APPLICATION FORM

DSP		
	AAIITIIA I	FUND
	MUTUAL	FUND

Please read Product labeling details available on cover page and instructions before filling this Form

MUTUAL FUI					Application No.:
Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Int	ternal Code EUIN (Refer note below)	For Office use only
We confirm that the EUIN box is intention ommission shall be paid directly by the investor					on or advice by the distributor personnel conce
ctors including the service rendered by the di	istributor.				
] I am a First Time Investor in Mutual	Fund Industry.	m an Existing Invest	or in Mutual Fur	d Industry.	ole / First Applicant's Signature Mandatory
. FIRST APPLICANT'S DETAILS Name of First Applicant (As per PA	N) (Pofor Instructions)				Date of Birth (at her) (Ware) (attack as
tame of thist Applicant (As per FA					Date of Birth (1st Appl / Minor) (attach pr
					Date of Birth (Guardian)
Name of Guardian (if minor)/POA	Contact Person (As pe	er PAN) (Refer Instruc	tions)		
Existing Folio	PAN (1st Appl	/ Guardian)			Guardian is:
CKYC - KIN	P/	AN of POA		attached	
mail ID	SPONDENCE ADDRESS	(As per KYC reco	ords) NRI Inve	stors should mentior	n their Overseas address (Refer instruction
in capital)					Address Type (Mandatory
Nobile +91		el (STD Code)			\square b. Residential
Address					
					d. Registered Office
andmark					
City		Pin Code Mandatory)		State	
. KYC DETAILS (Mandatory)		.,			
 Agriculturist ○ Retired ○ Housev Gross Annual Income (Please Net-worth in (Mandatory for N 	tick ✔) ○Below 1 Lac Ion-Individuals) ₹	: 01-5 Lacs C	>5-10 Lacs	as on D D /	25 Lacs-1 crore O>1 crore N N Y Y Y (Not older than 1 yes)
G. For Individuals (Please tick JOINT APPLICANTS (IF ANY) DE		I am Politically Exp	osed Person O	I am Related to Politi	cally Exposed Person
Mode of Holding (Please tick		ult) 🗌 Any	one or Surviv	or	Date of Birth
2nd Applicant Name					D D / M M / Y Y Y
As per PAN) (Refer Instructions)					
	CKYC - KIN				
a. Occupation Details (Please tid	ale () O Drivata Sastar S	anvice O Dublic Sec	tar Sandica 🔿 (Sovernment Convice	
	sewife ○ Student ○ I				
D. Gross Annual Income (Please	tick 🗸) OBelow 1 Lac	○ 1-5 Lacs ○ 5-	-10 Lacs 0 10-	25 Lacs \circ >25 Lacs-	l crore ○ >1 crore
• Others (Please tick /) • Not		Exposed Person (PER	P) • Related to		
As per PAN) (Refer Instructions)				Date of	
PAN	CKYC - KIN				
3. Occupation Details (Please tion) ○ Agriculturist ○ Retired ○ Hou	ck ✔) ○ Private Sector S isewife ○ Student ○ I				
D. Gross Annual Income (Please	tick 🗸) OBelow 1 Lac	○ 1-5 Lacs ○ 5-	-10 Lacs 0 10-	25 Lacs ○ >25 Lacs-	l crore ○>1 crore
• Others (Please tick \checkmark) $^{\circ}$ Not	Applicable O Politically	Exposed Person (PER	P) • Related to	a Politically Exposed	Person (PEP)
CKNOWLEDGEMENT SLIP (To be fi					DSP MUTUAL FUND
eceived, subject to realisation and verification	n an application for purchase of	Units as mentionedin th	e application form.		Application No.
romScheme	Chequ	e no h	ount		
	i cnequ	AM			

5. FATCA and C	RS DETAII	LS													
Sole		2nd Applicant							□ 3rd Applicant □ POA						
Place & Country of Birth PLACE COUNTRY				TRY	Place & Country of Birth PLACE COUNTRY					Pla	Place & Country of Birth PLACE COUNTRY				
Nationality Indian U.S. Other # Please indicate all Countries, other than India, in which you a					Nationality 🗆 Indian 🗆 U.S. 🗆 Other						Nationality 🗆 Indian 🗆 U.S. 🗆 Other				
	le or mention	ied, please r	nention reason	as: 'A' i	f the country										norities of the country
Country #	ountry # Tax Identification Identification Cou Number Type/Reason* Cou				Country	y #	1	ntificatior mber		tification Reason*	c	ountry #		ntification mber	Identification Type/Reason*
1 1											1	1			
2					2						2				
3					3						3				
6. BANK ACCOU	JNT DETA	AILS (Ava	il Multiple B	ank F	Registratio	n Facil	ity)								
Bank Name															
Bank A/C No.										A/C Ty	pe 🗌 S	Savings 🗌 Ci	urrent 🗌 I	NRE 🗌 NR(0 🗌 FCNR 🗌 Others
City				Pin					IFSC co	de: (11 di	igit)				
7. INVESTMEN	T AND PA	YMENT	DETAILS (D	efaul	t plan/op	tion/s	ub optio	n will be	applied	d incase o	of no i	nformatior	n, ambigu	ity or dis	crepancy)
Cheque/DD should			•											-	
One time Lum	•					nt Plan	. 🖙 Atta	ach OTM	form, if	not alrea	dy reg		Nention LU Theque Def		
[Full S	Scheme/I	Plan/Option	n/Sub	Option					Amount ((₹)		Payment N		
1. DSP -	Sche	me	Plan		Option/	'Sub O	ption								Funds transfer
2. DSP -	Sche	me	Plan		Option/								Cheque/DD/RTGS/NEFT Details:		
3. DSP -	Sche		Plan		Option/							F	Ref. No		
	Serie						-						Date D) / M	M / Y Y Y Y
Total		Amoun	t in words						Amo	ount in F	igure	s [DD charge	s, if any _	
Payment from I	Bank A/c I	No.			n A/c No.			A/0	. Туре	□ Savings	s □Cu	rrent 🗌 NRI	E 🗆 NRO 🗌	FCNR	Others
8. NOMINATION			'We DO NOT		o nominato	e and s	ign here			is a Minor		Applicant S			
1	Nominee Name/s & PAN a				with Guard				lian Name & PAN			Date o Birth	of	cation (%)	Nominee Signature
2 3															
Address						Guar Lega	dian's re	lationship In & Atta	with M	nee, pleas inor as Mo like Birth	other /			al 100% ng Certifi	cate
*Please attach pr 9. UNIT HOLDIN			of minor like	Birth (Certificate,		•		e, Passp	ort etc.					
			Demat mode:	NSDL	: I N			Dep	ositorv Pa	articipant (D) ID (N	ISDL only)	Enclo	ose for dem	at option:
Mode (default):			CDSL	SL:			Beneficiary Account Number				əer (NSDL only)		 Client Master List Transaction/Holding Statement DIS Copy 		
10. I/We wish to	receive phy	sical copy o	of the annual r	eport/	abridged su	mmary,	if email io	l is not reg	istered ir	the folio. [
11. DECLARAT				ation D	o cum ont and	Statomo	unt of Addition	anal Inform	tion Kay	Information	Mamara	ndum Instruc	tions and add	landa issued	hu DCD Mutual Fund form
time to time, I / We, I information requiren further confirm that t the purpose of contra	hereby apply to hents of the a he information vention or ev	to the Truste ipplication from provided l asion of any	e of DSP Mutual I prm, including F py me/us on this Act, Regulation,	Fund for ATCA and form is Rule, N	nd CRS requir nd CRS requir true, correct lotification, D	ements, , and con irections	Scheme/Pl terms and nplete. I / V s or any othe	an/Option a conditions (Ve declare the er applicable	action, key and agree to read along hat the am laws enac	with instruction ount invested cted by the G	d in the sovernme	and conditions ad scheme rela Scheme is thro ent of India or a	, rules and re ated documen ugh legitimat any Statutory	igulations. 1 / nts) and here te sources or Authority.	by DSP Mutual Fund form 'We have understood the eby accept the same and ly and is not designed for
Sole / First A	pplicant /	Guardian		Se	cond Appli	cant			Th	ird Applica	ant			POA hold	er, if any
Email: se	rvice@dspi	m.com		\	Website: v	www.ds	spim.co	n		Conta	ict Ce	nter: 1800	0-208-44	99 / 180	0-200-4499
Checklist 🔲 Addr	ess, Email informatior	ID/Mobile n provided	per PAN only are correctly for each app ed for each ap	, ment licant	ioned.] Pay-In] Nomir	n bank de nation fac		upportin 1	s mentione Igs are atta		not pre- Demand	printed on I Draft is us ividual inve	payment sed. estors shou	led if investor name cheque or if ıld attach ation Form

• D • Ba • A	bit Mandate Checklist: istributor code & details, if any, ank Account Number, Bank Name, IFSC or mount in words AND in Figures, as you wo your maximum limit) our NAME and SIGNATURE as in your bank	ould in a cheque						SIP Registratic • Distributor code & • Name, Folio No. / • Scheme/s details • Date, Other detail • Signature/s	details, if any, Application No.		
Dis	tributor / RIA / PMRN Name and ARN / Code	Sub Broker/Branch/ RM Internal Code		EUIN (Refer note below	N) F	For Office use only					
The	following Mandate needs to be submitted only : new SIP registrations, using Physical Forms, C	once for registrationall. SMS or Online.	n with or wi	thout SIP forr	m. Once the mar	idate is registered, ir	vestor need not submit man	date again and can do lur	np sum investments,		
D	$\underline{SP}_{MUTUAL FUND}$	OTM D	ebit Ma cable for L	andate umpsum Ad	Form NA	ACH/DIRECT ases as well as SIP	DEBIT Registrations]	Date D D M	M Y Y Y Y		
		UMRN			Office use of	ity in the second se					
	k(✓) EATE Sponsor Bank Code	Off	ice use only			Utility Code		Office use only			
	DIFY I/We hereby authorize:	DSP MUTU	AL FUN	D Scher	nes		to debit (tick√) SB / C	CA / CC / SB-NRE / S	SB-NRO / Other		
	k A/c No.:										
Wit Ban	Bank Name H	Branch			IFSC		OR	MICR			
an a	amount of Rupees	In Words						₹In	Figures		
	QUENCY Http://www.action.com/action/a	□ Yrly ☑ As 8	when pres	ented				∃ Fixed Amount ☑ N	aximum Amount		
					.	••	Mobile				
	ree for the debit of mandate processing ch	arreas by the bank	whom I am	authoricing	Email		chadula of charges of the	bank			
-		aiges by the balk	whom i am	autionising	to debit my act	ount as per latest s	chequie of charges of the	Dalik.			
Fro	m D D M M Y Y Y Y	1.			2		3				
to	D D M M Y Y Y		e of Accoun	t Holder		Signature of Acco	ount Holder	Signature of Acco	unt Holder		
or	Until Cancelled	1. Name	of Account	Holder	2.	Name of Accou	nt Holder 3.	Name of Accour	it Holder		
Decl canc	aration: This is to confirm that the declaration has ellation/amendment request to the User entity or t	been carefully read.	understood a	nd made by m	ne/us. I/We have	understood that I/we a	re authorised to cancel/amend	this mandate by appropriat	elv communicating the		
here Clea	by confirm adherence to the terms of OTM Facility a ring) / Direct Debit / Standing instructions facility an	nd as amended from t d that my/our paymer	me to time ar t towards my/	nd of NACH/(De	ebits)/Direct Debit	s /Standing Instructions	. Authorisation to Bank: This is t	o inform that I/We have reg count with your Bank. I/We a	istered for NACH (Debit uthorize the represent-		
	s of DSP Mutual Fund carrying this mandate form to	get it vernied and ext					ewal Form (fo		ed cheque/cheque copy		
Dis	MUTUAL FUND ise tick ☑ as applicable: TM Debit Mandate is already registered in the tributor / RIA / PMRN Name and ARN / Code	e Sub Broker ARN 8	Name Sub	ain]. Broker/Branch	□ OTA /RM Internal Code	A Debit Mandate is a EUIN (Refer note belo		ed in the folio. or Office use only			
	/We confirm that the EUIN box is intentionally left ommission shall be paid directly by the investor t					nent of various factors			Sole / FirstApplicant's Signature Mandatory		
	stor Name:				-	Existing Investor Folio No./Applicat	ion No.				
Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached			SIP Date 1 ^{st*} to 31 st)	Frequency		Month/Year Month/Year#	Top-Up (Minimum ₹ 500 Amount (₹) or Percenta			
1.	DSP -		,		Monthly*	From M M Y	Y Y Y	₹ OR	% 🗌 Yearly*		
				עע	Quarterly	For Perpetua Or till M M Y	Il □10 yrs □ 7 yrs □ 5 yrs	Top-Up CAP*:	Half-yearly		
2.	DSP -				Monthly*	From M M Y	Y Y Y	-			
								₹ OR	% □ Yearly* □ Half-yearly		
					Quarterly	Or till	ll 🗌 10 yrs 🗌 7 yrs 🔲 5 yrs	Top-Up CAP*:			
_											
3.	DSP -			DD	Monthly*	From M M Y	Y Y Y	₹ OR	% □ Yearly*		
					Quarterly	For Perpetua	ll □10 yrs □ 7 yrs □ 5 yrs		Half-yearly		
						Or till M M Y	Y Y Y	Top-Up CAP*:			
	efault option/Date) efault/Perpetual: 12/2099)	Total									
Firs	t SIP transactions via single cheque no.			f	favouring 'DSP	Mutual Fund'	Dated D D	M M Y Y Y			
De	bit Bank Details: Bank Name:					A/C.	No.:				
Dec and mak (trai	laration: Having read, understood and agree Addenda issued from time to time of the re e payments towards SIP instalments referred I commission or any other mode), payable to	d to the contents o spective Scheme(s) above through par o him for the differ	f OTM Facili of DSP Mutu ticipation in ent compet	ty, the Schen Jal Fund mer NACH/Direc ing Schemes	ne Information ntioned within, t Debit/Standin of various Mutu	Document, Stateme I hereby declare tha g Instructions. The A al Funds from amon	nt of Additional Information at the particulars given abo RN holder, where applicable gst which the Scheme is bei	, Key Information Memo ve are correct and expre e, has disclosed to me/u ing recommended to me	randum, Instructions ess my willingness to all the commissions /us.		
Sign	atures [as per Mutual Fund Records/Applic First	ation]	See	cond			Third				
^	Unit Holder's Signature			lder's			Unit Holder's Signature				
•	Signature		Sig	nature	=	_1	Signature				
	cknowledgement /estor Name:				Application No			ISC Stan	Ϋ́		
				1 000 110/		•					

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