

**Mutual Fund**
**ARN-3092**

APP No.:

## Change in Bank Details for SIP Enrolment via ECS

 (Please refer list of Autodebit banks in Terms & Conditions Point No.1 Overleaf) **TO BE FILLED IN CAPITAL LETTERS. PLEASE (✓) WHEREVER APPLICABLE**

APPLICANT DETAILS		
Folio No. _____		
Name of Sole/1st holder _____	PAN No. <b>M A N D A T O R Y</b> _____	KYC Compliant <input type="checkbox"/>

SCHEME DETAILS	
Scheme Name _____	Option _____
Plan _____	Option _____

EXISTING SIP DETAILS	
Frequency (Please ✓) <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly	SIP Date <input type="checkbox"/> 2 <input type="checkbox"/> 10 <input type="checkbox"/> 18 <input type="checkbox"/> 28
SIP AMOUNT _____ (in figures)	_____ (in words)
<input type="checkbox"/> <b>REGULAR</b> Enrollment Period: From: [M][M][Y][Y] To: [M][M][Y][Y]	<input type="checkbox"/> <b>PERPETUAL (Default)</b> Enrollment Period: From: [M][M][Y][Y] To: [1][2][9][9]

NEW BANK ACCOUNT DETAILS	
1st/Sole Accountholder Name as in Bank Records _____	
2nd Accountholder Name as in Bank Records _____	
3rd Accountholder Name as in Bank Records _____	

A/c. Type ✓ <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	Account No. <b>M a n d a t o r y</b> _____
(Core Banking Account Number)	
Bank _____	City _____
Branch Address _____	IFSC Code _____
PIN _____	9 Digit MICR Code _____

\*Mandatory: Please enter the 9 digit number that appears after your cheque number. MICR code starting and / or ending with 000 are not valid for ECS.

<b>Mandatory Enclosures:</b>
<input type="checkbox"/> Blank cancelled cheque <input type="checkbox"/> Copy of cheque

**DECLARATION**  
 I/We wish to inform you that I/we have registered with Reliance Mutual Fund through their authorised Service Provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose I/we authorised Service Provider(s) and representative to raise a debit on my/our above mentioned account with your branch. I/We hereby authorize you to honour all such requests received through authorised Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to the beneficiary. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the authorised Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund or a Bank holiday, execution of the SIP will happen on the day of Holiday/next working day and allotment of units will happen as per the Terms and Conditions listed in the Statement of Additional Information & Scheme Information Document of the Mutual Fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of this service, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond the above mentioned Banks reasonable control and which has the effect of preventing the performance this service by the above mentioned Bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the Bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Bank and authorised Service Provider(s) and representative, jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and expenses incurred by the Bank and authorised Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through a written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and acknowledged at your counters and giving reasonable notice to effect such withdrawal.  
 I/We would like to invest in Reliance \_\_\_\_\_ Fund subject to terms of the Statement of Additional Information (SAI) and Scheme Information Document (SID) and subsequent amendments thereto. I/We have read, understood (before filling application form) and is/are bound to the details of the SAI and SID. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I accept and agree to be bound by the said Terms and Conditions including those excluding/limiting the Reliance Capital Asset Managements Limited (RCAM) liability. I understand that the RCAM may, at its absolute discretion, discontinue any of the services completely or partially without any prior notice to me. 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. **Applicable for NRI Investors:** I/We undertake that all 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.

SIGNATURE/S AS PER RELIANCE MUTUAL FUND (MANDATORY)	
Sole/ 1 <sup>st</sup> applicant/ Guardian Authorised Signatory	✓
2 <sup>nd</sup> applicant / Authorised Signatory	
3 <sup>rd</sup> applicant Authorised Signatory	

SIGNATURE/S AS PER BANK RECORDS (MANDATORY)	
Sole/ 1 <sup>st</sup> applicant/ Guardian Authorised Signatory	✓
2 <sup>nd</sup> applicant / Authorised Signatory	
3 <sup>rd</sup> applicant Authorised Signatory	

FOR OFFICE USE ONLY (Not to be filled in by Investor)			
Recorded on _____	Scheme Code _____	Recorded by _____	Credit Account Number _____
Bank use Mandate Ref. No. _____	Customer Ref. No. _____		