

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
ARN-307640			E584535	

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.

Self / First Applicant's Signature Mandatory

### 1. FIRST APPLICANT'S DETAILS

Name of First Applicant (Name as per PAN card is mandatory) (Refer Instructions)		Date of Birth/Incorporation (Mandatory)	
		D D / M M / Y Y Y Y	
Name of Guardian (if minor)/POA/Contact Person (Name as per PAN card is mandatory) (Refer Instructions)		Guardian is:	Date of Birth (Guardian) (Mandatory)
		<input type="checkbox"/> Father <input type="checkbox"/> Mother	D D / M M / Y Y Y Y
		<input type="checkbox"/> Court Appointed	Attach proof if 1st applicant is a minor
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) ☐ 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

☐ Trust ☐ Society } Are you a Non-Profit Organization constituted and registered as a Trust or Society under Societies Registration Act, 1860 for religious or charitable purpose as referred to in Clause (15) of Section 2 of the Income Tax Act, 1961, or a company registered under Section 8 of the Companies Act, 2013. ☐ 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 D D / M M / Y Y Y Y (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

**2nd Applicant Name** (Name as per PAN card is mandatory) (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** (Name as per PAN card is mandatory) (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 from \_\_\_\_\_ an application for purchase of units. Subject to verification and funds realization.

Scheme	Cheque no.	Amount
DSP		

## 5. FATCA and CRS DETAILS

\*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.

## 6. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

## 6. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

Bank Name																								
Bank A/C No.																	A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> 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

1. DSP -	Scheme	Plan	Option/Sub Option		Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer Cheque/DD/RTGS/NEFT Details: Ref. No. _____ Date <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD charges, if any _____
2. DSP -	Scheme	Plan	Option/Sub Option		
3. DSP -	Scheme	Plan	Option/Sub Option		
Total	Amount in words			Amount in Figures	

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.**

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%	

☐ **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 Mutual Fund Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by DSP Mutual Fund from 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.

<p>and purpose of consideration or creation of any rule, regulation, rate, recommendation, directions or any other applicable laws enacted by the Government of India or any Statutory Authority.</p>			
Sole / First Applicant / Guardian	Second Applicant	Third Applicant	POA holder, if any

Email: <a href="mailto:service@dspim.com">service@dspim.com</a>	Website: <a href="http://www.dspim.com">www.dspim.com</a>	Contact Center: 1800-208-4499 / 1800-200-4499
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☐ 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

Debit Mandate Checklist:

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Write Amount in words and in Figures (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 / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/ RM Internal Code	EUIN (Refer note below)	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 or Online.

DSP

MUTUAL FUND

OTM Debit Mandate Form NACH/DIRECT DEBIT  
[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

UMRN

Office use only

Date

D

D

M

M

Y

Y

Y

Y

Utility Code

Office use only

Tick(✓) ☐ CREATE ☐ MODIFY ☐ CANCEL

Sponsor Bank Code

Office use only

I/We hereby authorize: **DSP MUTUAL FUND Schemes**

to debit (tick✓) **SB / CA / CC / SB-NRE / SB-NRO / Other**

Bank A/c No.:

With Bank:

Bank Name & Branch

IFSC/MICR

an amount of Rupees

In Words

‘

In Figures

Debit Type ☐ Fixed Amount- ☒ Maximum Amount

FREQUENCY ☐ Mthly ☐ Qtrly ☐ H. Yrly ☐ Yrly ☒ As & when presented

Reference 1 

Folio No:

Reference 2 

Appln No:

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. 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. I/We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/(Debits)/Direct Debits. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit 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

PERIOD

From

D

D

M

M

Y

Y

Y

Y

to

D

D

M

M

Y

Y

Y

Y

Maximum period of validity of this mandate is 40 years only.

1.

Signature of Account Holder

2.

Signature of Account Holder

3.

Signature of Account Holder

Mobile

1.

Name of Account Holder

2.

Name of Account Holder

3.

Name of Account Holder

DSP

MUTUAL FUND

SIP Registration/Renewal Form (for OTM registered investors only)  
Attention: No need to attach OTM Debit Mandate again, if already registered earlier.

Please tick ☒ as applicable:

☐ OTM Debit Mandate is already registered in the folio. [No need to submit again].

☐ OTM Debit Mandate is attached and to be registered in the folio.

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☐ 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. 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.

Sole / FirstApplicant's Signature Mandatory

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 (1 <sup>st</sup> * to 31 <sup>st</sup> )	Frequency	Start Month/Year End Month/Year#	Top-Up (Minimum ` 100 or in Percentage %) Amount (‘) or Percentage %	Frequency
1.	DSP -		<div>D</div> <div>D</div>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> For <input type="checkbox"/> 40 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>	<div>‘</div> <div>OR</div> <div>%</div> Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
2.	DSP -		<div>D</div> <div>D</div>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> For <input type="checkbox"/> 40 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>	<div>‘</div> <div>OR</div> <div>%</div> Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
3.	DSP -		<div>D</div> <div>D</div>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> For <input type="checkbox"/> 40 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>	<div>‘</div> <div>OR</div> <div>%</div> Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
(*Default option/Date) (*Default/40 yrs)		Total					

First SIP transactions via single cheque no.

favouring ‘DSP Mutual Fund’

Dated 

D

D

M

M

Y

Y

Y

Y

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 instalments referred above through participation in NACH/Direct Debit. 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]

X

First Unit Holder's Signature

Second Unit Holder's Signature

Third Unit Holder's Signature

Acknowledgement	DSP Mutual Fund	ISC Stamp
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## Terms and Conditions and Instructions

For detailed terms and conditions on SIP, including for OTM facility,

please visit our website [www.dspim.com](http://www.dspim.com) and also refer to scheme related documents.

- 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, sent to the updated mobile number and email id.
- **The OTM forms require three important and mandatory dates to be filled in:**
  - a) **Mandate Registration Date:** This date is located on the top right corner of the form. This will be the initial date from which the mandate will be registered.
  - b) **Period "From" Date:** This is the starting date of the period for which the mandate will be applicable.
  - c) **Period "To" Date:** This date will be the end of the period for which the mandate is valid. The "To" date must be within 40 years from the Mandate Registration Date This is a strict requirement and should not be exceeded.  
\*The mandate will be rejected if the "To" date is either beyond 40 years, left blank, or if there are any ambiguities in the date provided.
- 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.
- 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.
- Transaction amount should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.
- 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 business 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 business 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 the SIP will be registered for 40 years from the registration date or end date of mandate, whichever is earlier.
- Under Daily SIP, the Unit Holder can invest a fixed amount into the scheme on a daily basis. Daily SIP installment shall be processed only when it is a Business Day for the scheme.
- 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. 5 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.
- DSP Mutual Fund or the AMC, its registrars and other service providers are not responsible if the registration and subsequent transaction are delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to local holidays or any other reason.
- 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.