

Distributor/RIA name and ARN/Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIIN (Refer note below)	For Office use only
ARN- 8812			E 285030	

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.
 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.

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 (Should match with PAN/Aadhar Card)			Date of Birth (1st Appl / Minor) (attach proof)		
			D D / M M / Y Y Y Y		
Name of Guardian (if minor)/POA/Contact Person		PAN (1st Appl / Guardian)		Date of Birth (Guardian)	
				D D / M M / Y Y Y Y	
AADHAAR No. (1st Appl / Guardian) <input type="checkbox"/> Attach copy (mandatory) CKYC - KIN			Guardian is:		
			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed		
Existing Folio		PAN of POA <input type="checkbox"/> KYC		AADHAAR No. of POA <input type="checkbox"/> Attach copy (mandatory)	

2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records)

Email ID (in capital)			Address Type (Mandatory)		
Mobile +91			<input type="checkbox"/> a. Residential & Business		
Tel (STD Code)			<input type="checkbox"/> b. Residential		
Address			<input type="checkbox"/> c. Business		
			<input type="checkbox"/> 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
 FI 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			Date of Birth		
(Should match with PAN/Aadhar Card)			D D / M M / Y Y Y Y		
PAN		AADHAR NO. <input type="checkbox"/> Attach copy (mandatory)		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			Date of Birth		
(Should match with PAN/Aadhar Card)			D D / M M / Y Y Y Y		
PAN		AADHAR NO. <input type="checkbox"/> Attach copy (mandatory)		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		

Application No.

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 _____

Branch Address _____

City _____ Pin _____

IFSC code: (11 digit) _____ MICR code (9 digit) _____ (This is a 9 digit number next to your cheque number)

7. INVESTMENT AND PAYMENT DETAILS (Default plan/option/sub option will be applied in case 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 First SIP Cheque Details below and in SIP form.**

Full Scheme/Plan/Option/Sub Option

Amount (₹)

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

Ref. No. _____
Date

D	D	/	M	M	/	Y	Y	Y	Y
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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 & Branch _____

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	Relationship with applicant	Guardian Name (In case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					
Address				Total = 100%	

9. UNIT HOLDING OPTION:

In Account Statement Mode (default): In Demat mode: NSDL:

I	N
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 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 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. I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I hereby provide my consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered intermediaries, their Registrar and Transfer Agents (RTA)/Service Providers for the purpose of updating the same in all my/our folios.

Signature lines for: Sole / First Applicant / Guardian, Second Applicant, Third Applicant, POA holder, if any.

Email: service@dspm.com

Website: www.dspm.com

Contact Centre: 1800 200 4499

Quick Checklist

<input type="checkbox"/> Name, Address are correctly mentioned	<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"/> Email ID / Mobile number are 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
<input type="checkbox"/> Aadhaar No. and copy is attached for each applicant		

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 Name and ARN/Code ARN - 8812	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below) E-285030	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 MUTUAL FUND **OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT** Date

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

UMRN <input type="text"/>	Office use only		
Tick(✓) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	Sponsor Bank Code <input type="text"/>	Utility Code <input type="text"/>	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.:	<input type="text"/>		
With Bank:	Bank Name & Branch <input type="text"/>	IFSC <input type="text"/>	OR MICR <input type="text"/>
an amount of Rupees	In Words <input type="text"/>		₹ In Figures <input type="text"/>
FREQUENCY <input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H. Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount		
Reference 1	Folio No: <input type="text"/>	Mobile <input type="text"/>	
Reference 2	Appln No: <input type="text"/>	Email id <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.

PERIOD

From <input type="text"/>	1. <input checked="" type="checkbox"/>		2. <input type="checkbox"/>		3. <input type="checkbox"/>	
to <input type="text"/>	Signature of Account Holder		Signature of Account Holder		Signature of Account Holder	
or <input type="checkbox"/> Until Cancelled	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 User entity or the bank where I have authorised the debit and express my willingness and authorize to make payments through participation in NACH/ECS/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/ECS (Debits)/Direct Debits /Standing Instructions. Authorisation to Bank: This is to inform that I/We have registered for ECS / 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. Please attach a cancelled cheque/cheque copy

DSP MUTUAL FUND **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.

The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

Distributor/RIA Name and ARN/Code ARN - 8812	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below) E-285030	For Office use only
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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. Sole / FirstApplicant's Signature Mandatory

Investor Name: <input type="text"/>	Existing Investor Folio No./Application No. <input type="text"/>					
Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date (✓ one only)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 500 or in Percentage % Amount (₹) or Percentage %) Frequency
1.	DSP -		<input type="checkbox"/> 1st* <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text"/> to <input type="text"/>	₹ OR % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
2.	DSP -		<input type="checkbox"/> 1st* <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text"/> to <input type="text"/>	₹ OR % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
3.	DSP -		<input type="checkbox"/> 1st* <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text"/> to <input type="text"/>	₹ OR % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
Total			(*Maximum per Installment Amount after Top-Up shall not exceed Rs. Five Lakh) (*Default option) (*Default End Month/Year - 12/2099) #SIP is not available in DSPMF Liquidity Fund			

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/ECS/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]

<input checked="" type="checkbox"/> First Unit Holder's Signature	<input type="checkbox"/> Second Unit Holder's Signature	<input type="checkbox"/> Third Unit Holder's Signature
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Acknowledgement Investor Name: <input type="text"/>	DSP Mutual Fund Folio No./Application No. <input type="text"/>	ISC Stamp
<input type="checkbox"/> DEBIT MANADATE FORM <input type="checkbox"/> SIP FORM		