& Signature



Anil Dhirubhai Ambani Group

From Scheme / Plan / Option _____

to Scheme / Plan / Option ____

Time Dimedinal	Announ Group			APP No.:				
SYSTEMA	TIC TRAN	SFER PLA	N/DIVIDE	ND TRANSFER F	PLAN -	ENROLMENT FO	ORM	
Please read the ins	tructions carefully	, before filling u	p the application					
			n) Use this form if yo	u wish to withdraw your inv		ematically.		
Name & Broker Coo	BROKER INFO	Sub Broker / Si	ub Agent Code	FOR OFFICE USE ONL Date and Time of Receip		Bank / Register Serial No.		
ARN-1	,	Sub Blokel / Si	JD Agent Code	Date and Time of Receip		Dalik / Register Serial No.		
		ctly by the inve	stor to the AMFI regis	stered Distributors based on	the investors	assessment of various facto	ors	
				ase Mention "Direct in the (J. J	
The Trustee, Reliance					6	'''		
apply for the same a	and agree to abide by	itents of the offer y the terms, condi	tions rules & the instru	octions printed overleaf for the is of the plan.	Systematic w	rithdrawal Plan (RWP), I / We h	nereby	
2. EXISTING UN	IIT HOLDER INFO	DRMATION	FOLIO NO.	<u> </u>				
3. PARTICULAR:	S OF APPLICANT							
Name of First / So	ole applicant 🔲	Mr. 🗌 Ms. 🔲 I	٧/s.					
Name of Guardian	☐ Mr. ☐ Ms.	M/s. (in case	of First / Sole Applica	ant is a Minor) / Contact Perso	on – Designat	ion (in case of non-individual	Investor	
		()1						
Name of Second Ap			IVIS.		1 1 1			
Name of Third Appl								
l l l l l l	dealie [i tease tick (1 1 1			
SYSTEMATIC TR	ANSFER PLAN (
Name of 'Transferor								
Name of 'Transferee								
	(Please ✓ any one							
Fixed Transfe	er STP			Capital Apprecia	tion STP			
STP Frequency				STP Frequency				
☐ Weekly	☐ Fortnightly	☐ Monthly	☐ Quarterly	■ Monthly		Quarterly		
1 st , 8 th , 15 th & 22 nd	1 st & 15 th			1st of every Month		1 st of the starting month		
of every month	of every month	of every month				of every Quarter		
			month of every Quarter					
Amount of Transfe	Amount of Transfer per Instalment Rs.				Amount of Transfer per Instalment Rs.			
Enrolment Perio	d							
		Month	Voar	To a	M	onth Year		
			rear	10		oridi rear		
DIVIDEND TRA	ANSFER PLAN	(DTP)						
I/We would like	to transfer Dividen	d from:		I/We would like to transf	er Dividend 1	10:		
Scheme Name				Scheme Name				
DIVIDEND PLAN - Option				Plan/Option				
	· ·							
Folio No. of 'Transf				Existing Folio No., if any in th	nis scheme			
	SIGNATURE/S (refe		tmost Plan subject to	torms of the Cohema Informat	tion Dooumor	nt and subsequent amendment	ts thorat	
I/We have read the	instructions and th	e Scheme Inform	ation Document before	e filling the Application Form.	I/We have ur	nderstood the details of the sci	heme ar	
I/We have not rece commissions (in the	eived nor been indu e form of trail comm	ced by any rebate ission or any other	e or gifts, directly or inc rmode), payable to him	directly, in making this investi n for the different competing S	ment. The AR Schemes of va	N holder has disclosed to mearious Mutual Funds from amon	/us all th ngst whic	
the Scheme is being	recommended to n	ne/us. I hereby de	clare that the above in	formation is given by the unde	rsigned and pa	articulars given by me/us are co I/We hereby confirm that the	orrect ar	
subscription have be	een remitted from at	proad through nor	mal banking channels c	or from funds in my/our Non-R	esident Exterr	nal / Ordinary Account / FCNR /	Account.	
Place:		1				Date: D D M M Y Y	Y	
SIGNATURE								
Sole/ 1st applicant/Guardian Authorised Signatory 2nd applicant,				Authorised Signatory 3 rd applicant Authorised Signatory				
	<							
Acknowledgeme	ent Receipt of ST	P/DTP Applica	tion Form (To be	filled in by the Unit hold	er)			
RELIMN	Ce Mutua	l Fund	FOLIO NO.		, , I.	APP No.:		
Anil Dhirubhai Amban	•							
				STP/DTP applic	ation	Stamp of receiving branch		
Amount of Transfe	r per Instalm ent Rs.							