

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIIN (Refer note below)	For Office use only

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (Name as per PAN card is mandatory) (Refer Instructions)		Date of Birth/Incorporation (Mandatory)	
<input type="text"/>		D D / M M / Y Y Y Y	
Name of Guardian (if minor)/POA/Contact Person	Guardian is:	Date of Birth (Guardian) (Mandatory)	
<input type="text"/>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed	D D / M M / Y Y Y Y	
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)	<input type="text"/>		
Mobile +91	<input type="text"/>		
Tel (STD Code)	<input type="text"/>		
Email ID belongs to	<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"/> POA		
Mobile No belongs to	<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"/> POA		
Address	<input type="text"/>		Address Type (Mandatory)
Landmark	<input type="text"/>		<input type="checkbox"/> a. Residential & Business
City	Pin Code (Mandatory)		<input type="checkbox"/> b. Residential
Overseas address - Overseas address is mandatory for NRI/FPI Applicants			
Address	<input type="text"/>		<input type="checkbox"/> c. Business
Landmark	<input type="text"/>		<input type="checkbox"/> d. Registered Office
City	Pin Code (Mandatory)		<input type="checkbox"/> a. Residential & Business
<input type="checkbox"/> b. Residential			
<input type="checkbox"/> c. Business			
<input type="checkbox"/> d. Registered Office			

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 No

Clause (15) of Section 2 of the Income Tax Act, 1961, or a company registered under Section 8 of the Companies Act, 2013.

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. SECOND APPLICANT'S DETAILS (IF ANY)

Mode of Holding (Please tick ✓) Joint (Default) Anyone or Survivor

Date of Birth (Mandatory) D D / M M / Y Y Y Y

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)

Email ID (in capital)

Mobile +91 Tel (STD Code)

Email ID belongs to Self Spouse Dependent Child Dependent Parent Dependent Sibling Guardian In case of Minor POA

Mobile No belongs to Self Spouse Dependent Child Dependent Parent Dependent Sibling Guardian In case of Minor POA

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from _____ an application for purchase of units. Subject to verification and funds realization.

Scheme _____ Cheque no _____ Amount _____

11. NOMINATION

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Share of nominee: ** if % is not specified, then the assets shall be distributed equally amongst all the nominees.

Identity Number: *** Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits masked). Passport number (In case of NRI/OCI/PIO). Copy of the document is not required.

Nomination Details								
	Mandatory Details						Where nominee is a minor	
	Name of nominee	Share of nominee (%)**	Relationship	Postal Address (Mention complete postal address)	Mobile number & E-mail	Identity Number ***	Date of birth of nominee	Guardian Name
1				<input type="checkbox"/> Same as First Applicant				
2				<input type="checkbox"/> Same as First Applicant				
3				<input type="checkbox"/> Same as First Applicant				
		Total 100%	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.					

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.

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows; (please tick, as appropriate)

Name of nominee(s) OR Nomination Registered#: Yes No

#Default: If no option is selected, whether nomination registered or not, along with the number of nominees will be treated as the default.

12. 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 tert 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 alongwith instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form true, correct and complete. I/ We declare that the amount invested in the Scheme through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions ar any other applicable laws enacted by the Government of India or any Statutory Author).

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

POA holder, if any