

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIIN (Refer note below)	<b>For Office use only</b>
ARN-83784			E069303	

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. 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:	Date of Birth (Guardian)
		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed	D D / M M / Y Y Y Y
Existing Folio	PAN (1st Appl / Guardian)		
CKYC - KIN	PAN of POA	<input type="checkbox"/> 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)
Mobile +91	Tel (STD Code)	<input type="checkbox"/> a. Residential & Business <input type="checkbox"/> b. Residential <input type="checkbox"/> c. Business <input type="checkbox"/> d. Registered Office	
Contact details belong to family due to investor being, <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> 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

2nd Applicant Name	Date of Birth
	D D / M M / Y Y Y Y
(As per PAN) (Refer Instructions)	
PAN	CKYC - KIN
a. Occupation Details (Please tick <input checked="" type="checkbox"/> ) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)	
b. Gross Annual Income (Please tick <input checked="" type="checkbox"/> ) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	
c. Others (Please tick <input checked="" type="checkbox"/> ) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	

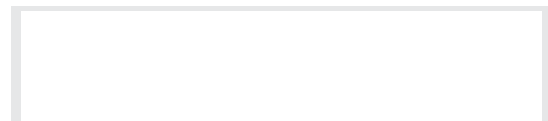
3rd Applicant Name	Date of Birth
	D D / M M / Y Y Y Y
(As per PAN) (Refer Instructions)	
PAN	CKYC - KIN
a. Occupation Details (Please tick <input checked="" type="checkbox"/> ) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)	
b. Gross Annual Income (Please tick <input checked="" type="checkbox"/> ) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	
c. Others (Please tick <input checked="" type="checkbox"/> ) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> 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	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 _____			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 LUMP SUM and First SIP Cheque Details below

Full Scheme/Plan/Option/Sub Option Amount (₹)

1. DSP -	Scheme	Plan	Option/Sub Option	Amount (₹)
2. DSP -	Scheme	Plan	Option/Sub Option	
3. DSP -	Scheme	Plan	Option/Sub Option	
Total	Amount in words			Amount in Figures

Payment Mode:  Cheque  DD  
 RTGS  NEFT  Funds transfer  
 Cheque/DD/RTGS/NEFT Details:  
 Ref. No. \_\_\_\_\_  
 Date    /    /     
 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 \_\_\_\_\_

**8. NOMINATION (PREFERABLE) OR OPT OUT (AVOIDABLE) Nominee Details or Opt-Out Declaration (by way of tick) is mandatory to process the application.**

Nomination OPT-IN \*Mandatory

Nominee Name/s & PAN	Relationship with applicant*	If Nominee is a Minor*		Guardian Relation	Allocation (%)*	Nominee/Guardian Signature
		Date of Birth	Guardian Name* & PAN			
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. Kindly attach proof like Birth Certificate/School Leaving Certificate/Passport/Others.

OPT-OUT declaration: I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

**9. UNIT HOLDING OPTION:**

Account Statement Mode (Default)  Demat 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 form 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
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Email: [service@dspim.com](mailto:service@dspim.com)

Website: [www.dspim.com](http://www.dspim.com)

Contact Center: 1800-208-4499 / 1800-200-4499



- Name/s mentioned are as per PAN only
- Address, Email ID/Mobile are correctly mentioned.
- KYC information provided for each applicant
- FATCA/CRS details provided for each applicant
- Full scheme name, plan, option is mentioned
- Pay-In bank details and supportings are attached
- Nomination facility opted
- Form is signed by all applicants
- Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
- Non Individual investors should attach
  - FATCA Details and Declaration Form
  - 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 <b>ARN-83784</b>	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUN (Refer note below) <b>E069303</b>	For Office use only
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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**

**OTM Debit Mandate Form NACH/DIRECT DEBIT**  
[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

UMRN <input type="text"/>	Office use only <input type="text"/>	Date <input type="text"/>
Utility Code <input type="text"/>	Office use only <input type="text"/>	Tick(✓) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL
Sponsor Bank Code <input type="text"/>	Office use only <input type="text"/>	I/We hereby authorize: <b>DSP MUTUAL FUND Schemes</b>
to debit (tick✓) <input type="checkbox"/> SB / <input type="checkbox"/> CA / <input type="checkbox"/> CC / <input type="checkbox"/> SB-NRE / <input type="checkbox"/> SB-NRO / <input type="checkbox"/> Other	Bank A/c No.: <input type="text"/>	
With Bank: <input type="text"/>	Bank Name & Branch <input type="text"/>	IFSC/MICR <input type="text"/>
an amount of Rupees <input type="text"/>	In Words <input type="text"/>	₹ <input type="text"/> In Figures <input type="text"/>
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: <input type="text"/>	Reference 2 Appln No: <input type="text"/>	

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

to

Signature of Account Holder 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

or  Until Cancelled

Mobile  1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Name of Account Holder 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DSP**

**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	EUN (Refer note below)	For Office use only
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I/We confirm that the EUN 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 -		<input type="text"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <input type="text"/>	₹ _____ OR _____ % Top-Up CAP*: _____	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
2.	DSP -		<input type="text"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <input type="text"/>	₹ _____ OR _____ % Top-Up CAP*: _____	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
3.	DSP -		<input type="text"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <input type="text"/>	₹ _____ OR _____ % Top-Up CAP*: _____	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
(*Default option/Date) (*Default/Perpetual: 12/2099)		<b>Total</b>					

First SIP transactions via single cheque no.  favouring 'DSP Mutual Fund' Dated

Debit Bank Details: Bank Name: <input type="text"/>	A/C. No.: <input type="text"/>
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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]

First Unit Holder's Signature  Second Unit Holder's Signature  Third Unit Holder's Signature

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