

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

ARN-153155

E-271894

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 (Name as per PAN card is mandatory) (Refer Instructions) _____ **Date of Birth/Incorporation (Mandatory)** DD / MM / YYYY

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

Existing Folio _____ **PAN** (1st Appl / Guardian) _____ **Attach proof if 1st applicant is a minor**

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) _____ **Tel** (STD Code) _____

Mobile +91 _____

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

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

Address _____ **Address Type (Mandatory)**

Landmark _____ a. Residential & Business

City _____ **Pin Code (Mandatory)** _____ b. Residential

c. Business

d. Registered Office

Overseas address - Overseas address is mandatory for NRI/FPI Applicants

Address _____ a. Residential & Business

Landmark _____ b. Residential

City _____ **Pin Code (Mandatory)** _____ c. Business

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 Society } 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. SECOND APPLICANT'S DETAILS (IF ANY)

Mode of Holding (Please tick ✓) Joint (Default) Anyone or Survivor **Date of Birth (Mandatory)** DD / MM / YYYY

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)

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		

THIRD APPLICANT'S DETAILS (IF ANY)

3rd Applicant Name

Date of Birth (Mandatory)

(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)

5. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS details form

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
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 _____		

Are you a tax resident of any country other than India Yes No If yes, please provide your tax identification details below

Country #	Tax Identification Number or equivalent	Identification Type/Reason*	Country #	Tax Identification Number or equivalent	Identification Type/Reason*	Country #	Tax Identification Number or equivalent	Identification Type/Reason*
1			1			1		
2			2			2		

If you do not have a TIN, you may provide an equivalent TIN as mentioned in Option a, or choose one option from Option b. Please attach a self-attested copy of the documentary proof.

a Social Security Number National Insurance Number Citizen Or Personal Identification Code or Number Resident Registration Number **OR**

b Student Dependent parent (Appropriate Visa) Diplomat (Diplomat Visa) Mariner / Sea farer (CDC) Sportsperson / Professional (Appropriate Visa) Recently Shifted residence (Appropriate Visa) Temporary Visit (Temporary work visa Teacher, Tourist or other visa) Not qualifying as tax resident as not meeting requisite no. of days' stay (Appropriate Visa) Country does not issue TIN to residents' The authorities of the country of tax residence mentioned does not require the TIN to be disclosed Other _____ (please specify)

6. BANK ACCOUNT DETAILS (You can avail Multiple Bank Registration Facility - Refer instruction 6)

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**

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

Email: service@dspim.com

Website: www.dspim.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
- KYC information provided for each applicant Nomination facility opted
- FATCA/CRS details provided for each applicant Form is signed by all applicants
- Non Individual investors should attach FATCA Details and Declaration Form UBO Declaration Form

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

	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 HOLDER OPTION:

Account Statement Mode (Default)
 Demat Mode NSDL: I N CDSL:
 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 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 deciare 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
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Know Your Customer (KYC) Application Form | Individual



Important Instructions:

- A. Fields marked with "*" are mandatory fields.
- B. Tick " " wherever applicable.
- C. Please fill the form in English and BLOCK letters.
- D. Please fill the date in DD-MM-YY format.
- E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
- F. Please read section wise detailed guide
- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H. List of two character ISO 3166 country codes is available at the end.
- I. KYC number of applicant is mandatory for update application.
- J. The "OTP based E-KYC" check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only (To be filled by financial institution)	Application Type* <input type="checkbox"/> New <input type="checkbox"/> Update	
	KYC Number	(Mandatory for KYC update request)
	Account Type*	<input type="checkbox"/> Normal <input type="checkbox"/> Minor <input type="checkbox"/> Aadhaar OTP based E-KYC (in non-face to face mode)

1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="text"/>		<input type="checkbox"/> FORM 60 furnished	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country _____	Country Code	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number Passport Expiry Date
- B-Voter ID Card
- C-Driving Licence Driving Licence Expiry Date
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- II E-KYC Authentication No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- III Offline verification of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer



Signature /Thumb Impression across photo without covering the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		City/Town/Village* <input type="text"/>
District*	Pin/Post Code* <input type="text"/>	State/U.T Code* <input type="text"/>	ISO 3166 Country Code* <input type="text"/>

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

- Same as above mentioned address (In such cases address details as below need not be provided)
- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- II E-KYC Authentication No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- III Offline verification of Aadhaar No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer
- IV Deemed Proof of Address – Document Type code

Address

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		City/Town/Village* <input type="text"/>
District*	Pin/Post Code* <input type="text"/>	State/U.T Code* <input type="text"/>	ISO 3166 Country Code* <input type="text"/>

4. Contact Details (All communications will be sent to Mobile number/Email-ID provided) (Please refer instruction C at the end)

Tel. (Off) - Tel. (Res) - Mobile -
Email ID

5. Remarks (If any)

6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature/Thumb Impression]
Signature/Thumb Impression of Applicant

Date: - -
Place:

7. Attestation / For Office Use only

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

KYC documents verification carried out by

Date: - -
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]

Institution details

Name
Code

[Institution Stamp]

In-Person Verification (IPV) carried out by

Date: - -
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]

Institution details

[Institution Stamp]



FATCA-CRS Declaration & Supplementary KYC Information Declaration Form for Individuals

Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance

PAN / PEKRN*									
Name									
Address Type <i>[for KYC address]</i>		<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		Nationality		<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others <i>(please specify)</i>			
Place of Birth					Country of Birth				
Gross Annual Income Details in INR		<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore		Occupation Details [Please tick any one (√)]		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others [Please specify] _____			
Net Worth in INR. In Lacs & Date <i>[Optional]</i>		_____ <u>dd-mmm-yyyy</u>							
Politically Exposed Person [PEP]		<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		Any other information <i>[if applicable]</i>		<i>[Please specify]</i>			

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes No

If 'Yes', please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

S. No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>	If TIN is not available, please tick <input checked="" type="checkbox"/> the reason A, B or C <i>[as defined below]</i>
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
- Reason B → No TIN required *[Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected]*
- Reason C → Others – Please specify the reasons _____

Declaration:

I acknowledge and confirm that the information provided above is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/ am aware that I may liable for it. I hereby authorize you [CAMS/Fund/AMC] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same

Date:
Place:

Signature:

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Acknowledgement

We [CAMS, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s. _____ PAN _____ on dd-mmm-yyyy

Date:

Signature with Name, Emp. ID & Seal