

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

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

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)		Date of Birth (Guardian)
		D D / M M / Y Y Y Y
Existing Folio	PAN (1st Appl / Guardian)	Guardian is:
		☐ Father ☐ Mother ☐ Court Appointed
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)
Mobile +91	Tel (STD Code)	☐ a. Residential & Business
Address		☐ b. Residential
		☐ c. Business
		☐ d. Registered Office
Landmark		
City	Pin Code (Mandatory)	State

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 (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 (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		

Application No.

5. FATCA and CRS DETAILS

Sole/First Applicant/Guardian			2nd Applicant			☐ 3rd Applicant ☐ POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality ☐ Indian ☐ U.S. ☐ Other _____			Nationality ☐ Indian ☐ U.S. ☐ Other _____			Nationality ☐ Indian ☐ U.S. ☐ Other _____		

Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's 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 (₹)
1. DSP -	Scheme	Plan	Option/Sub Option	
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 _____

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		*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.		Total 100%	

*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:	Depository Participant (DP) ID (NSDL only)	Enclose for demat option: ☐ Client Master List ☐ Transaction/Holding Statement ☐ DIS Copy
	CDSL:	Beneficiary Account Number (NSDL only)	

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

- 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

- 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
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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.

OTM Debit Mandate Form NACH/DIRECT DEBIT

Date

D

D

M

M

Y

Y

Y

Y

[illegible]

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.

PERIOD									
From	D	D	M	M	Y	Y	Y	Y	
to	D	D	M	M	Y	Y	Y	Y	
or	☐ Until Cancelled								

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

Declaration: 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 Utr 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 OTR 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.

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	EJIN (Refer note below)	For Office use only
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Investor Name:		Existing Investor Folio No./Application No.	
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Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date (1 st * to 31 st)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 500 or in Percentage %) Amount (₹) or Percentage %	Frequency
1.	DSP -		D D	☐ Monthly* ☐ Quarterly	From MM MM YY YY YY YY For ☐ Perpetual ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till MM MM YY YY YY YY	₹ OR % ☐ Yearly* ☐ Half-yearly Top-Up CAP*:	
2.	DSP -		D D	☐ Monthly* ☐ Quarterly	From MM MM YY YY YY YY For ☐ Perpetual ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till MM MM YY YY YY YY	₹ OR % ☐ Yearly* ☐ Half-yearly Top-Up CAP*:	
3.	DSP -		D D	☐ Monthly* ☐ Quarterly	From MM MM YY YY YY YY For ☐ Perpetual ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till MM MM YY YY YY YY	₹ OR % ☐ Yearly* ☐ 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
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Debit Bank Details:	Bank Name:	A/C. No.:
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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 DFP 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]

X First Unit Holder's Signature

Second
Unit
Holder's
Signature

Third
Unit
Holder's
Signature

Acknowledgement Investor Name: _____ ☐ DEBIT MANADATE FORM ☐ SIP FORM		DSP Mutual Fund Folio No/Application No. _____	ISC Stamp
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Website : www.dspim.com | **E-mail :** service@dspim.com | **Contact Centre :** 1800-208-4499 / 1800-200-4499