

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-181211

E528682

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 (Name as per PAN card is mandatory) (Refer Instructions)

Date of Birth/Incorporation (Mandatory)

Name of Guardian (if minor)/POA/Contact Person (Name as per PAN card is mandatory) (Refer Instructions)

Guardian is:

Date of Birth (Guardian) (Mandatory)

Existing Folio

PAN (1st Appl / Guardian)

☐ Father ☐ Mother

☐ Court Appointed

Attach proof if 1st applicant is a minor

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)

Mobile +91

Tel (STD Code)

Email ID belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Mobile No belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Address

Landmark

City

Pin Code (Mandatory)

Address Type (Mandatory)

- ☐ a. Residential & Business
☐ b. Residential
☐ c. Business
☐ d. Registered Office

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 _____ (Mandatory)
☐ Society } Societies Registration Act, 1860 for religious or charitable purpose as referred to in Clause (15) of Section 2 of the Income Tax Act, 1961, or a company registered under Section 8 of the Companies Act. 2013. ☐ 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 DD / MM / YYYY (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 (Mandatory)

2nd Applicant Name

(Name as per PAN card is mandatory) (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

(Name as per PAN card is mandatory) (Refer Instructions)

PAN

CKYC - KIN

Date of Birth (Mandatory)

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 from _____ an application for purchase of units. Subject to verification and funds realization.

Scheme	Cheque no.	Amount
DSP		

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) ☐ Sportsperson / Professional (Appropriate Visa) ☐ Recently Shifted residence (Appropriate Visa) ☐ Temporary Visa (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 (₹)
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

Cheque Details below

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 <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"/> Account Statement Mode (Default)	<input type="checkbox"/> Demat Mode	NSDL: <input type="checkbox"/> I <input type="checkbox"/> 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: 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
 - ☐ 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