

Distributor/RIA name and ARN/Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
ARN-136713			E-260668	

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. 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			Date of Birth (Guardian)		
			D D / M M / Y Y Y Y		
Existing Folio	PAN (1st Appl / Guardian)		Guardian is:		
			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed		
CKYC - KIN	PAN of POA	<input type="checkbox"/> KYC attached			

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

Email ID (in capital)				Address Type (Mandatory)	
Mobile +91	Tel (STD Code)		<input type="checkbox"/> a. Residential & Business		
Address				<input type="checkbox"/> b. Residential	
				<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** (Should match with PAN/Aadhar Card) Date of Birth D D / M M / Y Y Y Y

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)

**3rd Applicant** (Should match with PAN/Aadhar Card) Date of Birth D D / M M / Y Y Y Y

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, 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.



**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 <b>ARN-136713</b>	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below) <b>E-260668</b>	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/DIRECT DEBIT** [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Date

UMRN  Office use only

Tick(✓)  
 CREATE  
 MODIFY  
 CANCEL

Sponsor Bank Code  Office use only  Utility Code  Office use only

I/We hereby authorize: **DSP MUTUAL FUND Schemes** to debit (tick✓)  SB /  CA /  CC /  SB-NRE /  SB-NRO /  Other

Bank A/c No.:

With Bank:  Bank Name & Branch  IFSC  OR MICR

an amount of Rupees  In Words  ₹  In Figures

FREQUENCY  Mthly  Qtrly  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

or  Until Cancelled

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

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

**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/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/(Debits)/Direct Debits /Standing Instructions. Authorisation to Bank: This is to inform that I/We have registered for 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.

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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 Any date (1 <sup>st</sup> * to 31 <sup>st</sup> )	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 500 or in Percentage %) Amount (₹) or Percentage %	Frequency
1.	DSP -		<input type="text"/> <input type="text"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> OR <input type="text"/> %	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
2.	DSP -		<input type="text"/> <input type="text"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> OR <input type="text"/> %	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
3.	DSP -		<input type="text"/> <input type="text"/>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> OR <input type="text"/> %	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
<b>Total</b>							

(\*Maximum per Installment Amount after Top-Up shall not exceed Rs. Five Lakh or OTM maximum amount) (\*Default option/Date) (\*Default End Month/Year - 12/2099)

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/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

<b>Acknowledgement</b> Investor Name: <input type="text"/> <input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM	<b>DSP Mutual Fund</b> Folio No./Application No. <input type="text"/>	<b>ISC Stamp</b>
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## Instructions

- 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.
- 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.

## Instructions

- 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 onetime 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.
- 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, 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. Five 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.
- For detailed terms and conditions on SIP, including for OTM facility, please visit our website [www.dspim.com](http://www.dspim.com) and also refer to scheme related documents.