RELIANCE MUTUAL FUND

Reliance Nippon Life Asset Management Limited (formerly Reliance Capital Asset Management Limited)

APP No.

Wealth Sets You Free

Mode & Frequency of STP

| SYSTEMATIC TRANSFER PLAN (STI |                  |
|-------------------------------|------------------|
| SISTEMATIC TRANSFER FLAN (ST  | PIENKOLMENT FORM |
|                               |                  |

TO BE FILLED IN CAPITAL LETTERS. PLEASE (/) WHEREVER APPLICABLE

| 1.DISTRIBUTOR / BROKER INFORMA<br>Name & Broker Code / ARN                                                                                                                                                                                                                                                                                                                                                          | ATION (Refer Instruction<br>Sub Broker / Sub Age                                                                                                           |                                                                                                                                              | nployee Unique Identificatio                                                                                                                                    | n Number Sub F                                                                                                              | Broker /                                            | Sub Agent Code                                                                                                                | RIA Code**                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| ARN-2828<br>DIPAK N MORJARIA                                                                                                                                                                                                                                                                                                                                                                                        | ARN-                                                                                                                                                       |                                                                                                                                              | E032003                                                                                                                                                         |                                                                                                                             |                                                     |                                                                                                                               |                                                                                                                               |
| *Please sign below in case the EUIN is left b<br>employee/relationship manager/sales pers<br>distributor/sub broker.<br>++ I/We, have invested in the Scheme(s) of<br>investments under Direct Plan of all Scheme                                                                                                                                                                                                   | son of the above distribut                                                                                                                                 | or/sub broker or notwi                                                                                                                       | thstanding the advice of i                                                                                                                                      | n-appropriateness, if an                                                                                                    | y, provic                                           | ded by the employee/relationship                                                                                              | o manager/sales person of the                                                                                                 |
| SIGN First / Sole Applico<br>HERE Authorised                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                            |                                                                                                                                              |                                                                                                                                                                 |                                                                                                                             |                                                     |                                                                                                                               |                                                                                                                               |
| Upfront commission shall be paid directly by                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                            | -<br>-                                                                                                                                       | sed on the investor's asses                                                                                                                                     | sment of various factors                                                                                                    | includin                                            | g the service rendered by the dis                                                                                             | tributor.                                                                                                                     |
| 2. EXISTING UNIT HOLDER IN<br>APPLICANT DETAILS                                                                                                                                                                                                                                                                                                                                                                     | FORMATION                                                                                                                                                  | FOLIO NO.                                                                                                                                    |                                                                                                                                                                 |                                                                                                                             |                                                     |                                                                                                                               |                                                                                                                               |
| Name of Sole/1st holder Mr./Ms./W                                                                                                                                                                                                                                                                                                                                                                                   | N/s                                                                                                                                                        |                                                                                                                                              |                                                                                                                                                                 | PAN No / PEKRN.                                                                                                             | M                                                   | A N D A T O R                                                                                                                 | У КҮС                                                                                                                         |
| Name of 2nd holder Mr./Ms.                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                            |                                                                                                                                              |                                                                                                                                                                 | PAN No / PEKRN.                                                                                                             | M                                                   | A N D A T O R                                                                                                                 | Y KYC                                                                                                                         |
| Name of 3rd holder Mr./Ms.                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                            |                                                                                                                                              |                                                                                                                                                                 | PAN No / PEKRN.                                                                                                             | M                                                   | A N D A T O R                                                                                                                 | У КҮС                                                                                                                         |
| 4. SYSTEMATIC TRANSFER PL<br>(If the investor wishes to invest i                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                            |                                                                                                                                              |                                                                                                                                                                 |                                                                                                                             |                                                     |                                                                                                                               |                                                                                                                               |
| Name of 'Transferor' Scheme/Plan                                                                                                                                                                                                                                                                                                                                                                                    | n/Option                                                                                                                                                   |                                                                                                                                              |                                                                                                                                                                 |                                                                                                                             |                                                     |                                                                                                                               |                                                                                                                               |
| Name of 'Transferee' Scheme/Pla                                                                                                                                                                                                                                                                                                                                                                                     | n/Option                                                                                                                                                   |                                                                                                                                              |                                                                                                                                                                 |                                                                                                                             |                                                     |                                                                                                                               |                                                                                                                               |
| 5. STP DETAILS (Refer Instruction                                                                                                                                                                                                                                                                                                                                                                                   | n No.6)                                                                                                                                                    |                                                                                                                                              |                                                                                                                                                                 |                                                                                                                             |                                                     |                                                                                                                               |                                                                                                                               |
| <b>Fixed Transfer STP (Refer In</b><br><b>STP Frequency</b> (Please var                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                            | 9)                                                                                                                                           |                                                                                                                                                                 |                                                                                                                             |                                                     |                                                                                                                               | STP(Refer Inst No. 8 & 9)                                                                                                     |
| <b>STP Frequency</b> (Please √ar                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                            | Fortnightly                                                                                                                                  | Monthly (Default)                                                                                                                                               | Quarterly                                                                                                                   |                                                     | STP Frequency (F                                                                                                              | Please√any one)<br>□ Quarterly                                                                                                |
| First execution date will be on<br>or after 7 calendar days from<br>the date of submission of the                                                                                                                                                                                                                                                                                                                   | 1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> & 22 <sup>nd</sup> of<br>every month                                                                  | 1 <sup>st</sup> &15 <sup>th</sup><br>of every month                                                                                          | *<br>of every month                                                                                                                                             | *<br>of the starting<br>month of<br>every Quarter                                                                           | OR                                                  | 1 <sup>st</sup> of every Month                                                                                                | 1 <sup>st</sup> of the starting month of every Quarter                                                                        |
| form (excluding date of<br>submission)                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                            |                                                                                                                                              | *Incase the Investor has<br>date then the default do                                                                                                            | not specified any                                                                                                           |                                                     |                                                                                                                               |                                                                                                                               |
| Amount of Transfer per Instalr                                                                                                                                                                                                                                                                                                                                                                                      | nent ₹                                                                                                                                                     |                                                                                                                                              | adie men ne delaur ac                                                                                                                                           |                                                                                                                             | ] [                                                 |                                                                                                                               |                                                                                                                               |
| Enrolment Period (Please < any                                                                                                                                                                                                                                                                                                                                                                                      | y one)<br>Y Y To : M                                                                                                                                       | MYY                                                                                                                                          |                                                                                                                                                                 | PETUAL From :                                                                                                               | M                                                   | M Y Y <b>To</b> : M                                                                                                           | MYY                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                            | · · · · · · · · · · · · · · · · · · ·                                                                                                        | (De                                                                                                                                                             | efault)                                                                                                                     |                                                     |                                                                                                                               |                                                                                                                               |
| Only for Daily STP Enrolment P                                                                                                                                                                                                                                                                                                                                                                                      | Period                                                                                                                                                     | To :                                                                                                                                         |                                                                                                                                                                 |                                                                                                                             |                                                     |                                                                                                                               |                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                            | 10:                                                                                                                                          |                                                                                                                                                                 |                                                                                                                             |                                                     |                                                                                                                               |                                                                                                                               |
| 6. DECLARATION & SIGNATURE/S<br>I/We would like to opt for Systematic Tra<br>Form, Scheme Information Document of<br>of the scheme and I/We have not receive<br>the form of trail commission or any othe<br>Ihereby declare that the above informa<br>I confirm that I am resident of India.<br>I/We confirm that I am/We are Non-<br>channels or from funds in my/our Non-<br>from abroad through approved banking | of the Transferor and Ti<br>ed nor been induced b<br>r mode), payable to hi<br>tion is given by the und<br>Resident of Indian Na<br>Resident External /Ord | ransferee Scheme a<br>by any rebate or gifts<br>m for the different co<br>Jersigned and partic<br>tionality/Origin and<br>dinary Account/FCN | nd Statement of Additic<br>, directly or indirectly, in<br>impeting Schemes of vo<br>ulars given by me/us a<br>I/We hereby confirm th<br>R Account. I/We underf | onal Information befo<br>making this investme<br>arious Mutual Funds fi<br>re correct and comple<br>nat the funds for subse | re fillin<br>ent. The<br>rom an<br>ete.<br>criptior | g up the Enrolment Form. I/W<br>> ARN holder has disclosed to<br>nongst which the Scheme is b<br>n have been remitted from ab | le have understood the details<br>me/us all the commissions (ir<br>ieing recommended to me/us<br>proad through normal banking |
| Place :                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                            |                                                                                                                                              |                                                                                                                                                                 | Date:                                                                                                                       |                                                     | D D M M Y Y                                                                                                                   | YY                                                                                                                            |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                                                                                              |                                                                                                                                                                 |                                                                                                                             |                                                     |                                                                                                                               |                                                                                                                               |
| First / Sole Applicant /<br>X Authorised Sign                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                            | x                                                                                                                                            |                                                                                                                                                                 |                                                                                                                             | ×                                                   | Third App<br>Authorised                                                                                                       |                                                                                                                               |
| %                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                            |                                                                                                                                              | IP Application Fo                                                                                                                                               |                                                                                                                             |                                                     |                                                                                                                               | ->                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                     | -cknowledgeme                                                                                                                                              |                                                                                                                                              | Application Fol                                                                                                                                                 |                                                                                                                             | пр                                                  |                                                                                                                               |                                                                                                                               |
| FOLIO NO.      Received from      Amount of Transfer per Instalment ₹      From Scheme / Plan / Option                                                                                                                                                                                                                                                                                                              |                                                                                                                                                            |                                                                                                                                              |                                                                                                                                                                 | STP application                                                                                                             |                                                     | APP No.:<br>Stamp of                                                                                                          | receiving branch                                                                                                              |
| to Scheme / Plan / Option                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                            |                                                                                                                                              |                                                                                                                                                                 |                                                                                                                             |                                                     |                                                                                                                               |                                                                                                                               |

& Signature

- INSTRUCTIONS
- Systematic Transfer Plan (STP) is a special facility available in selected Schemes of RMF. It is a facility wherein unit holders of designated open ended schemes of Reliance Mutual Fund (RMF) can opt to transfer a fixed amount (capital) or variable amount (capital appreciation) at regular intervals to another designated open ended scheme of RMF.
- (2) Under Multiple STP the unit holders of one designated open ended scheme of RMF can opt to transfer a Fixed amount (capital) at regular intervals to another one or more designated open ended schemes of RMF. This facility is available under Fixed STP only.
- (3) Unit holders are advised to read the Statement of Additional Information (SAI), Scheme Information Document (SID) and Key Information Memorandum (KIM) of the respective Transferor & Transferee Scheme(s) available at all the Designated Investor Service Centers (DISC), brokers / distributors and on our website www.reliancemutual.com carefully before investing.
- (4) New Unit holders are required to fill up Common Application Form for investing in Transferor Scheme along with STP Enrolment Form. Existing Unit holders in Transferor Scheme are required to provide their Folio No. and submit only STP Enrolment Form.
- (5) Please submit separate enrolment form for more than one Transferor and / or Transferee schemes.
- (6) An investor whether existing or new is required to select any one of the Transferor Scheme and any one or more than one of the Transferee Scheme. Maximum number of transferee scheme that can be selected are 5. Unit holders should clearly mention from and to which scheme / option he / she wish to transfer their investment. Please note that if no Transferor Scheme or Transferee Scheme is mentioned or in case of an ambiguity the application is liable to be rejected.
- (7) An investor has to opt between the Fixed Systematic Transfer Plan & Capital Appreciation Systematic Transfer Plan. Incase none of the plans or options are mentioned in the application form or incase of an ambiguity the application for enrolment will be rejected. Further incase plans are not mentioned but options are mentioned, the plan will be selected on the basis of sub - option selected.
- (8) Unit holders are required to select any one of the frequency option under Fixed Systematic Transfer Plan.
  (7) Unit holders are required to select any one of the frequency option under Fixed Systematic Transfer Plan.
  (8) The frequency options available are Daily Option where STP will be executed on Daily basis, Weekly Option where STP will be executed on 1st and 15th of every month, Monthly Option where STP will be executed on 1st and 15th of every month, Monthly Option where STP will be executed on 1st and 15th of every month, Monthly Option where STP will be executed on any pre-specified date of every month to be chosen by the unit holders, Quarterly Option where STP will be executed on any pre-specified date of the first month of the quarter to be chosen by the unitholder. If an investor does not mention any frequency or ficks on multiple frequencies or the frequency is unclear on the STP application form, the default frequency shall be considered as monthly.
  (1) Unit before are every induced the area of the area
- (9) Unit holders are required to select any one of the option under Capital Appreciation Systematic Transfer Plan. The options available are Monthly Option - where STP will be executed on 1st of every month, Quarterly Option - where STP will be executed 1st of the starting month of every quarter. If an investor does not mention any frequency or ticks on multiple frequencies or the frequency is unclear on the STP application form, the default frequency shall be considered as monthly.
- (10) Under Fixed Systematic Transfer Plan, minimum of ₹ 100 and in multiples of ₹ 100 each will be transferred on execution date subject to applicable exit load of the transferor Scheme incase of Daily Option. Minimum of ₹ 1000 and in multiples of ₹ 100 thereof in case of for Weekly / Fortnight / Monthly option and ₹ 3000 and in multiples of ₹ 100 thereof in case of Quarterly option can be transferred on STP execution date subject to applicable exit load. However applications not in multiple of ₹ 100 will be processed for the nearest lower multiple of ₹ 100, subject to minimum and subject to applicable exit load. However applications not in multiple of ₹ 100 will be processed for the nearest lower multiple of ₹ 500 and above thereof in case of Monthly option or Quarterly option amount is less then ₹ 500 on any STP due date, the systematic transfer will not be processed for that due date.
- (11) Under multiple STP the investor has to ensure that he maintains sufficient balance in the transferor scheme else none of the transfers in to the transferee scheme will be processed.
- (12) Under multiple STP the amount of transferee scheme should match with the total sum of amount of all the transferee schemes.
- (13) Unit holders are required to mention date of execution in case of Monthly and Quarterly Option under both the plans. If an investor opts for Monthly or Quarterly frequency but does not mention the STP Date or mentions multiple STP dates or the STP date is unclear on the STP application form, the default STP date shall be treated as 10th of every month/quarter as per the frequency defined by the investor.
- (14) Incase execution date mentioned is a non transaction or non working day, the STP will be executed on next business / transaction / working day.
- (15) Unitholder has to ensure to maintain minimum balance in accordance with Plans selected in the Transferor Scheme on the transfer date / execution date under Fixed Systematic Transfer Plan. In case of insufficient balance / unclear units on the date of transfer in the folio, STP for that particular due date will be processed based on the clear balance available in the scheme. However, future STPs will continue to be active. This will help the investor to continue his STP facility seamlessly. Also if the investor continues to have insuffi cient balance / unclear units for three consecutive months, RNAM will have the right to discontinue the future STPs at its own discretion.
- (16) Please note that no transfers will take place if there is no minimum capital appreciation amount (except for last transfer leading to closure of account). The capital appreciation, if any, will be calculated from the enrolment date of the STP under the folio, till the first transfer date. Subsequent capital appreciation, if any, will be the capital appreciation between the previous STP date (where transfer has been processed and paid) and the next STP date.
- (17) Minimum number of transfers required for a STP shall be two. Incase of Daily STP, minimum number of transfer is one month.
- (18) Incase the investor opts for Daily STP and provides the enrolment period in MMVYYYY format, then the first execution date will be the 7th calendar day from the date of submission of the form (excluding date of submission).
- (19) An investor who opts for perpetual option, his STP will continue forever with no end date unless a written request for cancellation is given by the investor in this regard.
- (20) If an investor does not metion STP start date, or the STP start date is unclear/not expressly mentioned on the STP Application form, then by default STP would start from the next subsequent cycle after meeting the minimum registration requirement of 7 working days as per the defined frequency by the investor. If an investor does not mention STP end date or the STP end date is unclear, it will be considered as perpetua STP.
- (21) The Enrolment form completed in all respects can be submitted at any of the Designated Investor Service Centre (DISC) of RNAM at least seven calendar days before the commencement of first execution date of STP. In case the required time of seven calendar days are not met then the STP will be processed from the next STP cycle.
- (22) In accordance with the requirements specified by the SEBI circular no. SEBI/IMD/CIR No.4/168230/09 dated June 30, 2009 no entry load will be charged. Exit Load as applicable in the respective Transferor and Transferee Scheme at the time of enrolment / registration will be applicable.
- (23) STP facility is available for all sub options of the mentioned Transferor Scheme
- (24) Unit holders should note that Unit holders' details and mode of holding (single, joint, anyone or survivor) in the Transferee Scheme will be as per the existing folio number of the Transferor Scheme. Units will be allotted under the same folio number.
- (25) For Direct Investments, please mention "Direct" in the column "Name & Broker Code / ARN".

(26) Investors are required to clearly indicate the plans/options in the application form of the scheme. Investor may note that following shall be applicable for default plan

| Scenario | Broker Code mentioned<br>by the investor | Plan mentioned by<br>the investor | Default Plan to<br>be captured |  |  |
|----------|------------------------------------------|-----------------------------------|--------------------------------|--|--|
| 1        | Not mentioned Not mentioned              |                                   | Direct Plan                    |  |  |
| 2        | Not mentioned                            | t mentioned Direct Plan           |                                |  |  |
| 3        | Not mentioned                            | Regular Plan                      | Direct Plan                    |  |  |
| 4        | Mentioned                                | Direct Plan                       | Direct Plan                    |  |  |
| 5        | Direct                                   | Not mentioned                     | Direct Plan                    |  |  |
| 6        | Direct                                   | Regular Plan                      | Direct Plan                    |  |  |
| 7        | Mentioned                                | Regular Plan                      | Regular Plan                   |  |  |
| 8        | Mentioned                                | Not mentioned                     | Regular Plan                   |  |  |

In cases of wrong/ invalid/ incomplete ARN codes mentioned on the application form, the application shall be processed under Regular Plan. The AMC shall contact and obtain the correct ARN code within 30 calendar days of the receipt of the application form from the investor/distributor. In case, the correct code is not received within 30 calendar days, the AMC shall reprocess the transaction under Direct Plan from the date of application form any exit load. Similarly, in the absence of clear indication as to the choice of option (Growth or Dirdend Payout), by default, the units will be allotted under the Growth Option of the default /selected plan of the scheme.

## (27) Communication for the investors. :

If the investor(s) has/have provided his/their email address in the application form or any subsequent communication in any of the folio belonging to the investor(s), RMF / Asset Management Company reserves the right to use Electronic Mail (email) as a default mode to send various communication which include account statements for transactions done by the investor(s).

The investor(s) may request for a physical account statement by writing or calling RMF's Investor Service Center/ Registrar & Transfer Agent. In case of specific request received from the investor(s), RMF shall endeavor to provide the account statement to the investor(s) within 5 working days from the receipt of such request.

With effect from October 1, 2011, in accordance with SEBI Circular No. Cir/ IMD/ DF/16/ 2011 dated September 8, 2011, the investor whose transaction has been accepted by the RNAW/RMF shall receive the following:

- (I) On acceptance of the application, a confirmation by way of email and/or SMS within 5 Business Days from the date of receipt of transaction request will be sent to the Unit holders registered e-mail address and/or mobile number.
- (iii) Thereafter, a Consolidated Account Statement (CAS) shall be issued for each calendar month on or before 10th of the immediately succeeding month to the Unit holder(s) in whose folio(s) transaction(s) has/have taken place during the month by physical/e-mail mode.

CAS shall contain details relating to all the transactions carried out by the investor across all schemes of all mutual funds during the month and holding at the end of the month including transaction charges paid to the distributor.

The word 'transaction' shall include purchase, redemption, switch, dividend payout, dividend reinvestment, systematic investment plan systematic withdrawal plan, systematic transfer plan transactions.

(iii) For the purpose of sending CAS, common investors across mutual funds shall be identified by their Permanent Account Number (PAN). In case of a specific request received from the Unit holders, RNAM / RMF will provide the account statement to the investors within 5 Business Days from the receipt of such request. In the event the account has more than one registered holder, the first named Unit holder shall receive the CAS/account statement.

CAS shall not be received by the Unit holders for the folio(s) not updated with PAN details. The Unit holders are therefore requested to ensure that the folio(s) are updated with their PAN. For Micro SIP and Sikkim based investors whose PAN details are not mandatorily required to be updated Account Statement will be dispatched by RNAM/RMF for each calendar month on or before 10th of the immediately succeeding month.

Further, CAS detailing holding of investment across all schemes of all mutual funds at the end of every six months (i.e. September/ March), shall be sent by mail/e-mail on or before 10th day of succeeding month as the case may be, to all such Unit holders in whose folios no transaction has taken place during that period. The half yearly consolidated account statement will be sent by e-mail to the Unit holders whose e-mail address is available, unless a specific request is made to receive in physical.

- (28) All valid transfer requisitions would be treated as switch-out / redemption for the Transferor Scheme and switch-in/ subscription transactions for the Transferee scheme and would be processed at the applicable NAV (subject to applicable exit load) of the respective schemes. The difference between the NAVs of the two Schemes/ Plans will be reflected in the number of units allotted. All valid transactions would be processed as per the applicable cut off timing on the business days as mentioned in the respective SID.
- (29) The provision of 'Minimum Redemption Amount' as specified in the Scheme Information Document of the opted Transferor Schemes and 'Minimum Application Amount' specified in the Scheme Information Document of the opted Transferee Schemes will not be applicable.
- (30) This facility will not be available for units which are under any Lien/Pledged or any lock-in period.
- (31) The Unit holders may approach/ consult their tax consultants in regard to the treatment of the transfer of units from the tax point of view.
- (32) Unit holders can discontinue STP facility by providing a written notice to the DISC atleast 7 calendar days (excluding day of submission) prior to the due date of the next transfer date. The following information need to be mentioned while submitting a cancellation request (a) Folio holder Name (b) Folio Number (c) Transferor Scheme (d) Transferee Scheme (e) STP Amount (f) Frequency (g) Cancellation effective date.
- (33) STP will be automatically terminated if all the units are liquidated or withdrawn from the Transferor Scheme or pledged or upon receipt of intimation of death of the unit holder.
- (34) The application is subject to detailed scrutiny and verification. Applications which are not complete in all respect are liable for rejection either at the collection point itself or subsequently after detailed scrutiny / verification at the back office of the Registrar.
- (35 RNAM in consultation with Trustees reserves the right to withdraw this offering, modify the procedure, frequency, dates, load structure with prior notice in accordance with the SEBI (Mutual Funds) Regulations 1996 read with various amendments and circulars issued thereto and any such change will be applicable only to units transacted pursuant to such change on a prospective basis.
- (36) Employee Unique Identification Number (EUIN) would assist in tackling the problem of mis-selling even if the employee/relationship manager/sales person leave the employment of the distributor.

FORMS REQUIRED TO BE FILLED UP : • For Existing Investor : (a) Only STP Enrolment Form • For New Investors : (a) Common Application Form of Transferor Scheme (b) STP Enrolment Form.

Reliance Centre, 7th Floor South Wing, Off Western Express Highway,

Santacruz (East), Mumbai - 400 055.

Toll free: 1800-300-11111 www.reliancemutual.com RELIANCE HUTUAL

Wealth Sets You Free

Enrolment Form / 12th Jan 2018 / Ver 1.9

STP |

Please note your Statement of Account is sent once a month through CAS or ECAS if email id is updated in the folio. To have an access to the folio statement visit our website to generate an instant account statement.