

PRODUCT LABELLING & SUITABILITY	Riskometer	
<p>This product is suitable for investors who are seeking*</p> <ul style="list-style-type: none"> Long-term capital growth Investment in equity and equity related securities covered by Nifty Healthcare Index, subject to tracking error. <p>* Investors should consult their financial advisers if in doubt about whether the Scheme is suitable for them.</p>	<p>RISKOMETER THE RISK OF THE SCHEME IS VERY HIGH</p>	<p>RISKOMETER THE RISK OF THE BENCHMARK IS VERY HIGH</p>

The product labelling assigned during the New Fund Offer ("NFO") is based on internal assessment of the Scheme Characteristics or model portfolio and the same may vary post NFO when actual investments are made

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

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.

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.

(Sole / FirstApplicant's Signature Mandatory)

Existing Folio Number		PAN		
Name of Sole / First Unitholder				

ADDITIONAL PURCHASE (Cheque / DD to be drawn in favour of 'Scheme Name')	SWITCH (Write switch-out Scheme Name, Plan / Option / Sub Option)
<p>Scheme DSP Nifty Healthcare Index Fund Plan Option / Sub Option</p> <p>Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Funds Transfer <input type="checkbox"/> OTM</p> <p>Amount in Words</p> <p>Amount in Figures (i)</p> <p>Rs. <input type="text"/></p> <p>Cheque / DD / RTGS / NEFT No. <input type="text"/></p> <p>DD Charges (ii)</p> <p>Rs. <input type="text"/></p> <p>Cheque / Payment Date <input type="text"/></p> <p>Total Amount (Rs.) (i) + (ii)</p> <p>Rs. <input type="text"/></p> <p>Payment from Bank A/c No. <input type="text"/></p> <p>Pay In A/c No. (Mandatory) <input type="text"/></p> <p>Cheque / DD Drawn on / Payment from Bank & Branch</p> <p>Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Other</p> <p>Documents Attached to avoid Third Party Payment Rejection, where applicable :</p> <p><input type="checkbox"/> Bank Certificate, for DD <input type="checkbox"/> Third Party Declaration</p>	<p>Switch-out from Scheme / Plan / Option* / Sub Option*</p> <p>DSP Plan Option / Sub Option</p> <p>Amount in Figures Rs. <input type="text"/></p> <p>Amount in Words</p> <p>OR (Please note that the Switch can be done either in Units or in Amount and not in both)</p> <p>Units in Figures</p> <p>Units in Words</p> <p>Switch-in To Scheme</p> <p>DSP Nifty Healthcare Index Fund Plan Option / Sub Option</p> <p>*Default plan/option may be applied in case of no information, ambiguity or discrepancy.</p>

DEMAT ACCOUNT DETAILS	
<p><input type="checkbox"/> NSDL</p> <p>DP Name: <input type="text"/></p> <p>DP ID No.: <input type="text"/></p> <p>Beneficiary A/c No. <input type="text"/></p>	<p>OR <input type="checkbox"/> CDSL</p> <p>DP Name: <input type="text"/></p> <p>Beneficiary A/c No. <input type="text"/></p>
<p>Enclosed <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction Statement Copy <input type="checkbox"/> DIS Copy (Mandatory to provide either one of the document)</p> <p>(The order of names in the folio number provided below should exactly match with the order of names in the Demat account provided. In case of any mismatch, the application is liable to be rejected)</p>	

DECLARATION & SIGNATURES			
<p>Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum and Instructions overleaf and Addenda issued from time to time of the respective Scheme, I / We, hereby apply to the Trustee of DSP Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of 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. Applicable to NRIs only : I/We confirm that I am/We are Non-Resident(s) of Indian Nationality / Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account/FCNR Account(s).</p>			
Sole / First Unit Holder	Second Unit Holder	Third Unit Holder	POA Holder, if any

Acknowledgement (Subject to Terms and Conditions)	DSP Mutual Fund
<p>Investor Name</p> <p>Folio Number</p> <p>Scheme DSP Nifty Healthcare Index Fund</p> <p><input type="checkbox"/> Purchase Amount Rs. <input type="text"/> <input type="checkbox"/> Switch Amount Rs. <input type="text"/> or Units <input type="text"/></p>	<p>ISC Stamp & Signature</p>

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker Name and ARN	Branch/RM Internal Code	Employee Unique ID. No. (EUN)	For Office use only

Name of Sole / First Unitholder (Leave space between first / middle / last name) ☐ Mr. ☐ Ms. ☐ M/s. ☐ Others_____

Folio Number

☐ I/We confirm that the EUN box is intentionally left blank by me/us as this is not an “execution-only” transaction without any interaction or advice by the distributor personnel concerned.

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.

Sole / FirstApplicant's Signature Mandatory

SYSTEMATIC TRANSFER PLAN (STP) (Please allow 7 days to register STP)

STP from Scheme/Plan/Option*/Sub Option

DSP

PLAN

OPTION

STP to Scheme/Plan/Option*/Sub Option

DSP

PLAN

OPTION

Transfer Amount (Anyone) ☐ Fixed Sum of Rs. _____ (Minimum Rs.100/-) ☐ Capital Appreciation, subject to Minimum of Rs.100/-

Frequency (✓ Tick any one)	Days/Dates (✓ Tick any one)
<input type="checkbox"/> Daily	All Business days
<input type="checkbox"/> Weekly	<input type="checkbox"/> Mon* <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<div><div>D</div><div>D</div> Any date (1st* to 31st)</div>

Transfer Period (Period to cover - minimum 6 STP transactions) From

D

D

 /

M

M

 /

Y

Y

 To

D

D

 /

M

M

 /

Y

Y

Investments done in schemes through STP will be treated as investments through SIP and the load structure for SIP will be applicable.

SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please allow 7 days to register SWP)

SWP from Scheme/Plan/Option*/Sub Option

DSP

PLAN

OPTION

Withdrawal Amount ☐ Fixed Sum of Rs. _____ (Minimum Rs.100/-) ☐ Capital Appreciation, subject to Minimum of Rs.100/-

Withdrawal Date

D

D

 Any date (1st* to 31st)

Frequency ☐ Monthly* ☐ Quarterly

Withdrawal Period (Period to cover - minimum 6 SWP transactions) From

D

D

 /

M

M

 /

Y

Y

 To

D

D

 /

M

M

 /

Y

Y

Please mention any of the registered bank account details in the folio for Payout. If no details are mentioned payout will be credited to the default bank account.

Bank Name

Bank Account No.

*Default Option/Date may be applied in case of no information, ambiguity or discrepancy.

IDCW TRANSFER PLAN (Please allow 7 days to register Income Distribution cum Capital Withdrawal (IDCW) Transfer Plan)

(Please mention complete Scheme, Plan & Option)

Source Scheme (From where Income Distribution cum Capital Withdrawal (IDCW) is to be transferred)

DSP

PLAN

To

OPTION

Target Scheme (From where Income Distribution cum Capital Withdrawal (IDCW) is to be transferred)

DSP

PLAN

OPTION

DECLARATION & SIGNATURES

(To be signed as per Mode of Holding)

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, I / We, hereby apply to the Trustee of DSP Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of 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. Applicable to NRIs only: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality.

If EUN is left blank/not mentioned; I/We hereby confirm that the EUN box has been intentionally left blank by me/us as this is an “execution-only” transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Sole / First Unit Holder

Second Unit Holder

Third Unit Holder

POA Holder, if any

INSTRUCTIONS

This form should be used by existing investors only by mentioning their folio number, name and Scheme details. Please read the Scheme related documents, Addenda, KIM and Instructions there-in and below mentioned instructions carefully before filling up the form. Investors should provide details/instructions only in the designated space provided in the form else the same may not be considered. **ADDITIONAL PURCHASE & PAYMENT DETAILS:** Investors should fill name of the scheme, plan, option and sub-option. In case the details are not proper and clear or in case of incomplete details, non-clarity or ambiguity, default options will be considered and applied. Separate cheques and form should be given for each separate investment in different scheme, plan or option. The first unit holder should be one of the bank account holders in the pay-in bank account. Purchase application through Cheque/DD/RTGS/NEFT/Funds transfer requests should necessarily mention the pay-in bank account details i.e. account number and bank, branch name of the bank account used for issuing the payments to the fund. If this is not evidenced on the payment cheque/funds transfer/RTGS/NEFT request, or in case of demand drafts, unit holder should attach necessary supporting documents as required by the fund, like bank certificate, bank passbook copy or statement to prove that the funds are from a bank account held by first unit holder only. If the documents are not submitted with the application, the fund reserves the right to reject the application or call for additional details. **ADDITIONAL PURCHASE THROUGH OTM FACILITY:** If you are making payment through OTM facility registered in your folio, please tick the relevant box and do not attach any cheque. If more than one bank accounts are registered in your folio under OTM facility, please mention the bank account number and bank name where you wish the debit to happen. If the same is not mentioned or is not registered, default bank mandate under OTM facility will be considered to debit the purchase amount. **KYC COMPLIANCE:** Investors shall note that KYC is mandatory and they need to comply with the 'Know Your Client' requirements as applicable from time to time. Applications are liable to be rejected without any intimation to the applicants, if required KYC compliance is not completed by all the applicants/unit holders. **REDEMPTION REQUEST:** Redemption may not be processed if folio number and full scheme name including plan and option is not mentioned. Please ensure that either of amount or units is mentioned in the redemption request. The fund offers a facility to register multiple bank accounts and designate one of the bank account as “Default Bank Account”. Default Bank Account will be used for all IDCW and redemptions payouts including FMP schemes maturity proceeds unless investor specifies one of the existing registered bank account in the redemption request for receiving redemption proceeds. A new non-registered bank account specified in the specific redemption request for receiving redemption proceeds will not be considered. **Consequent to introduction of “Multiple Bank Accounts Facility”, the existing facility of redemption with change of bank mandate is discontinued by the fund. New bank accounts can only be registered using the designated “Bank Account Registration Form”. BANK ACCOUNT FOR REDEMPTION PROCEEDS:** Please note the following important points related to payment of redemption proceeds: Proceeds of any redemption request will be sent only to a bank account that is already registered and validated in the folio at the time of redemption transaction processing. Unit holder(s) may choose to mention any of the existing registered bank accounts with redemption request for receiving redemption proceeds. If no registered bank account is mentioned, default bank account will be used. If unit holder(s) provide a new and unregistered bank mandate with a specific redemption request (with or without necessary supporting documents) such bank account will not be considered for payment of redemption proceeds. **POA REGISTRATION:** Only a General Power of Attorney agreement without any restrictions and perennial validity is accepted. The PoA must be executed on stamp paper and registered in India and a duly notarized copy should be enclosed. The PoA must have signatures of the investor as well the PoA holder. If the signature of PoA holder is not available, the fund may call for additional documents or declarations on a case to case basis. PoA will be registered within 10 working days of receipt of all valid documents. STP/SWP facility is available on all dates. **SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC WITHDRAWAL PLAN (SWP):** Please allow upto 7 days for STP/ SWP to be registered and first STP/ SWP transaction to happen. Hence form should be submitted atleast 7 days before STP / SWP start date. STP/ SWP is available in all the schemes of the Fund. STP/SWP of capital appreciation. For investors availing the transfer/ withdrawal of ‘appreciation’ option, where in any month or quarter, there is no appreciation or is less than Rs.100/-, switch/withdrawal as mentioned above, may not be carried out. 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/STP/SWP will be processed on the immediate next business day/date. You can choose to discontinue this facility by giving 30 days written notice to the Registrar. **IDCW TRANSFER PLAN:** Please allow upto 7 days for IDCW Transfer Plan to be registered. Hence form should be submitted atleast 7 days before the record date of any forthcoming proposed IDCW. The Minimum amount of IDCW eligible for transfer under IDCW Transfer Plan is Rs. 100/-.

MUTUAL FUND

DSP Nifty Healthcare Index Fund

An open ended scheme replicating / tracking Nifty Healthcare Index

NFO OPENS: 02-Jun-2025 NFO CLOSES: 16-Jun-2025

NEW INVESTOR APPLICATION FORM

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

PRODUCT LABELLING & SUITABILITY		Riskometer	
<p>This product is suitable for investors who are seeking*</p> <ul style="list-style-type: none"> Long-term capital growth Investment in equity and equity related securities covered by Nifty Healthcare Index, subject to tracking error. <p>* Investors should consult their financial advisers if in doubt about whether the Scheme is suitable for them.</p>		<p>RISKOMETER</p> <p>THE RISK OF THE SCHEME IS VERY HIGH</p>	<p>RISKOMETER</p> <p>THE RISK OF THE BENCHMARK IS VERY HIGH</p>

The product labelling assigned during the New Fund Offer ('NFO') is based on internal assessment of the Scheme Characteristics or model portfolio and the same may vary post NFO when actual investments are made

The product labelling assigned during the New Fund Offer ('NFO') is based on internal assessment of the Scheme Characteristics or model portfolio and the same may vary post NFO when actual investments are made.

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
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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.

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.

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (Name as per PAN card is mandatory) (Refer Instructions)																		Date of Birth/Incorporation (Mandatory)			
<input type="text"/>																		<input type="text"/>			
Name of Guardian (if minor)/POA/Contact Person (Name as per PAN card is mandatory) (Refer Instructions)																		Date of Birth (Guardian) (Mandatory)			
<input type="text"/>																		<input type="text"/>			
Existing Folio										PAN (1st Appl / Guardian)											
<input type="text"/>										<input type="text"/>											
CKYC - KIN										PAN of POA											
<input type="text"/>										<input type="text"/>											

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										<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Guardian In case of Minor <input type="checkbox"/> POA									
Mobile No belongs to										<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Guardian In case of Minor <input type="checkbox"/> POA									
Address																			
Landmark																			
City										Pin Code (Mandatory)									
Overseas address - Overseas address is mandatory for NRI/FPI Applicants																			
Address																			
Landmark																			
City										Pin Code (Mandatory)									

☐ a. Residential & Business
☐ b. Residential
☐ c. Business
☐ d. Registered Office

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 } 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)
☐ Society }

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 DD / MM / YY (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 ✓) <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor		Date of Birth
2nd Applicant Name	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; padding: 2px;">D D / M M / Y Y Y Y</div>
(As per PAN) (Refer Instructions)		
PAN	CKYC - KIN	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
a. Occupation Details (Please tick ✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others..... (Please specify)		
b. Gross Annual Income (Please tick ✓) <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore		
c. Others (Please tick ✓) <input type="radio"/> Not Applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP)		

3rd Applicant Name	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Date of Birth
(As per PAN) (Refer Instructions)		
PAN	CKYC - KIN	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
a. Occupation Details (Please tick ✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others..... (Please specify)		
b. Gross Annual Income (Please tick ✓) <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore		
c. Others (Please tick ✓) <input type="radio"/> Not Applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP)		

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

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

Scheme	Cheque no.	Amount
DSP Nifty Healthcare Index Fund		

DSP MUTUAL FUND

5. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS details form

Sole/First Applicant/Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant			<input type="checkbox"/> POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY			
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> 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	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> 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 LUMPSUM and First SIP Cheque Details below**

Full Scheme/Plan/Option/Sub Option				Amount (₹)	
1. DSP -	Scheme	Plan	Option/Sub Option		
2. DSP -	Scheme	Plan	Option/Sub Option		
3. DSP -	Scheme	Plan	Option/Sub Option		
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

Payment Mode: ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Funds transfer

Cheque/DD/RTGS/NEFT Details:

Ref. No.

Date DD / MM / YYYY

DD charges, if any

8. NOMINATION (PREFERABLE) OR OPT OUT (AVOIDABLE) Nominee Details or Opt-Out Declaration (by way of tick) is mandatory to process the application.

Nomination OPT-IN *Mandatory

Nominee Name/s & PAN	Relationship with applicant*	If Nominee is a Minor*		Guardian Relation	Allocation (%)*	Nominee/Guardian Signature
		Date of Birth	Guardian Name* & PAN			
1						
2						
3						
Address		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.				Total 100%

☐ 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.

9. UNIT HOLDING OPTION:

<input type="checkbox"/> Account Statement Mode (Default)	<input type="checkbox"/> Demat Mode	NSDL: I N	Depository Participant (DP) ID (NSDL only)	Beneficiary Account Number (NSDL only)
		CDSL:		
	Enclose for demat option: <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction/Holding Statement <input type="checkbox"/> 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. ☐

11. 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 form 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 terms and conditions, rules and regulations. I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form is true, correct, and complete. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority.

Sole / First Applicant / Guardian	Second Applicant	Third Applicant	POA holder, if any
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Email: service@dspim.com	Website: www.dspim.com	Contact Center: 1800-208-4499 / 1800-200-4499
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- Quick Checklist
- ☐ Name/s mentioned are as per PAN only

☐ Address, Email ID/Mobile are correctly mentioned.

☐ KYC information provided for each applicant

☐ FATCA/CRS details provided for each applicant
- ☐ Full scheme name, plan, option is mentioned

☐ Pay-In bank details and supportings are attached

☐ Nomination facility opted

☐ Form is signed by all applicants
- ☐ Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.

☐ Non Individual investors should attach

☐ FATCA Details and Declaration Form

☐ UBO Declaration Form

Debit Mandate Checklist:

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Write Amount in words and in Figures (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 / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/ RM Internal Code	EJIN (Refer note below)	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 or Online.

DSP

MUTUAL FUND

UMRN

Utility Code

Office use only

Sponsor Bank Code

Office use only

to debit (tick✓)

SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank:

Bank Name & Branch

IFSC/MICR

an amount of Rupees

In Words

₹

In Figures

Debit Type

☐ Fixed Amount

☒ Maximum Amount

FREQUENCY

☐ Mthly

☐ Qtrly

☐ H. Yrly

☐ Yrly

☒ As & when presented

Reference 1

Folio No:

Reference 2

Appln No:

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. 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. I/We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/(Debits)/Direct Debits. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit 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

PERIOD

From

to

Maximum period of validity of this mandate is 40 years only.

1.

Signature of Account Holder

2.

Signature of Account Holder

3.

Signature of Account Holder

Mobile

1.

Name of Account Holder

2.

Name of Account Holder

3.

Name of Account Holder

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.

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EJIN (Refer note below)	For Office use only
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☐ I/We confirm that the EJIN 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.

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 (1 st * to 31 st)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 100 or in Percentage %) Amount (₹) or Percentage %	Frequency
1.	DSP -		<div></div>	<div><input type="checkbox"/> Daily</div> <div><input type="checkbox"/> Monthly*</div> <div><input type="checkbox"/> Quarterly</div>	<div>From<div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> <div>For<div><input type="checkbox"/> 40 yrs</div><div><input type="checkbox"/> 10 yrs</div><div><input type="checkbox"/> 7 yrs</div><div><input type="checkbox"/> 5 yrs</div></div> <div>Or till<div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div>₹<div></div></div> <div>OR</div> <div>%<div></div></div>	<div><input type="checkbox"/> Yearly*</div> <div><input type="checkbox"/> Half-yearly</div>
2.	DSP -		<div></div>	<div><input type="checkbox"/> Daily</div> <div><input type="checkbox"/> Monthly*</div> <div><input type="checkbox"/> Quarterly</div>	<div>From<div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> <div>For<div><input type="checkbox"/> 40 yrs</div><div><input type="checkbox"/> 10 yrs</div><div><input type="checkbox"/> 7 yrs</div><div><input type="checkbox"/> 5 yrs</div></div> <div>Or till<div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div>₹<div></div></div> <div>OR</div> <div>%<div></div></div>	<div><input type="checkbox"/> Yearly*</div> <div><input type="checkbox"/> Half-yearly</div>
3.	DSP -		<div></div>	<div><input type="checkbox"/> Daily</div> <div><input type="checkbox"/> Monthly*</div> <div><input type="checkbox"/> Quarterly</div>	<div>From<div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> <div>For<div><input type="checkbox"/> 40 yrs</div><div><input type="checkbox"/> 10 yrs</div><div><input type="checkbox"/> 7 yrs</div><div><input type="checkbox"/> 5 yrs</div></div> <div>Or till<div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>	<div>₹<div></div></div> <div>OR</div> <div>%<div></div></div>	<div><input type="checkbox"/> Yearly*</div> <div><input type="checkbox"/> Half-yearly</div>
(*Default option/Date) (*Default/40 yrs)		Total					

First SIP transactions via single cheque no. favouring 'DSP Mutual Fund' Dated

Debit Bank Details:	Bank Name:	A/C. No.:
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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. 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]
X First Unit Holder's Signature
Second Unit Holder's Signature
Third Unit Holder's Signature

Acknowledgement Investor Name: <input type="checkbox"/> DEBIT MANADATE FORM <input type="checkbox"/> SIP FORM	DSP Mutual Fund Folio No./Application No.	ISC Stamp
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Website : www.dspim.com | E-mail : service@dspim.com | Contact Centre : 1800-208-4499 / 1800-200-4499

Terms and Conditions and Instructions

For detailed terms and conditions on SIP, including for OTM facility,

please visit our website www.dspim.com and also refer to scheme related documents.

- 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, sent to the updated mobile number and email id.
- **The OTM forms require three important and mandatory dates to be filled in:**
 - a) **Mandate Registration Date:** This date is located on the top right corner of the form. This will be the initial date from which the mandate will be registered.
 - b) **Period "From" Date:** This is the starting date of the period for which the mandate will be applicable.
 - c) **Period "To" Date:** This date will be the end of the period for which the mandate is valid. The "To" date must be within 40 years from the Mandate Registration Date. This is a strict requirement and should not be exceeded.
- *The mandate will be rejected if the "To" date is either beyond 40 years, left blank, or if there are any ambiguities in the date provided.
- 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.
- 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.
- Transaction amount should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.
- 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 business 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 business 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 the SIP will be registered for 40 years from the registration date or end date of mandate, whichever is earlier.
- Under Daily SIP, the Unit Holder can invest a fixed amount into the scheme on a daily basis. Daily SIP installment shall be processed only when it is a Business Day for the scheme.
- 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. 5 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.
- DSP Mutual Fund or the AMC, its registrars and other service providers are not responsible if the registration and subsequent transaction are delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to local holidays or any other reason.
- 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.

