

Scheme

DSP

Cheque no.

Amount

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

Application No.:

		e Sub Broker/Branch/R/	M Internal Code EUIN (Ref	er flote below)	For Office use only
We confirm that the EUIN box is in ansaction without any interaction	ntentionally left blank by m n or advice by the distribute	e/us as this is an "execu or personnel concerned.	ution-only"		
pfront commission shall be paid dir ssessment of various factors includi				. Solo /	First Applicant's Signature Mandatory
I am a First Time Investor in IFIRST APPLICANT'S DETA		☐ I am an Existing Inv	vestor in Mutual Fund In	dustry. Sole 7	First Applicant's Signature Mandatory
Name of First Applicant (Sh		Aadhar Card)			Date of Birth (1st Appl / Minor) (attach prod
					D D / M M / 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
AADHAAR No. (1st Appl / G	uardian) 🗌 Attach copy (r	mandatory) CKYC - KII	N		Guardian is:
					☐ Father ☐ Mother ☐ Court Appointed
xisting Folio	PAN o	of POA	☐ KYC A	ADHAAR No. of POA	Attach copy (mandatory)
. CONTACT DETAILS AND C	ORRESPONDENCE ADD	RESS (As per KYC re	ecords)		
in capital)					Address Type (Mandatory) a. Residential & Business
Mobile +91		Tel (STD Cod	de)		□ b. Residential
Address					☐ c. Business☐ d. Registered Office
andmark					
City		Pin Code		State	
. KYC DETAILS (Mandatory)	,	(Mandatory)		State	
D Body Corporate ○ Bank ○ Fls ○ D FII ○ FPI-Category / / ○ FCRA The Are you a Non-Profit Organ	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Compar	nment Body O AOP/BOI Onnent O NPS Trust O Other ny u/s 25 (Companies A	Trust O Society O Providers Act 1956) or u/s 8 of Co	ent Fund O Superannuation	Yes □ No (Please specify)
Body Corporate Bank Fis Fil Fil Fril Fril	Insurance Companies Gover GDN Defence Establishmization [NPO] or Companerase tick Defence Private	nment Body O AOP/BOI O nent O NPS Trust O Other ny u/s 25 (Companies A Sector Service O Pul	Trust Society Providers Act 1956) or u/s 8 of Coolic Sector Service (ent Fund O Superannuation companies, Act, 2013: Government Service O	nn/Pension Fund ○ Gratuity Fund ○ Mutual Formula (Please specify) Yes □ No Business ○ Professional
Body Corporate Sank Fis Solution Fill Spirit Services Fill Spirit Services Fill Spirit	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companease tick ✓) ○ Private Housewife ○ Student ○	nment Body O AOP/BOI O nent O NPS Trust O Other ny u/s 25 (Companies A Sector Service O Pub Forex Dealer O Other	O Trust O Society O Providers Act 1956) or u/s 8 of Coolic Sector Service O (ent Fund O Superannuation companies, Act, 2013:	nn/Pension Fund ○ Gratuity Fund ○ Mutual F (Please specify) Yes □ No Business ○ Professional
Body Corporate Bank Fis O FII FII-Category I/II/III FCRA FROM Are you a Non-Profit Organ B. Occupation Details (Ple Agriculturist Retired I C. Gross Annual Income (F Net-worth in (Mandatory	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companies ease tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below by for Non-Individuals) ₹	nment Body O AOP/BOI O nent O NPS Trust O Other ny u/s 25 (Companies a Sector Service O Pul Forex Dealer O Other of Lac O1-5 Lacs	Trust Society Providers Act 1956) or u/s 8 of Coolic Sector Service Coers	ompanies, Act, 2013: Government Service C 25 Lacs	on/Pension Fund ○ Gratuity Fund ○ Mutual Fu (Please specify) ☐ Yes ☐ No ☐ Business ○ Professional (Please specify) cs-1 crore ○ > 1 crore ☐ ☐ Y
Body Corporate Bank Fis Fil FPI-Category I/II/III FCRA Fil FPI-Category I/II/III FCRA Fil Are you a Non-Profit Organ Fil Coccupation Details (Ple Fil Agriculturist Retired Fil Fic. Gross Annual Income (Fil Fil Net-worth in (Mandatory Fil For Individuals (Please	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below by for Non-Individuals) ₹	nment Body O AOP/BOI O nent O NPS Trust O Other ny u/s 25 (Companies a Sector Service O Pul Forex Dealer O Other of Lac O1-5 Lacs	Trust Society Providers Act 1956) or u/s 8 of Coolic Sector Service Coers	ompanies, Act, 2013: Government Service C 25 Lacs	on/Pension Fund ○ Gratuity Fund ○ Mutual Fu (Please specify) Yes □ No Business ○ Professional (Please specify) cs-1 crore ○ > 1 crore
Body Corporate Bank Fis O Fil O FPI-Category I/II/III O FCRA Fil O FPI-Category I/II/III O FCRA Fib. Occupation Details (Ple Agriculturist O Retired O I Fic. Gross Annual Income (F Net-worth in (Mandatory Fid. For Individuals (Please For Individuals (IPLANTS (IF AN	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below by for Non-Individuals) ₹ tick ✓) ○ Not Applical (NY) DETAILS	nment Body O AOP/BOI O nent O NPS Trust O Other ny u/s 25 (Companies of Sector Service O Put Forex Dealer O Other of 1 Lac O1-5 Lacs ble O I am Politically	Trust Society Providers Act 1956) or u/s 8 of Coolic Sector Service Coers	ompanies, Act, 2013: Government Service C 25 Lacs	on/Pension Fund ○ Gratuity Fund ○ Mutual Fu (Please specify) ☐ Yes ☐ No ☐ Business ○ Professional (Please specify) cs-1 crore ○ > 1 crore ☐ ☐ Y
Body Corporate Bank Fis O Fil O FPI-Category I/II/III O FCRA Fil O FPI-Category I/II/III O FCRA Fil O FOLIATION BANK FIS O Are you a Non-Profit Organ B. Occupation Details (Ple Agriculturist O Retired O I Agriculturist O Retired O I C. Gross Annual Income (F Net-worth in (Mandatory Id. For Individuals (Please JOINT APPLICANTS (IF AN Mode of Holding (Please	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below by for Non-Individuals) ₹ tick ✓) ○ Not Applical (NY) DETAILS	nment Body O AOP/BOI O nent O NPS Trust O Other ny u/s 25 (Companies of Sector Service O Put Forex Dealer O Other of 1 Lac O1-5 Lacs ble O I am Politically	Trust Society Providers Act 1956) or u/s 8 of Coolic Sector Service 65-10 Lacs 75-10 Lacs	ompanies, Act, 2013: Government Service C 25 Lacs	on/Pension Fund ○ Gratuity Fund ○ Mutual Fu (Please specify) ☐ Yes ☐ No ☐ Business ○ Professional (Please specify) cs-1 crore ○ > 1 crore ☐ / Y Y Y Y (Not older than 1 yea) Exposed Person
Body Corporate Bank Fis O FII FPI-Category I/II/III FCRA FRAME Are you a Non-Profit Organ b. Occupation Details (Ple Agriculturist Retired Income (For Net-worth in (Mandatory) d. For Individuals (Please For Joint Applicant Should match with PAN/Aadhar Car Applicant Should match with PAN/Aadhar Car	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companies et ick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below of for Non-Individuals) ₹ tick ✓) ○ Not Application of tick ✓) □ Joint (nment Body O AOP/BOI O nent O NPS Trust O Other on u/s 25 (Companies A Sector Service O Pub Forex Dealer O Other of Lac O1-5 Lacs oble O I am Politically Default)	O Trust O Society O Providers Act 1956) or u/s 8 of Coolic Sector Service O Gers O5-10 Lacs O10- Exposed Person O I are Anyone or Survivor	ompanies, Act, 2013: Covernment Service 25 Lacs 0 > 25 La as on Related to Politically	on/Pension Fund ○ Gratuity Fund ○ Mutual Fu (Please specify) ☐ Yes ☐ No ☐ Business ○ Professional (Please specify) cs-1 crore ○ > 1 crore ☐ / Y Y Y Y (Not older than 1 yea) Exposed Person
Body Corporate Bank Fis O FII FPI-Category I/II/III FCRA FRAME Are you a Non-Profit Organ b. Occupation Details (Ple Agriculturist Retired Income (For Net-worth in (Mandatory) d. For Individuals (Please For Joint Applicant Should match with PAN/Aadhar Car Applicant Should match with PAN/Aadhar Car	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below by for Non-Individuals) ₹ tick ✓) ○ Not Application of tick ✓) □ Joint (nment Body O AOP/BOI O nent O NPS Trust O Other on u/s 25 (Companies A Sector Service O Pub Forex Dealer O Other of Lac O1-5 Lacs oble O I am Politically Default)	Trust Society Providers Act 1956) or u/s 8 of Coolic Sector Service 65-10 Lacs 75-10 Lacs	ompanies, Act, 2013: Government Service C 25 Lacs	on/Pension Fund ○ Gratuity Fund ○ Mutual Fu (Please specify) ☐ Yes ☐ No ☐ Business ○ Professional (Please specify) cs-1 crore ○ > 1 crore ☐ / Y Y Y Y (Not older than 1 yea) Exposed Person
Body Corporate Bank Fis O Fill FPI-Category I/II/III FCRA FILO FOI-Category I/II/III FCRA FILO FPI-Category I/II/III FCRA FILO Accupation Details (Please Net-worth in (Mandatory Inc.) For Individuals (Please DINT APPLICANTS (IF AN Inc.) FOI	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below of for Non-Individuals) ₹ tick ✓) ○ Not Application Itick ✓) □ Joint (AADHAR ase tick ✓) ○ Private Se	nment Body O AOP/BOI O ment O NPS Trust O Other ny u/s 25 (Companies of Sector Service O Put Forex Dealer O Other of 1 Lac O1-5 Lacs ble O I am Politically Default)	Trust O Society O Providers Act 1956) or u/s 8 of Coolic Sector Service O Gers O5-10 Lacs O10- Exposed Person O I are Anyone or Survivor Copy (mandatory) Sector Service O Gove	ent Fund O Superannuation companies, Act, 2013: Covernment Service C 25 Lacs O > 25 Lacs on D D D D D D D D D D D D D D D D D D	m/Pension Fund ○ Gratuity Fund ○ Mutual Fu (Please specify) Yes □ No Business ○ Professional (Please specify) cs-1 crore ○ > 1 crore / Y Y Y Y (Not older than 1 yea) Exposed Person Date of Birth D D / M M / Y Y Y Y X X X X X X
Body Corporate Bank Fis Fill FPI-Category I/II/III FCRA Fill FOCCUpation Details (Please Fill For Individuals (Please Fill FOR Indi	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below of for Non-Individuals) ₹ tick ✓) ○ Not Applical (Y) DETAILS tick ✓) □ Joint (AADHAR ase tick ✓) ○ Private Se ○ Housewife ○ Student	nment Body O AOP/BOI O nent O NPS Trust O Other ny u/s 25 (Companies of Sector Service O Pub Forex Dealer O Other of 1 Lac O1-5 Lacs oble O I am Politically Default)	Trust O Society O Providers Act 1956) or u/s 8 of Coolic Sector Service O Colic Sector Service O Gove Others	ent Fund O Superannuation companies, Act, 2013: Covernment Service C 25 Lacs O>25 Lacs as on DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	m/Pension Fund ○ Gratuity Fund ○ Mutual Fu (Please specify) Yes □ No Business ○ Professional (Please specify) cs-1 crore ○ >1 crore / Y Y Y Y (Not older than 1 yea) Exposed Person Date of Birth D D / M M / Y Y Y Y Y Y Y Y Y Y
Body Corporate Bank Fis O Fil O FPI-Category I/II/III O FCRA Fil O FPI-Category I/II/III O FCRA Fib. Occupation Details (Ple Agriculturist O Retired O I For Individuals (Please JOINT APPLICANTS (IF AN Mode of Holding (Please And Applicant For Individuals (Plea	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below y for Non-Individuals) ₹ tick ✓) ○ Not Applical (YY) DETAILS tick ✓) □ Joint (AADHAR ase tick ✓) ○ Private Se ○ Housewife ○ Student ○ Student Please tick ✓) ○ Below	nment Body O AOP/BOI O nent O NPS Trust O Other ny u/s 25 (Companies of Sector Service O Pub forex Dealer O Other of 1 Lac O1-5 Lacs ble O I am Politically NO.	Trust O Society O Providers Act 1956) or u/s 8 of Coolic Sector Service O Colic Sector Service O Goverontes O Colic Sector Service O Goverontes O Colic Sector Service O Colic Sector	ent Fund O Superannuation companies, Act, 2013: Covernment Service C 25 Lacs O > 25 Lacs as on D D J M D CKYC - KIN CKYC - KIN crnment Service O Business acs O > 25 Lacs-1 cro	In/Pension Fund ○ Gratuity Fund ○ Mutual Fund ○ Please specify) Yes □ No Business ○ Professional (Please specify) CS-1 crore ○ >1 crore
Body Corporate Bank Fis Fil FPI-Category I/II/III FCRA Fil FPI-Category I/II/III FCRA Fil FPI-Category I/II/III FCRA Fil FPI-Category I/II/III FCRA Fil Coccupation Details (Ple Fil Agriculturist Retired III For Individuals (Please Fil For Individuals (Please	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below y for Non-Individuals) ₹ tick ✓) ○ Not Applical (Y) DETAILS tick ✓) □ Joint (AADHAR ase tick ✓) ○ Private Se ○ Housewife ○ Student ○ Please tick ✓) ○ Below ○ Not Applicable ○ Police	nment Body O AOP/BOI O nent O NPS Trust O Other ny u/s 25 (Companies of Sector Service O Pub forex Dealer O Other of 1 Lac O1-5 Lacs ble O I am Politically NO.	Trust O Society O Providers Act 1956) or u/s 8 of Coolic Sector Service O Colic Sector Service O Goverontes O Colic Sector Service O Goverontes O Colic Sector Service O Colic Sector	ent Fund O Superannuation companies, Act, 2013: Covernment Service C 25 Lacs O>25 La as on DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	on/Pension Fund ○ Gratuity Fund ○ Mutual Fund ○ Pension Fund ○ Gratuity Fund ○ Mutual Fund ○ Pension Fund ○ Pe
Body Corporate Bank Fis Fill FPI-Category I/II/III FCRA Fill FPI-Category I/II/III FCRA Fill FPI-Category I/II/III FCRA Fill FPI-Category I/II/III FCRA Fill FOR Are you a Non-Profit Organ Fill For Individual Retired For Individuals (Please For Individuals	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below y for Non-Individuals) ₹ tick ✓) ○ Not Applical (Y) DETAILS tick ✓) □ Joint (AADHAR ase tick ✓) ○ Private Se ○ Housewife ○ Student ○ Please tick ✓) ○ Below ○ Not Applicable ○ Police	nment Body O AOP/BOI O nent O NPS Trust O Other ny u/s 25 (Companies of Sector Service O Put Forex Dealer O Other of 1 Lac O1-5 Lacs ble O I am Politically Default)	Trust O Society O Providers Act 1956) or u/s 8 of Coolic Sector Service O Colic Sector Service O Goverontes O Colic Sector Service O Goverontes O Colic Sector Service O Colic Sector	ent Fund O Superannuation companies, Act, 2013: Covernment Service C 25 Lacs O > 25 Lacs on D D D D D D D D D D D D D D D D D D	on/Pension Fund ○ Gratuity Fund ○ Mutual Furure (Please specify) ☐ Yes ☐ No ☐ Business ○ Professional ☐ (Please specify) ☐ CS-1 crore ○ >1 crore ☐
Body Corporate Bank Fis Fill FPI-Category I/II/III FCRA Fill FPI-Category I/II/III FCRA B. Are you a Non-Profit Organ B. Occupation Details (Ple Agriculturist Retired Ret-worth in (Mandatory B. JOINT APPLICANTS (IF AN Mode of Holding (Please And Applicant Should match with PAN/Aadhar Car PAN Cocupation Details (Ple Agriculturist Retired Agriculturist Retired Cocupation Details (Ple Agriculturist Cocupation	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below of for Non-Individuals) ₹ tick ✓) ○ Not Applical Ty) DETAILS tick ✓) □ Joint (AADHAR ase tick ✓) ○ Private Se ○ Housewife ○ Student ○ Polical Or Not Applicable	nment Body O AOP/BOI O nent O NPS Trust O Other ny u/s 25 (Companies of Sector Service O Put Forex Dealer O Other of 1 Lac O1-5 Lacs ble O I am Politically Default)	Trust O Society O Providers Act 1956) or u/s 8 of Coolic Sector Service O Gers O5-10 Lacs O10- Exposed Person O I are Anyone or Survivor Copy (mandatory) Sector Service O Gove Others O5-10 Lacs O10-25 L (PEP) O Related to a P	cmpanies, Act, 2013: Companies, Act, 2013: C	on/Pension Fund ○ Gratuity Fund ○ Mutual Furure (Please specify) ☐ Yes ☐ No ☐ Business ○ Professional ☐ (Please specify) ☐ CS-1 crore ○ >1 crore ☐
Body Corporate O Bank O FIS O FII O FPI-Category I/II/III O FCRA Are you a Non-Profit Organ Bb. Occupation Details (Ple Agriculturist O Retired O I Bc. Gross Annual Income (F Net-worth in (Mandatory Bd. For Individuals (Please I. JOINT APPLICANTS (IF AN Mode of Holding (Please Applicant Should match with PAN/Aadhar Car PAN Br Applicant Should match with PAN/Aadhar Car Cothers (Please tick) Brd Applicant Should match with PAN/Aadhar Car PAN Should match with PAN/Aadhar Car PAN Coccupation Details (Ple	Insurance Companies ○ Gover ○ GDN ○ Defence Establishmization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below y for Non-Individuals) ₹ tick ✓) ○ Not Applical (Y) DETAILS tick ✓) ○ Private Se ○ Housewife ○ Student ○ Please tick ✓) ○ Private Se ○ Housewife ○ Student ○ Polical (Y) ○ Private Se ○ Housewife ○ Student ○ Polical (Y) ○ Private Se ○ Not Applicable ○ Polical (Y) ○ Private Se ○ Not Applicable ○ Polical (Y) ○ Private Se ○ Not Applicable ○ Polical (Y) ○ Private Se ○ P	nment Body O AOP/BOI O ment O NPS Trust O Other ny u/s 25 (Companies of Sector Service O Public of 1 Lac O1-5 Lacs of the O I am Politically NO.	Trust O Society O Providers Act 1956) or u/s 8 of Colic Sector Service O Gove O Colic Sector Service O Gove O Colic Sector Service O Gove O Colic Sector Service O Colic Service O Col	cmpanies, Act, 2013: Companies, Act, 2013: Covernment Service C 25 Lacs	In/Pension Fund Gratuity Fund Mutual Fund (Please specify) Yes No Business Professional (Please specify) CS-1 crore >1 crore /
Body Corporate O Bank O FIS O FII O FPI-Category I/II/III O FCRA Are you a Non-Profit Organ Bb. Occupation Details (Ple O Agriculturist O Retired O I Bc. Gross Annual Income (F Net-worth in (Mandatory Bd. For Individuals (Please I. JOINT APPLICANTS (IF AND O Mode of Holding (Please O Agriculturist O Retired O Agriculturist O Retired O Gross Annual Income (F C Others (Please tick) Brd Applicant Should match with PAN/Aadhar Can PAN Brd Applicant Should match with PAN/Aadhar Can PAN C Occupation Details (Ple O Agriculturist O Retired O Gross Annual Income (F O Agriculturist O Retired O Gross Annual Income (F	Insurance Companies ○ Gover ○ GDN ○ Defence Establishm nization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below by for Non-Individuals) ₹ tick ✓) ○ Not Applicat AADHAR AADHAR ABOUND ABOUN	nment Body O AOP/BOI Onent O NPS Trust O Other ny u/s 25 (Companies of Sector Service O Public of Lac O1-5 Lacs Default)	Trust O Society O Providers Act 1956) or u/s 8 of Colic Sector Service O Gover Others Copy (mandatory) Sector Service O Gover Others Copy (mandatory) Sector Service O Gover O Colic Service O Colic Service O Colic Sector Service O Colic Service O Colic Sector Service O C	companies, Act, 2013: Companies, Act, 2013: Covernment Service C 25 Lacs	In/Pension Fund Gratuity Fund Mutual Fund (Please specify) Yes No Business Professional (Please specify) CS-1 crore
Body Corporate Bank Fis O Fil FPI-Category I/II/III FCRA FOR Are you a Non-Profit Organ FOR Category I/II/III FCRA FOR Category I/II/III	Insurance Companies ○ Gover ○ GDN ○ Defence Establishm nization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below by for Non-Individuals) ₹ tick ✓) ○ Not Applicat AADHAR AADHAR ABOUND ABOUN	nment Body O AOP/BOI Onent O NPS Trust O Other ny u/s 25 (Companies of Sector Service O Public of Lac O1-5 Lacs Default)	Trust O Society O Providers Act 1956) or u/s 8 of Colic Sector Service O Gover Others Copy (mandatory) Sector Service O Gover Others Copy (mandatory) Sector Service O Gover O Colic Service O Colic Service O Colic Sector Service O Colic Service O Colic Sector Service O C	companies, Act, 2013: Companies, Act, 2013: Covernment Service C 25 Lacs	In/Pension Fund Gratuity Fund Mutual Fire (Please specify) Yes No Business Professional (Please specify) CS-1 crore
Body Corporate Bank Fis O Fil O FPI-Category I/II/III O FCRA Frame you a Non-Profit Organ Frame you a Non-Profit Organ Frame Set including Details (Ple Comparison Details (Please Comp	Insurance Companies ○ Gover ○ GDN ○ Defence Establishm nization [NPO] or Companies ○ Housewife ○ Student ○ Please tick ✓) ○ Private Please tick ✓) ○ Not Applicate ADHAR AADHAR AAD	nment Body O AOP/BOI Onent O NPS Trust O Other ny u/s 25 (Companies of Sector Service O Public of Lac O1-5 Lacs Default)	Trust O Society O Providers Act 1956) or u/s 8 of Colic Sector Service O Gover Others Copy (mandatory) Sector Service O Gover Others Copy (mandatory) Sector Service O Gover O Colic Service O Colic Service O Colic Sector Service O Colic Service O Colic Sector Service O C	companies, Act, 2013: Companies, Act, 2013: Covernment Service C 25 Lacs	In/Pension Fund Gratuity Fund Mutual Fund (Please specify) Yes No Business Professional (Please specify) CS-1 crore
Body Corporate Bank Fis Fil Fil Fil Fricategory /	Insurance Companies ○ Gover ○ GDN ○ Defence Establishm nization [NPO] or Companiese tick ✓) ○ Private Housewife ○ Student ○ Please tick ✓) ○ Below by for Non-Individuals) ₹ 1 tick ✓) ○ Not Applicate AADHAR AADHA	nment Body O AOP/BOI Onent O NPS Trust O Other ny u/s 25 (Companies of Sector Service O Public of Lac O1-5 Lacs Default)	Trust O Society O Providers Act 1956) or u/s 8 of Colic Sector Service O Gover Others Copy (mandatory) Sector Service O Gover Others Copy (mandatory) Sector Service O Gover O Colic Service O Colic Service O Colic Sector Service O Gover O Colic Service O	companies, Act, 2013: Companies, Act, 2013: Covernment Service C 25 Lacs	in/Pension Fund Gratuity Fund Mutual Fund (Please specify) Yes No Business Professional (Please specify) CS-1 crore

. FATCA and CI	RS DETAIL	.S																						
Sole	/First Appl	icant/Gu	ardian						2nd A	Applio	cant				\perp			☐ 3r	d Appli	cant		□ POA		
Place & Country		PLAC		COUN	ΓRY				of Birth		PLACE		COI	JNTRY	′	Plac	e & C	ountry	y of Bir	th	PLAC	ĴE	COUN	ITRY
Nationality 🗆 In									ıdian 🗆 U												□ Othe	er		
Please indicate all TIN is not available tax residence ente	countries, o e or mention red above do	ther than I ed, please o not requir	mention or the the TIN	reason I to be o	ou are a as: 'A' i lisclose	a resi f the o	countr	or tax pui y does no	rpose, asso t issue TIN	s to its	l laxpay s reside	er Ide nts; 'B'	Matification & me	ation N ntion w	vhy y	er and ou ar	d it's ide e unable	e to ob	ition typ tain a TII	e eg. N; 'C' i	IIN etc. if the aut	horities o	f the co	untry
Country #	Tax Ident Num			tificat /Reas			Count	ry #	Tax Ide Nu	ntific ımber				cation	*		ountry	#		denti Numb	fication per		ntifica e/Reas	
						2										1 2								
						3									:	3								
BANK ACCOU	INT DETA	ILS (Ava	ail Mult	iple B	ank R	Regis	strati	on Faci	lity)															
nk Name																		Т					Т	
nk A/C No.														A/C T	Туре	☐ S	avings	Cu	rrent [NR	E 🗌 NR	0 🗆 FC	NR 🗌	Other
nch Address	s												T											
									Ci	ity									Pin					
C code: (11 di	igit)								MICE	R coc	de (9	digit) (T	his is a 9	9 digit	numt	per next	to your	cheque n	umber)				
NVESTMENT	AND PA	YMENT	DETAI	LS (D	efaul	t pla	an/o	otion/s	ub optic	n wi	ll be a	appli	ed ir	ıcase	of ı	no ir	nform	ation	, ambi	guity	y or dis	screpa	ncy)	ſ
One time Lum DSP -	Full S	cheme/	Plan/0	ption	n/Sub	Ор	tion	/Sub C		acii (JIMIC); iii,		nount	-	reg	istere	ar Pa	nd in SI ayment	P for : Mod	<u>m.</u> le: [Chequ	ie []DD
DSP -	Scher Scher			Plan			ptior	/Sub C	ption										RTGS heque/			□Fu FT Deta		ansfe
DSP -	Scher	me		Plan		Or	ptior	/Sub C	ption										ef. No.		1	/ .		U I
al		Amour	nt in w	ords								An	nour	nt in	Figu	ıres	5		ate D D charg		f any	M /	/ Y	Y
yment from B	ank A/c N	١٥.			Pay Ir	n A/c	c No.				A/c.	Тур	e 🗆	Savin	gs [Cur	rent [∃NRE	□NRC	D □ F	CNR 🗆	Others		
nk Name & Bi cuments Attac NOMINATION	hed to av	oid Thire	d Party	Paym	ent R	ejec	tion,	where	applicab	ole:	□Ban	k Cei	tific	ate, 1	for [D	□Th	ird Pa	arty De	eclara	ations			
☐ I/We wish	to nomina	ate. 🗌 I	I/We DC	TON (wish t	o no										1st	Applic	ant Si	gnatur	e (Ma	andator	• ·		
		Nomi	inee Na	ame					onship v plicant	vith				Nam Mind			A	lloca	tion %			inee/ (Signat		ian
ominee 1																								
ominee 3																								
ddress																	Тс	tal =	100%	5				
UNIT HOLDIN ☐ In Account S Mode (defau	tatement		Demat	mode:	NSDL CDSL:		N								` ′	`	SDL only	•		Clier	nt Master saction/	n at optio r List Holding S		nt
. I/We wish to r	eceive phys	ical conv	of the a	nnualr			dged s	ummary	if email i	d is no	nt regio	tered	in th	e folio	, 🗆									
. DECLARAT	ION & SIC	GNATUR	ES		•			-																
ing read and under e to time, I / We, h rmation requirem her confirm that tl purpose of contra sent in accordance haar Act, 2016 (ar panies of SEBI regi	rstood the co ereby apply t ents of the a ne informatio	ntents of the other than the other t	ne Scheme ee of DSP form, incl by me/us	e Inform Mutual F luding F on this	ation D fund for ATCA ar form is	ocum r Units nd CR true,	nent an s of the S requ correc	d Stateme relevant irements, ct, and cor	ent of Addit Scheme/Pl terms and mplete. I/\	ional II lan/Op condit We dec	nformat otion and tions (re clare tha	tion, Ke dagree ad alo at the a	y Info to ab ng wit moun	rmatio ide by t h instr t invest	n Mei the te uctio ted in	morar rms a ns an the S	ndum, Ir ind cond d schem icheme	nstructi litions, ne relat is throu	ions and rules and electricated documents and documents and the second s	adden d regul ments) mate s	da issued lations. I) and her sources of	l by DSP M / We have eby acce nly and is	lutual For a understand the son of the son o	und for tood th ame ai
an pose of contra ent in accordance laar Act, 2016 (ar panies of SEBI regi	weilion or every with Aadhaa and regulation stered interr	rasion of ar ir Act, 2016 s made the nediaries, t	iy ACT, Ke and regu ereunder) their Regi	lations lations and PN strar and	n, Rule, made th NLA. I h d Transf	notif hereu ereby fer Ag	inder, f provi ents (R	or (i) colle or (i) colle de my cor TA)/Servi	ons or any o ecting, stor nsent for sh ce Provider	orner a ring and naring/ rs for th	applicat d usage disclose he purpo	oie taw (ii) val e of th ose of t	s enac idatin e Aadl pdati	g/auth naar nu ng the s	entic umber same	ating r(s) ir in all	and (ii) acluding my/our	updati g demog folios.	ng my Aa graphic i	otatuto idhaar nform	ory Author number(ation wit	s) in acco	ordance et man	with th ageme
Sole / First Ap	pplicant / (Guardian			Se	conc	d App	licant		L		Т	hird	Appli	cant					PC	OA hold	ler, if a	ny	
Ema	il: service	@dspim.e	com					We	bsite: w	ww.c	dspim	.com						Conta	act Ce	ntre:	1800	200 4	199	
ecklist	e, Address a ID / Mobil nformation A/CRS deta aar No. and	e numbei provided ils provid	r are med for ead	entione ch app each ap	ed licant oplica	nt	_	Pay-Iı Nomi	cheme na n bank de nation fa is signed	etails cility	and su opted	pport	ings				not Dei Noi	pre-p mand n Indiv FATC	orinted Draft is ⁄idual i	on pa used nvest s and	ayment d. ors sho I Declar	ded if in cheque uld atta ration Fo	or if	name

Debit Mandate Checklist:

 $\hfill\square$ DEBIT MANADATE FORM

 $\square SIP$ FORM

- 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 detailsDate, Other details
- Signature/s

Disc	i ibacoi i	KIA Name	and ARN/Coo	ie Sub Br	oker ARN &	t Name	SUD E	oroker.	/Branch/	un ilicci	mai Ci	ode Eu	in (keter	note belo	ow)			r	or Offic	ce use o	only			
The f	following new SIP	Mandate registratio	needs to be sul ons, using Physi	bmitted onl cal Forms,	ly once for Call, SMS o	r registrat or Online.	ion witl	h or wi	thout SIP	orm. Or	nce the	e mandate	e is regis	stered, i	nvestor	need	not subr	mit mar	ndate aga	ain and	can do	lump su	ım in	nvestments,
D	SP,	MUTUAL	FUND		C	TM [[App	Debi olicable	t M e for L	andat umpsum	e Fo	orm Onal Pu	NAC urchases	H/E(as wel	CS/D Il as SIP	IRE(Regist	T [DEBI ⁻	Γ	Da	ate D	D	M M	Υ	Y Y Y
					UMI	RN					Office	use only												
Tick CRE	k(√) ATE	Sponso	r Bank Code				Office use	only					Utility	Code					Offic	ce use on	ly			
10M		I/We h	ereby authori	ze:	DSP	MUT	UAL	FUN	ID Sch	emes	5				to d	lebit (tick√)	SB/	CA / C	C / SB	-NRE	/ SB-N	۱RO) / Other
CAN Bank	k A/c No	o.:																						
With	1		Ra	nk Name 8	& Branch						IFSC				\perp	\Box		OR	MICR			\perp	$\overline{}$	
Bank		-£ D		TIK HUITIC (la Fiam		
	QUENCY	of Rupee	's ly □ Qtly	□ H. Yrlv		/ords ⊭ ☑ As	& whe	n pre	sented								DEBIT T	YPF	₹	1 Amor	ınt R	In Figu		n Amount
	rence 1	Folio		,	, =,	, = 7.5	<u> </u>	p. c.	June 1							Mob						2 77107111		.,
Refe	rence 2	Appln	No:								Е	mail id											_	
l agr	ee for t		of mandate pr	ocessing c	harges by	the ban	k whon	n I am	authorisi	ng to de	ebit m	v accour	nt as pe	r latest	schedu	ıle of	charges	of the	bank.					
PER Fror to or	m D	D M D M	M Y Y M Y Y	Y Y Y Y Y Y Y Y Y Y	1	Signat		Accour	nt Holder				Signatur	e of Acc	ount H	older		3.				ccount F		
ance /We CS /	ellation/a hereby co NACH (D	mendment onfirm adhe ebit Clearin	nfirm that the d request to the Userence to the ter reg) / Direct Debit ives of DSP Mutua	ser entity or ms of OTM F t / Standing	the bank w acility and instructions	refully rea where I hav as amende s facility ar	d, under e author ed from t nd that r	rstood a rised the time to ny/our	and made be e debit and time and or payment to	express r NACH/E wards my	mv willi	ingness an	rstood th	nat I/we a	are auth	orised	rough pa	rticipati	ion in NAC Bank: This bove men	ndate by TH/ECS/I is to inf itioned b	approp Direct D form that ank acc	riately co ebit/Stan it I/We hi ount with	ommu nding nave re h you	unicating the
			is already reg									OTM De												
Dist	total of tributor/ /We cor ion or a	all installi /RIA Name nfirm tha advice by ors based	is already reg ments in a day and ARN/Coo t the EUIN b the distribu on the invest	should be le Sub Brook ox is inter	e less than oker ARN & ntionally nnel cond	or equal Name left bla cerned.	Sub E	amou Broker me/us t com	nt as men /Branch/ s as this i mission sl	RM Inters s an "e nall be p	rnal Co execut	ode EU tion-onli lirectly bed by the	bit Man- ndate a IN (Refer y"trans y the ir distrib sting In	note belo saction nvestor outor.	without to the	ut an	submitt y intera	ed, if r		tered. te use o		ignature	Man	ndatory
Dist	total of tributor/ /We cor ion or a	all installi RIA Name offirm that advice by ors based me:	t the EUIN be the distribution the invest	should be Sub Brook is interestor persor ors' assess	e less than roker ARN & intionally nnel cond sment of v	left bla cerned. various fa	Sub E	amoul Broker me/us t com includi	nt as men /Branch/l s as this i mission sl ing the se	s an "e nall be p rvice re	rnal Correction One execute paid dendere	Time Ma ode EU tion-onli lirectly bed by the Exi Fol	bit Man- ndate a IN (Refer y"trans y the ir distrib sting In io No./	note belo saction nvestor outor.	withouto the	ut an AMFI	submitt y intera	ac- red	For Offic	stered. ce use o	cant's S num ₹!	500 or ir	n Per	rcentage %)
Dist	total of tributor/ /We cor ion or a	all installi RIA Name Infirm that Idvice by Incompanies (N	t the EUIN by the distribution the invest	should be Sub Brook is interestor persor ors' assess	e less than roker ARN & intionally nnel cond sment of v	left bla cerned. various fa	Sub E	amou Broker me/us t com includi	nt as men /Branch/l s as this i mission sl ing the se	s an "e nall be p rvice re	execut paid dendere	Time Ma ode EU tion-onli lirectly bed by the Exi Fol	bit Manndate a IN (Refer	saction nvestor utor. avestor Applica	withouto the	ut an AMFI	y interaregister	ac- red	For Offic	etered. Te use of the state of	cant's S num ₹!	500 or ir entage %	n Per	
Dist	total of cributor/ /We cor ion or a iistributo stor Nar	all installi /RIA Name nfirm tha idvice by ors based ne: (N	t the EUIN be the distribution the invest	should be Sub Brook is interestor persor ors' assess	e less than roker ARN & intionally nnel cond sment of v	left bla cerned. various fa	Sub E	amoul Broker me/us t com includi	nt as men /Branch/l s as this i mission sl ing the se	S an "e nall be price re SII (o o 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	execut paid dendere P Date P Date th th th	Time Ma ode EU tion-onlificetly bed by the Existing Sth	bit Manndate a IN (Refer	saction note belo saction nvestor nutor. nvestor Applica quency	withouto the	ut an AMFI	y interaregister	ac- red	not regis For Office Sole / Fir Top-Up Amour ₹ Top-Up	stered. ce use of stApplio o (Minim nt (₹) o	num ₹!	500 or ir	n Per 6) Fr 6 🗆	rcentage %) Frequency Yearly*
Dist	total of cributor/ We con ion or a distribute stor Nar	all installi /RIA Name nfirm tha idvice by ors based ne: (N	t the EUIN be the distribution the invest	should be Sub Brook is interestor persor ors' assess	e less than roker ARN & intionally nnel cond sment of v	left bla cerned. various fa	Sub E	amoul Broker me/us t com includi	nt as men /Branch/l s as this i mission sl ing the se	S an "e nall be price re SII (> 0 1st* 20t 25t 25t 27th	in One rnal Co	Time Ma ode EU tion-onlificettly bed by the Existing Sth 10th 21st 28th 5th 10th	bit Manndate a IN (Refer	note belo saction nvestor nutor, nvestor applica quency onthly*	withouto the	ut an AMFI	y interaregister onth/Yea to	ac- red	not regis For Offic Sole / Fir Top-Up Amour	stered. ce use of stApplio o (Minim nt (₹) o	num ₹! r Perce	500 or ir	n Per 6) Fr 6 🗆	rcentage %) requency Yearly* Half-yearly Yearly*
Dist	total of cributor/ We con ion or a distribute stor Nar	all installi /RIA Name Infirm tha Indivice by Individual to the (N	t the EUIN be the distribution the invest	should be Sub Brook is interestor persor ors' assess	e less than roker ARN & intionally nnel cond sment of v	left bla cerned. various fa	Sub E	amoul Broker me/us t com includi	nt as men /Branch/l s as this i mission sl ing the se	San "enall be price re Sil (o o o o o o o o o o o o o o o o o o	execut paid d andere on the	Time Ma ode EU tion-onlificetly bed by the	bit Manndate a IN (Refer "Trans y the ir distribution of No./" Free Mc Mc Qu	note belo saction nvestor nutor. nvestor Applica quency onthly* uarterly onthly*	withouto the	ut an AMFI	y interaregister onth/Yea to	ac- red	not regis For Office Sole / Fir Top-Up Amour ₹ Top-Up	stered. ce use of stApplio o (Minim nt (₹) o	num ₹! r Perce	500 or intentage %	n Per	rcentage %) requency Yearly* Half-yearly Yearly*
Distinvessinvess.	/We corion or a distributor Nar	all installi /RIA Name Infirm tha Indivice by Individual to the (N	t the EUIN be the distribution the invest	should be Sub Brook is interestor persor ors' assess	e less than roker ARN & intionally nnel cond sment of v	left bla cerned. various fa	Sub E	amoul Broker me/us t com includi	nt as men /Branch/l s as this i mission sl ing the se	S an "e all be price re SII (o o o o o o o o o o o o o o o o o o	execution one execution of the content of the conte	Time Ma ode EU tion-onlificatily be	bit Manndate a IN (Refer "Trans y the ir distribution of No./" Free Mc Mc Qu	saction note belo saction nvestor outor. Nestor Applica quency onthly* uarterly	withouto the	ut an AMFI	y interaregister onth/Yea to to y y y y y y y y y y y y y	ac- red	Top-Up Top-Up Top-Up Top-Up	tered. set use of the set of the	num ₹! r Perce	500 or intentage %	n Per	rcentage %) Frequency] Yearly*] Half-yearly] Yearly*] Half-yearly
Distinvessinvess.	/We corion or a distributor Nar	all installi /RIA Name Infirm tha Indivice by Individual to the (N	t the EUIN be the distribution the invest	should be Sub Brook is interestor persor ors' assess	e less than oker ARN & ntionally nnel conc ment of v	left bla cerned. various fa	Sub E	amoul Broker me/us t com includi	nt as men /Branch/l s as this i mission sl ing the se	San "enall be price re Sil (o o o o o o o o o o o o o o o o o o	in One in One execut paid d endere P Date nne on * th	Time Ma ode EU tion-onl lirectly b d by the Exi Fol 5th 10th 21st 28th 5th 10th 15th 21st 28th 5th 21st 28th 5th 3th 3th	bit Manndate a AIN (Refer Y''trans y the ir distribution No. / Y Free AIN (Manndate AI	note belo saction note belo saction note belo saction note belo saction nutor. nvestor Applica quency onthly* uarterly onthly* uarterly	withouto the stion No.	ut an	y interaregister onth/Yea to to y y y y y y y y y y y y y	F F F F F F F F F F F F F F F F F F F	Top-Up Top-Up Top-Up Top-Up Top-Up	o (Minin o CAP*:	num ₹! r Perce	500 or in entage %	6	rcentage %) Frequency] Yearly*] Half-yearly] Yearly*] Half-yearly
Distriction I/ tip Distriction	total of cributor. /We corion or a distributor stor Nar DSP DSP	all installi /RIA Name Infirm tha dvice by ors based ne: (N	t the EUIN be the distribution the invest	should be de Sub Brion Sub	e less than oker ARN & ntionally nnel conc ment of v	or equal k Name left bla cerned. various fa n ed)	Sub E	amoul Broker me/us t com includi	nt as men /Branch/l s as this i mission sl ing the se	S an "e all be price re SII (< 0 11x" 120" 125" 14" 20" 25" 11x" 14" 20" 25" 25	execution one execution and content of the content on the content	Time Ma ode EU tion-onlificatily be de by the Exi Fol	bit Manndate a IN (Refer V''trans V''trans V''trans V''trans V''trans V''trans V'''trans V'''trans V''''trans V''''trans V''''''trans V'''''trans V''''trans V'''''trans V''''trans V'''''trans V'''''trans V''''''''''''''''''''''''''''''''''''	note belo saction nvestor outor. Investor Applica quency onthly* uarterly onthly* uarterly	withouto the stion No.	ut annual mut annual m	y interaregister onth/Yea to to y y y y y y y y y y y y y	F F F F F F F F F F F F F F F F F F F	Top-Up Top-Up Top-Up Top-Up Top-Up	o (Minin o CAP*:	num ₹! r Perce	500 or in entage %	6	rcentage %) Frequency Yearty* Half-yearty Half-yearty Yearty* Half-yearty Half-yearty
Dist I// ti Dr nves Sr. No. 1. 2.	total of cributor./ We corion or a distributor. DSP DSP DSP	all installi /RIA Name Infirm tha dvice by ors based ne: (N	ments in a day e and ARN/Coc t the EUIN b the distribu on the invest Scheme/Plan lention Chequ	should be de Sub Bri ox is intertor persor ors' assess //Option/S de details,	e less than oker ARN & ntionally nnel conc ment of v	or equal k Name left bla cerned. various fa n ed)	Sub E	amoul Broker me/us t com includi	nt as men /Branch/l s as this i mission sl ing the se	S an "e all be price re SII (< 0 11x" 120" 125" 14" 20" 25" 11x" 14" 20" 25" 25	execution one execution and content of the content on the content	Time Ma ode EU tion-onlificettly be	bit Manndate a IN (Refer V''trans V''trans V''trans V''trans V''trans V''trans V'''trans V'''trans V''''trans V''''trans V''''''trans V'''''trans V''''trans V'''''trans V''''trans V'''''trans V'''''trans V''''''''''''''''''''''''''''''''''''	action nvestor output on thly* uarterly onthly* uarterly onthly* uarterly onthly* uarterly	withouto the stion No.	ut annual mut annual m	y interaregister onth/Yea to to y y to to ontheware seed	F F F F F F F F F F F F F F F F F F F	Top-Up Top-Up Top-Up Top-Up Top-Up	o (Minin o CAP*:	num ₹! r Perce	500 or in entage %	6	rcentage %) Frequency Yearty* Half-yearty Half-yearty Yearty* Half-yearty Half-yearty
Dist Dist I/ ti Di Noes Sr. No. 1. 2. 3.	DSP DSP DSP	all installu /RIA Name Infirm that dvice by ors based ne: (N	ments in a day e and ARN/Coo t the EUIN b the distribu on the invest Scheme/Plan lention Cheque s via single ch Bank Nam erstood and agreed i hereby declare i lead to and agreed i hereby declare i ly us all the commissions.	should be de Sub Br ox is intertor persor ors' assess //Option/S e details, to the content at the particulations (trial consor	e less than oker ARN & ntionally nnel concoment of vib-option if attached states of OTM Faciliars given about 18 of OTM Facili	Total	to the Sub E	amount mation D	nt as men /Branch/l s as this i mission sl ing the se ment : (₹)	S an "e all be price re sall be price re	execution one execution and content of the content	Time Ma ode EU tion-onlificettly be	bit Manndate a IN (Refer v''trans y the ir distribution of the No. / Free Manndate a IN (Refer v''trans y the ir distribution on No. / Free Manndate a IN (No. / Free Manndate a IN Mann	note below saction nvestor outor. Investor Applica quency onthly* warterly onthly* warterly onthly* warterly onthly* warterly onthly* onthly* warterly onthly* onthly* warterly onthly* warterly onthly* onthly* onthly* warterly onthly* onthly* warterly onthly* onthly* warterly onthly* onthly* warterly onthly*	withouto the stion No.:	ut annami am	y interaregister onth/Yea to to y y to to constructions articipation	F F F F F F F F F F F F F F F F F F F	Top-Up Top-Up Top-Up Top-Up Top-Up Top-Up Top-Up	o (Minin nt (₹) o CAP*:	on) (*Def	% Water and Market an	n Per 66	rcentage %) Frequency Yearly* Half-yearly Yearty* Half-yearly Yearty* Half-yearly
Dist Dist I/ ti Di No. 1. 2. 3. First Delectar Autual application and application an	DSP DSP DSP	all installu /RIA Name Infirm tha ddvice by ors based ne: (N	ments in a day e and ARN/Coc t the EUIN b the distribu on the invest Scheme/Plan lention Chequ s via single ch Bank Nam erstood and agreed, I hereby declare the	should be de Sub Br ox is intertor persor ors' assess //Option/S e details, to the content at the particulations (trial consor	e less than oker ARN & ntionally nnel concoment of vib-option if attached states of OTM Faciliars given about 18 of OTM Facili	Total	to the Sub E	amount mation D press my le to him Se Un Hd	nt as men /Branch/l s as this i mission sl ing the se ment : (₹)	S an "e all be price re sall be price re	execution one execution and content of the content	Time Ma ode EU tion-onlificettly be	bit Manndate a IN (Refer v''trans y the ir distribution of the No. / Free Manndate a IN (Refer v''trans y the ir distribution on No. / Free Manndate a IN (No. / Free Manndate a IN Mann	note below saction nvestor outor. Investor Applica quency onthly* warterly onthly* warterly onthly* warterly onthly* warterly onthly* serior of a formation	withouto the stion No.:	ut annami am	y interaregister ponth/Yea ponth/Yea to y y y to to y y y to ructions are ticipation in the Schen Thi United	rd Addend in NACH/E	not regis For Office Sole / Fir Top-Up Amour ₹ Top-Up Top-Up Amour ₹ Top-Up Amour ₹ Top-Up Top-Up Top-Up Top-Up Top-Up	o (Minin nt (₹) o CAP*:	on) (*Def	% Water and Market an	n Per 66	rcentage %) Frequency Yearly* Half-yearly Yearty* Half-yearly Yearty* Half-yearly

Instructions

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through 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.

Instructions

- With the introduction of One Time mandate (OTM) facility, the mandate registration and SIP registration through OTM facility has been delinked. There are two separate forms, 1) for onetime mandate registration and 2) for SIP Registration.
- Where a onetime mandate is already registered in a folio for a bank account, the Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form.
- Where the mandate form and the SIP registration form are submitted together, debits for the SIP may happen only on successful registration of the mandate by the Unit holder(s) bank. The Fund / AMC would present the SIP transactions or lump sum purchase transactions without waiting for the confirmation of the successful registration from the Unit holder(s)' bank.
- In case the onetime mandate is successfully registered, new SIP registration will take upto five days. The first debit may happen any time thereafter, based on the dates opted by the Unit holder(s).
- While the Fund and RTA reserve the right to enhance the SIP period to ensure minimum installments as per respective scheme offer documents, even if the investor has submitted the form late or requested for a period less than minimum installments, they may reject the applications for less than minimum installments.
- If start date for SIP period is not specified, SIP will be registered to start anytime from a period after five days from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being registered. If end date is not specified, SIP will be registered till December 2099 or end date of mandate, whichever is earlier.
- If any time during the SIP period, the onetime mandate is to be modified to reduce the validity period which is more than SIP end period registered through OTM, investor should first cancel the SIP and thereafter modify the OTM end period.
- In case of Micro SIP application without PAN, the investor/s hereby declare that they do not have any existing Micro SIPs with DSP Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year.
- For detailed terms and conditions on SIP, including for OTM facility, please visit our website www.dspim.com and also refer to scheme related documents.
- For SIPs through OTM, the maximum per installment amount after Top-Up shall not exceed Rs. Five lakhs or the maximum amount mentioned in OTM form, whichever is less.
- The Top-up details cannot be modified once enrolled. In order to make any changes, the investor needs to cancel the existing SIP and enroll for a fresh SIP with Top-up option.