

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
67723				

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.

Sole / First Applicant's Signature Mandatory

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (As per PAN) (Refer Instructions) ☐ I am an Existing Investor in Mutual Fund Industry. Date of Birth (1st Appl / Minor) (attach proof)

Name of Guardian (if minor)/POA/Contact Person (As per PAN) (Refer Instructions) Guardian is: ☐ Father ☐ Mother ☐ Court Appointed Date of Birth (Guardian)

Existing Folio PAN (1st Appl / Guardian)

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)

Contact details belong to family due to investor being, ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor

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 ☐ Yes, our NPO Reg. No is (Mandatory) ☐ 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 (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 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 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 from an application for purchase of units. Subject to verification

and funds realization.

Scheme	Cheque no.	Amount
DSP		

5. FATCA and CRS DETAILS

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)

7. INVESTMENT AND PAYMENT DETAILS: (Default plan/option/sub option will be applied in case of no information, ambiguity or discrepancy)

7. INVESTMENT AND PAYMENT DETAILS (Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

☐ One time Lumpsum Investment ☐ SIP: Systematic Investment Plan Attach OTM form, if not already registered. Mention LUMP SUM and First SIP

☐ One time lumpsum investment
 ☐ SIP
 ☐ Systematic Investment Plan
 ☐ Attach SIP form, if not already registered.

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
 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 _____

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%	

9. UNIT HOLDING OPTION:


9. UNIT HOLDING OPTION:

<input type="checkbox"/> Account Statement Mode	<input type="checkbox"/> Demat Mode	NSDL: I N	Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)
(Default)	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

Email: service@dspim.com	Website: www.dspim.com	Contact Center: 1800-208-4499 / 1800-200-4499
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Quick Checklist 	<input type="checkbox"/> Name/s mentioned are as per PAN only	<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"/> Address, Email ID/Mobile are correctly 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