

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RII Internal Code	EUIN (Refer note below)	For Office use only
ARN- 257030			E 479794	

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.

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)		Guardian is:	Date of Birth (Guardian)
		Father Mother Court Appointed	
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)	Tel (STD Code)	Address Type (Mandatory)
Mobile +91		a. Residential & Business
Contact details belong to family due to investor being,		b. Residential
Self Spouse Dependent Child Dependent Parent Dependent Sibling Guardian In case of Minor		c. Business
Address		d. Registered Office
Landmark	Pin Code (Mandatory)	
City		

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
Body Corporate	Bank	Fls	Insurance Companies	Government Body
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
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			
(As per PAN) (Refer Instructions)			
PAN	CKYC - KIN		
a. Occupation Details (Please tick ✓)	Private Sector Service	Public Sector Service	Government Service
Agriculturist	Retired	Housewife	Student
b. Gross Annual Income (Please tick ✓)	Below 1 Lac	1-5 Lacs	5-10 Lacs
c. Others (Please tick ✓)	Not Applicable	Politically Exposed Person (PEP)	Related to a Politically Exposed Person (PEP)
3rd Applicant Name	Date of Birth		
(As per PAN) (Refer Instructions)			
PAN	CKYC - KIN		
a. Occupation Details (Please tick ✓)	Private Sector Service	Public Sector Service	Government Service
Agriculturist	Retired	Housewife	Student
b. Gross Annual Income (Please tick ✓)	Below 1 Lac	1-5 Lacs	5-10 Lacs
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 reallocation 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			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

Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and its 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		OR "Scheme Name", in case of single scheme / scheme wise cheques.	
One time Lumpsum Investment		SIP: Systematic Investment Plan. <input type="checkbox"/> Attach OTM form, if not already registered. Mention LUMPSUM and First SIP	
Full Scheme/Plan/Option/Sub Option		Amount (₹)	
1. DSP -		Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD	
2. DSP -		<input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	
3. DSP -		Cheque/DD/RTGS/NEFT Details:	
Total		Ref. No. _____	
		Date _____	
		DD charges, if any _____	
Payment from Bank A/c No.		A/c. Type Savings Current NRE NRO FCNR Others	
Bank Name			

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		*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.			Total 100%

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: <input type="checkbox"/> N <input type="checkbox"/> CDSL: <input type="checkbox"/>	Primary 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
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Email: service@dspim.com	Website: www.dspim.com	Contact Center: 1800-208-4499 / 1800-200-4499
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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	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. Non Individual investors should attach FATCA Details and Declaration Form UBO Declaration Form
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Debit Mandate Checklist:

- 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 details
- Date, Other details
- Signature/s

Distributor/RIA Name and ARN / Code 257030	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EJIN (Refer note below) E 479794	For Office use only
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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, Call, S/S or Online.

OTM Debit Mandate Form NACH/DIRECT DEBIT

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

DSP MUTUAL FUND

Tick(✓) ☐ UMRN

CREATE ☐ Sponsor Bank Code Utility Code

MODIFY ☐ I/We hereby authorize: **DSP MUTUAL FUND Schemes** to debit (tick✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

CANCEL ☐

Bank A/c No.:

With Bank: IFSC OR MICR

an amount of Rupees ₹

FREQUENCY ☐ Mthly ☐ Qtrly ☐ H-Yrly ☐ Yrly ☒ As & when presented DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1 Folio No: Mobile

Reference 2 Appln No: Email id

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.

PERIOD

From to

or ☐ Until-Cancelled

1. Signature of Account Holder	2. Signature of Account Holder	3. Signature of Account Holder
1. Name of Account Holder	2. Name of Account Holder	3. Name of Account Holder

Declaration: 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/Standing Instructions. I/We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/(Debits)/Direct Debits /Standing Instructions. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit / Standing Instructions 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. Please attach a cancelled cheque/cheque copy

SIP Registration/Renewal Form (for OTM registered investors only)

Attention: No need to attach OTM Debit Mandate again, if already registered earlier.

Use tick ☒ as applicable:
 OTM Debit Mandate is already registered in the folio. [No need to submit again].
 The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

Distributor/RIA Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EJIN (Refer note below)	For Office use only
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I/We confirm that the EJIN 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. Upfront 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.

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 Any date (1 st to 31 st)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 500 or In Percentage %) Amount (₹) or Percentage %	Frequency
1.	DSP -			<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	to	₹ <input type="text"/> I	Yearly* Half-yearly
2.	DSP -			<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	to	₹ <input type="text"/> OR <input type="text"/> %	Yearly* Half-yearly
3.	DSP -			<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	to	₹ <input type="text"/> I	Yearly* Half-yearly
Total							

(*Maximum per installment Amount after Top-Up shall not exceed Rs. Five Lakh or OTM maximum amount) (*Default option/Date) (*Default End Month/Year - 12/2099)

First SIP transactions via single cheque no. favouring 'DSP Mutual Fund' Dated

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 installments referred above through participation in NACH/Direct Debit/Standing Instructions. 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)

First Unit Holder's Signature Second Unit Holder's Signature Third Unit Holder's Signature

Acknowledgement Investor Name: <input type="text"/> <input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM	DSP Mutual Fund Folio No./Application No. <input type="text"/>	ISC Stamp
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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 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.
- **In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day/date.**
- 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.
- 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.