

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
ARN-118251				

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. 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) <input type="checkbox"/> a. Residential & Business <input type="checkbox"/> b. Residential <input type="checkbox"/> c. Business <input type="checkbox"/> d. Registered Office
Mobile +91	Tel (STD Code)			
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)	

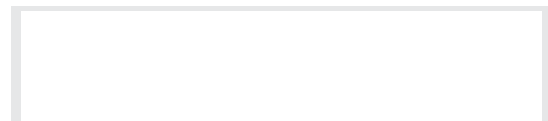
3rd Applicant Name	Date of Birth
	D D / M M / Y Y Y Y
(As per PAN) (Refer Instructions)	
PAN	CKYC - KIN
a. Occupation Details (Please tick <input checked="" type="checkbox"/>) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government 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 (All details in below table are mandatory)

Nominee Name/s & PAN	Relationship with applicant	If Nominee is a Minor*		Allocation (%)	Nominee/Guardian Signature
		Guardian Name & PAN	Date of Birth		
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 & 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 Mode 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

Email: service@dspim.com

Website: www.dspim.com

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

- 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