

DSP

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

Distributor / RIA / PMRN Name and ARN / Code		nternal Code EUIN (Refer note below)	For Office use only
ARN 112272	Sab broker ARN & Name Sub bloker/blanch/km l	E-159868	- or office ase only
	ally left blank by molyer as this is an "ovecution		eraction or advice by the distributor personnel concern
Commission shall be paid directly by the investor	to the AMFI registered Distributors based on the inv	-	eraction or advice by the distributor personnel concerns
factors including the service rendered by the dist I am a First Time Investor in Mutual F		stor in Mutual Fund Industry.	
1. FIRST APPLICANT'S DETAILS	, j	,	
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/	Contact Person (As per PAN) (Refer Instru	ctions)	Date of Birth (Guardian)
			D D / M M / Y Y Y
Existing Folio	PAN (1st Appl / Guardian)		Guardian is:
			☐ Father ☐ Mother ☐ Court Appointed
CKYC - KIN	PAN of POA	☐ KYC attached	
2. CONTACT DETAILS AND CORRESP	ONDENCE ADDRESS (As per KYC rec	ords) NRI Investors should me	ention their Overseas address (Refer instructions
Email ID			Address Type (Mandatory)
(in capital) Mobile +91	Tel (STD Code		a. Residential & Business
	let (315 code)	☐ b. Residential
Address			☐ c. Business☐ d. Registered Office
			_ d. Registered office
Landmark			
City	Pin Code (Mandatory)	State	
3. KYC DETAILS (Mandatory)			
3b. Occupation Details (Please tic ○ Agriculturist ○ Retired ○ Housewith 3c. Gross Annual Income (Please t	[NPO] or Company u/s 25 (Companies Act k ✓) ○ Private Sector Service ○ Public fe ○ Student ○ Forex Dealer ○ Others ick ✓) ○ Below 1 Lac ○1-5 Lacs	c Sector Service O Government 5 05-10 Lacs 010-25 Lacs	Service O Business O Professional (Please specify) O>25 Lacs-1 crore O>1 crore
· · · · · · · · · · · · · · · · · · ·	n-Individuals) ₹		
 For Individuals (Please tick ✓ JOINT APPLICANTS (IF ANY) DET 	() ○ Not Applicable ○ I am Politically Ex	posed Person 🔘 I am Related to	Politically Exposed Person
Mode of Holding (Please tick		yone or Survivor	Date of Birth
2nd Applicant Name			
(As per PAN) (Refer Instructions)			
PAN	CKYC - KIN		
	(✓) ○ Private Sector Service ○ Public Se		
	ewife Student Forex Dealer O		
	.ick ✔) ○Below 1 Lac ○ 1-5 Lacs ○ ! pplicable ○ Politically Exposed Person (PI		
3rd Applicant Name			ate of Birth
(As per PAN) (Refer Instructions)	CKYC - KIN		
	(✓) ○ Private Sector Service ○ Public Se ewife ○ Student ○ Forex Dealer ○ C		
b. Gross Annual Income (Please t	cick 🗸) OBelow 1 Lac O 1-5 Lacs O !	5-10 Lacs 0 10-25 Lacs 0 >25	Lacs-1 crore ○>1 crore
C. Others (Please tick ✓) ○ Not A	pplicable OPolitically Exposed Person (PI	EP) O Related to a Politically Ex	posed Person (PEP)
ACKNOWLEDGEMENT SLIP (To be fill	ed in by the investor)		DSP MUTUAL FUND
			DSI MOTOALTOND
Received, subject to realisation and verification a From	n application for purchase of Units as mentionedin t	the application form.	Application No.
Cohomo	Chagua na A		

Sole/F	irst Applicant/Gu	uardian			2nd Appli	icant			3rd Applica	nt	□ POA
Place & Country	of Birth PLAC	CE COUNTR	Y Place &	Country	of Birth	PLACE	COUNTRY	Place & Cou	ntry of Birth	PLAC	E COUNTRY
Nationality 🗌 Indi	ian 🗆 U.S. 🗆 Othe	er	National	ity 🗌 Ind	dian □U.S. [□ Other		Nationality	☐ Indian ☐ U.	.S. □ Othe	r
# Please indicate all Co *If TIN is not available of tax residence entere	or mentioned, please	mention reason as	: 'A' if the country								orities of the country
Country #	Tax Identificatior Number	Identificatio Type/Reasor		y #	Tax Identific Numbe		Identification Type/Reason*	Country #		ntification mber	Identification Type/Reason*
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2			2					2			
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Bank Name							A/C Tvr	an Cavings	Current 🖂 I) ☐ FCNR ☐ Others
Sank A/C No.									Current	NKE INKC	D LCINK Dottlets
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One time Lump:					•						•
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DSP -	Scheme	Plan									Funds transfer
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B. DSP -	Scheme	Plan	Option	/Sub O	ption				Date D) / M	M / Y Y Y Y
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Payment from Ba	nk A/c No.	Pa	ay In A/c No.			A/c.	Type ☐ Savings	□Current □ 1	NRE □ NRO □	☐FCNR ☐	Others
Bank Name											
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"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:

Investor Name:

 $\ \square$ DEBIT MANADATE FORM

- 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 detailsSignature/s

Dist	ributor /	' RIA / PM	RN Nar	ne and A	ARN / Co	de Sub B	iroke	r ARN & Na	ime				/Branch/ al Code	EUII	N (Ref	er note	e belov	v)				F	or Off	ice us	e only	,			
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(*De	fault option fault/Perpe	/Date) tual: 12/2099)			Total																							
First	SIP trai	nsactions	via sir	ngle che	que no.							favo	ouring 'DS	P Muti	ual F	und'				Dated	1	D D	M	W Y	Υ	YY			
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Folio No/Application No.

Page 1 of 2

FATCA, CRS AND ADDITIONAL KYC

Details and Declaration form Mandatory for Non-Individual Investors, including HUF

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

INVESTOR DETAILS					
Entity Name:					
PAN				Application No.	
Folio Nos					
Type of Address giver	a at KDA Resi	idential or Business	Residential	Business	Registered Office
Type of Address given	I at KIXA		YC DETAILS (Manda		The gistered office
Gross Annual Income	Please tick √)	O Below 1 Lac O 1-5 l	•	• '	>25 Lacs-1 crore O >1 crore
Net-worth in ₹	. (I lease tiek ·)	as on DD /	M M / Y Y Y	(Not older than	
THEE WOLEH III X	INCC	DRPORATION and TAX			, r year)
City of Incorporation		Country of Incorporat		Date of Incorpora	ation:
· ·		, ,	.1011.	<u>'</u>	
Is Entity a tax resider than India?	it of any country oth	er ⊔ Yes ⊔ No			ecountry/iesinwhichtheentityisaresident nd the associated Tax ID number below,
In case TIN or its function	nal equivalent is not ava	ailable, please provide Compan	y Identification number of (Global Entity Identifica	ation Number or GIIN, etc.
Country of Ta	x Residency		TIN or equivalent	number Identific	ation Type/Reason*
1.					
2.					
3. 4.					
		on / Tax residence is U.S. b on the exemption code in t		ied U.S.	(refer definition D4)
rerson (as per demine	on 25), prease mene	·	S DETAILS (Mandato	ory)	
	(Please consu	lt your professional tax adviso			cation)
PART I (to be fille	d by Financial Ir	stitutions or Direct R	Reporting NFEs)		
We are a, (please ti		CIIN			
[Financial Institut (Refer definition A)		GIIN			
or				ed by another entity,	please provide your sponsor's
Direct reporting		GIIN above and indicate yo	ur sponsor's name below		
(Refer definition B)		Name of sponsoring ent	ity:		
GIIN - Not Availab	le 🗌 Ap	plied for			
If the entity is a finance	ial institution, No	t required to apply for - p	lease specify 2 digits s	ub-category	(refer definition C)
	_	t obtained - Non-participa			
		· · ·			· · · · · · · · · · · · · · · · · · ·
·-		propriate, to be filled	by NFEs other tha	n Direct Report	ting NFEs)
Is the Entity a public (that is, a company who		Yes (If yes, please spe	ecify any one stock excha	nge on which the sto	ck is regularly traded)
traded on an established		Name of stock exchange	e		
(Refer definition D1)	d antitural a				
Is the Entity a relate publicly traded comp		Yes (If yes, please specif	y name of the listed company	and one stock exchange	e on which the stock is regularly traded)
(a company whose shart traded on an establishe	es are regularly	Name of listed company	y		
(Refer definition D2)	a securities market)	Nature of relation: \Box	Subsidiary of the Listed C	ompany OR	$\hfill\Box$ Controlled by a Listed Company
		Name of stock exchange	e		
Is the Entity an Activ	e NFE?				
(Refer definition D3)		Yes Nature of Business	Also provide UBO Form		
		Please specify the sub-o	category of Active NFE	Mention co	ode - refer D3)
Is the Entity a Passiv	e NFE?	Yes	Also provide UBO Form \Box		
(Refer definition E2)		Nature of Business			
//We acknowledge and confirm the	at the information provided about				
We have understood the informatequirements, terms and conditions	ition requirements of the applications of the	ove is/are true and correct to the consultation with tax professionals. attion form, including FATCA and CRS and scheme related documents) and n are true, correct, and complete.			
nereby confirm that the information	n provided by me/us on this form	are true, correct, and complete.			
Place :	Date:				