

Distributor / RIA / PMRN Name and ARN / Code Sub Broker ARN & Name Sub Broker/Branch/RM Internal Code EUIN (Refer note below) For Office use only

ARN - 92245

E092536

I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. I am a First Time Investor in Mutual Fund Industry. I am an Existing Investor in Mutual Fund Industry.

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (As per PAN) (Refer Instructions) _____ **Date of Birth** (1st Appl / Minor) (attach proof)

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Name of Guardian (if minor)/POA/Contact Person (As per PAN) (Refer Instructions) _____ **Guardian is:** Father Mother Court Appointed **Date of Birth** (Guardian)

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Existing Folio _____ **PAN** (1st Appl / Guardian) _____

CKYC - KIN _____ **PAN of POA** _____ **KYC attached**

2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records) NRI Investors should mention their Overseas address (Refer instructions).

Email ID (in capital) _____ **Address Type (Mandatory)**
 a. Residential & Business
 b. Residential
 c. Business
 d. Registered Office

Mobile +91 _____ **Tel (STD Code)** _____

Contact details belong to family due to investor being,
 Self Spouse Dependent Child Dependent Parent Dependent Sibling Guardian In case of Minor

Address _____

Landmark _____

City _____ **Pin Code (Mandatory)** _____

3. KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant (Please tick ✓) Indian Resident Individual Minor (Resident) Minor (Repatriable) Minor (Non Repatriable)
 NRI (Repatriable) NRI (Non-Repatriable) PIO Sole Proprietorship HUF - Indian HUF - NR Partnership Firm Limited Partnership (LLP) Public Ltd. Co. Private Ltd. Co.
 Body Corporate Bank FIs Insurance Companies Government Body AOP/BOI Trust Society Provident Fund Superannuation/Pension Fund Gratuity Fund Mutual Fund
 FII FPI-Category I/II/III FCRA GDN Defence Establishment NPS Trust Others _____ (Please specify)

Are you a Non-Profit Organization [NPO] or Company u/s 25 (Companies Act 1956) or u/s 8 of Companies, Act, 2013: Yes No

3b. Occupation Details (Please tick ✓) Private Sector Service Public Sector Service Government Service Business Professional
 Agriculturist Retired Housewife Student Forex Dealer Others _____ (Please specify)

3c. Gross Annual Income (Please tick ✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 (Not older than 1 year)

3d. For Individuals (Please tick ✓) Not Applicable I am Politically Exposed Person I am Related to Politically Exposed Person

4. JOINT APPLICANTS (IF ANY) DETAILS

Mode of Holding (Please tick ✓) Joint (Default) Anyone or Survivor **Date of Birth**

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

2nd Applicant Name _____ **2nd Applicant Date of Birth**

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

(As per PAN) (Refer Instructions) _____

PAN _____ **CKYC - KIN** _____

a. Occupation Details (Please tick ✓) Private Sector Service Public Sector Service Government Service Business Professional
 Agriculturist Retired Housewife Student Forex Dealer Others _____ (Please specify)

b. Gross Annual Income (Please tick ✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore

c. Others (Please tick ✓) Not Applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

3rd Applicant Name _____ **3rd Applicant Date of Birth**

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

(As per PAN) (Refer Instructions) _____

PAN _____ **CKYC - KIN** _____

a. Occupation Details (Please tick ✓) Private Sector Service Public Sector Service Government Service Business Professional
 Agriculturist Retired Housewife Student Forex Dealer Others _____ (Please specify)

b. Gross Annual Income (Please tick ✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore

c. Others (Please tick ✓) Not Applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

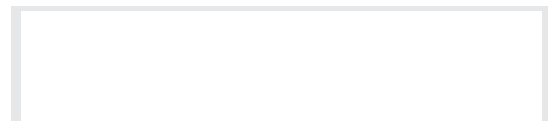
ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

DSP MUTUAL FUND

Received, subject to realisation and verification an application for purchase of Units as mentioned in the application form.

From _____

Scheme	Cheque no.	Amount
DSP		



5. FATCA and CRS DETAILS

Sole/First Applicant/Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant <input type="checkbox"/> POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____		

Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and its Identification type eg. TIN etc.
 *If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

6. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

Bank Name

Bank A/C No. A/C Type Savings Current NRE NRO FCNR Others

City Pin IFSC code: (11 digit)

7. INVESTMENT AND PAYMENT DETAILS (Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

Cheque/DD should be in favour of: "DSP Mutual Fund" if single cheque with multiple schemes OR "Scheme Name", in case of single scheme / scheme wise cheques.

One time Lumpsum Investment SIP: Systematic Investment Plan. Attach OTM form, if not already registered. **Mention LUMPSUM and First SIP Cheque Details below**

Full Scheme/Plan/Option/Sub Option	Amount (₹)	Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD
1. DSP - Scheme REGULAR Option/Sub Option		<input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer
2. DSP - Scheme REGULAR Option/Sub Option		Cheque/DD/RTGS/NEFT Details:
3. DSP - Scheme REGULAR Option/Sub Option		Ref. No. _____
Total	Amount in words	Date DD / MM / YYYY
	Amount in Figures	DD charges, if any _____

Payment from Bank A/c No. Pay In A/c No. A/c. Type Savings Current NRE NRO FCNR Others _____

Bank Name

Documents Attached to avoid Third Party Payment Rejection, where applicable: Bank Certificate, for DD Third Party Declarations

8. NOMINATION DETAILS

I/We wish to nominate. I/We DO NOT wish to nominate and sign here _____ 1st Applicant Signature (Mandatory)

Nominee Name/s & PAN	Relationship with applicant	If Nominee is a Minor*		Allocation (%)	Nominee Signature
		Guardian Name & PAN	Date of Birth		
1					
2					
3					
Address				Total 100%	

*In case of each Minor as Nominee, please mention Guardian's relationship with Minor as Mother / Father / Legal Guardian & Attach proof like Birth Certificate / School Leaving Certificate / Passport / Others.

*Please attach proof of date of birth of minor like Birth Certificate, School Leaving Certificate, Passport etc.

9. UNIT HOLDING OPTION:

In Account Statement Mode (default): In Demat mode: NSDL: I N _____ Depository Participant (DP) ID (NSDL only) _____

Beneficiary Account Number (NSDL only) _____ CDSL: _____ Enclose for demat option: Client Master List Transaction/Holding Statement DIS Copy

10. I/We wish to receive physical copy of the annual report/abridged summary, if email id is not registered in the folio.

11. DECLARATION & SIGNATURES

Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by DSP Mutual Fund from time to time, I / We, hereby apply to the Trustee of DSP Mutual Fund for Units of the relevant Scheme/Plan/Option and agree to abide by the terms and conditions, rules and regulations. I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form is true, correct, and complete. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority.

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

POA holder, if any

Email: service@dspim.com Website: www.dspim.com Contact Center: 1800-208-4499 / 1800-200-4499

- Quick Checklist**
- Name/s mentioned are as per PAN only
 - Full scheme name, plan, option is mentioned
 - Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
 - Address, Email ID/Mobile are correctly mentioned.
 - Pay-In bank details and supportings are attached
 - Non Individual investors should attach
 - KYC information provided for each applicant
 - Nomination facility opted
 - FATCA Details and Declaration Form
 - FATCA/CRS details provided for each applicant
 - Form is signed by all applicants
 - UBO Declaration Form

Debit Mandate Checklist:

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Amount in words AND in Figures, as you would in a cheque (your maximum limit)
- Your NAME and SIGNATURE as in your bank account

SIP Registration Checklist:

- Distributor code & details, if any,
- Name, Folio No. / Application No.
- Scheme/s details
- Date, Other details
- Signature/s

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIIN (Refer note below)	For Office use only
--	-----------------------	------------------------------------	--------------------------	---------------------

The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registrations, using Physical Forms, Call, SMS or Online.

DSP

MUTUAL FUND

OTM Debit Mandate Form NACH/DIRECT DEBIT

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

UMRN	Office use only	Date	D D M M Y Y Y Y
Utility Code	Office use only	Tick (✓) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	
Sponsor Bank Code	Office use only	I/We hereby authorize:	DSP MUTUAL FUND Schemes
to debit (tick✓)	SB / CA / CC / SB-NRE / SB-NRO / Other	Bank A/c No.:	
With Bank:	Bank Name & Branch	IFSC/MICR	
an amount of Rupees	In Words	₹	In Figures
Debit Type	<input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	FREQUENCY	<input type="checkbox"/> Mthly <input type="checkbox"/> Qtrly <input type="checkbox"/> H. Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented
Reference 1	Folio No:	Reference 2	Appln No:

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank. This is to confirm that the declaration has been carefully read, understood and made by me/us. I/We have understood that I/we are authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorised the debit and express my willingness and authorize to make payments through participation in NACH/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/(Debits)/Direct Debits /Standing Instructions. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in DSP Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of DSP Mutual Fund carrying this mandate form to get it verified and executed.

PERIOD

From

D D M M Y Y Y Y	1. _____	2. _____	3. _____
	Signature of Account Holder	Signature of Account Holder	Signature of Account Holder

or Until Cancelled

1. _____	2. _____	3. _____
Name of Account Holder	Name of Account Holder	Name of Account Holder

Mobile

DSP

MUTUAL FUND

SIP Registration/Renewal Form (for OTM registered investors only)

Attention: No need to attach OTM Debit Mandate again, if already registered earlier.

Please tick as applicable:
 OTM Debit Mandate is already registered in the folio. [No need to submit again]. OTM Debit Mandate is attached and to be registered in the folio.

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIIN (Refer note below)	For Office use only
ARN - 92245			E092536	

I/We confirm that the EUIIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Investor Name: _____ Existing Investor Folio No./Application No. _____

Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date (1st* to 31st)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 500 or in Percentage % Amount (₹) or Percentage %) Frequency
1.	DSP -		D D	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From M M Y Y Y Y For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till M M Y Y Y Y	₹ OR % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
2.	DSP -		D D	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From M M Y Y Y Y For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till M M Y Y Y Y	₹ OR % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
3.	DSP -		D D	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From M M Y Y Y Y For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till M M Y Y Y Y	₹ OR % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
(*Default option/Date) (*Default/Perpetual: 12/2099)		Total				

First SIP transactions via single cheque no. _____ favouring 'DSP Mutual Fund' Dated D D M M Y Y Y Y

Debit Bank Details: Bank Name: _____ A/C. No.: _____

Declaration: Having read, understood and agreed to the contents of OTM Facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of DSP Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments towards SIP instalments referred above through participation in NACH/Direct Debit/Standing Instructions. The ARN holder, where applicable, has disclosed to me/us all the commissions (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.

Signatures [as per Mutual Fund Records/Application]

<input checked="" type="checkbox"/> First Unit Holder's Signature	<input type="checkbox"/> Second Unit Holder's Signature	<input type="checkbox"/> Third Unit Holder's Signature
---	---	--

Acknowledgement Investor Name: _____ <input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM	DSP Mutual Fund Folio No./Application No. _____	ISC Stamp
---	---	------------------