

Please fill only in the space provided. Any additional details/notings/instructions or those provided at a non designated area of the form may not be executed. Kindly strike off the unused Sections of the Form to avoid misuse. Please use separate Transaction Form for each Transaction and for each Scheme / Plan and Kindly refer Instructions overleaf.

Distributor / RIA Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIIN (Refer note below)
ARN-78041			E175379

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.

Existing Folio Number	Name of Sole / First Unitholder	(Sole / First Applicant's Signature Mandatory)

ADDITIONAL PURCHASE (DEFAULT PLAN/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.

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

Documents Attached to avoid Third Party Payment Rejection, where applicable: Bank Certificate, for DD Third Party Declarations

REDEMPTION (Write Scheme Name, Plan / Option / Sub Option below)

Scheme Name/Plan/Option*/Sub Option* DSP - _____

Amount in Figures _____ Amount in Words _____

Rs. _____

OR (Please note that the Redemption can be done either in Units or in Amount and not in both)

Units in Figures _____ Units in Words _____

Bank Account for This Redemption Proceeds (This should NOT be construed as "Change of Bank Mandate" request. Refer Instructions overleaf.)

I/We agree that the redemption proceeds should be sent entirely at our risk to the following bank account, if already registered with the fund or to the default bank account if no bank account is mentioned here.

Bank Name _____

Account No. _____

Important Note: Unregistered bank account will not be considered, even if mentioned here. To change bank account, investors should avail multiple bank account registration facility and use a specific designated form for this purpose. If unit holder(s) provide a new and unregistered bank mandate with the redemption request (with or without necessary supporting documents) such bank account will not be considered for payment of redemption proceeds and will not be registered.

* Default Option may be applied in case of no information, ambiguity or discrepancy.

SWITCH (Write switch-out Scheme Name, Plan / Option / Sub Option below)

Scheme Name/Plan/Option*/Sub Option* DSP - _____

Amount in Figures _____ Amount in Words _____

Rs. _____

OR (Please note that the Switch can be done either in Units or in Amount and not in both)

Units in Figures _____ Units in Words _____

Switch-in To Scheme / Plan / Option* / Sub Option* _____

DSP _____

PAN AND KYC UPDATION

Sole / First Applicant / Guardian _____

Second Applicant / Guardian _____

Third Applicant / Guardian _____

KYC LETTER

Attached

Attached

Attached

PoA (Power of Attorney) REGISTRATION DETAILS (Refer Instructions overleaf)

Name of the PoA holder _____

PAN of the PoA holder _____

Attached KYC Letter (Mandatory)

Notarized copy of PoA

DECLARATION & SIGNATURES (TO BE SIGNED AS PER MODE OF HOLDING)

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, I / We, hereby apply to the Trustee of DSP Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. 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. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of 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. Applicable to NRIs only: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality.

If EUIIN is left blank/not mentioned; I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Sole / First Unit Holder	Second Unit Holder	Third Unit Holder	POA Holder, if any
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ACKNOWLEDGEMENT SLIP DSP MUTUAL FUND

Acknowledgement is subject to verification. Request may not be processed in case of incomplete / ambiguous / improper / incorrect details in Transaction Form.

Investor Name _____

Folio Number _____

Scheme/s _____

Additional Purchase or SIP (PDC)

Total Amount (Rs.) _____

Total Cheques _____

Cheques From _____

No.(s) To _____

Redemption or Switch

Amount (Rs.) _____

OR Units _____

PAN and KYC Updation

PoA Registration STP or SWP or DTP

ISC Stamp & Signature _____

V4 07 JUL 2018

SIP (PDC) / STP / SWP / DTP

Distributor Name and ARN	Sub Broker Name and ARN	Branch/RM Internal Code	Employee Unique ID. No. (EUIIN)	For Office use only
ARN-78041			E175379	

Name of Sole / First Unitholder (Leave space between first / middle / last name) Mr. Ms. M/s. Others _____ Folio Number _____

Scheme Name/Plan/Option*/Sub Option* DSP PLAN OPTION

SYSTEMATIC TRANSFER PLAN (STP) (Please allow 7 days to register STP)

STP in To Scheme/Plan/Option*/Sub Option* DSP PLAN OPTION

Transfer Amount (Anyone) Fixed Sum of Rs. _____ (Minimum Rs.500/-) Capital Appreciation, subject to Minimum of Rs.500/-

Frequency (✓Tick any one)	Days/Dates (✓Tick any one)
<input type="checkbox"/> Daily	All Business days
<input type="checkbox"/> Weekly	<input type="checkbox"/> Mon* <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
<input type="checkbox"/> Monthly*	<input type="checkbox"/> 1st* <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 10th
<input type="checkbox"/> Quarterly	<input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 21st
<input type="checkbox"/> Half Yearly	<input type="checkbox"/> 25th <input type="checkbox"/> 28th
<input type="checkbox"/> Yearly	

Transfer Period (Period to cover - minimum 6 STP transactions) From DD / MM / YY To DD / MM / YY

Investments done in schemes through STP will be treated as investments through SIP and the load structure for SIP will be applicable.

SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please allow 7 days to register SWP)

Withdrawal Amount Fixed Sum of Rs. _____ (Minimum Rs.500/-) Capital Appreciation, subject to Minimum of Rs.500/-

Withdrawal Date 1st* 5th 7th 10th 14th 15th 20th 21st 25th 28th

Frequency Monthly* Quarterly Half Yearly Yearly

Withdrawal Period (Period to cover - minimum 6 SWP transactions) From DD / MM / YY To DD / MM / YY

* Default Option may be applied in case of no information, ambiguity or discrepancy.

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, I / We, hereby apply to the Trustee of DSP Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. 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. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of 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. Applicable to NRIs only: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality.

If EUIIN is left blank/not mentioned; I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Sole / First Unit Holder	Second Unit Holder	Third Unit Holder	POA Holder, if any

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 Distributor/investors' assessment of various factors including the service rendered by the distributor.

Sole / FirstApplicant's Signature Mandatory

DIVIDEND TRANSFER PLAN (DTP) - ENROLMENT DETAILS (Please allow 7 days to register DTP) (Refer Terms and Conditions)

(Please mention complete Scheme, Plan & Option)

Source Scheme (From where Dividend is to be transferred)

DSP PLAN OPTION

To

Target Scheme (To where Dividend is to be transferred)

DSP PLAN OPTION

SYSTEMATIC INVESTMENT PLAN (SIP) POST DATED CHEQUES (PDC)

(Separate Cheque required for investment in different Scheme / Plan) All Cheques should be of same date of the months / quarters.

Each SIP Amount (minimum Rs. 500) Rs. _____

SIP Date 1st 5th 7th 10th 14th 15th 20th 21st 25th 28th

Investment Frequency Monthly Quarterly

SIP Period From DD / MM / YY To DD / MM / YY

(Minimum 12 installments, 6 in case of DSP TaxSaver Fund)

Cheque Nos. From _____ To _____

Drawn on Bank/ Branch _____

INSTRUCTIONS

This form should be used by existing investors only by mentioning their folio number, name and Scheme details. Please read the Scheme related documents, Addenda, KIM and Instructions there-in and below mentioned instructions carefully before filling up the form. Investors should provide details/instructions only in the designated space provided in the form else the same may not be considered. ADDITIONAL PURCHASE & PAYMENT DETAILS: Investors should fill name of the scheme, plan, option and sub-option. In case the details are not proper and clear or in case of incomplete details, non-clarity or ambiguity, default options will be considered and applied. Separate cheques and form should be given for each separate investment in different scheme, plan or option. The first unit holder should be one of the bank account holders in the pay-in bank account. Purchase application through Cheque/DD/RTGS/NEFT/Funds transfer requests should necessarily mention the pay-in bank account details i.e. account number and bank, branch name of the bank account used for issuing the payments to the fund. If this is not evidenced on the payment cheque/funds transfer/RTGS/NEFT request, or in case of demand drafts, unit holder should attach necessary supporting documents as required by the fund, like bank certificate, bank passbook copy or statement to prove that the funds are from a bank account held by first unit holder only. If the documents are not submitted with the application, the fund reserves the right to reject the application or call for additional details. ADDITIONAL PURCHASE THROUGH OTM FACILITY: If you are making payment through OTM facility registered in your folio, please tick the relevant box and do not attach any cheque. If more than one bank accounts are registered in your folio under OTM facility, please mention the bank account number and bank name where you wish the debit to happen. If the same is not mentioned or is not registered, default bank mandate under OTM facility will be considered to debit the purchase amount. KYC COMPLIANCE: Investors shall note that KYC is mandatory and they need to comply with the 'Know Your Client' requirements as applicable from time to time. Applications are liable to be rejected without any intimation to the applicants, if required KYC compliance is not completed by all the applicants/unit holders. REDEMPTION REQUEST: Redemption may not be processed if folio number and full scheme name including plan and option is not mentioned. Please ensure that either of amount or units is mentioned in the redemption request. The fund offers a facility to register multiple bank accounts and designate one of the bank account as "Default Bank Account". Default Bank Account will be used for all dividends and redemptions payouts including FMP schemes maturity proceeds unless investor specifies one of the existing registered bank account in the redemption request for receiving redemption proceeds. A new non-registered bank account specified in the specific redemption request for receiving redemption proceeds will not be considered. Consequent to introduction of "Multiple Bank Accounts Facility", the existing facility of redemption with change of bank mandate is discontinued by the fund. New bank accounts can only be registered using the designated "Bank Account Registration Form". BANK ACCOUNT FOR REDEMPTION PROCEEDS: Please note the following important points related to payment of redemption proceeds: Proceeds of any redemption request will be sent only to a bank account that is already registered and validated in the folio at the time of redemption transaction processing. Unit holder(s) may choose to mention any of the existing registered bank accounts with redemption request for receiving redemption proceeds. If no registered bank account is mentioned, default bank account will be used. If unit holder(s) provide a new and unregistered bank mandate with a specific redemption request (with or without necessary supporting documents) such bank account will not be considered for payment of redemption proceeds. POA REGISTRATION: Only a General Power of Attorney agreement without any restrictions and perennial validity is accepted. The PoA must be executed on stamp paper and registered in India and a duly notarized copy should be enclosed. The PoA must have signatures of the investor as well the PoA holder. If the signature of PoA holder is not available, the fund may call for additional documents or declarations on a case to case basis. PoA will be registered within 10 working days of receipt of all valid documents. SYSTEMATIC INVESTMENT PLAN (SIP): Minimum Investment Amount for each SIP instalment is Rs.500/-. SIP Facility is available only on specific dates of the month. SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC WITHDRAWAL PLAN (SWP): Please allow upto 7 days for STP/ SWP to be registered and first STP/ SWP transaction to happen. Hence form should be submitted atleast 7 days before STP / SWP start date. STP/ SWP is available in all the schemes of the Fund. STP/SWP of capital appreciation, Flex STP, Value STP is not available in case of daily & weekly frequency. For investors availing the transfer/ withdrawal of 'appreciation' option, where in any month or quarter, there is no appreciation or is less than Rs.500/-, switch/withdrawal as mentioned above, may not be carried out. You can choose to discontinue this facility by giving 30 days written notice to the Registrar. DIVIDEND TRANSFER PLAN (DTP): Please allow upto 7 days for DTP to be registered. Hence form should be submitted atleast 7 days before the record date of any forthcoming proposed dividend. The Minimum amount of dividend eligible for transfer under Dividend Transfer Plan is Rs. 500/-.

Distributor/RIA name and ARN/Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIIN (Refer note below)	For Office use only
ARN-78041			E175379	

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.

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 (Should match with PAN/Aadhar Card)			Date of Birth (1st Appl / Minor) (attach proof)		
			D D / M M / Y Y Y Y		
Name of Guardian (if minor)/POA/Contact Person		PAN (1st Appl / Guardian)		Date of Birth (Guardian)	
				D D / M M / Y Y Y Y	
AADHAAR No. (1st Appl / Guardian) <input type="checkbox"/> Attach copy (mandatory) CKYC - KIN			Guardian is:		
			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed		
Existing Folio		PAN of POA <input type="checkbox"/> KYC		AADHAAR No. of POA <input type="checkbox"/> Attach copy (mandatory)	

2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records)

Email ID (in capital)			Address Type (Mandatory)		
Mobile +91			<input type="checkbox"/> a. Residential & Business		
Tel (STD Code)			<input type="checkbox"/> b. Residential		
Address			<input type="checkbox"/> c. Business		
			<input type="checkbox"/> d. Registered Office		
Landmark					
City		Pin Code (Mandatory)		State	

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) PIO 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 Trust Society Provident Fund Superannuation/Pension Fund Gratuity Fund Mutual Fund
 FI FPI-Category I/II/III FCRA GDN Defence Establishment NPS Trust Others _____ (Please specify)

Are you a Non-Profit Organization [NPO] or Company u/s 25 (Companies Act 1956) or u/s 8 of Companies, Act, 2013: Yes 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 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. JOINT APPLICANTS (IF ANY) DETAILS

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

2nd Applicant			Date of Birth		
(Should match with PAN/Aadhar Card)			D D / M M / Y Y Y Y		
PAN		AADHAR NO. <input type="checkbox"/> Attach copy (mandatory)		CKYC - KIN	
a. Occupation Details (Please tick ✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others _____ (Please specify)					
b. Gross Annual Income (Please tick ✓) <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore					
c. Others (Please tick ✓) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)					

3rd Applicant			Date of Birth		
(Should match with PAN/Aadhar Card)			D D / M M / Y Y Y Y		
PAN		AADHAR NO. <input type="checkbox"/> Attach copy (mandatory)		CKYC - KIN	
a. Occupation Details (Please tick ✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others _____ (Please specify)					
b. Gross Annual Income (Please tick ✓) <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore					
c. Others (Please tick ✓) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)					

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

DSP MUTUAL FUND

Received, subject to realisation and verification an application for purchase of Units as mentioned in the application form.

From		
	Scheme	Cheque no.
	Amount	
	DSP	

Application No.

5. FATCA and CRS DETAILS

Sole/First Applicant/Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant			<input type="checkbox"/> POA		
Place & Country of Birth	PLACE	COUNTRY	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 _____			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

Branch Address _____

City _____ Pin _____

IFSC code: (11 digit) _____ MICR code (9 digit) _____ (This is a 9 digit number next to your cheque number)

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 First SIP Cheque Details below and in SIP form.**

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

Payment from Bank A/c No. _____ Pay In A/c No. _____ A/c. Type Savings Current NRE NRO FCNR Others _____

Bank Name & Branch _____

Documents Attached to avoid Third Party Payment Rejection, where applicable: Bank Certificate, for DD Third Party Declarations

8. NOMINATION DETAILS

I/We wish to nominate. I/We DO NOT wish to nominate and sign here _____ 1st Applicant Signature (Mandatory)

	Nominee Name	Relationship with applicant	Guardian Name (In case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					
Address				Total = 100%	

9. UNIT HOLDING OPTION:

In Account Statement Mode (default): In Demat mode: NSDL: I N _____ Depository Participant (DP) ID (NSDL only) _____

Beneficiary Account Number (NSDL only) _____

CDSL: _____

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. I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I hereby provide my consent for sharing/disclosed of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered intermediaries, their Registrar and Transfer Agents (RTA)/Service Providers for the purpose of updating the same in all my/our folios.

Sole / First Applicant / Guardian _____ Second Applicant _____ Third Applicant _____ POA holder, if any _____

Email: service@dspm.com

Website: www.dspm.com

Contact Centre: 1800 200 4499

Quick Checklist

<input type="checkbox"/> Name, Address are correctly mentioned	<input type="checkbox"/> Full scheme name, plan, option is mentioned	<input type="checkbox"/> Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
<input type="checkbox"/> Email ID / Mobile number are mentioned	<input type="checkbox"/> Pay-In bank details and supportings are attached	<input type="checkbox"/> Non Individual investors should attach
<input type="checkbox"/> KYC information provided for each applicant	<input type="checkbox"/> Nomination facility opted	<input type="checkbox"/> FATCA Details and Declaration Form
<input type="checkbox"/> FATCA/CRS details provided for each applicant	<input type="checkbox"/> Form is signed by all applicants	<input type="checkbox"/> UBO Declaration Form
<input type="checkbox"/> Aadhaar No. and copy is attached for each applicant		

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 Name and ARN/Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUN (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/ECS/DIRECT DEBIT

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date:

UMRN:

Tick (✓)
 CREATE Sponsor Bank Code: Utility Code:
 MODIFY I/We hereby authorize: **DSP MUTUAL FUND Schemes** to debit (tick✓) **SB / CA / CC / SB-NRE / SB-NRO / Other**
 CANCEL Bank A/c No.:

With Bank: IFSC: OR MICR:

an amount of Rupees ₹

FREQUENCY: Mthly Qtly H. Yrly Yrly As & when presented DEBIT TYPE: Fixed Amount Maximum Amount

Reference 1: Folio No: Mobile:

Reference 2: Appln No: Email id:

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.

PERIOD

From: to:

Signature of Account Holder: 1. _____ 2. _____ 3. _____

Name of Account Holder: 1. _____ 2. _____ 3. _____

Until Cancelled

Declaration: 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/ECS/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/ECS (Debits)/Direct Debits /Standing Instructions. Authorisation to Bank: This is to inform that I/We have registered for ECS / 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. Please attach a cancelled cheque/cheque copy

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.
 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.

Distributor/RIA Name and ARN/Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUN (Refer note below)	For Office use only
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I/We confirm that the EUN 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. Sole / FirstApplicant's Signature Mandatory

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 (✓ one only)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 500 or in Percentage % Amount (₹) or Percentage %) Frequency
1.	DSP -		<input type="checkbox"/> 1st* <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text" value="MMYYYY"/> to <input type="text" value="MMYYYY"/>	₹ <input type="text"/> OR % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
2.	DSP -		<input type="checkbox"/> 1st* <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text" value="MMYYYY"/> to <input type="text" value="MMYYYY"/>	₹ <input type="text"/> OR % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
3.	DSP -		<input type="checkbox"/> 1st* <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text" value="MMYYYY"/> to <input type="text" value="MMYYYY"/>	₹ <input type="text"/> OR % <input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly Top-Up CAP*:
Total			(*Maximum per Installment Amount after Top-Up shall not exceed Rs. Five Lakh) (*Default option) (*Default End Month/Year - 12/2099) #SIP is not available in DSPMF Liquidity Fund			

First SIP transactions via single cheque no. favouring 'DSP Mutual Fund' Dated:

Debit Bank Details: Bank Name: <input type="text"/>	A/C. No.: <input type="text"/>
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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/ECS/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 MANADATE FORM <input type="checkbox"/> SIP FORM		

INVESTOR DETAILS

Entity Name: _____

PAN: _____

Application No. _____

Folio Nos _____

Type of Address given at KRA

 Residential or Business Residential Business Registered Office**ADDITIONAL KYC DETAILS (Mandatory)**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 ₹ _____ as on DD/MM/YYYY (Not older than 1 year)

INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)

City of Incorporation: _____

Country of Incorporation: _____

Date of Incorporation: _____

Is Entity a tax resident of any country other than India? Yes No*(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below)*

In case TIN or its functional equivalent is not available, please provide Company Identification number of Global Entity Identification Number or GIIN, etc.

	Country of Tax Residency	TIN or equivalent number	Identification Type/Reason*
1.			
2.			
3.			
4.			

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person (as per definition E5), please mention the exemption code in the box: _____ (refer definition D4)

FATCA and CRS DETAILS (Mandatory)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART I (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, (please tick as appropriate)

 Financial Institution
(Refer definition A)

or

 Direct reporting NFE
(Refer definition B)

GIIN _____

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity: _____

GIIN - Not Available

 Applied for*If the entity is a financial institution,* Not required to apply for - please specify 2 digits sub-category _____ (refer definition C) Not obtained - Non-participating FI**PART II (please fill Any One as appropriate, to be filled by NFEs other than Direct Reporting NFEs)**Is the Entity a publicly traded company?
(that is, a company whose shares are regularly traded on an established securities market)
(Refer definition D1)Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)

Name of stock exchange _____

Is the Entity a related entity of a publicly traded company?
(a company whose shares are regularly traded on an established securities market)
(Refer definition D2)Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)

Name of listed company _____

Nature of relation: Subsidiary of the Listed Company OR Controlled by a Listed Company

Name of stock exchange _____

Is the Entity an Active NFE?
(Refer definition D3)Yes Also provide UBO Form

Nature of Business _____

Please specify the sub-category of Active NFE _____ (Mention code - refer D3)

Is the Entity a Passive NFE?
(Refer definition E2)Yes Also provide UBO Form

Nature of Business _____

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. 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 confirm that the information provided by me/us on this form are true, correct, and complete.

Place : _____

Date : _____