APPLICATION FORM For Product Labelling & Suitability (Including Risk-o-Meter of Benchmark) and PRC Matrix For Debt Schemes available on cover pages

DSP			APPLICATION FORM luding Risk-o-Meter of Benchmark) and PRC For Debt Schemes available on cover pages
		M Internal Code EUIN (Refer note below)	For Office use only
Distributor / RIA / PMRN Name and ARN / Code ARN-181211			For Onice use only
Commission shall be paid directly by the invest	or to the AMFI registered Distributors based on the	tion-only" transaction without any interaction investors' assessment of various factors including tl □ I am an Existing Investor in Mutual Fund	
1. FIRST APPLICANT'S DETAILS			Sole / First Applicant's Signature Mandator
Name of First Applicant (As per PA	N) (Refer Instructions)		Date of Birth (1st Appl / Minor) (attach proof)
Name of Cuardian (if minor) (DOA	(Contact Derson (As per PAN) (Pofer Ins	ructions) Guardian is:	Date of Birth (Guardian)
Name of Guardian (if minor)/POA	/Contact Person (As per PAN) (Refer Inst	Father Mother Court App	
Existing Folio	PAN (1st Appl / Guardian)		
CKYC - KIN	PAN of POA	KYC attached	
CONTACT DETAILS AND CORDE		acords) NRI Investors should montion	their Overseas address (Refer instruction
Email ID		-coras) - NRT Investors should mention	Address Type (Mandatory)
(in capital) Mobile +91	Tel (STD		a. Residential & Business
Contact details belong to family d			b. Residential
5 ,		nt Sibling 🛛 Guardian In case of Minor	\Box d. Registered Office
Address			
andmark			
City	Pin Code (Mandatory)		
Are you a Non-Profit OrganizationBb. Occupation Details (Please t)		Act 1956) or u/s 8 of Companies, Act, 201 Nic Sector Service \bigcirc Government Service	
· ·	tick ✔) ○Below 1 Lac 01-5 Lacs Ion-Individuals) ₹		Lacs-1 crore O >1 crore M / Y Y (Not older than 1 year)
		Exposed Person \bigcirc I am Related to Politica	ally Exposed Person
4. JOINT APPLICANTS (IF ANY) DE ^{>} Mode of Holding (Please tick)		nyone or Survivor	Date of Birth
2nd Applicant Name			
(As per PAN) (Refer Instructions)			
PAN	CKYC - KIN		
a. Occupation Details (Please ti	(\checkmark) \bigcirc Private Sector Service \bigcirc Public	Sector Service \circ Government Service \circ	Business O Professional
○ Agriculturist ○ Retired ○ Hou	sewife OStudent OForex Dealer O	Others	(Please specify)
		○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 ((PEP) ○ Related to a Politically Exposed P	
3rd Applicant Name		Date of I	D D / M / Y
As per PAN) (Refer Instructions) PAN	CKYC - KIN		
		Sector Service O Government Service O	
b. Gross Annual Income (Please	tick ✓) ○Below 1 Lac ○ 1-5 Lacs ○	Others 5-10 Lacs 0 10-25 Lacs 0 >25 Lacs-1	crore O>1 crore
→ Others (Please tick ✓) ^{O Not}	Applicable O Politically Exposed Person	(PEP) \bigcirc Related to a Politically Exposed P	erson (PEP)
ACKNOWLEDGEMENT SLIP (To be fi			DSP MUTUAL FUND
Received, subject to realisation and verification From	an application for purchase of Units as mentioned	in the application form.	
Scheme	Cheque no.	Amount	
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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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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Total		Amoun	it in word	15						AIII	ount in	i i igi	ures		DD	charge	s, if any	′		
Payment from	Bank A/c N	lo.			A/c No				∆/c	Type	🗆 🗆 Savii	ngs 🗆	Curr	ent 🗌	NRE [] NRO [□Oth	iers	
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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	plication	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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