

Anil Dhirubhai Ambani Group

Received from Mr./Mrs._

Reliance Capital Asset Management Limited

A Reliance Capital Company

APP No .:

2066923

DECLARATION: I/We confirm that I am / We are non-Resident(s) of Indian Nationality/Origin and that I/We have remitted funds from abroad through approved banking channets or from funds in young/our NRE/CRAR account. **Redemption Amount: Rs			TR	ANSACT	TION SLIP		
Name of Struker Code / ARN Sub Broker / Sub Agent Code	Please use separate	transaction slip for e	each scheme. This Form is fo	or use of Existing	Investors only. To be filled in CA	APITAL LETTERS	SECTION PROPERTY 1
ARNN-9686 Investor Details Name of First / Sole applicant	DISTRIBUTOR	BROKER INFOR	MATION				
Investor Details Name of Tiss / See applicant [Are you KYC Compliant Please (*) Yes or No] PAN No. Name of Guardian (In case of Minor) [Are you KYC Compliant Please (*) Yes or No] PAN No. Name of Guardian (In case of Minor) [Are you KYC Compliant Please (*) Yes or No] PAN No. Name of Second Applicant [Are you KYC Compliant Please (*) Yes or No] PAN No. Amount Bank Name of Third Applicant [Are you KYC Compliant Please (*) Yes or No] PAN No. Additional Purchase Cheque/ DD No. DD Charge Rs. Cheque/ DD Net Amount Rs. Banch: Banch: Banch: Plan Option ***Option** ***Option** ***Option** Option** Option* Option** Option** Option* Option** Option** Option** Opt			Sub Broker / Sub	Agent Code	Control Contro		
Name of First / Sole applicant [Are you KYC Compliant Please (*) Yes or No]] PAN No. Name of Guardian (In case of Minor) [Are you KYC Compliant Please (*) Yes or No]] PAN No. Name of Second Applicant [Are you KYC Compliant Please (*) Yes or No]] PAN No. Additional Purchase Cheque/ DD No. DD Charge Rs. Cheque/ DD Net Amount Rs. Branch City DOLUMATION: [We confirm that I am / We are non-Residentic) of Indian Nationality/Origin and that I we wentited funds from about through approved basising mannets or from funds in myour late (*) Pan Amount: Rs. Option Amount: Rs. Option Amount: Rs. Option From Scheme Plan Option Change of Address (With effect from fectuary 1 200b. Change of address repeat has to be administed at ROS of CVL using "ACC dated Changes From It you are AVC compliant) Additional Change of Bank Details (Please attach photocopy of Cheque) Bank Account No. Anderson Option Change of Address (With effect from fectuary 1 200b. Change of address repeat has to be administed at ROS of CVL using "ACC dated Changes From It you are AVC compliant) Add Address (City District State Final DIVINE State ACT Type SSB CA NRE NRE NRO PENR Bank Amount No. ACT Type SSB CA NRE NRO PENR Bank Account No. ACT Type SSB CA NRE NRO PENR Bank Account No. Bank Account No.	ARN-	9686					
Name of Guardian (In case of Minor)	Investor Detail	5					
Name of Second Applicant [Are you KYC Compliant Please (*) Yes or No] PAN No. Additional Purchase Cheque/ DD No. DD Charge Rs. Cheque/ DD Net Amount Rs. Branch: City Scheme Plan Option Option Amount: Rs or Units: or All Units Scheme Plan Option Amount: Rs or Units: or All Units Scheme Plan Option Amount: Rs or Units: or All Units Scheme Plan Option To Scheme Plan Option Charge of Address (Woth effect from february 1, 2008, Charge of address request has to be submitted at POS of City Lenang PKC Century and AVC Compliant) Additional Purchase From Scheme Plan Option Change of Address (Woth effect from february 1, 2008, Charge of address request has to be submitted at POS of City Lenang PKC Century and AVC Compliant) Additional Purchase From Scheme Plan Option Change of Bank Details (Rease attach phiotocopy of cheque) Bank Account. No STD Code Plans Option From Scheme Plan Option Change of Bank Details (Rease attach phiotocopy of cheque) Bank Account No STD Code Plans Option Plans Option From Scheme Plan Option Change of Bank Details (Rease attach phiotocopy of Cheque) Bank Account No STD Code Plans Option Plans Option From Scheme Plan Option From Scheme Plan Option Change of Bank Details (Rease attach phiotocopy of Cheque) Bank Account No STD Code Plans Option Plans Option From Scheme Plans Option A/C Type S B C A NRE NRO FCNR Bank Account No STD Code Plans Option From Scheme Plans Option A/C Type S B C A NRE NRO FCNR Bank Account No STD Code Plans Option From Scheme Plans Option A/C Type S B C A NRE NRO FCNR Bank Account No STD Code Plans Option Plans Option Bank Account No STD Code Plans Option Plans Option A/C Type S B C A NRE NRO FCNR Bank Account No STD Code Plans Option Plans Option A/C Type S B C A NRE NRO FCNR Bank Account No STD Code Plans Option Plans Option A/C Type S B C A NRE NRO FCNR Bank Account No STD Code Plans Option Plans Op	Name of First / S	iole applicant	[Are you KYC Compliant	Please (🗸) Yes	or No D PAN No		
Name of Third Applicant [Are you KYC Compliant Please (v') Yes or No] PAN No. Additional Purchase Cheque/ DD No. DD Charge Rs. Cheque/ DD Net Amount Rs. City Bank Name: Brank: City Scheme Plan Option Switch Amount: Rs. or Units: or All Units From Scheme Plan Option Charge of Address (With effect from febusity 1, 2008, Charge of sidness request has to be abunited of POS of CVL using TXYC Beals Charges' From Life value in Tity and Residence Pax Mobile Email Communication E-mail Communication Bank Account No. Bank Account No. Bank Account Statement, Quarterly Statement, Annual Statement, Annual Report via email instead of physical. Change of Bank Details (Please attach photocopy) of cheque) Bank Account No. Bank Account No. Bank Account No. A/c Type S B CA NRE NRO FCNR PIN' PIN' PISC/NEFT Code PIN' PISC/NEFT Code PIN' PIN' PISC/NEFT Code PIN' PIN' PISC/NEFT Code PIN' PIN' PISC/NEFT Code PIN' PIN'	Name of Guardian	(In case of Minor)		Please (🗸) Yes	or No] PAN No		
Additional Purchase Cheque/ DD No. DD Charge Rs. Cheque/ DD Net Amount	The second second	pplicant		t Please (🗸) Yes	or No 🗌] PAN No		
Additional Purchase Cheque/ DD No. DD Charge Rs. Cheque/ DD Net Amount Rs. City Bank Name: Branch: City Plan Option Option Option Option Option Option Amount: Rs	Name of Third App	plicant	[Are you KYC Compliant	Please (🗸) Yes			
Scheme	Additional Pur	chase					
Bank Name:	Cheque/ DD No		DD Charge Rs.	Cheq			
Scheme	Bank Name:			Branch:			
Amount: Rs	*DECLARATION; I/We my/our NRE/FCNR Ac	confirm that I am / We		P	lan	Option	
Scheme	The state of the s						
Amount: Rs							
Amount: Rs or Units:				P	lan	Option	
From Scheme Plan Option Change of Address (With effect from February 1, 2008, Change of address request has to be submitted at POS of CVL using "KYC Details Changes" Form, If you are KYC compliant) Add1 Add2 Add3 City District State PIN* Tel. No. STD Code Office Residence Fax Mobile E-mail INBBLOCK LETTERS I/We wish to receive Account Statement, Quarterly Statement, Annual Statement, Annual Report via email instead of physical. Change of Bank Details (Please attach photocopy of cheque) Bank Account No: Bank Acco	Switch						
From Scheme Plan Option To Scheme Plan Option Change of Address (With effect from Feburary 1, 2008, Change of address request has to be submitted at POS of CVL-using "KYC Details Changes" Form, If you are KYC compliant) Add1 Add2 Add3 City District State PIN* Tel. No. STD Code Office Residence Fax Mobile Email Communication E-mail New ish to receive Account Statement, Quarterly Statement, Annual Statement, Annual Report via email instead of physical. Change of Bank Details (Please attach photocopy of cheque) Bank Account No: A/c Type SB CA NRE NRO FONR Bank Name: City PIN* Digit MICR No. Main date of y IFSC/NEFT Code Payable City: PAN & KYC Updation (Please Tick) Photocopy(ies) of PAN Card(s) Submitted herewith Photocopy(ies) of KYC letter(s) enclosed herewith SIGNATURE/S Sole / 1* applicant/Guardian/ Authorised Signatory 2* applicant 3* applicant	Amount: Rs					or	All Units
Change of Address (With effect from Feburary 1, 2008, Change of address request has to be submitted at POS of CVL using "KYC Details Changes" Form, If you are KYC compliant) Add1 Add2 Add3 City District State PIN* Tel. No. STD Code Office Residence Fax Mobile Email Communication E-mail I W B L O C K L E T T E R S I I/We wish to receive Account Statement, Quarterly Statement, Annual Statement, Annual Report via email instead of physical. Change of Bank Details (Please attach photocopy of cheque) Bank Account No: Bank Account No: Bank Address: City PIN* Po Digit MICR No. M a n d a L D F Y IFSC/NEFT Code PIN* PAN & KYC Updation (Please Tick) Photocopy(ies) of PAN Card(s) Submitted herewith Photocopy(ies) of KYC letter(s) enclosed herewith SIGNATURE/S Sole / 1* applicant/Guardian/ Authorised Signatory 2* applicant 3* applicant	From Scheme				Plan	Option	
Add1	To Scheme				Plan	Option	
Add1	Change of Add	ress (With effect from	Feburary 1, 2008, Change of ac	ddress request has	to be submitted at POS of CVL using	"KYC Details Changes"	Form, If you are KYC compliant)
Add3 District State PIN* Tel. No. STD Code Office Residence Fax Mobile Email Communication E-mail I N B L O C K L E T T E R 5 I // We wish to receive Account Statement, Quarterly Statement, Annual Statement, Annual Report via email instead of physical. Change of Bank Details (Please attach photocopy of cheque) Bank Account No: A/c Type SB CA NRE NRO FCNR Bank Name: Branch & Address: City PIN* Digit MICR No. Payable City: PAN & KYC Updation (Please Tick) Photocopylies) of PAN Card(s) Submited herewith Photocopylies) of KYC letter(s) enclosed herewith SIGNATURE/S Sole / 1* applicant/Guardian/ Authorised Signatory 2* applicant 3* applicant							
District State PIN* Tel. No. STD Code Office Residence Fax Mobile Email Communication E-mail INBLOCKLETTERS I // We wish to receive Account Statement, Quarterly Statement, Annual Statement, Annual Report via email instead of physical. Change of Bank Details (Please attach photocopy of cheque) Bank Account No: A/c Type SB CA NRE NRO FCNR Bank Name: Branch & Address: City PIN* Digit MICR No. Mana Address: PAN & KYC Updation (Please Tick) Photocopy(ies) of PAN Card(s) Submitted herewith Photocopy(ies) of KYC letter(s) enclosed herewith SIGNATURE/S Sole / 1* applicant/Guardian/ Authorised Signatory 2* applicant 3* applicant	Add2					THE REAL PROPERTY AND ADDRESS OF THE PERSON	
Tel. No. STD Code Office Residence Fax Mobile Email Communication							
E-mail	District —			State		PIN*	
I/We wish to receive Account Statement, Quarterly Statement, Annual Statement, Annual Report via email instead of physical. Change of Bank Details (Please attach photocopy of cheque) Bank Account No: A/c Type			ice Resi	idence	Fax	Mobile _	
T/We wish to receive Account Statement, Quarterly Statement, Annual Statement, Annual Report via email instead of physical. Change of Bank Details (Please attach photocopy of cheque) Bank Account No: A/c Type	Email Commun	ication					
Change of Bank Details (Please attach photocopy of cheque) Bank Account No: Bank Name: Branch & Address: City PIN* Digit MICR No. Payable City: PAN & KYC Updation (Please Tick) Photocopy(ies) of PAN Card(s) Submited herewith SIGNATURE/5 Sole / 1" applicant/Guardian/ Authorised Signatory 2" applicant A/c Type	E-mail		I N B	L O C K	G L E T T E R S		
Bank Account No: Bank Name: Branch & Address: City PIN* Digit MICR No. Payable City: PAN & KYC Updation (Please Tick) Photocopy(ies) of PAN Card(s) Submited herewith Signature/S Sole / 1st applicant/Guardian/ Authorised Signatory 2st applicant A/c Type				11017	tement, Annual Report via em	ail instead of phys	ical.
Branch & Address: City PIN* Digit MICR No. Payable City: PAN & KYC Updation (Please Tick) Photocopy(ies) of PAN Card(s) Submited herewith SIGNATURE/S Sole / 1st applicant/Guardian/ Authorised Signatory 2st applicant 3st applicant	Change of Bank	Details (Please att	ach photocopy of cheque)				
Branch & Address: City	Bank Account No: _		LITTER ASSESSED EL		A/c Typ	e SB CA	☐ NRE ☐ NRO ☐ FCNR
City	Bank Name:						
Payable City: PAN & KYC Updation (Please Tick) Photocopy(ies) of PAN Card(s) Submited herewith Photocopy(ies) of KYC letter(s) enclosed herewith SIGNATURE/S Sole / 1st applicant/Guardian/ Authorised Signatory 2st applicant 3st applicant	Branch & Address:					PIN*	
PAN & KYC Updation (Please Tick) Photocopy(ies) of PAN Card(s) Submitted herewith Photocopy(ies) of KYC letter(s) enclosed herewith SIGNATURE/S Sole / 1st applicant/Guardian/ Authorised Signatory 2st applicant 3st applicant 3st applicant		M a n	datory		IFSC/NEFT Cod	le	
SIGNATURE/S Sole / 1 st applicant/Guardian/ Authorised Signatory 2 nd applicant 3 rd applicant	Payable City:						
Sole / 1 st applicant/Guardian/ Authorised Signatory 2 rd applicant 3 rd applicant 3 rd applicant	PAN & KYC Updat	ion (Please Tick)	Photocopy(ies) of Pa	AN Card(s) Subm	nited herewith Photoco	py(ies) of KYC lette	r(s) enclosed herewith
Sole / 1 st applicant/Guardian/ Authorised Signatory 2 rd applicant 3 rd applicant 3 rd applicant							
ACKNOWLEDGEMENT CLTD /F I CIL II II II II II II	SIGNATURE/S	Sole / 1" applicant/Gu	ardian/ Authorised Signatory	2 [™] applicant		3 rd applicant	

☐ Additional Purchase ☐ Redemption ☐ Switch ☐ Change of Address ☐ Change of Bank Account ☐ PAN & KYC Updation ☐ Email Communication

Folio/Account No:_