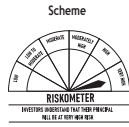


PRODUCT LABELLING & SUITABILITY

This scheme is suitable for investor who are seeking*

- Long term capital growth
- Investment in a multi asset allocation fund with investments across equity and equity related securities, debt and money market instruments, commodity ETFs, exchange traded commodity derivatives, overseas securities and other permitted instruments
- * Investors should consult their financial advisers if in doubt about whether the Scheme is suitable for them



Riskometer

40% NIFTY500 TRI + 20% NIFTY Composite Debt Index + 15% Domestic Price of Physical Gold (based on London Bullion Market Association (LBMA) gold daily spot fixing price) + 5% iCOMDEX Composite Index + 20% MSCI World Index



NEW INVESTOR APPLICATION FORM

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

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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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 (As per PAN) (Refer Instructions) _____ **Date of Birth** (1st Appl / Minor) (attach proof) DD / MM / YYYY

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

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) _____ **Address Type (Mandatory)**

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

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 Fls 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 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 _____ No (Mandatory)

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 Multi Asset Allocation 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 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 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 (₹)

1. DSP -	Scheme	Plan	Option/Sub Option	Amount (₹)
2. DSP -	Scheme	Plan	Option/Sub Option	
3. DSP -	Scheme	Plan	Option/Sub Option	
Total	Amount in words			Amount in Figures

Payment Mode: Cheque DD
 RTGS NEFT Funds transfer

Cheque/DD/RTGS/NEFT Details:

Ref. No. _____

Date / /

DD charges, if any _____

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 _____					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.

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 Full scheme name, plan, option is mentioned Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.

Address, Email ID/Mobile are correctly mentioned. Pay-In bank details and supportings are attached Non Individual investors should attach FATCA Details and Declaration Form

KYC information provided for each applicant Nomination facility opted UBO Declaration Form

FATCA/CRS details provided for each applicant Form is signed by all applicants

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 / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIIN (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, Call, SMS 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

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/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.

PERIOD

From

to

or Until Cancelled

Mobile

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

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.

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
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I/We confirm that the EUIIN 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 (1st* to 31st)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 100 or in Percentage % Amount (₹) or Percentage %) Frequency
1.	DSP -		<input type="text"/> <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> OR <input type="text"/> % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
2.	DSP -		<input type="text"/> <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> OR <input type="text"/> % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
3.	DSP -		<input type="text"/> <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> OR <input type="text"/> % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
(*Default option/Date) (*Default/Perpetual: 12/2099)		Total				

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 instalments 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"/>	DSP Mutual Fund Folio No./Application No. <input type="text"/>	ISC Stamp
<input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM		