
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 (that is, a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
2. Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) 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 _____
3. Is the Entity an active ¹ non-financial Entity (NFE) <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> (Mention code-refer 2c of Part D)
4. Is the Entity a passive ² NFE <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business _____

¹Refer 2 of Part D | ²Refer 3(iii) of Part D | ³Refer 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.

⁵It 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
	<input type="text"/>	<input type="text"/>	<input type="text"/>