

Scheme

DSP

Cheque no.

Amount

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

MUTUAL FUN	ט			Application	on No.:
Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Interna	l Code EUIN (Refer note below	/) For	Office use only
ARN-64917			E029678		
I/We confirm that the EUIN box is intentional	-		-	teraction or advice by	the distributor personnel concerned
Upfront commission shall be paid directly by the assessment of various factors including the serious factors including the serious factors.					
I am a First Time Investor in Mutual Fu	ınd Industry. 🔲 I am	n an Existing Investor i	n Mutual Fund Industry.	Sole / First App	licant's Signature Mandatory
1. FIRST APPLICANT'S DETAILS Name of First Applicant (Should ma	tch with PAN)			Date	of Birth (1st Appl / Minor) (attach proof)
Name of this Applicant (should ma	Len With FAIT				D / M M / Y Y Y Y
Name of Guardian (if minor)/POA/0	Contact Person			Date	of Birth (Guardian)
Name of Galacian (in inition)/1 GA/				D	D / M M / Y Y Y Y
Existing Folio	PAN (1st Appl /	Guardian)		Guar	dian is:
					ther Mother Court Appointed
CKYC - KIN	PAI	N of POA	☐ KYC attached		
2. CONTACT DETAILS AND CORRESP	ONDENCE ADDRESS (A	As per KYC records	s)		
Email ID (in capital)					Address Type (Mandatory)
Mobile +91	Tel	(STD Code)			a. Residential & Business
Address					□ b. Residential □ c. Business
					☐ d. Registered Office
Landmark					
City		in Code andatory)	State		
3. KYC DETAILS (Mandatory)	(Miles	andacory)			
3a. Status of Sole/1st Applicant (Plea	ase tick ✔)○ Indian Re	sident Individual O Min	nor (Resident) O Minor (Repa	triable) O Minor (Nor	n Repatriable)
○ NRI (Repatriable) ○ NRI (Non-Repatriable) ○					
○ Body Corporate ○ Bank ○ Fls ○ Insurance O	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
○ FII ○ FPI-Category I/II/III ○ FCRA ○ GDN ○					(Please specify)
Are you a Non-Profit Organization		•			
3b. Occupation Details (Please tick ○ Agriculturist ○ Retired ○ Housewife		Daratan O Otherna		/BI	ss O Professional specify)
3c. Gross Annual Income (Please ti			10 Lacs 010-25 Lacs	○ >25 Lacs-1 cror	1 77
Net-worth in (Mandatory for Nor				D / M M / Y	Y Y Y (Not older than 1 year)
3d. For Individuals (Please tick ✓)					
4. JOINT APPLICANTS (IF ANY) DETA	AILS	am remaining Expession		2. passa	
™ Mode of Holding (Please tick ✓)) 🗌 Joint (Defaul	t) 🗌 Anyone	e or Survivor	Date	of Birth
2nd Applicant				D	D / M M / Y Y Y
(Should match with PAN) PAN	CKYC - KIN				
FAN	CRIC - RIN				
a. Occupation Details (Please tick	✓) ○ Private Sector Ser	rvice O Public Sector	Service O Government Se	rvice O Business C	Professional
○ Agriculturist ○ Retired ○ House	wife OStudent OFo	orex Dealer Other	·S	(Please	specify)
b. Gross Annual Income (Please ti					crore
C. Others (Please tick ✓) ○ Not Ap	plicable O Politically E	exposed Person (PEP)	Related to a Politically E	xposed Person (PEP)	
3rd Applicant				Date of Birth	D / M M / Y Y Y Y
(Should match with PAN) PAN	CKYC - KIN				
a. Occupation Details (Please tick					
○ Agriculturist ○ Retired ○ House	wife OStudent OFo	orex Dealer Other	-S	(Please	specify)
b. Gross Annual Income (Please ti	ck ✓) ○ Below 1 Lac	○ 1-5 Lacs ○ 5-10	Lacs • 10-25 Lacs • >25	Lacs-1 crore \bigcirc >1 c	crore
C. Others (Please tick ✓) ○ Not Ap	Pricable O Politically E	Person (PEP)		xposed Person (PEP)	
ACKNOWLEDGEMENT SLIP (To be fille	ed in by the investor)			DSP MI	JTUAL FUND
Received, subject to realisation and verification ar		Inits as mentioned in the an	polication form		
From	——————————————————————————————————————	as mentionedin the ap	percucion form.	Appli	cation No.

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