

| 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) |
| Name of Guardian (if minor)/POA/Contact Person (As per PAN) (Refer Instructions) | | Date of Birth (Guardian) |
| Guardian is: | | |
| <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed | | |
| 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) |
| Mobile +91 | Tel (STD Code) | <input type="checkbox"/> a. Residential & Business |
| Contact details belong to family due to investor being, | | <input type="checkbox"/> b. Residential |
| <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 | | <input type="checkbox"/> c. Business |
| Address | | <input type="checkbox"/> d. Registered Office |
| 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 ☐ Fls ☐ 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 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

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 | | |

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 |
| 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 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 Figures |

Payment from Bank A/c No. Pay In A/c No. A/c. Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

Bank Name

Payment Mode: ☐ Cheque ☐ DD
☐ RTGS ☐ NEFT ☐ Funds transfer
Cheque/DD/RTGS/NEFT Details:
Ref. No.
Date
DD charges, if any

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 is 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 <input type="text"/> | | | | 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 NSDL: I ☐ N ☐ CDSL:

Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

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 ☐ 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