DSP MUTUAL FUND

APPLICATION FORM For Product Labelling & Suitability (Including Risk-o-Meter of Benchmark) and PRC Matrix For Debt Schemes available on cover pages

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Inter	nal Code EUIN (Refer note I	below)	For Office use only
ARN-118251					
I/We confirm that the EUIN box is intentio Commission shall be paid directly by the invest rendered by the distributor.	or to the AMFI registered Distrib	utors based on the invest	ors' assessment of various fac	ctors including the servi	
1. FIRST APPLICANT'S DETAILS				r mataat r and maas	Sole / First Applicant's Signature Mandatory
Name of First Applicant (As per PA	N) (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 Instruction	ons) Guardian is:		Date of Birth (Guardian)
				Court Appointed	D D / M M / Y Y Y Y
Existing Folio	PAN (1st Appl /	Guardian)			
CKYC - KIN	PA	N of POA	KYC attached	1	
	SPONDENCE ADDRESS (As per KYC record	ds) NRI Investors shou	uld mention their	Overseas address (Refer instructions)
Email ID (in capital)					Address Type (Mandatory)
Mobile +91		Tel (STD Code	e)		☐ a. Residential & Business ☐ b. Residential
Contact details belong to family d	.				C. Business
□ Self □ Spouse □ Dependent Ch	illa 🗆 Dependent Paren	t 🗀 Dependent Sib	oung 🗀 Guardian In ca	ase of Minor	□ d. Registered Office
Address					
Landmark	Pi	in Code			
City		andatory)			
3. KYC DETAILS (Mandatory)					
3a. Status of Sole/1st Applicant (P NRI (Repatriable) NRI (Non-Repatriable) Body Corporate Bank FIs Insurance FII FPI-Category I/II/III FCRA GDN	○ PIO ○ Sole Proprietorship te Companies ○ Government Bi	\bigcirc HUF - Indian \bigcirc HUF \cdot ody \bigcirc AOP/BOI \bigcirc Trust	NR \bigcirc Partnership Firm \bigcirc I	Limited Partnership (LL nd \bigcirc Superannuation/I	
🕼 Are you a Non-Profit Organizatio					· · · ·
3b. Occupation Details (Please t ○ Agriculturist ○ Retired ○ Housev			ector Service 🔿 Govern		usiness O Professional Please specify)
3c. Gross Annual Income (Please Net-worth in (Mandatory for N	tick 🖌) OBelow 1 Lac	01-5 Lacs 05	i-10 Lacs 010-25 Lac	cs O>25 Lacs-	
3d. For Individuals (Please tick					
4. JOINT APPLICANTS (IF ANY) DE	· · ·			ted to Politically Ex	
T Mode of Holding (Please tick		lt) 🗌 Anyoi	ne or Survivor		Date of Birth
2nd Applicant Name					D D / M M / Y Y Y Y
(As per PAN) (Refer Instructions)					
PAN	CKYC - KIN				
a. Occupation Details (Please tive of Agriculturist O Retired O Hou	ck ✔) ○ Private Sector Se sewife ○ Student ○ Fo				
b. Gross Annual Income (Please	-				
C. Others (Please tick ✓) ○ Not					
	· + F · · · · · · · · · · · · · · · · ·			· ·	
3rd Applicant Name (As per PAN) (Refer Instructions)				Date of Birth	
PAN	CKYC - KIN				
a. Occupation Details (Please ti	ck 🖌) 🗢 Private Sector Se	rvice O Public Secto	or Service O Governmer	nt Service O Busine	ess O Professional
○ Agriculturist ○ Retired ○ Hou	sewife OStudent OF	orex Dealer 🜼 Othe	ers	(P	lease specify)
b. Gross Annual Income (Please	tick ✓) ○Below 1 Lac	○ 1-5 Lacs ○ 5-1	0 Lacs O 10-25 Lacs O	>25 Lacs-1 crore	O >1 crore
C. Others (Please tick ✓) ○ Not	Applicable O Politically I	Exposed Person (PEP)	• Related to a Politica	uty Exposed Person	(PEP)
ACKNOWLEDGEMENT SLIP (To be fi	lled in by the investor)			D	SP MUTUAL FUND
Received, subject to realisation and verification	an application for purchase of l	Units as mentionedin the	application form.		
From Scheme	Cheque	no. Amo	unt		
DSP		AITIO			
1		1			

5. FATCA and CRS DETAILS Sole/First Applicant/Guardian				2nd Applicant								🗌 3rd Applicant 🗌 POA								
Place & Count	try of Birth	PLAC	E CO	UNTRY	Place & Country of Birth PLACE COUNTRY							Y	Place & Country of Birth PLACE COUNTRY							JNTRY
Nationality 🗆]Indian 🗆 U.S	. 🗆 Othe	r		Nationa	ality 🗆 II	ndian	U.S. [] Other	·		_	Natio	onality	🗆 Ind	ian 🗆 U.	S. □Ot	her		
# Please indicate a	all Countries, o	ther than li	ndia, in whic	ch you are a	a resident	for tax pu	irpose,	associate	d Taxpa	yer Iden	tification I	Numb	er and	it's Iden	tificati	on type e	g. TIN etc	:. uthoriti	es of the	country
*If TIN is not availa of tax residence er					d.	iry does no							ou are	unable						
Country #	Tax Ident Nurr		Identifi Type/Re		Coun	try #	Tax	Identifi Numbe			ntificatio e/Reasoi		Co	untry #	ŧ		ntificati mber		ldentific Type/Re	
1					1								1							
2					2							:	2							
3					3								3							
6. BANK ACCO	OUNT DETA	ILS (Ava	ail Multipl	le Bank R	egistrat	ion Faci	ility)													
Bank Name																				
Bank A/C No.											A/C	Туре	🗆 Sa	vings [Curr	ent 🗌 I	NRE 🗌 N	IRO 🗌	FCNR] Others
City				Pin		1		1	1	ESC co	ode: (11	digit	•)							
												-	<u> </u>	6				1:		
7. INVESTMEN Cheque/DD shou																				
One time Lu					-		-													
	Full S	cheme/	– Plan/Opt	tion/Sub	Option	I					Amoun	nt (₹)	•		Che	que De	tails bel	ow		
1. DSP -	Scher	ne	Р	lan	Optio	n/Sub (Optio	n							Pay	ment M	Node:	🗌 Ch	eque	🗌 DD
																RTGS	🗌 NEF	T] Funds	transfer
2. DSP -	Scher		PI	lan		n/Sub (n 							-	•	/RTGS/N	IEFT D	etails:	
3. DSP -	Scher	ne	Р	lan	Optio	n/Sub (Optio								_	. No		1 1	7	
Total		Amoun	t in wor	ds						Am	ount in	Fig	ures		– Da			M	/ Y Y	YY
		/ Into an															s, if any			
Payment from	n Bank A∕c №	lo.							A/c.	. Туре	Savir	ngs L	⊔Curr	ent 🗀	NREL	J NRO L	J FCNR L	_]Otł	ners	
Bank Name																				
8. NOMINATIO	ON (PREFER	ABLE) O	R OPT O	UT (AVO	IDABLE) Nomine	ee Deta	ails or O	pt-Out	Declar	ation (by	y way	of tie	ck) is m	andat	ory to p	orocess t	he ap	plicatior	1.
	,	· · · · ·) Nomine	ee Det	ails or O					of ti	ck) is m	andat	ory to p	process t	he ap	plicatior	1.
Nomination OPT-	,	in below		mandatory Rela	/) Itionshij		ee Det		lf No	minee	is a Mir		of tio			Allo	cation		ninee/Gu	ıardian
Nomination OPT-	-IN (All details	in below		mandatory Rela	/)		ee Det			minee	is a Mir		of tio	Dat	e of rth	Allo				ıardian
Nomination OPT- Nomi	-IN (All details	in below		mandatory Rela	/) itionshij with		ee Det		lf No	minee	is a Mir		of tio	Dat	e of	Allo	cation		ninee/Gu	ıardian
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Nomination OPT- Nomi 1 2 3	-IN (All details	in below		mandatory Rela	() with oplicant *In case of	p	nor as N	Guaro Iominee,	If No dian N please n	minee ame &	is a Mir	nor*	ionship	Dat Bi	e of rth	Allo	cation (%) al 100%	Non	ninee/Gu Signatu	ıardian
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