

APPLICATION FORM
For Product Labelling & Suitability (Including Risk-o-Meter of Benchmark) and PRC
Matrix For Debt Schemes available on cover pages

Distributor / RIA / PMRN Name and ARN / Code Sub	Broker ARN & Name Sub Broke	r/Branch/RM Internal Code EU	JIN (Refer note below)	For Office use only
ARN-83784			E069303	
I/We confirm that the EUIN box is intentionally left Commission shall be paid directly by the investor to the rendered by the distributor. I am a First Time Ir	AMFI registered Distributors base	d on the investors' assessm	ent of various factors include	ction or advice by the distributor personnel concerned ing the service Fund Industry.
1. FIRST APPLICANT'S DETAILS				Sole / First Addition to Signature wandatory
Name of First Applicant (As per PAN) (Refe	er Instructions)			Date of Birth (1st Appl / Minor) (attach proof)
				D D / M M / Y Y Y Y
Name of Guardian (if minor)/POA/Conta	act Person (As per PAN) (Re		rdian is: ather 🗌 Mother 🔲 Cour	Date of Birth (Guardian) t Appointed D D / M M / Y Y Y Y
Existing Folio	PAN (1st Appl / Guardian)			
CKYC - KIN	PAN of PO		(YC attached	
CRTC - RIN	PAN OI PO	A	Arc attached	
2. CONTACT DETAILS AND CORRESPOND	ENCE ADDRESS (As por	KVC records) NRLI	nyectors should ment	ion their Overseas address (Refer instructions).
Email ID	ENCE ADDRESS (AS PEI	RTC Tecords) NRT	nvestors snould ment	Address Type (Mandatory)
(in capital)		CTD C I \		a. Residential & Business
Mobile +91		STD Code)		☐ b. Residential
Contact details belong to family due to in ☐ Self ☐ Spouse ☐ Dependent Child ☐	J.	pendent Sibling □ G	Guardian In case of Mi	c. Business
Address				d. Registered Office
Landmark				
City	Pin Code (Mandatory)			
3. KYC DETAILS (Mandatory)	(Mandatory)			
3a. Status of Sole/1st Applicant (Please to	ick 🗸) 🔘 Indian Resident Ind	dividual () Minor (Reside	ent) O Minor (Repatriab	e) O Minor (Non Repatriable)
○ FII ○ FPI-Category I/II/III ○ FCRA ○ GDN ○ Defe	nies \bigcirc Government Body \bigcirc AO nce Establishment \bigcirc NPS Trust	P/BOI ○ Trust ○ Society ○ Others	○ Provident Fund ○ Supe	rannuation/Pension Fund O Gratuity Fund O Mutual Fund(Please specify)
Are you a Non-Profit Organization [NPO]				
3b. Occupation Details (Please tick ✓) ○ Agriculturist ○ Retired ○ Housewife ○		201	ice O Government Se	
3c. Gross Annual Income (Please tick ✓ Net-worth in (Mandatory for Non-Indi				2>25 Lacs-1 crore O>1 crore /
3d. For Individuals (Please tick ✓) ○	Not Applicable O I am Poli	tically Exposed Person		
4. JOINT APPLICANTS (IF ANY) DETAILS				
Mode of Holding (Please tick ✓)	Joint (Default)	☐ Anyone or Sur	vivor	Date of Birth
2nd Applicant Name				D D / M M / Y Y Y
(As per PAN) (Refer Instructions) PAN	CKYC - KIN			
a. Occupation Details (Please tick ✓) ○				
•	○ Student ○ Forex Dea			
 D. Gross Annual Income (Please tick ✓ C. Others (Please tick ✓) ○ Not Applical 				
3rd Applicant Name				of Birth
(As per PAN) (Refer Instructions)	610.46 140.1			
PAN	CKYC - KIN			
3 Commention But 11 (D)	Definite Control	Dublic Cook S	0.6	O Business O Business
a. Occupation Details (Please tick ✓) ○Agriculturist ○ Retired ○ Housewife	○ Private Sector Service ○ ○ Student ○ Forex Dea			
 b. Gross Annual Income (Please tick ✓ c. Others (Please tick ✓) ○ Not Applical 	') ○ Below 1 Lac ○ 1-5	Lacs ○ 5-10 Lacs ○	10-25 Lacs O >25 Lac	cs-1 crore ○>1 crore
ACKNOWLEDGEMENT SLIP (To be filled in				DSP MUTUAL FUND
Received, subject to realisation and verification an applic		entionedin the application f	orm.	DSI MOTORET OND
From				
Scheme	Cheque no.	Amount		

Sole/First Applicant/Guardian Place & Country of Birth PLACE COUNTRY				2nd Applicant Place & Country of Birth PLACE COUNTRY				☐ 3rd Applicant ☐ POA Place & Country of Birth PLACE COUNTRY			
			NTRY Place 8								
Nationality □ In	l ndian □U.S. □Other	r	Nation	ality □Ind	lian □U.S. □Othe	r	Nationality 🗆 Ir	ndian 🗆 U.S. 🗆	Other		
If TIN is not available	Countries, other than In le or mentioned, please in gred above do not require	mention reasor	n as: 'A' if the coun	for tax purp try does not i	oose, associated Taxpa issue TINs to its reside	yer Identification Num ents; 'B' & mention why	ber and it's Identificate you are unable to ob	ation type eg. TIN tain a TIN; 'C' if th	etc. e authorities of the country		
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			2				2				
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mination OPT-IN											
			Relationship		If Nominee is	s a Minor*			*Mandatory		
Nominee	Name/s & PAN		Relationship with applicant*	Date of	f	s a Minor* Name* & PAN	Guardian Relation	Allocation (%)*	*Mandatory Nominee/Guardian Signature		
	Name/s & PAN			Date of Birth	f				Nominee/Guardian		
1 2	Name/s & PAN		with		f				Nominee/Guardian		
1 2 3	Name/s & PAN		with		f			(%)*	Nominee/Guardian		
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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)

Distributor / RIA / PMRN Name and ARN / Code Sub Broker ARN & Name

• 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
For Office use only

ARN-83784		RM Inte	ernal Code	E069303				
The following Mandate needs to be submitted only once for start new SIP registrations, using Physical Forms, Call, SMS or	registration with or v	without SIP forn	m. Once the mar	date is registered, inves	tor need not submit man	date again and ca	an do lump sur	m investments,
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