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 / C	ode Sub Broker ARN & Name	Sub Broker/Branch/RM Internal	Code EUIN (Refer not	e below)	For Office use only
I/We confirm that the FIIIN box is inter	ntionally left blank by me/us as t	his is an "execution-only	" transaction without	any interaction or ad	vice by the distributor personnel concern
Commission shall be paid directly by the in rendered by the distributor. I am a F	estor to the AMFI registered Distribu	tors based on the investors	' assessment of various	factors including the serv	rice
1. FIRST APPLICANT'S DETAILS					Sole / First Applicant's Signature Mandato
Name of First Applicant (As pe					Date of Birth (1st Appl / Minor) (attach proof)
					D D / M M / Y Y Y Y
Name of Guardian (if minor)/F	OA/Contact Person (As per	PAN) (Refer Instruction	;) Guardian is:		Date of Birth (Guardian)
				er 🔲 Court Appointed	d D D / M M / Y Y Y
Evisting Folio					
Existing Folio	PAN (1st Appl /	Guardian)			
CKYC - KIN	ΡΔΝ	l of POA	KYC attache	bd	
2 CONTACT DETAILS AND COP		s por KYC records	NBI Invostors ch	ould montion their	Overseas address (Refer instruction
Email ID	KESPONDENCE ADDRESS (A	as per kite records	NRI IIIvestors sit	oute mention them	
(in capital)					Address Type (Mandatory)
Mobile +91		Tel (STD Code)			□ b. Residential
Contact details belong to family □ Self □ Spouse □ Dependent		Dependent Sibli	ng 🗆 Guardian In	case of Minor	C. Business
· · · · · · · · · · · · · · · · · · ·					d. Registered Office
Address					-
Landmark	Pi	n Code			-
City	(Ma	ndatory)			
3. KYC DETAILS (Mandatory)					
3a. Status of Sole/1st Applicant	````		· ,	,	
○ NRI (Repatriable) ○ NRI (Non-Repatria ○ Body Corporate ○ Bank ○ FIs ○ Insu ○ FII ○ FPI-Category I/II/III ○ FCRA ○	rance Companies \bigcirc Government Bo	dy O AOP/BOI O Trust O	Society \bigcirc Provident F	und \bigcirc Superannuation/	Pension Fund \bigcirc Gratuity Fund \bigcirc Mutual Fur (Please specify)
Are you a Non-Profit Organiza					
3b. Occupation Details (Pleas		· ·			
\odot Agriculturist \bigcirc Retired \bigcirc Hou		Dealar O Others			(Please specify)
3c. Gross Annual Income (Plea	ase tick ✔) ○Below 1 Lac or Non-Individuals) ₹	01-5 Lacs 05-1	0 Lacs 010-25 L	acs •>25 Lacs	-1 crore O>1 crore
3d. For Individuals (Please tie					
4. JOINT APPLICANTS (IF ANY)		an routically Exposed			
Mode of Holding (Please tid		t) 🗌 Anyone	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 • Agriculturist • Retired • I	e tick ✔) ○ Private Sector Ser Housewife ○ Student ○ Fo				
b. Gross Annual Income (Plea					
C. Others (Please tick ✓) ○					
3rd Applicant Name (As per PAN) (Refer Instructions) PAN	CKYC - KIN			Date of Birth	
	Housewife OStudent OFo	rex Dealer 🜼 Others		(F	Please specify)
 b. Gross Annual Income (Please C. Others (Please tick ✓) ○ 1 					
`					
ACKNOWLEDGEMENT SLIP (To b	e filled in by the investor)				OSP MUTUAL FUND
Received, subject to realisation and verifica	ition an application for purchase of U	nits as mentionedin the ap	lication form.		
Scheme	Cheque	no. Amoun	:		
DSP					

5. FATCA and C	e/First Appl		ardian				2r	nd Appli	icant					[3rd	Applica	nt		POA	
Place & Count	ry of Birth	PLACI	E COI	JNTRY	Place 8	ì Countr	y of B	irth	PLACE	=	COUNTR	RY	Place			of Birth		ACE		UNTRY
Nationality 🗆	Indian 🗆 U.S	. 🗌 Othei	r		Nation	ality 🗆 I	ndian	□U.S. [] Other	·		_	Nati	onality	🗆 Ind	ian □U	.S. □Ot	her		
# Please indicate a	ll Countries, o	ther than li	ndia, in whic	h you are a	resident	for tax pu	irpose,	associate	d Taxpay	ver Ident	tification	Numbe	er and	it's Iden	tificati	on type e	g. TIN etc			
*If TIN is not availa of tax residence en	tered above do	not require	e the TIN to b	be disclose	d.	try does no		TINS LO I	is reside	nis, d c	x mention	wny y	ou are	unable		na m,	C II the a		es or the	country
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2					2							:	2							
3					3							:	3							
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Bank Name																				
Bank A/C No.											A/C	Type	n ⊡ Sa	vings [∣Curr	ent 🗌		IRO 🗆	FCNR [] Others
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City				Pin							ode: (11	-	· ·							
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1. DJF -	Scher															RTGS	🗌 NEF	T] Funds	transfe
2. DSP -	Scher		Pl	an		n/Sub (n							Che	eque/DD	/RTGS/N	NEFT D	etails:	
3. DSP -	Scher	ne	Pl	an	Optio	n/Sub (Optio								Ref	. No				
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Total		Amoun	it in word	15						AIII	ount in	i i igi	ures		DD	charge	s, if any	′		
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Bank Name									7,00											
									<i>A</i> /C.	.,,,										
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		, í			IDABLE) Nomine	ee Det	ails or O			ation (b	y way	of ti	ck) is m	andat	ory to p	process t	he ap	plicatio	n.
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Nomination OPT-		in below		ndatory) Rela		P	ee Det		pt-Out If No	Declar	is a Mir		of ti	Dat	andat e of rth					uardian
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