

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
ARN-302492 KVK FINSERV LLP			E575984	

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/-salesperson of the distributor/sub broker.

1. FIRST APPLICANT'S DETAILS (Name as per PAN card is mandatory) (Refer Instructions)

Name of Guardian (if minor)/POA/Contact Person (As per PAN) (Refer Instructions)		Guardian is:	Date of Birth/Incorporation (Mandatory)
		☐ Father ☐ Mother ☐ Court Appointed	
Existing Folio	PAN (1st Appl / Guardian)	Attach proof if 1st applicant is a minor	
CKYC - KIN	PAN of POA	☐ KYC attached	

2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records) NRI Investors should mention their Overseas address (Refer instructions).

Email ID (in capital)			
Mobile +91	Tel (STD Code)		
Email ID belongs to	☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA		
Mobile No belongs to	☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA		
Address	Address Type (Mandatory)		
Landmark	☐ a. Residential & Business ☐ b. Residential ☐ c. Business ☐ d. Registered Office		
City	Pin Code (Mandatory)		
Overseas address - Overseas address is mandatory for NRI/FPI Applicants			
Address	☐ a. Residential & Business ☐ b. Residential ☐ c. Business ☐ d. Registered Office		
Landmark			
City	Pin Code (Mandatory)		

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) ☐ 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 ☐ NPS Trust ☐ Provident Fund

☐ Superannuation/Pension Fund ☐ Gratuity Fund ☐ Mutual Fund ☐ FII ☐ FPI-Category I/II/III ☐ Others

☐ Trust ☐ Society } Are you a Non-Profit Organization constituted and registered as a Trust or Society under Societies Registration Act, 1860 for religious or charitable purpose as referred to in Clause (15) of Section 2 of the Income Tax Act, 1961, or a company registered under Section 8 of the Companies Act, 2013. ☐ Yes, our NPO Reg. No is _____ ☐ No (Mandatory)

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 _____ (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. SECOND APPLICANT'S DETAILS (IF ANY)

☒ Mode of Holding (Please tick ✓) ☐ Joint (Default) ☐ Anyone or Survivor

Date of Birth (Mandatory)

2nd Applicant Name

(Name as per PAN card is mandatory) (Refer Instructions)

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)

Email ID (in capital)

Mobile +91

Tel (STD Code)

Email ID belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Mobile No belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

THIRD APPLICANT'S DETAILS (IF ANY)

3rd Applicant Name

Date of Birth (Mandatory)

(Name as per PAN card is mandatory) (Refer Instructions)

PAN

CKYC - KIN

D D / M M / Y Y Y Y

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)

Email ID
(in capital)

Mobile +91

Tel (STD Code)

Email ID belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Mobile No belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

5. FATCA and CRS DETAILS

Sole/First Applicant/Guardian			2nd Applicant			☐ 3rd Applicant ☐ POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality ☐ Indian ☐ U.S. ☐ Other			Nationality ☐ Indian ☐ U.S. ☐ Other			Nationality ☐ Indian ☐ U.S. ☐ Other		

Are you a tax resident of any country other than India ☐ Yes ☐ No If yes, please provide your tax identification details below

Country #	Tax Identification Number or equivalent	Identification Type/Reason*	Country #	Tax Identification Number or equivalent	Identification Type/Reason*	Country #	Tax Identification Number or equivalent	Identification Type/Reason*
1			1			1		
2			2			2		

If you do not have a TIN, you may provide an equivalent TIN as mentioned in Option a, or choose one option from Option b. Please attach a self-attested copy of the documentary proof.

☐ a ☐ Social Security Number ☐ National Insurance Number ☐ Citizen Or Personal Identification Code or Number ☐ Resident Registration Number OR

☐ b ☐ Student ☐ Dependent parent (Appropriate Visa) ☐ Diplomat (Diplomat Visa) ☐ Mariner / Sea farer (CDC) ☐ Sportsperson / Professional (Appropriate Visa) ☐ Recently Shifted residence (Appropriate Visa) ☐ Temporary Visit (Temporary work visa Teacher, Tourist or other visa) ☐ Not qualifying as tax resident as not meeting requisite no. of days' stay (Appropriate Visa) ☐ Country does not issue TIN to residents' ☐ The authorities of the country of tax residence mentioned does not require the TIN to be disclosed ☐ Other (please specify)

6. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

Bank Name

Bank A/C No.

A/C Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

City

Pin

IFSC code: (11 digit)

7. INVESTMENT AND PAYMENT DETAILS (Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

Cheque/DD should be in favour of: "DSP Mutual Fund" if single cheque with multiple schemes OR "Scheme Name", in case of single scheme / scheme wise cheques.

☐ One time Lumpsum Investment ☐ SIP: Systematic Investment Plan. ☐ Attach OTM form, if not already registered. Mention LUMP SUM and First SIP

Full Scheme/Plan/Option/Sub Option

Amount (₹)

Payment Mode: ☐ Cheque ☐ DD

☐ RTGS ☐ NEFT ☐ Funds transfer

Cheque/DD/RTGS/NEFT Details:

Ref. No.

Date D D / M M / Y Y Y Y

DD charges, if any

Total Amount in words

Amount in Figures

Payment from Bank A/c No.

Pay In A/c No.

A/c. Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

Bank Name

8. UNIT HOLDING OPTION:

☐ Account Statement Mode (Default)

☐ Demat NSDL: I N
Mode CDSL:

Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

Enclose for demat option: ☐ Client Master List ☐ Transaction/Holding Statement ☐ DIS Copy

9. I/We wish to receive physical copy of the annual report/abridged summary, if email id is not registered in the folio. ☐

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

DSP MUTUAL FUND

Received from _____ an application for purchase of units. Subject to verification and funds realization.

Scheme	Cheque no.	Amount

10. NOMINATION

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Share of nominee: ** if % is not specified, then the assets shall be distributed equally amongst all the nominees.

Identity Number: *** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required.

Nomination Details								
	Mandatory Details						Where nominee is a minor	
	Name of nominee	Share of nominee (%)**	Relationship	Postal Address	Mobile number & E-mail	Identity Number ***	Date of birth of nominee	Guardian Name
1								
2								
3								
		Total 100%	In case of each Minor as Nominee, please mention Guardian's relationship with Minor as Mother/Father/Legal Guardian. Kindly attach proof like Birth Certificate/School Leaving Certificate/Passport/Others.					

☐ **OPT-OUT declaration:** I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows; (please tick, as appropriate)

☐ Name of nominee(s) **OR** Nomination Registered#: ☐ Yes ☐ No

#Default: If no option is selected, whether nomination registered or not, along with the number of nominees will be treated as the default.

11. UNIT HOLDER OPTION:

☐ Account Statement Mode (Default)	☐ Demat Mode NSDL: I N CDSL:	Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)
Enclose for demat option: ☐ Client Master List ☐ Transaction/Holding Statement ☐ DIS Copy			

10. I/We wish to receive physical copy of the annual report/abridged summary, if email id is not registered in the folio. ☐

12. DECLARATION & SIGNATURES

Having read and understood the contents of the Scheme information Document and Statement of Additional information, Key Information Memorandum, Instructions and addenda issued by DSP Mutual Fund from time to time. I/We, hereby apply to the Trustee of DSP Mutual Fund for Units of the relevant Scheme/Plan/ Option and agree to abide by the tert and conditions, rules and regulations. I/ We have understood the Information requirémnts of the application form, including FATCA and CRS requirements, terms and conditions (read alongwith instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form true, correct and complete. I/ We deciare that the amount invested in the Scheme through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions ar any other applicable laws enacted by the Government of India or any Statutory Author).

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

POA holder, if any



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|--|---|--|
| ☐ Name/s mentioned are as per PAN only | ☐ Full scheme name, plan, option is mentioned | ☐ Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used. |
| ☐ Address, Email ID/Mobile are correctly mentioned. | ☐ Pay-In bank details and supportings are attached | |
| ☐ KYC information provided for each applicant | ☐ Nomination facility opted | |
| ☐ FATCA/CRS details provided for each applicant | ☐ Form is signed by all applicants | |
| ☐ Non Individual investors should attach | ☐ FATCA Details and Declaration Form | ☐ UBO Declaration Form |