

SIP ENROLLMENT DETAILS

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

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

Reliance Nippon Life Asset Management Limited

		(Use tl	his form if C	One Time	Bank M	andate Form	is registered in	n the folio)		Α	PP No.		
	/ BROKER INFORMATION Broker Code / ARN		oker / Sub Ag	ent ARN (Code	*Employee	Unique Identifi	cation Number		Sub Broke	r / Sub Agent (Code	
	(ARN stamp here)												
I/We hereby confir	w in case the EUIN is left blank m that the EUIN box has been in	tentionally lef	t blank by me	/us as this	transactio	n is executed wit	hout any interact	ion or advice by th	ne empl	oyee/relationsh	ip manager/sal	les person of	
the above distribut	tor/sub broker or notwithstanding	g the advice of	fin-appropria	teness, if a	ny, provide	ed by the employ	ree/relationship n	nanager/sales pe	rson of	the distributor/s	ub broker.	,	
Sole / 1st Applicant / Guardian Authorised Signatory					2nd Applicant Authorised Signatory 3rd Ap					plicant Authorised Signatory			
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gilts, directly or indirect Notifications /Directions Asset Management Lim me. I agree RNLAM car competing Schemes of Further, I agree that the t il confirm that I am re- from funds in my/our No my/ our NRE/FCNR Acc SIGNATURE	e would like to invest in Reliance d subsequent amendments thereto. If your towards my lumpsum I systematic ly, in making this investment. I We de to or any other Applicable Laws enacter the latest of the property of the latest of the property of the latest of the lat	iclare that the ar I by the Governr Management Lin Irges as applical thich the Schem be deducted fron at I am/We are N tt/FCNR Accoun	mount invested ment of India or a mited) (RNLAM) ble from time to be is being recom the subscriptic lon-Resident of Int. I/We undertak	in the Schen any Statutory liability. I und time. The AF nmended to r on amount an Indian Nation se that all add	ne is through of Authority. I derstand tha RN holder ha ne/us. I here d the said ch nality/Origin a	n legitimate source: accept and agree to the RNLAM may, s disclosed to me/lo- bby declare that the arges shall be paid and I/We hereby co asses made under t	s only and is not des o be bound by the sa at its absolute discre's is all the commission above information is to the distributors. Infirm that the funds f his folio will also be fi	signed for the purpos idid Terms and Conditi tion, discontinue any is (in the form of trail s given by the unders for subscription have rom funds received f	se of contions incluing the second signed and been rerrorm abro	ravention or evasi ding those excludi rvices completely sion or any other m d particulars given nitted from abroad ad through approve	on of any Act / He nor/ limiting the Re or partially without ode), payable to h i by me/us are con through normal ba ed banking channe	sgulations / Hules sliance Nippon Life any prior notice to irm for the differen rect and complete anking channels o els or from funds in	
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