

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 - 1308				

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. Sole / First Applicant's Signature Mandatory

## 1. FIRST APPLICANT'S DETAILS

<b>Name of First Applicant</b> (Name as per PAN card is mandatory) (Refer Instructions)															<b>Date of Birth/Incorporation (Mandatory)</b>														
															D D / M M / Y Y Y Y														
<b>Name of Guardian (if minor)/POA/Contact Person</b> (Name as per PAN card is mandatory) (Refer Instructions)															Guardian is:					<b>Date of Birth (Guardian) (Mandatory)</b>									
															<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed					D D / M M / Y Y Y Y Y Y									
<b>Existing Folio</b>										<b>PAN</b> (1st Appl / Guardian)										Attach proof if 1st applicant is a minor									
<b>CKYC - KIN</b>										<b>PAN of POA</b>										<input type="checkbox"/> KYC attached									

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

[illegible]

### 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) ☐ 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 ☐ NPS Trust ☐ Provident Fund  
☐ Superannuation/Pension Fund ☐ Gratuity Fund ☐ Mutual Fund ☐ FII ☐ FPI-Category I/II/III ☐ Others   
☐ Trust } Are you a Non-Profit Organization constituted and registered as a Trust or Society under ☐ Yes, our NPO Reg. No is   
☐ Society } Societies Registration Act, 1860 for religious or charitable purpose as referred to in ☐ No (Mandatory)  
 Clause (15) of Section 2 of the Income Tax Act, 1961, or a company registered under Section 8 of the Companies Act, 2013.

**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 DD / MM / YY (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

[illegible]

<b>3rd Applicant Name</b> <span style="float: right;"><b>Date of Birth (Mandatory)</b></span> (Name as per PAN card is mandatory) (Refer Instructions)	<div style="display: flex; border: 1px solid black;"> <div style="border-right: 1px solid black; padding: 2px 5px;">D</div> <div style="border-right: 1px solid black; padding: 2px 5px;">D</div> <div style="border-right: 1px solid black; padding: 2px 5px;">/</div> <div style="border-right: 1px solid black; padding: 2px 5px;">M</div> <div style="border-right: 1px solid black; padding: 2px 5px;">M</div> <div style="border-right: 1px solid black; padding: 2px 5px;">/</div> <div style="border-right: 1px solid black; padding: 2px 5px;">Y</div> <div style="padding: 2px 5px;">Y</div> <div style="padding: 2px 5px;">Y</div> </div>
<b>PAN</b> <span style="margin-left: 100px;"><b>CKYC - KIN</b></span>	
<b>a. Occupation Details</b> (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>b. Gross Annual Income</b> (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	
<b>c. Others</b> (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)**

Received from \_\_\_\_\_ an application for purchase of units. Subject to verification and funds realization.

Scheme	Cheque no.	Amount
DSP		

DSP MUTUAL FUND

## 5. FATCA and CRS DETAILS For Individuals (Mandatory)

**Non Individual investors including HUF should mandatorily fill separate FATCA/CRS details form**

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 _____		

Are you a tax resident of any country other than India ☐ Yes ☐ No If yes, please provide your tax identification details below

Country #	Tax Identification Number or equivalent	Identification Type/Reason*	Country #	Tax Identification Number or equivalent	Identification Type/Reason*	Country #	Tax Identification Number or equivalent	Identification Type/Reason*
1			1			1		
2			2			2		

If you do not have a TIN, you may provide an equivalent TIN as mentioned in Option a, or choose one option from Option b. Please attach a self-attested copy of the documentary proof.

☐ **a** ☐ Social Security Number ☐ National Insurance Number ☐ Citizen Or Personal Identification Code or Number ☐ Resident Registration Number OR  
☐ **b** ☐ Student ☐ Dependent parent (Appropriate Visa) ☐ Diplomat (Diplomat Visa) ☐ Mariner / Sea farer (CDC) ☐ Sports person / Professional (Appropriate Visa) ☐ Recently Shifted residence (Appropriate Visa) ☐ Temporary Visitor (Temporary work visa Teacher, Tourist or other visa) ☐ Not qualifying as tax resident as not meeting requisite no. of days' stay (Appropriate Visa)  
☐ Country does not issue TIN to residents ☐ The authorities of the country of tax residence mentioned does not require the TIN to be disclosed ☐ Other \_\_\_\_\_ (please specify)

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

Bank Name																											
Bank A/C No.																			A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> 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  
Full Scheme/Plan/Option/Sub Option Amount (₹) Cheque Details below

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

Payment from Bank A/c No.	Pay In A/c No.	A/c. Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> 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		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.				Total 100%	

☐ **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:

<input type="checkbox"/> <b>Account Statement Mode</b> <b>(Default)</b>	<input type="checkbox"/> <b>Demat Mode</b>	NSDL: I N	Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)
	CDSL:			
	Enclose for demat option: <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction/Holding Statement <input type="checkbox"/> 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.

Email: <a href="mailto:service@dspim.com">service@dspim.com</a>	Website: <a href="http://www.dspim.com">www.dspim.com</a>	Contact Center: 1800-208-4499 / 1800-200-4499
---	---	---

## Quick Checklist

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

Debit Mandate Checklist:

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Write Amount in words and in Figures (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	EUIN (Refer note below)	For Office use only
ARN - 1308				

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 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

Utility Code  Office use only  Tick(✓) ☐ CREATE ☐ MODIFY ☐ 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 ☐ Fixed Amount ☒ Maximum Amount FREQUENCY ☐ Mthly ☐ Qtrly ☐ H. Yrly ☐ Yrly ☒ 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. I/We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/(Debits)/Direct Debits. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit 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

PERIOD

From

to

Maximum period of validity of this mandate is 40 years only.

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

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

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

Please tick ☒ as applicable: Attention: No need to attach OTM Debit Mandate again, if already registered earlier.

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 - 1308				

☐ 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. 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 (1 <sup>st</sup> * to 31 <sup>st</sup> )	Frequency	Start Month/Year End Month/Year <sup>#</sup>	Top-Up (Minimum ₹ 100 or in Percentage % Amount (₹) or Percentage %) Frequency
1.	DSP -		<input type="text"/> <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> For <input type="checkbox"/> 40 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> OR <input type="text"/> % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
2.	DSP -		<input type="text"/> <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> For <input type="checkbox"/> 40 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> OR <input type="text"/> % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
3.	DSP -		<input type="text"/> <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> For <input type="checkbox"/> 40 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> OR <input type="text"/> % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
(*Default option/Date) (*Default/40 yrs)		Total				

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

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. 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]

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

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