

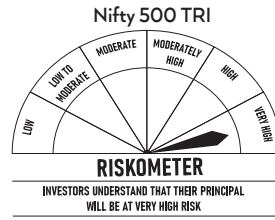
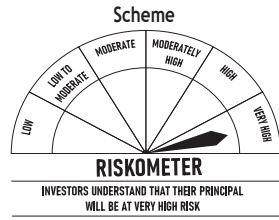
PRODUCT LABELLING & SUITABILITY

Riskometer

This product is suitable for investors who are seeking*

- Long term capital growth
- Investment in equity and equity related securities with a focus on riding business cycles through dynamic allocation across various sectors / themes / stocks at different stages of business cycle

* Investors should consult their financial advisers if in doubt about whether the Scheme is suitable for them.



NEW INVESTOR APPLICATION FORM

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

The product labelling assigned during the New Fund Offer ('NFO') is based on internal assessment of the Scheme Characteristics or model portfolio and the same may vary post NFO when actual investments are made

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

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.

Sole / 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) DD / MM / YYYY

Name of Guardian (if minor)/POA/Contact Person (Name as per PAN card is mandatory) (Refer Instructions) _____ **Guardian is:** Father Mother Court Appointed **Date of Birth** (Guardian) (Mandatory) DD / MM / YYYY

Existing Folio _____ **PAN** (1st Appl / Guardian) _____ **Attach proof if 1st applicant is a minor**

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) _____ **Address Type** (Mandatory) a. Residential & Business b. Residential c. Business d. Registered Office

Mobile +91 _____ **Tel** (STD Code) _____

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

Address _____

Landmark _____

City _____ **Pin Code** (Mandatory) _____

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 } Are you a Non-Profit Organization constituted and registered as a Trust or Society under Yes, our NPO Reg. No is _____ (Mandatory)

Society } 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. 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 DD / MM / YYYY (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** DD / MM / YYYY

2nd Applicant Name _____ **PAN** _____ **CKYC - KIN** _____

a. Occupation Details (Please tick ✓) Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Housewife Student Forex Dealer Others _____ (Please specify)

b. Gross Annual Income (Please tick ✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore

c. Others (Please tick ✓) Not Applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

3rd Applicant Name _____ **Date of Birth** DD / MM / YYYY

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 Business Cycle Fund		

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 <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____					

Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.
 *If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

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

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 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 LUMP SUM and First SIP Cheque Details below**

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

Payment from Bank A/c No. _____ Pay In 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 *Mandatory

Nominee Name/s & PAN	Relationship with applicant*	If Nominee is a Minor*		Guardian Relation	Allocation (%)*	Nominee/Guardian Signature
		Date of Birth	Guardian Name* & PAN			
1						
2						
3						

Address _____ In case of each Minor as Nominee, please mention Guardian's relationship with Minor as Mother/Father/Legal Guardian. Kindly attach proof like Birth Certificate/School Leaving Certificate/Passport/Others.

Total 100%

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 _____ 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 Information 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.

Sole / First Applicant / Guardian	Second Applicant	Third Applicant	POA holder, if any
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Email: service@dspm.com Website: www.dspm.com Contact Center: 1800-208-4499 / 1800-200-4499

- 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

