

Scheme

DSP

Cheque no.

Amount

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

MOTOAL FON	D			App	lication No.:
Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal	Code EUIN (Refer note belo	ow)	For Office use only
ARN-183038			E		
I/We confirm that the EUIN box is intentional	llv left blank bv me/us as '	this is an "execution-onl	v" transaction without anv	interaction or ad	vice by the distributor personnel concerned
Commission shall be paid directly by the investor t	to the AMFI registered Distrib				
factors including the service rendered by the distr I am a First Time Investor in Mutual Fu		n an Existing Investor i	n Mutual Fund Industry.		
1. FIRST APPLICANT'S DETAILS		3	,		
Name of First Applicant (As per PAN)	(Refer Instructions)				Date of Birth (1st Appl / Minor) (attach proof)
					D D / M M / Y Y Y
Name of Guardian (if minor)/POA/0	Contact Person (As per	PAN) (Refer Instruction	ns)		Date of Birth (Guardian)
					D D / M M / Y Y Y
Existing Folio	PAN (1st Appl /	/ Guardian)			Guardian is:
	Тит (тведерет)	Guardiany			☐ Father ☐ Mother ☐ Court Appointed
CKYC - KIN	PA	N of POA	☐ KYC attached		
2. CONTACT DETAILS AND CORRESP	ONDENCE ADDRESS	As per KYC records) NRI Investors should	mention their	Overseas address (Refer instructions).
Email ID					Address Type (Mandatory)
(in capital)		I (STD C-d-)			a. Residential & Business
Mobile +91	Те	(STD Code)			☐ b. Residential
Address					☐ c. Business☐ d. Registered Office
					_ d. Registered office
Landmark		No. Cada			
City		Pin Code landatory)	State		
3. KYC DETAILS (Mandatory)					
3a. Status of Sole/1st Applicant (Plea	ase tick√) ○ Indian Re	esident Individual 🔾 Min	or (Resident) O Minor (Rep	oatriable) 🔾 Min	or (Non Repatriable)
○ NRI (Repatriable) ○ NRI (Non-Repatriable) ○	PIO Sole Proprietorship	○ HUF - Indian ○ HUF - N	IR ○ Partnership Firm ○ Lim	ited Partnership (L	LP) ○ Public Ltd. Co. ○ Private Ltd. Co.
○ Body Corporate ○ Bank ○ Fls ○ Insurance (
○ FII ○ FPI-Category I/II/III ○ FCRA ○ GDN ○	Defence Establishment O	NPS Trust O Others			(Please specify)
	[NPO] or Company u/s 2	25 (Companies Act 195	66) or u/s 8 of Companies	s, Act, 2013: 🗆	Yes □ No
3b. Occupation Details (Please tick			tor Service O Governm		
○ Agriculturist ○ Retired ○ Housewife					(Please specify)
3c. Gross Annual Income (Please ti				○>25 Lacs	
Net-worth in (Mandatory for Nor					/ Y Y Y (Not older than 1 year)
3d. For Individuals (Please tick ✓)		I am Politically Exposed	d Person 🔘 I am Related	to Politically E	xposed Person
4. JOINT APPLICANTS (IF ANY) DETA		(t)	a a Compine		Date of Dinth
Mode of Holding (Please tick ✓)) 🔲 Joint (Deraul	it) Allyone	e 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 tick	✓) ○ Private Sector Se	rvice O Public Sector	Service O Government S	Service ○ Busir	ess O Professional
			S		
b. Gross Annual Income (Please ti	ick ✔) ○Below 1 Lac	○ 1-5 Lacs ○ 5-10	Lacs ○ 10-25 Lacs ○ >	25 Lacs-1 crore	○ >1 crore
C. Others (Please tick ✓) ○ Not Ap	oplicable O Politically I	Exposed Person (PEP)	 Related to a Politically 	Exposed Person	(PEP)
3rd Applicant Name				Date of Birth	D D / M M / Y Y Y Y
(As per PAN) (Refer Instructions)					
PAN	CKYC - KIN				
a. Occupation Details (Please tick	✓) ○ Private Sector Se	rvice O Public Sector	Service O Government S	Service O Busin	ess O Professional
○ Agriculturist ○ Retired ○ House					
 b. Gross Annual Income (Please ti c. Others (Please tick ✓) ○ Not Ap 					
Others (Please tick) O NOT AP	pacable O Fullically I	Exposed reisoli (FEF)		LAPOSEU PEISOII	(i Li)
ACKNOWLEDGEMENT SLIP (To be fille	ed in by the investor)				OSP MUTUAL FUND
		Halle and the second	all and the form		
Received, subject to realisation and verification ar	application for purchase of l	units as mentionedin the ap	pucation form.		Application No.

5. FATCA and CRS DETAILS Sole/First Applicant/Guardian					2nd Applicant			☐ 3rd Applicant ☐ POA										
Place & Country	of Birth	PLACE		COUNTI	RY	Place &	 Country	of Birtl	n PL	ACE	COUNTRY	Plac	e & Cou	ntry	of Birth	PLA	CE	COUNTRY
Nationality 🗆 Ind	 dian □U.S.	 ☐ Other				Nationali	ity 🗆 In	dian □l	J.S. □ Ot	her		Nat	ionality	☐ Ind	ian 🗆 U	.S. □ Oth	er	
# Please indicate all (*If TIN is not available of tax residence enter	or mentioned	, please n	nention re	eason a	s: 'A' if t	he country											thorities	of the country
Country #	Tax Identif Numb	ication	Identi Type/	ficatio	on	Countr	 ry #		ntificati umber		tification e/Reason*	c	ountry #			ntificatio mber		ntification e/Reason*
1					1							1						
2					2							2						
3					3							3						
6. BANK ACCOU	NT DETAIL	S (Ava	il Multi	ple Ba	ink Re	gistratio	on Facil	ity)										
Bank Name		<u> </u>																
Bank A/C No.											A/C Ty	pe 🗌 S	avings [] Curi	ent 🗌	NRE 🗌 NR	RO 🗌 F0	NR □ Othe
City					Pin					IFSC co	de: (11 di	git)						
7. INVESTMENT	AND PAY	MENT	DETAIL	S (De	fault	plan/op	otion/s	ub opti	on will b	e applie	incase o	f no ii	nformat	ion,	ambigu	ity or di	screpa	ncy)
Cheque/DD should								-					_				-	
One time Lum				-			nt Plan	. 🖙 Att	ach OT	A form, if			istered.			<u>JMPSUM a</u> tails belo		st SIP
	Full Sch	ieme/F	'			•			<u> </u>		Amount (₹)				Node: [ue 🗌 DI
1. DSP -	Scheme			Plan		Option									RTGS	☐ NEFT	F	unds trans
2. DSP -	Scheme			Plan		Option								Ch	eque/DD	/RTGS/NE	FT Det	ails:
3. DSP -	Scheme			Plan		Option								Ret	. No			
										A				Da	te D	D / M	M /	Y Y Y
Total	<i></i>	Amount	: in wo	ras							ount in Fi			_	•	s, if any		
Payment from B	ank A/c No				ay In				A	/c. Type	Savings	□Cur	rrent 🗆 I	NRE [□ NRO [□FCNR □	Other	s
B □ I/We wish	to nominate	e. 🔲 I/	We DO	NOT w		nominat	e and s	ign here			is a Minor		Applicar	nt Sig				
	ee Name/s	t PAN			٧	with olicant		(Guardiar	Name &	PAN		Date Bir	e of th	Allo	(%)		minee gnature
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3																		
Address							Guar Legal	dian's ro l Guardi	elationsh an & Att	ip with N	nee, pleas inor as Mo like Birth	ther /	Father			al 100% ng Certif	icate	
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*Please attach pro 9. UNIT HOLDIN In Account S Mode (defaul	G OPTION: tatement t): eceive physica ON & SIGN	☐ In [al copy o	emat n	node: '	NSDL: CDSL: port/al	I N	Guard Legal / Pa	dian's ro	elationsh an & Att Others. g Certific D B	ip with Mach proof ate, Passp epository Peneficiary A	inor as Mo like Birth ort etc. articipant (D ccount Num	ther / Certif	Father ficate /	Schoo	Encl	ose for der lient Maste ransaction/ IS Copy	nat opti r List 'Holding	Statement
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*Please attach pro 9. UNIT HOLDIN In Account S Mode (defaul 10. I/We wish to re 11. DECLARATI Having read and under time to time, I / We, he information requireme further confirm that th the purpose of contrav	G OPTION: tatement tt): eceive physic. ON & SIGN stood the contereby apply to to ents of the apply to to ents of the apply apply to to ents of the apply to to ention or evasion	al copy of NATURE ents of the he Trustee (lication for provided bon of any A	emat n	node: '	NSDL: CDSL: port/al tion Doo ind for U TCA and orm is tr ulle, Not	oridged succument and this of the CRS required, correctification, L	Guard Legal / Pa	dian's rot I Guardi ssport / I Leavins if email int of Addi Scheme/P terms and potential	elationshan & Att Others. g Certific D B d is not re tional Information (Aprilan / Option condition cond	ip with N ach proof ate, Passp epository P eneficiary A e	inor as Morlike Birth ort etc. articipant (D account Num articipant (D account Num by a bidde by the count instruction of the count invested articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D account Num by a bidde by the G articipant (D acco	PP) ID (N ber (NS)	Father ficate /	ructio ons, ructio relate- hrough or any	Encl C T T D D	ose for der lient Maste ransaction/ IS Copy	mat opti r List 'Holding d by DSP. / We hav reby acc only and i	Mutual Fund five understood pept the same in ot designed

"Investors may note that under Income Distribution cum Capital Withdrawal options the amounts can be distributed out of investor's capital (Equalization Reserve), which is part of sale price that represents realized gains."

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)

SIP Registration Checklist:

- Distributor code & details, if any,
 Name, Folio No. / Application No.
- Scheme/s details
- Date, Other details

Your NAMI	E and SIGNATURE as in your bank a	ccount			• Signature/s	
	/ RIA / PMRN Name and ARN / Code ARN-183038	Sub Broker ARN & Name	Sub Broker/Branch/ RM Internal Code	EUIN (Refer note below	For Office use only	
e following art new SIP	Mandate needs to be submitted only o registrations, using Physical Forms, Cal	nce for registration with or w l, SMS or Online.	rithout SIP form. Once the ma	indate is registered, inv	stor need not submit mandate again and can do lump sum investment	
)SP	MUTUAL FUND	OTM Debit M [Applicable for	andate Form N Lumpsum Additional Purch	ACH/DIRECT nases as well as SIP R	DEBIT Date DDMMYYYY Pegistrations]	
ick(√)		UMRN	Office use	only		
REATE	Sponsor Bank Code	Office use only	Office use only Utility Code			
ODIFY ANCEL	I/We hereby authorize:	DSP MUTUAL FUI	ND Schemes		to debit (tick \checkmark) SB / CA / CC / SB-NRE / SB-NRO / Other	
ank A/c No	.:					
ith ink:	Bank Name & B	ranch	IFSC		OR MICR	
amount o	of Rupees	In Words			₹ In Figures	
EQUENCY	□ Mthly □ Qtly □ H. Yrly	☐ Yrly ☑ As & when pre	sented		DEBIT TYPE	
ference 1	Folio No:				Mobile	
ference 2	Appln No:		Ema	il id		
gree for the ERIOD ————————————————————————————————————	he debit of mandate processing char	rges by the bank whom I am	a authorising to debit my ac	count as per latest so	hedule of charges of the bank, 3.	
D	D M M Y Y Y Y	Signature of Accou		Signature of Accou		
_ □ ∪	Intil Cancelled	l.	2.		3.	
		Name of Account		Name of Accoun		
cellation/ar eby confirm aring) / Dire	mendment request to the User entity or the adherence to the terms of OTM Facility and	bank where I have authorised the das amended from time to time a that my/our payment towards my	e debit and express my willingne and of NACH/(Debits)/Direct Deb	ss and authorize to make its /Standing Instructions.	authorised to cancel/amend this mandate by appropriately communicating in oayments through participation in NACH/Direct Debit/Standing Instructions. I/ Authorisation to Bank: This is to inform that I/We have registered for NACH (De Your above mentioned bank account with your Bank. I/We authorize the represe Please attach a cancelled cheque/cheque of Please.	
)SP			SIP Regist	ration/Ren	ewal Form (for OTM registered investors onl	
	MUTUAL FUND ☑ as applicable:		_		M Debit Mandate again, if already registered earlie	
	Mandate is already registered in the	folio. [No need to submit a	gain]. \square OT	M Debit Mandate is att	ached and to be registered in the folio.	

D	SP MUTUAL I				_	ation/Renewal Form (fo				
	ase tick ☑ as applica DTM Debit Mandate is	able: s already registered in the	folio. [No need to subm			Debit Mandate is attached and to be registere	, ,	tereu earner		
Dis	stributor / RIA / PMR	RN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch	/RM Internal Code	EUIN (Refer note below)	or Office use only			
						any interaction or advice by the distributor personne ent of various factors including the service rendered		ole / FirstApplicant's ignature Mandatory		
Inve	estor Name:					Existing Investor Folio No./Application No.				
Sr. No.			SIP Installment Amount (₹) SIP Date Start Month/Year Frequency Frequency End Month/Year			Top-Up (Minimum ₹ 500 or in Percentag Amount (₹) or Percentage %) Freque				
1.	DSP -				☐ Monthly*	From M M Y Y Y Y	₹ OR	% ☐ Yearly*		
				DD	☐ Quarterly	For ☐ Perpetual ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs	1 1	☐ Half-yearly		
						Or till M M Y Y Y Y	Top-Up CAP*:			
2.	DSP -				☐ Monthly*	From M M Y Y Y Y	₹ OR	% ☐ Yearly*		
				D D	☐ Quarterly	For ☐ Perpetual ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs		☐ Half-yearly		
						Or till M M Y Y Y Y	Top-Up CAP*:			
3.	DSP -				☐ Monthly*	From M M Y Y Y Y	₹ OR	% ☐ Yearly*		
					☐ Quarterly	For ☐ Perpetual ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs	1 1	☐ Half-yearly		
						Or till M M Y Y Y Y	Top-Up CAP*:			
	Default option/Date) Default/Perpetual: 12/2099)	-	Total							
Firs	st SIP transactions v	via single cheque no.	•	f	avouring 'DSP	Mutual Fund' Dated D	M M Y Y Y			
De	ebit 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]

Second

Third

X	First	Second	Third
	Unit	Unit	Unit
	Holder's	Holder's	Holder's
	Signature	Signature	Signatur

Acknowledgement		DSP Mutual Fund	ISC Stamp
Investor Name:		Folio No/Application No.	
☐ DEBIT MANADATE FORM	□SIP FORM		

Website: www.dspim.com | E-mail: service@dspim.com | Contact Centre: 1800-208-4499 / 1800-200-4499

Terms and Conditions and Instructions

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

please visit our website 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, thereafter, sent to the updated mobile number and email id.
- 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 one-time 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.
- The total of all installments in a day 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 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 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 or is opted as 'Perpetual', SIP will be registered till December 2099 or end date of mandate, whichever is
 earlier.
- If any time during the SIP period, the onetime mandate is to be modified to reduce the validity period which is more than SIP end period registered through OTM, investor should first cancel the SIP and thereafter modify the OTM end period.
- 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.