DSP MUTUAL FUND

APPLICATION FORM

For details regarding the Product Labelling & Suitability (Including Risk-o-Meter of Benchmark) and PRC Matrix For Debt Schemes are available at end of application form

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-95070			E-101834	

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/-salesperson of the distributor/sub broker.

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (Name as per PAN card is mandatory)

Date of Birth/Incorporation (Mandatory) D D / M M / Y Y Y Y

Name of Guardian (if minor)/POA/Contact Person

Guardian is: ☐ Father ☐ Mother ☐ Court Appointed
Attach proof if 1st applicant is a minor

Date of Birth (Guardian) (Mandatory) D D / M M / Y Y Y Y

Existing Folio **PAN** (1st Appl / Guardian) **Gender** ☐ Male ☐ Female ☐ Others

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

Overseas address - Overseas address is mandatory for NRI/FPI Applicants

Address
Landmark
City **Pin Code** (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 ○ Society } Are you a Non-Profit Organization constituted and registered as a Trust or Society under 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.
☐ Yes, our NPO Reg. No is _____ ☐ No (Mandatory)

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. SECOND APPLICANT'S DETAILS (IF ANY)

☞ **Mode of Holding** (Please tick ✓) ☐ Joint (Default) ☐ Anyone or Survivor

Date of Birth (Mandatory) D D / M M / Y Y Y Y

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)

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

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** _____

5. THIRD APPLICANT'S DETAILS (IF ANY)

3rd Applicant Name **Date of Birth** (Mandatory) D D / M M / Y Y Y Y

(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)

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

6. 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		

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 Visit (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)

7. 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)

8. 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 ☐ One Time Mandate OTM*

Cheque/DD/RTGS/NEFT Details:

Ref. No. _____

Date D D / M M / Y Y Y Y

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

*Please note that OTM can be selected as mode of payment provided OTM is already registered

9. I/We wish to receive physical copy of the annual report/a bridged summary, if email id is not registered in the folio. ☐

10. UNIT HOLDER 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

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
- ☐ Non Individual investors should attach ☐ FATCA Details and Declaration Form ☐ UBO Declaration Form
- ☐ 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.

11. NOMINATION

I/We request DSP Mutual Fund (the fund) to update the Nomination in the folio as per details mentioned below.
I/We do hereby nominate the person/s more particularly described hereunder / and cancel the nomination made by me/us earlier in respect of Units held by Me/us.
I/ We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Share of nominee: ** if % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division shall be transferred to the first nominee mentioned in the form.

Identity Number:***Provide only number: PAN or Driving License or Adhaar (Last 4 digits). Passport number(in case of NRI/OCI/PIO). Copy of the document is not required.

	Nomination Details							
	Mandatory Details			Optional Details				
	Name of nominee	Date of birth of nominee (minor)	Relationship	Where Nominee is a minor, Guardian Name	Postal Address (Mention complete postal address)	Mobile number E-mail	Identity Number ***	Share of Nominee (%) **
1.					☐ Same as First Applicant			
2.					☐ Same as First Applicant			
3.					☐ Same as First Applicant			
		Total 100%	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.					

☐ **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.

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows; (please tick, as appropriate)

☐ Name of nominee(s) **OR** ☐ Nomination Registered#

#Default

11a. DECLARATION & SIGNATURES FOR NOMINATIONS (To be signed by all unit holders)

I / We have read the terms and conditions for nomination and hereby nominate the above nominee/s to receive all the amounts to my/our credits in the event of my/our death. Signature of the nominee/s acknowledging receipts of my/ our credit will constitute full discharge of liabilities of DSP Mutual Fund.

Sole / First Holder^	Second Holder^	Third Holder^
Type text here ✕		

^If any holder affixes a thumb impression, it must be witnessed by two persons. Witnesses details to be filled below:

Witness 1 Details	Name	Signature	Address
Witness 2 Details	Name	Signature	Address

12. DECLARATION & SIGNATURES (TO BE SIGNED BY ALL UNIT HOLDERS/POA)

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.|/We have understood the Information requiréments of the application form, including FATCA and CRS requirements, terms and conditions (read alongwith 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
✕			

Terms and Conditions

a. The unit holder/s may nominate up to three nominees, in whom the units held by unit holder/s shall vest in the event of death of all unitholder/s.
b. Nomination can be made only by individuals applying for / holding Units on their own behalf singly or jointly.
c. A minor can be nominated, and in that event, the name, address and identity number of the guardian of the minor nominee may be optionally provided by the Unit Holder.
d. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his/her office, or a religious or charitable trust.
e. An NRI can be a nominee, subject to the exchange controls in force from time to time.
f. Non-individuals (including societies, trusts, bodies corporate, partnership firms, etc.), Karta of Hindu Undivided Families (HUF) and holders of Power of Attorney cannot nominate. Nomination facility is also not available for investments held on behalf of minor.
g. The nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of HUF, or a Power of Attorney holder. Where the nomination is in favour of a religious or charitable trust, the investor should attach a certificate confirming that the nominee is a religious or charitable trust.
h. Nomination with the Fund can be made only by investors who opt for allotment in non demat form. In case of Units held in demat form, the nomination details as recorded for the depository account will be applicable. Investors who 'hold units in demat form may approach their DP for availing the nomination facility.
i. Nomination in respect of the units stands rescinded upon the transfer of units.
j. Transfer of Units in favour of a nominee(s) shall be valid discharge by the AMC against the legal heir.
k. On cancellation of the nomination, the nomination shall stand rescinded, and the AMC shall not be under any obligation to transfer the Units in favour of the nominee(s).
l. Nomination can be made in favour of more than one, and upto three individuals. Investors who desire to make nomination in respect of multiple nominees should clearly specify the percentages to be allocated between the nominees.
m. Nomination will be maintained at the folio or account level and will be applicable for all investments in the folio or account.
n. A new nomination request will imply simultaneous cancellation of existing nomination and request for fresh nomination.
o. Applicants who do not wish to nominate, must at the designate space confirm their intention to opt-out of nomination, failing which, the form may be rejected at the discretion of the AMC/Fund.
p. If an investor places their thumb impression on the nomination form, it must be witnessed by two individuals, and the details of these witnesses shall be properly recorded in the nomination form.
q. In case of Opt-out, if no claim is made on the account / folio for a prolonged period after the demise of unit holder(s), the holdings may be treated as unclaimed assets, and they may be transferred to Investor Education and Protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.
r. Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
s. Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC.

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 | Date D D M M Y Y Y Y

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 ☐ ~~Daily ☐ Weekly ☐ Bi-Monthly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually~~ ☑ 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 executed.

PERIOD

From D D M M Y Y Y Y ×

to D D M M Y Y Y Y

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

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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.

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-95070			E-101834	

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.

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 (1st* to 31st)	Frequency	Start Month/Year End Month/Year#	Top-Up (Minimum ₹ 100 or in Percentage %) Amount (₹) or Percentage %)	Top-Up Frequency
1.	DSP -		D D	☐ Daily ☐ Weekly ☐ Mon* ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Monthly* ☐ Quarterly	From M M Y Y Y Y For ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till M M Y Y Y Y	₹ OR % Top-Up CAP*:	☐ Yearly* ☐ Half-yearly
2.	DSP -		D D	☐ Daily ☐ Weekly ☐ Mon* ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Monthly* ☐ Quarterly	M M Y Y Y Y For ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till M M Y Y Y Y	₹ OR % Top-Up CAP*:	☐ Yearly* ☐ Half-yearly
3.	DSP -		D D	☐ Daily ☐ Weekly ☐ Mon* ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Monthly* ☐ Quarterly	M M Y Y Y Y For ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till M M Y Y Y Y	₹ OR % Top-Up CAP*:	☐ Yearly* ☐ Half-yearly
(*Default option/Date) (#Default/40 yrs)	**Total**						

First SIP transactions via single cheque no. | **favouring 'DSP Mutual Fund'** | **Dated** D D M M Y Y Y Y

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

Investor Name:

☐ DEBIT MANADATE FORM ☐ SIP FORM

DSP Mutual Fund

Folio No/Application No.

ISC Stamp